



The Comprehensive National Strategy

Health Development Strategy

Introduction:

Healthcare development is a continuous task in society ,and one of the basic factors for the realization of its renaissance and development. it is important that there be harmony between social progress ,including health, and the society's economic development. each one is a guarantee for the realization of the other, and both guarantee the establishment of the global civilizational renaissance, fostering strength, harnessing existence and values.

health in this context ceases to be a service sector only, to become a major social objective, where the efforts of all the sectors join together to achieve its globality.

health services development with a view to providing healthcare for all is the responsibility of the whole society. in order to achieve this, the health development strategy adopted the philosophy of basic healthcare, which constitutes healthcare provided to the masses near their homes with their participation and with means acceptable to them.

guidelines:

the guidelines of the health strategy development emanate from the global guidelines of the social development sector which are:

1. man is the goal of social development and its means, and social justice is its ultimate noble goal.
2. the family constitutes the first nucleus of society, and it must be given the attention it deserves, improving its potentialities, and ensuring its basic needs and protection. the adoption of the productive and solidarity family's concept and its legislation into law, is indispensable in enabling it to fulfill its great social responsibility.
3. social development is a common effort, and the fruit of work of solidarity between the citizen, the state and society.
4. popular participation is one of the cornerstones of social welfare and development .
5. education aims at inculcating religious doctrine, and good social customs, working towards strengthening national unity , allegiance to the nation, participation in its construction, and the protection of its environment.

Sectoral goals :

1. Generalising basic healthcare in terms of health improvement ,prevention treatment and rehabilitation in all parts of the country
2. Decreasing the causes of child mortality to less than 2%.
3. Generalising maternal care programs all over the country and the improvement of their quality.
4. Eradicating chronic and contagious diseases resulting from malnutrition
5. promoting the environment , its protection and the prevention of its pollution.
6. Generalising vaccination to attain 100%.
7. Rehabilitating hospitals, raising their capabilities and making available hospital beds according to internationally recognized stander(3 bed per 1000 persons) , consolidating medical services to dispense people from the need to be treated abroad.
8. Decreasing by 20% sick –leave for workers.
9. Making medicine easily available.
10. Establishing medical industries to produce hospital instruments , surgical, medical and laboratory equipment , doubling what Is available to attain self –sufficiency in the basic equipment.
11. Developing human resources: doctors, technicians, assistants and nurses.
12. Updating health information systems , generalizing them , and giving attention to health education and health awareness.

1.MOTHER AND CHILD CARE:

mothers and children under 15 years constitute 70% of the population

statistics show an increase in child and mother disease , in childbirth, as well as in child and mother mortality. They also show an enormous food disparity between various Sudanese regions.

THE OBJECTIVE

Promotion of maternal and child services, and family organization and generalization of the program to cover the whole country.

THE PROGRAMS

1. Generalizing vaccination to all children of the sudan under 5 years of age, and to potential mothers to reach 100%.
2. Decreasing child mortality from 123 per 1000 to 45 per 1000 for children under 5 years old.
3. Decreasing maternal mortality from 552 per 100000 to 225 per 100000.
4. Developing the national program for school health to cover the whole country.

5. Combatting malnutrition diseases , spreading health awareness generally, and nutritional awareness in particular.

6.Consolidating central technical organs , and regional administrative and organizational structures , for vaccination and combating diarrhea and respiratory diseases , in order to carry out their technical and executive role in the best manner.

7. modernizing health information collection systems in areas of maternal and child health welfare, and its generalization to ensure appropriate follow-up, supervision and planning of these programs.

2.CHRONIC EPIDEMIC AND MALNUTRITION DISEASES

The degradation of the environment by nature and man has led to the spread of chronic , epidemic and malnutrition diseases . Aridity , desertification , famine, war, floods, migration from the countryside to the cities, the arrival of asylum seekers from Sudan's neighbor countries, and the establishment of new projects have contributed to the spread of these diseases . On the other hand , the weakness in preventive awareness has led to the absence of effective efforts to stop environment degradation. Hence these diseases have become widely spread causing the death of those entering hospitals and those visiting health institutions for treatment.

THE OBJECTIVE :

Final eradication of chronic , epidemic and malnutrition diseases.

