

بسم الله الرحمن الرحيم

**Sudan
Government of
National Unity**

**Federal Ministry of
Health**

**National Health
Policy, 2007**



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FOREWORD BY H.E. THE MINISTER OF HEALTH

As Sudan enters a new era of national reconciliation, stability and long-awaited peace, the most significant post-conflict peace dividend is the process of sustainable development that the country is now embarking upon to ensure that Sudan will become a better country for all its citizens.



The health system in Sudan faces many complex challenges, ranging from the high burden of communicable and noncommunicable diseases to economic constraints, poverty and regional disparities. Climatic factors resulting in natural disasters, such as floods and drought, pose further challenges to the system. To combat these challenges, the Government of Sudan is committed to exerting maximum efforts to rehabilitate and develop the health sector, as reform of the health sector has been identified as one of the main long-term priorities on the national agenda for post-conflict recovery.

The historic signing of the Comprehensive Peace Agreement (CPA) and the establishment of the Government of National Unity have paved the way for all partners to work together in a coherent strategy toward a more equitable and effective health care system which is responsive to the needs and expectations of the Sudanese people. It is also anticipated that recent economic growth will have a positive impact on health and development nationwide.

In order to structure and make our efforts coherent and comprehensive, I have the pleasure of introducing a National Health Policy for the country which outlines the key strategic directions for the development of the health sector. With the introduction of this instrument, it is expected that all health-related programmes and initiatives will be consistent with the guiding principles outlined in this policy paper. In addition, the local and international initiatives to which Sudan is signatory, are valid, including the Convention on the Rights of the Child (1990), the Millennium Summit Declaration and Millennium Development Goals (MDGs), and the development of the primary health care approach.

On behalf of the Government of Sudan, I would like to thank all those who participated in the development of this policy paper. I, also, on behalf of the Federal Ministry of Health, wish to express our commitment to proactively facilitating all the necessary steps and actions and coordinating with national and international partners and stakeholders to move forward in a spirit of openness, ownership and national unity, to make this policy a reality for one Sudan, one people and one future.

Dr Tabita Shokai, PhD
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Sudan

1. INTRODUCTION

The interim Constitution of Sudan ensures the promotion of public health and guarantees equal access and free primary health care to all its citizens. With this spirit hereby, the National Health Policy is promulgated.

The National Health Policy has been developed following a vision and with a mission to accomplish. The constituent tenets draw from and build on existing policies to develop a Sudanese health system based on a comprehensive primary health care approach, including referral support. The proposed interventions fall into two categories: structural issues and health care delivery issues.

The policy statements are underpinned by overarching principles and values while the need to define the implementation arrangements and document the achievements of the National Health Policy is highlighted. It is emphasized that policy directions should not be treated as vertical programmes, but rather should be developed in an integrated manner for a sustainable, effective march towards a healthy nation.

While, in developing this document in partnership with stakeholders, an explicit effort was made to address the main health issues, it cannot be exhaustive. This document is in the public domain, however, and comments are welcome, and may be directed to the Health Policy Unit, Directorate General, Health Planning and Development, Federal Ministry of Health. The constituent tenets of the policy will be constantly reviewed and evaluated with regard to maintaining, replacing or terminating them.

2. THE NATIONAL HEALTH POLICY

The National Health Policy has been formulated within the context of a comprehensive peace agreement which puts an end to the many years of conflict that have disrupted the country's social service institutions, including its health institutions and services. The policy also recognizes the opportunities created as a result of economic growth in the country.

This policy is framed within the remits of the relevant provisions of the interim Constitution of Sudan, 2005, the Local Government Act, 2003, and the resolute state laws and decrees which have introduced and institutionalized decentralized federalism in the country.

Furthermore, this policy draws from and builds on the 25-year health strategy and existing policies relating to reproductive health, child health, HIV/AIDS, the national drugs policy, the essential primary health care package and the 10-year human resources strategy. It also reiterates national and international commitments, such as the Alma-Ata Declaration and the Health-for-All Strategy, the Millennium Summit Declaration and other global strategies, such as Roll Back Malaria (RBM), Stop TB and the Global Strategy for the

Prevention and Control of Sexually Transmitted Infections, including HIV/AIDS.

