

Discussion and Debate

Improving Health in Developing World – What Can National Medical Associations Do? The Case of Professional Associations in Sudan

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Health situation in developing countries is regarded to be poor. The toll of communicable diseases is rampant and at the same time, non-communicable diseases are gaining increasing grounds. This picture is complicated by the often weak health systems that lack adequate finance and human resources to run the services.

Sudan, background and health status

At 2.5 million square kilometers, Sudan is the largest country in Africa. Based on the 1993 census

projections, the total country population is estimated at 35 million. Regionally, Sudan is an East African country surrounded by other nine African countries and separated from Saudi Arabia by the Red Sea (see the map).

Sudan is rich in terms of natural and human resources, but economic and social development since independence in 1956 have been below expectations. At an estimated GDP per capita of US\$ 340, Sudan is regarded as a poor country⁽¹⁾.



The political situation of the country is characterized by instability with alternating regimes and three military coups since independence. The country suffered from civil unrest and witnessed the longest civil war in Africa extending over 20 years. Sudan administrative structure has been reorganized since the mid 1990s into a federal system with three levels: the federal, 26 states and 134 localities.

Two major events dominated the scene of the country recently. One is the discovery and exploitation of oil in the mid 1990s. In recent years, the contribution of oil to economy becomes significant⁽²⁾. The other event is the signing of peace agreement between North and South in January 2005 putting and ends to the two decades

war that devastated the country. These positive events have raised the hopes of Sudanese people for a better and prosperous life.

The health profile of the country is dominated by the communicable diseases with malaria and childhood infections causing over 40 percent of hospital admissions⁽³⁾. Public spending on health in Sudan ranked among the lowest in Africa. It is estimated to be 0.9 percent of GDP⁽²⁾.

Sudan is linking Sub-Saharan Africa (SSA) to Middle East and North Africa region (MENA). Its health indicators are generally comparable to or better than the SSA averages but not as good as MENA regional averages (Table 1).

Table 1: Some health indicators in Sudan compared to SSA and MENA regions averages

Indicator	Sudan	SSA	MENA
Life expectancy at birth (years)	57.9	46.2	68.2
Access to safe water (% of population)	70	55	90
Infant Mortality Rate (per 1000 live births)	68	91	43
Maternal Mortality Rate (per 100,000 live births)	509	1100	360
Prevalence of HIV/AIDS (% adults 15-45 years)	2.6	9.2	0.3

Source: Sudan health status report, World Bank, 2003

Sudan is one of those African countries seriously affected by brain drain of health professionals in particular doctors. Out of the 21,000 doctors registered with the Sudan Medical Council (SMC), 12,000 are estimated to be working outside the country. Major destination countries include Saudi Arabia and Gulf, UK and Ireland⁽⁴⁾.

The brain drain has seriously affected health services and medical education in the country. During the recent years, medical education has witnessed a revolution in the country. The number of medical schools rose from 5 in 1990 to reach 24 in 2000. This has resulted in a total number of 1500 graduates per year; however, some 800 of those graduates use to migrate annually to work outside Sudan⁽⁴⁾.

The Federal Ministry of Health (FMOH) in Sudan is trying to rectify the situation in order to improve population health. However, with such difficult

situation it is evident that the ministry alone can not succeed. Other stakeholders including professional associations are needed to come to the battlefield.

Professional associations in Sudan: some background and roles

In Sudan, health workers are organized in different professional associations including Sudan Doctors Union (SDU), Dental Union and Pharmacists Union. Technical and allied health workers are included in technical and paramedical associations. By far, SDU is the most prominent among these associations. SDU has a long history of existence. It is established in 1949 even before the country gained its independence from Britain in 1956. SDU represents all doctors working in Sudan (over 10 thousands). Its constitution also provides for involving Sudanese doctors practicing outside the country. The main focus of SDU is to serve the interest of its members with special inclination to

foster professional development. During its history, SDU has played important roles in serving the interest of doctors' community and in promoting the medical profession. Its political role has always been outstanding and in the last democratic government, SDU president was selected as the Prime Minister of Sudan.

