

Governance of Strategic Purchasing in Sudan

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Outlines

- **Country Background**
- **Health Financing Reform**
- **The Governance Structure of NHIF**
- **NHIF Strategic purchasing**
- **Challenges**

Background

- Sudan is lower income country
- 39.6 M in 2016, expected to reach 42 M in 2020
- 46.5% below poverty line
- HI coverage is 46.3% (3-2017), almost 60% of them are poor and vulnerable.
- Large Informal sector 56%
- NHIF owns (20.1)% of the total health care facilities on it is HCS network (2083)

Background

Health Financing System is:

- Weak
- Fragmentation
- High cost
- Low government expenditure
- High OOP

Macroeconomic and Health Expenditure Indicators	Number	Year
Gross Domestic Product (GDP)	83 US\$ billion	2015
Total Health Expenditure (THE) per capita (p.c.) in US dollars (exchange rate)	125.77 US\$	2013
General Government Expenditure (GGE) as % of GDP	12.3%	2015
General Government Health Expenditure (GGHE) as % GGE (NHA2011)	<u>8.23%</u>	2011
GGHE as % of GDP	1.4 %	2013
Total health expenditure (THE) as % of GDP	<u>6.4%</u>	2013
GGHE as % of THE	19.8%	2013
Social security/Social Health Insurance (SHI) as % of GGHE	35.4%	2013
Private health expenditure (PvHE) as % of THE	78.2%	2013
Out-of-pocket health expenditure (OOP) per capita	95 US\$	2013
Out-of-pocket health expenditure as % of THE	<u>75.62%</u>	2013
Informal sector (%)	56%	2013
Population	39.6 million	2016

Health Financing Reform in Sudan

- Health Financing system assessed extensively (OASIS) in 2014
- Health Finance policy and Strategy developed in 2015
- Health Finance Policy and Strategy endorsed in 2016
- Provider Purchaser split end of 2016
- Shift free care programs from FMoH to NHIF e.g under five, emergency care

Health Financing Reform in Sudan

- **Policy vision**

- All Sudanese are covered by a prepayment arrangement for an essential health package of services and are financially protected

- **Policy directions**

- Moving toward universal coverage
- Focus on poor and near poor and vulnerable population
- Achieving equitable decentralized health system
- Overcoming fragmentation in healthcare finance
- Moving toward demand side financing
- Single purchaser, strategic purchasing of HCS, split provision and purchasing
- Improve efficiency to gain resources

Health Financing Reform in Sudan

- Coverage increased by about 10% from 2016 to 2017 (37.3%- 46.3%)
- Institutional analysis of NHIF was conducted to strengthen capacity (Governance practices, organizational structure, Human resource management and development and Information Technology)
- NHIF developed specific quality indicators (2016, piloted in Khartoum)

Governance Structures

- NHIF under MoWSS
- National Health Coordination Council (NHCC)
 - Chaired by the president
 - The council responsible to bring all stake holder in a line with the desired policies and strategic directions
- Accreditation Council (under establishment)
- National Board of Directors (NBoD)
- State BoDs : Replaced by consultancy committees to ensure continued close collaboration with state stakeholders

Reasons for replacing SBoD

- Some states develop their own EML and medical benefit package
- Same SBoDs has very low performance, as there was no structural authorities.
- Lack of critical, and technical assessment of states performance.
- Some medicines were excluded from the national medicine list at some states

National Board of Directors

- Membership for National Board of Directors (35 members)
- Chaired by the Minister of WSS
- Aligned institutions and experts also included

FMOH

STATE Ministers MoWSS

ZAKAT Rep

Pension Fund Rep

Labour union Rep

Women's Union Rep

Insurance Supervision Cooperation(MOF)

MOF Rep

Ministry of Justice

Director of NHIF

National Experts

NHIF Strategic Purchasing

- **Costing for provider payment**
- To agree on a systemic tool to price HCS, based on costing model
- bring consensus on agreed prices with all health care providers
- **Effective central claim management system**
- Transparent and efficient way of managing medical claims (3 states)
- Electronic audit ease provider assessment and services availability

NHIF Strategic Purchasing

- Now a promising BPEHS is available, includes primary and secondary HS
- A list of 602 medicines, NHIF cover 75% of the cost
- All lab investigations and; simple US, Doppler, ERG, ECG, X-ray, ETT and advance MRI and CT-scan
- Surgeries, CS, Admissions
- 3 Benefit packages:
 - Basic benefit package of health care BBP (All population)
 - Additional benefit package ABP, to be added on top to BBP (Civil servants & Poor)
 - special BP to attract the private sector and other informal sectors (NHIF Amended ACT 2016)

Challenges and way forward

- How can the enlarged NBoD to work effectively?
- How to establish a regular HC costing system for evidence based pricing ?
- Enforce new payment mechanisms, sharing risks between NHIF & providers.
- How can we unify the pricing process, at least in public facilities within the same state?
- Expand central comprehensive electronic claim management system.

Thank You