3. VISION

The National Health Policy envisages the building of a healthy nation, thereby contributing to the achievement of the targets of the Millennium Development Goals (MDGs) and the overall social and economic development of the country.

4. MISSION STATEMENT

The mission of the National Health Policy is to ensure the provision of health care to all citizens of Sudan, with emphasis on the health needs of the poor and the underserved, disadvantaged and vulnerable in order that they are able to lead socially and economically productive lives.

5. GUIDING PRINCIPLES

The National Health Policy is committed to: achieving equity and poverty reduction; ensuring investment in health; reaching the targets of the MDGs; maintaining and securing human rights and dignity; preserving the rights of women and children; and fighting disease and ignorance.

Within the remits of the provisions of the Constitution and national and international commitments, the following guiding principles form the framework of the policy:

- Health, being central to the process of human development, is a social right of all citizens of Sudan, irrespective of their regional, religious, racial, cultural or ethnic affiliation.
- Health will be used to enhance peace-building and rehabilitation and to encourage economic development. Support will be given in ways that facilitate a return to a normal situation and promote sustainable development.
- The health system will be reformed to ensure the strengthening of the local and national health system based on the principles of primary health care. The planning for this reform will be based on solid policies, scientific evidence and a critical analysis of the situation.
- Capacity in local health management, planning and policy will be built at all levels of governance, including federal, state and local levels. This is to create an enabling environment for decentralized units within the health system.
- An equitable and sustainable health care delivery system, especially for the poor, disadvantaged and vulnerable, including those in underserved and conflict-affected areas, will be ensured.

6. VALUES OF THE NATIONAL HEALTH POLICY

The National Health Policy envisages building the health system on a comprehensive concept of health which ensures equity, quality and accountability and which promotes professionalism. The aim is that the health system satisfies both the needs of users and providers, and is based on the principles of citizenship, pluralism, solidarity and universality.

In order to achieve this aim, while designing strategies and operational plans, particular emphasis will be given to the following cross-cutting issues.

6.1 Social determinants of health

Health, as a multifaceted issue, requires the involvement of many other sectors and institutions to play a critical role in the provision, promotion and maintenance of health. This concept is enshrined in the Alma-Ata Declaration of 1978 for comprehensive primary health care. Intersectoral collaboration has received renewed commitment as a result of the emphasis on social determinants of health in the Ottawa Charter for Health Promotion, 1986, and subsequent WHO global conferences, which have provided guidance and directions on the actions to be taken in order to achieve the target of health for all.

Also, the Bangkok Charter for Health Promotion in a globalized world in 2005, confirmed the need to focus on the use of health promotion to address the social determinants of health and to identify required actions. The focus in this exercise has to be on communities and civil society.

The FMoH will, therefore, advocate and ensure allocation of adequate resources for health and establish and sustain institutions for social security. Furthermore, 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.

6.2 Gender mainstreaming and equal opportunities

Sudan, as a multi-ethnic, multi-cultural country encompassing hundreds of ethnic and tribal divisions and languages, has since its independence faced conflicts that have had implications for the country's social service institutions, including health.

National health policies should, therefore, create appropriate conditions and institutions for people irrespective of gender or their regional, religious, racial, cultural or ethnic affiliation in order that they are provided with the opportunity and ability to make decisions about their health and lives. This could be achieved through the creation of mechanisms whereby these groups become

involved in the institutions assigned to undertake policy analysis at various levels and due consideration is given to their input.

The FMoH will ensure provision of gender-friendly health care at all levels of health care delivery and will also consider gender analysis as an element in the development of strategic and operational plans at all levels of government.

6.3 Quality of health care and clinical governance

Good quality health care is a prerequisite for the utilization of health care services by consumers. The FMoH, in collaboration with the SMOH, will develop national standards for all levels of care—primary, secondary and tertiary—and for specialized medical, surgical, paramedical, nursing care, etc.