In the aspect of health services policy and delivery, the role of SDU and other professional associations in Sudan was never clear. This is somewhat a new area of work for SDU. However, it is obvious that time has come for medical associations to be involved in improving health of their native populations.

Areas for possible intervention for SDU and professional associations

- Spending on health is unacceptably low in Sudan. The WHO estimates the minimum cost of essential service package per person in developing countries at US\$ 34. Considering the figures in Sudan a gap of US\$ 20 is there.
- SDU can help the FMOH in increasing governmental spending by advocating for health. It can also lobby with Parliament, civil society and media in this regards.
- Medical migration and lack of qualified motivated staff, together with the inequitable distribution of health workers is another daunting challenge facing the health system in Sudan. SDU can mitigate effects of brain drain by advocating for sound human resource policies in the aspects of remuneration, training and working conditions that are mainly pushing health professionals to migrate.
- Facilitation directed to members in form of cars, housing and treatment insurance can be effective in retaining doctors. Advocacy and lobbying to increase chances in postgraduate training for doctors besides promoting CPD can

also be effective. SDU has a good potential to intervene across all these areas.

- Concerning brain drain, SDU can help in migration data and information through its registry and monitoring of personnel movements. The SDU should also keep pace and participate in the national and international debate on medical migration to catch up with innovations and solution strategies.
- In a country with a high illiteracy rate (53%), awareness among population on health issues is both needed and challenging. SDU, through the machinery of its membership is best suited to contribute to this area. Doctors are highly respected in the Sudanese community and the message they deliver can definitely be far more effective than other health workers who are traditionally entrusted with the task of health education.
- Within a very wide country like Sudan with often poor remote areas, epidemics and health crises are always expected. In such situations, urgent intervention needed is often beyond the capacity of FMOH and states. SDU can respond more effectively through its potential to mobilize doctors who are usually lacking in those areas.
- Coverage of health services in Sudan is low. According to a recent survey, only 56% of populations are covered by adequate health services⁽⁵⁾. Although SDU can not be fully involved in this area, it can definitely help by mobilizing personnel to provide temporary services in camps or mobile clinics. SDU may also be able to invite similar medical associations in other countries to contribute. A history of cooperation is already there with medical associations in Egypt, Libya and other Arab countries.

- Private practice is a problematic area in Sudan. Regulations and standards are mostly not effectively implemented and compliance among private institutions is low. Although this area can carry the risk of conflict of interest, SDU can provide help in form of advocating for and promoting good professional practice and ethics among professionals.

To improve its potential of contribution to the above mentioned areas, SDU should establish and maintain links with medical associations in developed countries and the Sudanese diaspora. These links can facilitate mobilization of financial and technical support for the benefit of the country.

Some limitations facing SDU

The potential for SDU to play a key role in supporting health care is high; however, the following shortcomings should be considered:

- The critical health situation in the country with the low public spending on health and the poor conditions of work for staff has often challenged the credibility of professional associations including SDU. Some health workers are incriminating these professional associations as being inefficient in improving situation of their members.
- Lack of financial support is one remarkable limitation. Membership dues are irregular and not enough and other sources of funding including governmental support are lacking.
- Lack of full-time staff to supervise and run the activities of professional associations is another problematic area. Doctors elected in SDU board and committees are often the busy clinicians that can hardly find time for meetings. To hire a full-time staff is often not a viable option considering resource constraints.
- Lack of innovations is another area that represents an opportunity loss in many occasions. SDU and other professional

associations always think in the remits of their traditional roles.

The way forward

SDU and other health workers associations in Sudan should consider transforming their roles towards more involvement in improving population health. An adequate representation for these associations in policy and management forums should be thought. Professional associations should also work hard to improve conditions of health staff to raise their awareness so that they can link their demands for better conditions with the thrust to improve standards of health care. SDU is to assume a leading role in this endeavor through building its capacity and strengthening its national, regional and international links.

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