**Universal Health Coverage Primary Health Care Self-Assessment in Sudan**

The study iden­tified practical policy opportunities in the health system to improve the rela­tionship between health financing and PHC efforts in Sudan. It has assessed how public health financing institutions and health insurance interact with other PHC actors and programs. Also, it has identified key areas of improvement and opportunities to align health financing policymakers in the country with PHC goals.

The assessment was a rapid descriptive cross-sectional mixed method study including qualitative and quantitative methods. It covers national level and selected six states. The respondents represented Ministry of Health, Ministry of Finance, National Health Insurance Fund and providers of services at both private and public facilities.

There is a consensus among all interviewed policy makers on the importance of PHC to achieve UHC. PHC seen as the basic component of health system that include comprehensive essential services package directed towards all population age groups. Lack of well-trained health staff, insufficient funding and low services quality are the main barriers to achieve PHC objectives in Sudan.

The main source of health system funding in Sudan is direct OOP, which has reached 79.4% of total health expenditure in 2015[[1]](#footnote-1). Most of those expenditures were exerted on curative care at secondary and tertiary level. Nevertheless, the patients have to pay user fees for Most of the curative services provided at PHC level. Most of the respondents agreed that funds were not enough to cover all PHC services components. Available funds were used mainly to cover staff salaries or incentives and the running costs. There is a financial gap that usually affects equipment, drugs and consumables for laboratories. That situation resulted in reprioritizing provision of PHC services at the state level. The NHIF’s reimbursement policy is misaligned because it provides reimbursement only for the provision of curative PHC services.

Weak referral system is a shared comment among different states. That was attributed mainly to lack of basic services at the PHC-level which has led consequently to a misalignment between PHC and UHC. Findings show that when PHC facilities lack qualified staff or basic items like laboratory services, patients often bypass PHC level facilities.

In analyzing the results of the survey, the team found that there are a lot of gaps that hinders the achievement of proper PHC alignment with UHC in Sudan. These include political, structural and organizational adjustments.

1. Sudan Health Accounts Report with Specific Diseases Accounts (2015), FMOH, 2017. [↑](#footnote-ref-1)