Standard operating procedures, clinical practice guidelines and protocols, including for health management, will be developed. The FMoH, in collaboration with the SMOH, will develop mechanisms to measure performance against pre-established standards, and will devise measures for selected indicators and scores to be assigned to a league table for the reference of health care providers.

Clinical governance, as a comprehensive approach for assuring quality and accountability, will be introduced. This initiative will assist in measuring the quality of health care in terms of the efficiency of resource usage, patient/client satisfaction, post-intervention risk management and professional performance review or the assessment of technical quality.

6.4 Partnership and collaboration for health

The Government will create an environment that is conducive to partnership-building between different levels and different actors to allow an exchange of experience and of resources and to increase the commitment of all partners to achieve the realization of shared goals. It is, therefore, essential to build strong, professional partnerships with different concerned partners in health to achieve the stated objectives.

This policy affirms building partnerships with all stakeholders, including universities, UN agencies, nongovernmental organizations, countries and regional and international banks and donors. Also, it encourages collaboration and coordination with neighbouring countries in health research and health services provision. The health sector will develop its capacity in order to be prepared for the process of the globalization of health.

Furthermore, as the attainment of good health is dependent on the involvement of not only the health sector but other sectors also, the policy affirms collaboration with related sectors in promoting the provision of a safe water supply, the promotion of a healthy environment and the prevention of all

kinds of pollution. The policy also acknowledges the role of health in promoting and building the peace process.

6.5 Consumer satisfaction and patients' rights

The health system has a responsibility not only to improve people's health, but also to protect them against the financial cost of illness and to treat people with dignity. Accordingly, the Government will ensure that all subsystems are performing to achieve the overall goals and to protect the interests of consumers in their utilization of health services from exploitation and abuse. The Government will also mediate between the conflicting interests of different parties.

The health system will be fair and will be responsive to consumers' needs, providing them with credible and effective mechanisms to address their concerns and to take an active role in improving and maintaining their health. The FMOH will develop a Patients' Bill of Rights that will provide, *inter-alia*, information on people's rights in relation to information disclosure; choice of providers and treatment plans; access to emergency services; participation in treatment decisions; respect and non-discrimination; confidentiality of health information; complaints and appeals. Also, appropriate measures will be taken to create a strong accreditation and registration system and to institute mechanisms such as financing and the development of new fiscal policies.

7. POLICY IMPLEMENTATION AND MONITORING

7.1 Policy implementation

The policy, however robust, is useful only if implemented in its true spirit. Therefore, the FMOH will create mechanisms, such as establishing a health coordination committee/council at national level to oversee the implementation of the policies agreed by all levels and framed under the authority of the concurrent powers conferred through the relevant provisions in the interim Constitution of Sudan.

Furthermore, the Government will take appropriate and adequate measures, including conducting advocacy and harnessing political commitment to ensure that the vision of the National Health Policy is translated into strategic and operational plans. This will involve making available resources commensurate to the stated targets and creating conditions conducive to the achievement of the vision and mission.

7.2 Monitoring and evaluation

The objectives of the National Health Policy, enshrined as policy statements, will be systematically monitored. This is particularly important for Sudan where

states and localities or counties are responsible for the delivery of care and services as laid out in the policy. Therefore, the FMoH will take appropriate measures, including the provision of adequate resources to institutionalize the monitoring of the achievements towards policy objectives.

Verifiable indicators and measurement tools are needed to monitor progress at all levels. The FMoH, with the SMoH, will select appropriate indicators and will install mechanisms to measure and monitor the achievement of the objectives of the policy. Furthermore, the FMoH will draw up a consolidated periodic health report for all levels of care which outlines developments in public health.

The aforementioned report will also serve as a document for reporting and reviewing the achievements in order to assist in a decision regarding whether any policy should be maintained, replaced or terminated. There may also be other evidence for assessing the outcome of a particular policy. A health policy unit in the FMoH will be the focal point coordinating the activities for the formulation, implementation, monitoring and evaluation of policies.

