The National Health Insurance Fund of Sudan: Sustainable financing for Expanding & Deepening Universal Health Coverage

Background

The National Health Insurance Fund, of Sudan (NHIF), was established in 1995 to provide financial risk protection to Sudanese people against catastrophic out-of-pocket health spending. This direction was supported, among others, by UHC Committee, endorsement of Health Financing Policy 2016, and approval of NHIF Act 2016. The National Board of Directors (BOD) for NHIF was endorsed to ensure using unified policies and strategies for implementation at state level.

NHIF is compulsory depending mostly on premiums. For the formal sector, 10% is deducted from the payroll. However, different flat-rate premiums are charged from other informal sectors. Earmark taxation and sin taxes have been adopted in many states to generate more revenues for NHIF. Besides, partnership with national and international organizations increased coverage of the poor and refugees.

Objectives

Objectives are inspired from the vision of NHIF which states To become the pioneers in insuring all the citizens and to guarantee provision of excellent medical services that contribute to the social security . Thus, Health insurance card to every citizen to ensure Access to a unified package of a needed health services that is of:

- -Sufficient quality,
- -Equitably distributed, and
- -Protect the people from financial hardship

Methods

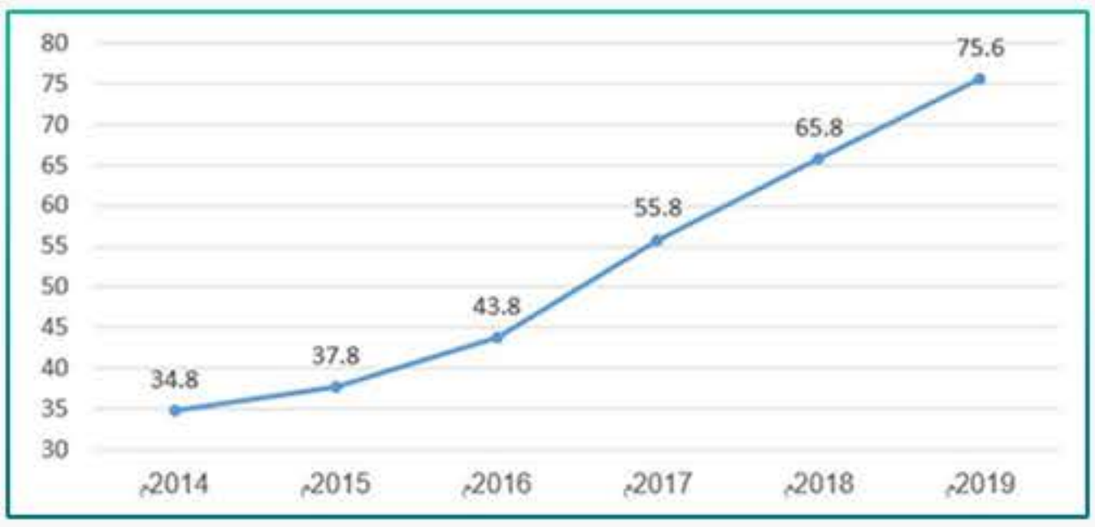
World Health Organization "Cube" Diagram is used to describe progress towards UHC in Sudan according to the three dimensions shown in figure 1 below that include Population coverage, Service coverage and cost coverage

Figure 1: WHO UHC dimensions

Main Results

Population coverage: Currently, 75% of Sudanese population (29 million subscribers) are covered and 93% of the poor (4 million families) are fully covered by the Government and Zakat Chamber. NHIF has improved pooling mechanisms through central collection of premiums at source. Partial Zakat resources as well as free care funds of under-five children in 6 states have been shifted to NHIF. Earmark taxation and sin taxes have been adopted in many states to generate more revenues for NHIF Besides, efforts are underway to direct international funds towards UHC objectives. Figure 1 shows the increase in population coverage aggregated by years. The main challenges facing NHIF is to ensure financial sustainability through fair premiums and have government support to impose regulations to cover the informal sector.