PROGRAMS :

1. Eradication of malaria diseases , diseases , bilharzias , diarrhea and stomach hemorrhage , malnutrition diseases including intestinal worms , and all types of fevers, tuberculosis, leishmaniasis, onchocercosis, leprosy, eye diseases, sleeping sickness, leprosy, meningitis, AIDS, and diseases common to human-beings and animals .
2. Adoption of a multiple method of intervention to combat and eradicate these diseases which shall include :
 - a) Availability of pure drinking water and improvement of water quality.
 - b) Protection of environment, and the rationalization of waste disposal.
 - c) Enabling the society to participate in planning, executing and evaluating health services.
 - d) Promoting health-culture and education.
 - e) Combating disease carriers such as mosquitoes, frogs and flies.
 - f) Resorting to collective treatment according to the prescribed guidelines.
 - g) Provision of health welfare : survey, examination and treatment.
 - h) Making available food and improving its quality.

3. AIDS :

Special attention should be given to combating AIDS, by intensifying health awareness guided by religious teachings, and undertaking field surveys according to

organized periodical cycles to determine virus campaigns, obliging all health institutions to examine donated blood to ensure that it is virus-free before its utilization.

4. Division of the program into stage so that in each stage a certain percentage of the concerned population covered , in order to achieve 100% by the end of the strategy period .
5. Establishment of the central technical organ for the eradication of chronic epidemic and malnutrition diseases.
6. Incorporating health planning into planning for agricultural and developmental projects.
7. Evaluation of the combating activity according to specific indicators.
8. Study of chronic diseases to learn their causes and how they spread and the means of combating them and applying preventive measures to fend against them.
9. Establishment and consolidation of research organs ; making available field, laboratory and clinical research tools, attracting researchers from all specialization-health , economic and social-to ensure a comprehensive approach in research , with special emphasis on health system , in order to raise the operational efficiency of planning , execution and evaluation of health program, and the study of the environmental and health returns of the economic, industrial and urban development projects, and the preventive mean against the ill effects of these projects.

Protection of the environment :

Accelerated urbanization ,the expansion of agriculture and wild migration led to an abominable degradation of the environment ,resulting in continuous addition, only 60% of the urban population and 10% of the population have access to pure drinking water . As for disposal systems for human, household and dangerous biological waste, they are either very poor or simply non-existent.

THE OBJECTIVE :

Protection of the environment and prevention of pollution .

THE PORGRAMS :

1. Making available pure drinking water to citizens .
2. Establishment and consolidation of hygienic drainage systems and ways and means of waste-disposal.
3. Establishment of health engineering units , and professional health in the wilayas, and the generalization of water and food monitoring laboratories.
4. Establishment of professional health treatment units in university hospitals.
5. Establishment of a unit or an administration fot dangerous waste in the national health laboratory.
6. Consolidation of the protection of the environment units.
- 7- Emphasis on promoting a health – culture and awareness in the field of environment protection .

- 8- Review of environment health laws to guarantee their effectiveness and quick application and impact, the promulgation of new legislation for poisonous and dangerous materials, and the establishment of health centers in commercial quarters . .
- 9- Establishment of units for health engineering, for the study of poisons and work physiology in universities .
- 10- Enlarging the benefit from waste in some industries .
- 11- Responsibility of environmental protection is vested in the wilayas . The central technical organ for environmental protection at the federal ministry of health shall undertake the technical supervision, coordination, research and training in the field .

TREATMENT SERVICES :

Health treatment services suffer from clear degradation at all its levels, and a disparity in the wilayas .

THE OBJECTIVES

Upgrading the level of health services quantitatively and qualitatively by increasing treatment institutions and the working force making available one general practitioner per 10000 citizens, and one specialist per 50000 citizen, and the improvement of nursing services .

THE PROGRAM

Treatment services shall be given through the following health institutions

- 1- Health centers, rural and provincial hospitals, hospitals of major specialization, hospitals having all specializations, and specialized hospitals . All these institutions provide basic health welfare services all over the Sudan .
- 2- Development of dispensaries and first aid units serving 20000 citizens and above into health centers . Those dispensaries that serve fewer people continue providing basic health welfare services . While maintaining a strong link with the health centre to complete providing this welfare . One nurse, at least, trained in basic health welfare services, and qualified to provide these services must be made available .
- 3- Each health centre shall have the following personnel a medical doctor or more, and an experienced registrar, an experienced midwife, a senior nurse, qualified nurses and specialized medical assistants . The health centre shall serve 20000 citizens .
- 4- The rural hospital shall be consolidated to serve 40.000 citizens, or the geographically defined area (60.000 beds) according to the definition of the local popular government law, whichever is less, and the following personnel : two general practitioners or more according to the size of the rural hospital , and the quality of the specialized registrars assigned to the health centre is to be at a higher level and grade, an assistant anasthiast, operation room officers, x-ray technicians, a dentist, senior nurses, midwives, qualified female and male nurses a health officer, and health assistants and workers .