8. THE POLICY STATEMENTS

In order to realize the vision and mission of the National Health Policy, guided by the principles as specified, policy statements are hereby set forth for the priority areas and are divided into the two subsets of structural issues and health care delivery issues. Each area will be subject to separate and extensive documentation and greater operational details in the form of 5-year strategic and 1-year operational plans.

Furthermore, it is imperative that these areas are not emphasized or treated as vertical programmes, but are developed in an integrated manner as part of the comprehensive system of health services in order to achieve the vision and mission of the National Health Policy.

8.1 Structural issues

Policy statements on structural issues will essentially require action at the systemic level but may also overlap with statements concerning issues related to health care delivery, and vice versa.

8.1.1 Governance and stakeholder involvement

The Government will endeavour to develop and strengthen a national health system within the framework of the interim Constitution, and for the assurance of good governance, the involvement of all stakeholders, and particularly communities, is an important parameter. All elements of the organization of the health system should act transparently and innovatively, ensuring adherence to values and ethics and promoting gender mainstreaming and teamwork in the discharge of their functions.

For this purpose, at all levels of the health system, health councils with adequate representation of all partners will be constituted to oversee the development of health policies and strategies, essentially based on scientific evidence and critical analysis of situations, and will monitor their implementation.

Federal level will be responsible for: the formulation of national policies, plans and strategies; national quality standards; health information and surveillance systems; mitigation of major or interstate disasters and epidemics; medicines policy and regulations; in addition to overall monitoring and evaluation, coordination, supervision, training and external relations.

At federal level, the FMoH will be the sole government body responsible for establishing the National Health Policy in consultation with all related bodies. Public sector institutions involved in providing health care, including universities, military and police health services and the National Health Insurance Fund will comply with the provisions of the National Health Policy.

States and regions will be responsible for the formulation of local policies, plans and strategies, according to federal guidelines. They are also responsible for the funding and implementation of plans. The locality or county is mainly concerned with the implementation of national/state policies and service delivery, based on the primary health care approach.

8.1.2 Organization and management of health system

The Government will continue to strengthen the devolved, decentralized health system, especially at local/district/municipal levels. At the heart of this policy statement is the assurance that everyone in need will have access to good quality health care. This objective will be achieved through the establishment and institutionalization of a sustainable local or district health system.

The FMoH, for this purpose, will steer and lead the reform process and reorganize the existing health care delivery network based on: the priority of preventive care over curative care; a desire to serve underserved and conflict-affected areas; consideration of the treatment of common childhood diseases and emergency obstetric/gynaecological care; concern for remote and rural areas or urban areas; an emphasis on outpatient over inpatient services; and decentralization of health services with the aim of making the regional and local health services self-sufficient and responsible for a given population.

8.1.3 Health care financing

Currently, only a small proportion of the Sudanese population are covered by health insurance schemes. The FMoH and the SMoH will advocate for a revision of the current situation and will identify factors creating barriers to access and will evaluate the possibilities for the expansion of coverage.

However, as in the foreseeable future, health financing will continue through public revenue, the Government will continue to fulfil its commitments made in 2006 at the Abuja Conference, Nigeria, "Financing for Development: The Abuja Commitment to Action", to raise domestic public expenditure on the health sector to 15% of the total government expenditure.

Furthermore, the FMoH will institutionalize national health accounts in order to document the flow of funds in the health sector. Also, the FMoH and the SMoH will take adequate measures to build the capacity of its staff in health economics and to improve the functions of health financing in the health system.

8.1.4 Private sector in health

The private sector, including both the profit and non-profit sectors, plays a major role in the provision of health services; and it will be encouraged to continue to do so, albeit within defined boundaries. The FMoH, in collaboration with the SMoH, will take appropriate measures to institute mechanisms for the regulation of health services delivery, both in the public and private sector, *inter-alia*, through the monitoring of minimum standards of care. One important intervention would be to strengthen the health information system in order to include the private sector and make it responsible for reporting within defined parameters.

