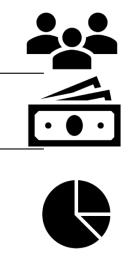


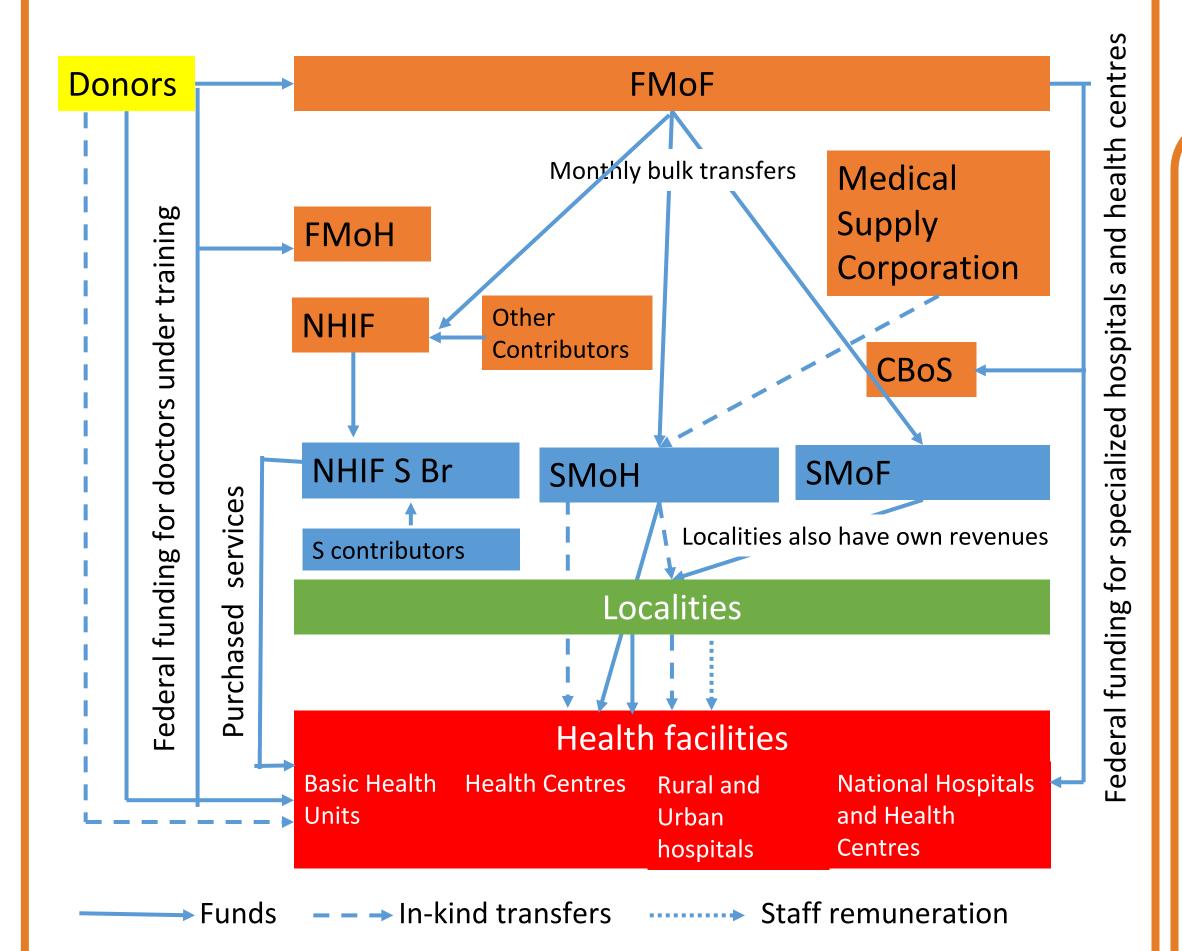
Context:

Population GDP/ Capita **THE**/ Capita

43.2 M (2018 Estimate) \$2,898.55 (USD, 2017) \$132.3 (USD, 2015) GGHE comprises 14.95% of CHE



Organization of the Health System:



Monitoring

- 1. Paper based information system with partially automated claim management.
- 2. SPSS and other simple statistical methods are mainly used for analyses of the data.



Sudan

Making Provider Payment Mechanisms More Strategic: Removing the Roadblocks to Implementation

Fee for service, salaries and performance incentives

2014 UHC Roadmap to increase coverage with health insurance

Fee for Service

Main payment method for Primary Health Care (PHC) with salary and incentives in public facilities.

Innovations

Capitation pilot:

Capitation currently being piloted by NHIF in:

- North Kurdofan State in 365 PHC facilities for all services except medicines.
- Gezira State in two localities in family health units that are run by medical assistants for all services except medicines.

Global budget for all services except medicines is used by NHIF in:

- All hospitals and family health centers in Gezira State.
- Three hospitals in North Kordofan State

Success:

- Changing from well-known fee for service
- Clear progress in cost containment
- Promotion of insurance enrollment by providers under capitation.

Challenges:

- Clients' dissatisfaction with being assigned to a facility under capitation
- Providers' dissatisfaction with new payment methods.
- Quality of care.
- Increase of referred cases due to global budgets.
- Escalating cost of medicines due to fee for service.

Lessons Learned

- ✓ Innovative methods are needed to achieve UHC.
- \checkmark Pooling of resources is an essential step.
- \checkmark Reforms for PHC purchasing may be the first step in some countries.

Capitation

Other Innovations:

- Pooling funds under health insurance for all
- children under 5. Payment mechanism designed to achieve
- objectives.
- Health system reform.

- More PHC financing (71%).
- Cost reduction at secondary and tertiary level. Better health indicators.
- Package defragmentation.

Successes:

- PHC financing increased 13 times.
- Under five utilization rate increased 4.8 times • Facilities providing service to insured increased from 24% to 97%.

Challenges:

- Need for strengthening locality health system Lack of automated health information system Need of capacity building for providers and M&E staff.



PPM Reform Timeline

Ongoing

2016

Law mandates compulsory health insurance with NHIF as single purchaser

2017 Capitation pilot

Ongoing capitation pilot to transition PHC payment from FFS to capitation.

Global budgets

Challenges for UHC

- expenditure.

- Achieving universal health coverage. Mixed type of payment mechanisms.



Abdullah Faki Omer Almoghirah Abdella Khalid Habbani

2020 Roll out of capitation

• Pilot ongoing in hospitals in two states. More work needs to be done to engage providers.

83% of funding from private sources, of which 79% is OOP

Complex funds flow to the states and facilities. User fees are charged at all health facilities and exemptions/ waiver mechanisms and eligibility criteria are not well defined. Contradicting health policies (insurance vs free care). Slow steps towards provider-purchaser split.

Next Steps DRGs/GB **Some Tertiary services** DRGs / GB Secondary level Capitation **Primary level**

Mixed PPM implementation with capitation for PHC