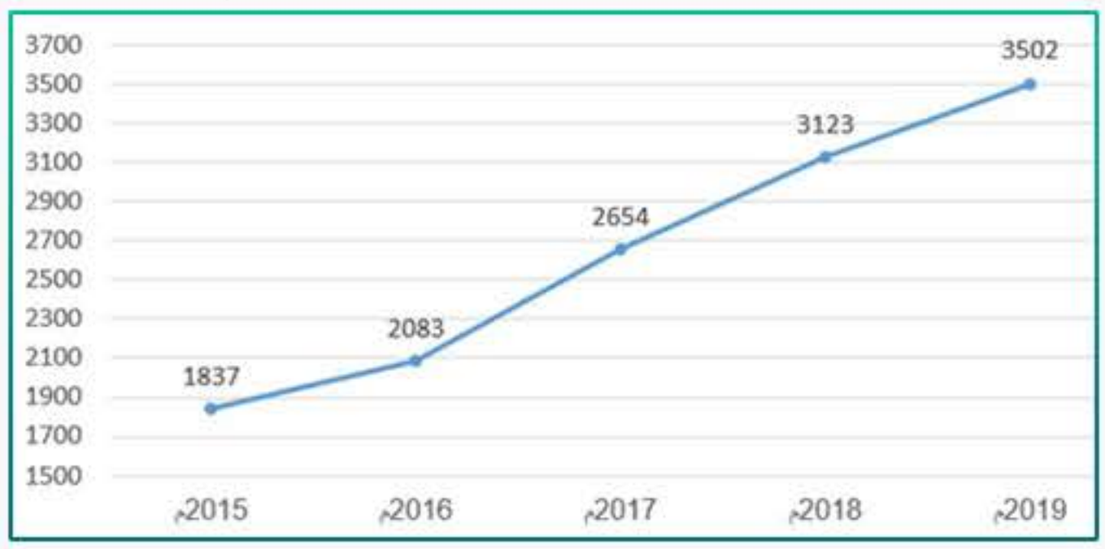
Figure 2: Percentage Population coverage 2014 -2019



Main Results

Service coverage: The benefit package (BP) is comprehensive, served freely at the point of healthcare delivery, except, for the medicines the patient has to pay 25% of the total cost of prescription. The BP is provided by more than 3500 health facilities across the country that account up to 62% of existing facilities in Sudan. However, still utilization rate is 0.7 visit per year 2019 which is low compared to 2. The payment system is based mostly on fee-for-service. But, the strategy is to shift to capitation for PHC. Bulk purchasing of medicines is well-established practice since 2012. NHIF is now shifting to be a single purchaser to ensure provision of quality healthcare. Figure 2 shows the increase in number of contracted facilities in line with increased population coverage

Figure 3: Number of contracted facilities 2015 -2019



Cost coverage: There is a significant increase in government health expenditure from 6% in 2012 to 9% in 2017. However, this is less than the Abuja target of 15%. Public expenditure as a percentage of total health spending is 22%, whereas 75 % of total health expenditure (THE) being out-of-pocket (OOP)

Conclusion and recommendations

- Moving towards universal coverage through joint plans and collaboration with partners
- Shifting to strategic purchasing of health services whereby a change from FFS to Capitation and other mix of payment modalities DRG's payment systems are now important policy directions for Sudan in addition to benefit package redesign
- Strengthening claim management system is also a necessity to improve efficiency and enhance financial sustainability.
- Accreditation and credentials are not well established practices, in Sudan, Thus, it is important to be introduced as a tool of Quality Assurance as well as Governance mechanism to hold health service providers accountable to protocols and standard treatment guidelines.
- The direction in Sudan is to have Fee Schedule for health services whereby costing is calculated based on unit-cost analysis and accordingly prices should be negotiated to allow the NHIF to be able to pay for claims, in one hand, and for the provider to be able to run the health facility on the other hand.
- Strengthening the district health information system (DHIS2) of federal ministry of health through integration with NHIF information system to inform better decision making

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