The primary role of the public sector in service delivery is to provide primary and secondary health care services. The public sector will engage in the provision of tertiary care services for the purposes of educational training, protecting the poor, price moderation and filling gaps in service provision. The private sector will be encouraged to become involved in the provision of health services, although it will be required to observe certain standards, such as employing full-time staff.

For underserved and conflict-affected areas, as a short-term measure, the private sector, particularly the non-profit sector, will be contracted to provide a defined package of health services. However, in parallel, the FMoH and the SMoH, will ensure that work on system development, financing and the building of capacity within the public sector is undertaken. The intervention will, *inter-alia*, include defining standard operating procedures and clinical practice guidelines.

Traditional healing, as an established practice, has relatively widespread accessibility and acceptability; consumers have the right to choose it as an option for health care. However, measures will be taken to ensure its regulation, to eliminate harmful practices and to promote dialogue and mutual education between the practitioners of traditional and allopathic systems.

8.1.5 Human resources for health

The primary concern in terms of human resources for health is to match the needs of the country's health system as it is being rehabilitated, reconstructed

and reformed. The declaration of the Government to upgrade nursing and allied health personnel training to post-secondary diplomas and Masters programmes will continue to be pursued by authorities at relevant levels to match these needs.

The same is true for the 10-year strategic plan for human resources which aims to increase the availability of human resources for health to meet health needs, revitalize primary health care and reduce inequity in the distribution and imbalance of the composition of health teams. This policy calls for the institutionalization of a coordinating mechanism between partners involved in human resources for health to satisfy the needs of the country and with the FMoH/SMoH as a major employer. In this regard, while a system for the accreditation and standardization of medical and paramedical training will be institutionalized in collaboration with health academies in states, the role of community health workers and family doctors will be considered in health care reform in Sudan.

Furthermore, as the capacity of the existing workforce in health is weak, particularly in health planning and management, and given the increasing demand as a result of federalism, decentralization and the ongoing efforts of reviving and improving the health system, continuing in-service training programmes will be instituted at all levels of government. Also, as a result of the lack of attention paid to the existence of conflicting curricula for different disciplines, the FMoH will work with the appropriate authorities to update curricula and incorporate new developments to ensure that curricula is community-orientated, promotes professional values and ethics and emphasizes continuous professional and leadership development.

8.1.6 Health statistics and the information system

A typical well-functioning health information system ideally comprises of data on: disease surveillance; household surveys; registration of vital events; patient and service records; and programme-specific monitoring and evaluation. In Sudan, due to the absence of a robust health information system, surveys are only conducted periodically. These are often purpose-specific and are rarely comprehensive.

As statistics play an important role in measuring and monitoring the progress of a country on the road to development, including its achievement toward reaching the targets of the MDGs, the National Health Policy envisages designing and implementing a comprehensive health information system; revamping the existing disease surveillance system; conducting household surveys; performing registration of vital events; maintaining patient and service records; and conducting programme-specific monitoring and evaluation. Such a tool, which will also bring the private sector into the system, will promote evidence-based decision-making and enhance the capacity of managers to effectively analyse and utilize statistics.

This policy requires government at all levels, as part of the health information system, to arrange the compilation and evaluation of data for publication at regular intervals, making such information useful not only for managers, planners and policy-makers, but also for researchers, academics, students and institutions. The training of relevant staff for capacity building in the monitoring and evaluation functions of all three levels of government will also be ensured.

8.17 National medicines policy

The National Health Policy upholds the current medicines policy and essential medicines list for different levels of care as a way to ensure that all people are treated with the necessary medicines and biologicals, including vaccines for protection and cure from diseases. But, it emphasizes the promotion of rational prescription, employing an increased use of therapeutic protocols and clinical practice guidelines and ensuring the avoidance of self-medication.

The Government will enact legislation, regulations and institutional measures for the effective management and control of the manufacture, importation, handling and pricing of medicines and biologicals and will assure the safety, efficacy and quality of medicines and cosmetics.

The Government will promote the appropriate use of herbal medicines and promulgate regulations for their registration and therapeutic use. It will encourage research to explore and make use of the wide range of medicinal plants of therapeutic value in the country.