- 5- The rural hospital receives those cases transferred to it from health centers attached to it, and it undertakes technical supervision of these centers in areas of environment protection administration and medical supply including supplies of medication .
- 6- Establishment and consolidation of hospital having the following main specializations : general surgery, obstetrics and gynecology, internal medicine , and pediatrics. This type of hospital has 120 beds at least and the number of beds is increased if the number of specialists in one branch is increased according to the principle of beds linking . Each hospitals includes two doctors specialized in the areas mentioned above, and a registrar in each specialization, two general practitioners, two house officers for each specialization, laboratory services at the level of a laboratory specialist, two x-ray technicians, anasthiatic services at the level of an anasthiasia specialist, two anasthiatic assistants, two operation preparation officers, a dentist or more. And a nutrition officer .
- 7- Establishment and support of hospital with full specialization, including internal medicine and fine specialization therein, general and specialized surgery, gynecology and obstetrics, pediatrics and E N T ophthalmology, dermatology, psychiatry, thorax disease, a pathologist or more an x- ray specialist and an anasthia specialist . The number of beds in such a hospital shall be 240 beds, and increases according to the bed linkage principle in case of an increase in the number of specialists in any of the specializations mentioned, This hospital shall work with the following personnel 24 general practitioners or more 24 senior doctors or more, 6 assistant pathologists and technicians and x-ray technicians, and a nutrition officer . This type of hospital shall be established in the capitals of provinces and in their larger cities .
- 8- University hospital providing services of specialists as well as various specializations to satisfy doctor, medical students and supporting staff teaching and training requirements . These university hospitals are to be established in the Capitals of willayas or where there are medical collages with an average of 800 bed, and the medical manpower are to be determined according to the bad linkage principle. So that each specialized unit may have the following carders : a first and a second grade specialist, a registrar, two general practitioners, and two house a second grade specialist, a registrar, two general practitioners, and two house officers . It shall also include a central laboratory with all laboratory specializations technical specialists, diagnosis services, such as x-ray and ultra sound waves .
- 9- Specialized hospitals based on one specialization with the objective of providing the most perfect treatment and training .
- 10- establishment of national specialized centres for the purpose of teaching, training and scientific research, ensuring treatment within the country . These are to be in the national capital and include the following specializations: heart disease and surgery, Kidney disease and culture, psychiatric diseases and brain and nerve surgery, diseases and surgery of the digestive system, atomic and

analytic medicine . Natural treatment and rehabilitation centres shall be established in all capitals of willayas and major cities .

11- A pharmacist shall be assigned to each hospital that provides services of specialists, whereas technicians and medical pharmacist assistants shall be assigned at the rural hospital level .

12- Medical supplies shall be centralized .

13- Introduction of the central pasteurization system in specialized national centres and in specialized and university hospital .

14- Priority in the application of the treatment strategy shall go to the least developed regions , The first stage shall start by rehabilitating and improving existing health institutions within a span of three years . The new health institutions shall be construing the second stage, and some hospitals shall be raised to the level of university hospitals with the introduction of specialist services in some hospitals .

15- Availability of ambulance and emergency capabilities in their various forms and purpose, and improvement of the means of communication and transport .

16- Continuous evaluation based on the following criteria : percentage of dead of sick and of bed occupation .

MEDICINE AND MEDICAL SUPPLY :

Despite the expansion in medical services, medication supply has for more than ten years fallen short of the required level . In 1991 the state has ensured 50% of the urgent needs only, and as for the private sector it ensured only 50% of the list of basic medication .

THE OBJECTIVE :

Satisfaction of the needs in medication in accordance with the established norms, and the reliance on the list of basic medicines as a general philosophy for medical supply .

THE PROGRAM :

- 1- Continuing large quantity and tender import policies .
- 2- Support for local pharmaceutical industry to attain self-sufficiency and export by the end of the strategy period .
- 3- Giving the necessary attention to human resources in this field .
- 4- Establishment of pharmaceutical industries in the various fields. And consolidation of the armed forces factory .
- 5- Establishment of 9 pharmaceutical production units in the major hospitals of the capitals of the willayas (3 units yearly) .
- 6- Creation of an effective distribution system that guarantees delivery of medication direct to health regions .
- 7- Development of pharmaceutical statistical units, to determine actual pharmaceutical needs .