This policy emphasizes rigorous evaluation based on the best evidence of their safety, efficacy, effectiveness, ethics, impact on the quality of life and cost-effectiveness and aims to inform policy-making before introducing new drugs or biotechnology into health care. Accordingly, the FMoH will work to introduce a system of health technology assessment and management.

8.1.8 Health technology assessment

Health technology encompasses a wide array of materials, appliances, procedures and associated knowledge used in health care. While assessing the suitability of a technology, decisions by the concerned authorities for its introduction should provide satisfactory answers to the following questions: Which patients will benefit the most? What is the balance between benefit and harm? What value for money do the technologies offer? How affordable are these technologies? Is it appropriate for these technologies to be provided by a particular health system?

The FMoH, in coordination with the SMOH, will institutionalize health technology assessment to ensure appropriate technologies are introduced into the country's health system. Also, measures will be taken to ensure effective health technology management, including the establishment of courses in biomedical technology.

8.1.9 Disaster preparedness and humanitarian action

Sudan has just emerged from a protracted period of conflict that has brought disaster on its people, directly and indirectly. While some areas have witnessed war, others have suffered from the strain of hosting displaced populations, and yet others have been affected as a result of the diversion of resources meant for development. In addition, the country is prone to natural disasters, such as floods and droughts, and as a result of its geopolitical location, shares borders with nine other countries. It is also exposed to the outcomes of strife in neighbouring countries.

While currently a host of international organizations are working in Sudan to provide humanitarian assistance, the National Health Policy envisages building on the existing structure, strengthening the internal capacity of the country's health system and enabling it to respond to any emergency situation or situation which threatens the health of its people. This intervention will be made at federal, state, local and facility level to institutionalize emergency and humanitarian action for health as a regular programme for disaster-risk management issues, including preparedness, response, mitigation and recovery.

8.1.10 Health systems and biomedical research

The National Health Research Council (NHRC) is the sole body responsible for setting the national policy and guidelines concerning health research. It has two arms comprising ethical and technical committees which are responsible for approving health research involving international collaborators or biomedical research involving human subjects. The SMoH and health research institutes in Sudan will be encouraged to form their own ethical and technical committees under the direct supervision of the respective subcommittee of the NHRC.

The National Health Policy, while endorsing these policies, emphasizes the use of health systems and the results of policy research to inform decision-making; policies grounded in research have a greater chance of improving health and ensuring effective utilization of resources. In this regard, while it is important to maintain a balance between applied, basic and clinical research, the FMoH and the SMoH will update national and regional health research priorities and will make available the funds required for research.

In an era of globalization, the FMoH will endeavour to acquire new research tools and cutting-edge technologies in public health which are deemed as critical and essential to meet the expectations of consumers and the demands of an increasingly competitive market. Particular emphasis in this regard will be paid to harnessing the opportunity for conducting research during the current rehabilitation and reform of the health system in order to document the process and learn lessons from the experience.

8.2 Health care delivery

Health care delivery is an important component of the health system and the National Health Policy envisages a number of statements with the overall objective of ensuring the provision of health services which are accessible, affordable, appropriate, efficient and effective.

8.2.1 Health care package

The interim Constitution of Sudan states that the “State shall promote public health, establish, rehabilitate and develop basic medical and diagnostic institutions and provide free primary health care and emergency services for all citizens”. One inference from this Article is that while the State is obliged to provide free primary health care and emergency services for all citizens, the private sector also has a role, with the Government creating and instituting mechanisms for its effective regulation.

The content of the primary health care package includes as a minimum: the promotion of child health (immunization against vaccine-preventable diseases, nutrition counselling and growth-monitoring and implementation of the Integrated Management of Childhood Illness package); the promotion of school health; the promotion of reproductive health (safe motherhood, including safe pregnancy and family planning); the control of endemic diseases (malaria, tuberculosis, HIV/AIDS, schistosomiasis, etc); the protection and promotion of environmental health and sanitation; and treatment of simple diseases and injuries and mental health.