- 8- Application of the economical medical system in all hospitals, to ensure the medical needs of the poor .
- 9- Introduction of the system of the roving medical supply pharmacy to periodically undertake medical inspection . .
- 10- Increase of the establishment of popular pharmacies from 66 to 300 all over Sudan .
- 11- Establishment of production units in each pharmacy and making available raw packaging materials .
- 12- Establishment of scientific and applied studies centers in the field of rationalizing the usage of medicine during the first year of the strategy .
- 13- A commitment to periodically revise the Sudanese national medical directory, its publication, distribution and application .
- 14- Raising the efficiency of the present pharmaceutical industries, and moving towards the establishment of the approved industries and creation of an industry for raw and packaging materials .
- 15- Development of the pharmaceutical control laboratory and the establishment of a laboratory in each willaya .
- 16- Extension in the cultivation of medical and aromatic plants, and the creation of a factory for the extraction and industrialization of these materials , and the establishment of treatment units with Sudanese and imported medical plants .
- 17- Amendment of the pharmaceutical and poison law so as to take into account the extension of specializations and pharmaceutical materials, thus checking dealings in them .
- 18- Making available instruments and medical equipment for all health establishments and ensuring their continuity .

6) MANPOWER WORKING IN THE FIELD OF HEALTH

Development of medical manpower to reach the numbers and the level of qualification and training mentioned in detail in the technical report included in the second part of this Strategy .

7) HEALTH ECONOMICS

The decrease in the rate of economic growth and the increase in population has led to a lowering of the contribution of the public sector in health expenditure . It decreased in the Sudan from 5.4 % in 1972 to 1.3% in 1983 studies have shown that the following are the three main reasons for the deterioration of health services : the meagerness of the resources and their bad distribution, the weakness of the preliminary health welfare system, and the high increase in the cost of health welfare .

Various experiences have been tried to save from the earnings collected from the beneficiaries of health services to support the resources of the health system, such as self-help, and fees for dispensary, laboratory and x-ray services, the school health system, and the medical cycle and economic treatment systems . And despite the success of some of these examples they are very weak in comparison to what is spent on health services .

THE OBJECTIVE

Enable mass participation in financing the medical services that they enjoy .

THE PROGRAM :

- 1- Adoption of the family solidarity health card system as a new system that guarantees the saving of an additional financing for health services, and a positive mass participation in policy making, and an equitable distribution services to all individuals in the society, putting the main emphasis on preventive services and sectoral coordination in a way to achieve basic health services and the periodical evaluation of these activities .
- 2- Adoption of a policy that guarantees the exemption of those unable to pay without depriving them from health services
- 3- The aforementioned social financing is to be considered as an additional source, rather than an alternative to governmental contribution which ought to be increased by a specific percentage annually so as to pay for the development and improvement of health services .
- 4- Attraction of the support of the Sudanese working abroad to the health services and encouraging their participation in financing them through various channels .
- 5- Obliging insurance companies to cover treatment expenses of victims of various accidents such as car, fire or work .
- 6- Encouragement of private sector medical and health work as well as investment in the health field .

8) HEALTH STATISTICS

Health information is the basis for good planning for health services, and it is the basis of the indicators used to evaluate all executive activities in the prevention and treatment of the various diseases .

THE OBJECTIVE :

Development of health statistics .

PROGRAMS :

- 1- Establishment of the national organism for health information to which shall be attached the national health information data bank
- 2- Support of the health statistics training centre to train those working in this field with an effort to obtain training opportunities in higher studies in health statistics for university graduates .
- 3- Generalization of health statistics services in all health establishments and at all levels .
- 4- making available trained personnel for long and short terms
- 5- Making a detailed and continuous inventory of all material and human resources in the health field and the production of indicators thereof to achieve equitable distribution .
- 7- Making available basic information about the population and the behavioural patterns of the society and its attitude vis-à-vis health

- 1- Establishing a comprehensive map of chronic and epidemic-type and other diseases, monitoring the variables in this area and specially those resulting from the expansion in agriculture, industry and construction .
- 2- Emphasizing health economics by making available the data relevant to health expenditure and the study of the absence of the economic component of the major diseases, and the clear determination of sick leave hours and absence from work because of it .
- 3- Placing attention on birth and death registration, generalizing registration to all health units in rural and urban areas, so that registration coverage moves from 25% to 100% by the end of the Strategy period .
- 4- Improvement of death statistics to include the cause of death in order to be able to measure the level of danger of the various diseases and the efficiency of the projects designed to provide vaccination against them or to combat them .
- 5- Monitoring and collection of all statistical periodicals from all health establishments and their distribution to educational institutions in the field of health .