In addition, the FMoH with the SMOH, will design and develop health packages for secondary and different specialized services through the use of health technology assessment. This exercise may also involve the development of standard operating procedures and clinical practice guidelines.

8.2.2 Health care infrastructure

The protracted period of conflict has disrupted the health system, including much of the health infrastructure which has either been destroyed or is in need of maintenance and repair. Results from a recently concluded health system study indicate that many health facilities are not functional as a result of the use of dilapidated buildings and a lack of necessary equipment. This situation extends also to various programmes.

The interim Constitution requires the establishment of relevant levels of government, the promotion of public health and the establishment, rehabilitation and development of basic medical and diagnostic institutions. The National Health Policy, therefore, calls for rebuilding/repairing and refurbishing the health infrastructure, including the provision of necessary equipment. While this intervention should start at the level of hospitals and

health centres, for lower level primary health care facilities, it will be based on the following standards for health facilities.

- The basic health unit, headed by a medical assistant, will be the smallest health facility to deliver primary health care. Dressing stations staffed by a nurse, and primary health care units staffed by community health workers, will be replaced gradually with basic health units. The training of community health workers and village midwives will continue on a limited scale to meet the needs of nomadic groups and other similar communities.
- Rural health centres and urban health centres (headed by a doctor) are the first level of contact or the first referral level for the basic health units in rural and urban localities respectively. The rural health centre will serve 20 000 people in rural areas, and urban health centres will serve up to 50 000 people in urban areas.
- The rural hospital is the referral level for lower level health facilities and serves 100 000–250 000 people in the locality. A walking distance of a maximum of 5 km has to be considered while assessing coverage of health facilities, particularly in rural and underserved areas.

8.2.3 Occupational and environmental health

The National Health Policy envisages strengthening environmental health services of which occupational health is a component. The FMoH, in collaboration with the SMoH, will identify potential risks to human health. In order to avert or mitigate these risks, which are mostly beyond the domain of the ministries of health, an interdisciplinary committee on environmental health will be established at all levels of government to define comprehensive measures to protect and promote a healthy environment, including health at the workplace.

The policy advocates for the coverage of all workers, including those working in the informal sector, in small and medium-sized enterprises and in agriculture by essential interventions and the prevention of basic occupational health services for primary prevention of occupational and work-related diseases and injuries. Accordingly, it urges health authorities at all levels to take measures to establish and strengthen core institutional capacities and human resource capabilities to deal with the special health needs of working populations.

8.2.4 Child welfare and survival

Child health will be addressed through a well-coordinated and integrated evidence-based basic primary health care package both at facility level and community level, including routine immunization, the promotion of breastfeeding, the provision of vitamin A supplements, newborn care, and the prevention and treatment of potentially fatal childhood diseases, such as diarrhoea, malaria and pneumonia. Delivery of the package will be the responsibility of the Government, health professionals, civil society,

communities and families. Attention will be given to emergency areas and psychological and supportive services for children with special needs.

The Government will enhance the development of laws and/or legislation that protect and promote the rights of the child and their welfare. The Government is committed to removing barriers to access and to providing health care services free-of-charge to children, particularly to children under 5. Neonatal mortality is also a significant problem. Evidence-based interventions integrated with maternal and child health programmes are an important step towards improving neonatal survival and health.

8.2.5 Reproductive and maternal health

Reproductive and maternal health, as a vital social and economic investment, is an important component of the National Health Policy. It envisages addressing reproductive health issues across the life-cycle with priority to safe motherhood, ensuring women's right to survive pregnancy and childbirth and to enjoy family life.

Accordingly, the Ministries of Health at all levels of Government will ensure provision in health facilities, whether in the public or private sector, reproductive health services, including antenatal care, intrapartum care, routine and emergency obstetric and postpartum care, counselling and provision of modern family planning services.

8.2.6 Control of communicable diseases

Communicable diseases constitute a major cause of morbidity and mortality in Sudan. While the National Health Policy endorses the hitherto policies, including international regulation promulgated for a variety of communicable diseases, it emphasizes formulation and adoption of an integrated approach, particularly the setting up of a comprehensive surveillance system for the early detection and containment of epidemics and disasters.

The Government will take appropriate measures to eradicate polio myelitis and dracunculiasis, eliminate measles, neonatal tetanus, lymphatic filariasis and leprosy and control diphtheria, pertussis, congenital rubella and hepatitis B. This policy affirms the Government's commitment to achieving the target of MDG 6 in relation to the control of malaria, tuberculosis, HIV/AIDS, leishmaniasis, schistosomiasis, sleeping sickness, onchocerciasis and other communicable diseases.

This policy also demonstrates the Government's resolve in the enforcement and fulfilment of the country's commitment towards implementation of international health regulations for transborder control of communicable diseases.

8.2.7 Noncommunicable diseases

A well-integrated and community-based approach will be adopted to control noncommunicable diseases through addressing common and preventable biological and behavioural risk factors. Health education, advocacy, surveillance of risk factors, research and control of advertising are essential elements of the control strategy.

This policy emphasizes the promotion of healthy lifestyles for all citizens of Sudan including advocating healthy diets, promoting personal hygiene and enhanced physical activity, oral health, injury prevention and avoiding alcoholic drinks, narcotics and tobacco use. Also, this policy prohibits the media from advertising unhealthy habits and practices.

8.2.8 Mental health

The people of Sudan have been through a painful period of conflict and resultant suffering which has left not only physical scars but also mental scars. Such a situation calls on governments, both at federal and state level to take adequate and appropriate measures to ensure that mental health services are integrated into the health package.

In Sudan, spiritual healing is an established practice and while consumers have the right to choose, the Government will take measures to eliminate harmful practices. In this regard, a mental health institute will be designated to guide and promote dialogue with practitioners of spiritual healing.

ACKNOWLEDGMENTS

The road to developing the National Health Policy has been long, and at times, difficult. The process began in 2001 and has passed through many phases, essentially iterative, of assessing the situation, reviewing a host of background documents, and at times, collecting empirical data. The Federal Ministry of Health would like to take the opportunity of acknowledging the direct and indirect contribution of the authors of these documents. Also, the full benefit of international experience was taken and corroborative evidence was used in the development of this policy document.

The General Directorate of Health Planning and Development took the lead in drafting this document, supported by a drafting committee (Annex 1) comprised of national consultants, representatives of UN agencies (WHO and UNICEF), representatives of the General Directorates in the Federal Ministry of Health and many other individuals who assisted in the work to accomplish this daunting task.

Gratitude and thanks are extended to Professor Elsheikh Mahgoub for his support and guidance as Chairperson and to the members of the august Committee which was established to develop the National Health Policy for their invaluable contribution. Also, thanks and felicitation go to all those who

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The FMoH appreciates the efforts of Dr Ehsanullah Tarin in editing, structuring and the considerable contribution he made in finalizing and bringing the document into its current shape.

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As mentioned in the Introduction, this is a working document which is amenable to change to reflect new realities and adaptable to emerging situations. The aim is to create improved health in a manner most dignified to the people of Sudan in order that they can lead socially and economically productive lives.

Annex 1

List of committee members

Professor Elsheikh Magoub (National Consultant/Chairperson)

Dr Mustafa Salih Mustafa (Planning Directorate/Reporter)

Professor Bashir Hamad (National Consultant)

Dr Mustafa Khogali, (Ahfad University)

Dr Nazaar Khalid (Private sector)

Dr Mustafa Nimeiri (International Africa University)

Professor Awatif Mohamed Osman (Nursing Collage, Science and Technology University)

Dr Abd Alhalim Al Tahir (UNICEF)

Dr Sarra Hassan Mustafa (Planning Directorate)

Dr Zahir Ajab Al Sideeg (Planning Directorate)

Dr Gada Omer Shouna (Pharmacy Directorate)

Dr Mohamed Ali Yahya (Primary Health Care Directorate)

Dr Igbal Ahmed Al Bashir (Reproductive Health Department)

Dr Talal Alfadil (Khartoum State Ministry of Health)