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SOUTH SUDAN DOCTORS' UNION

SUBMISSION ON THE HEALTH SECTOR BUDGET ALLOCATION

To the Committee on Finance & Economic Planning, National Legislative Assembly
And Health & Populations Committee, National Legislative Assembly, with Copies to
Office of the Vice President for Services Cluster, and the Ministry of Health
Juba, 21 July 2023

Introduction

The South Sudan Doctors Union (SSDU) is pleased to submit this proposal on the health sector budget allocation in response to the National Legislative Assembly's call for citizens' participation in public hearing following the first reading of the proposed national budget allocation. Following our verbal submission at on Monday, 17th 2023, we hope that our written submission will assist the National Parliamentarians and policymakers in prioritizing the health sector in the current national budget allocation process.

As healthcare professionals, we understand the importance of adequate funding for the health sector to ensure the provision of quality healthcare services to the people of South Sudan. Our submission seeks to provide recommendations that will enable the Ministry of Health to deliver quality health services and motivate health professionals.

We appreciate the opportunity to participate in the budget scrutiny process and thank you for your commitment to ensuring that citizens' voices are heard. We look forward to working together to improve the health sector in South Sudan.

Background

The South Sudan National Budget for the Financial Year 2023-2024 is before the National Parliament for scrutiny and possible amendments. Following the first reading of the national budget, the Transitional National Legislative Assembly (TNLA) requested for citizens' participation in budget scrutiny. Therefore, the South Sudan Doctors Union (SSDU) representatives heeded the call to represent the voice of healthcare workers during the public hearing on national budget allocation and make their submission regarding the budget allocation of the health sector of the country. It is against this backdrop that the SSDU is making this submission to the TNLA Committee on Finance and Economic Planning.

SSDU Position Statement on Low Health Sector Budget Allocation

The South Sudan Doctors Union (SSDU) is deeply concerned about the low level of budget allocation to the underfunded health sector in South Sudan. The 2023-2024 national budget allocates only 2.1% of the total budget to health, which is far below the recommended level of 15% by the World Health Organization (WHO) and Abuja Declaration by the African Union Heads of State in order to achieve Universal Health Coverage.

The SSDU would like to underscore that the low level of health sector budget allocation has a number of negative consequences for the health of the South Sudanese people. It leads to a shortage of health workers, health facilities, equipment, and medicines, which in turn contributes to high maternal and child mortality rates, as well as the spread of preventable diseases. It means that there are not enough resources to provide basic healthcare services, such as vaccination, malaria prevention, and treatment of common diseases. It also means that there are not enough resources to recruit, train and retain health workers, which leads to a shortage of doctors, nurses, and other healthcare professionals.

The SSDU urges the Executive wing of the South Sudan Government, especially the Presidency and the National Legislature, to increase the budget allocation to the health sector to at least 20% of the total national budget for FY2023-2024. We believe that this is essential to improving the health of the South Sudanese people. The SSDU also urges the government to take ownership of the health of its citizens and demonstrate a commitment to improving health outcomes. This means investing in primary healthcare, strengthening the health system, and ensuring that all South Sudanese have access to quality healthcare.

The SSDU is committed to working with the government to improve the health of the South Sudanese people. We believe that by working together, we can create a healthier future for all South Sudanese.

Observations on Previous Allocations

The SSDU has reviewed the proposed budget allocation, shared its observations and opinion regarding the allocation, and submitted its recommendations for consideration by the TNLA Committee on Finance and Economic Planning.

Health sector allocation has been decreasing every financial year. The highest was during the COVID-19 pandemic which was co-funded by the government and international partners.

Health Sector Structure	2012/2013	2014-2019	2021/2022	2022/2023	2023/2024
Health Sector Budget	7%	1.9%	9.7%	4.2%	2.1%

Current Allocation (First Reading)

Institutions in the Health Sector Budget	Allocated Percentage (%)	Budget Allocated (SSP)
National Ministry of Health (MOH)	2.1%	44,248,660,543
HIV/AIDS Commission (SSAC)		
Drugs and Food Control Authority (DFCA)		

Institutions Not in the Budget	Current Percentage Allocation	Budget Allocated (SSP)
General Medical Council (GMC)	0	0
College of Physicians and Surgeons (CPS)	0	0
Public Health Institute (PHI)	0	0
Public Health Emergency Operations Centre (EOC)	0	0
National Public Health Laboratory (NPHL)	0	0
National Blood Bank Transfusion Services	0	0
Morgues and Funeral Homes	0	0

Budget Categories Covered in the Previous Health Sector Allocation

- **Salaries** - National Ministry of Health Employees including health professionals deployed to the States and Administrative Areas
- **Services and allowance** – being the cost of operations of the Ministry of Health Directorates, Departments, Referral /Teaching Hospitals, meetings, conferences, and travel.
- **Transfer to States** – a block of the health sector budget is transferred to the States to pay for salaries of deployed staff, and service allowances for health facilities.

Categories Not Budgeted for in the Previous Health Sector Allocation

- **Emergency Preparedness, Response and Recovery -** we observed in previous health sector allocations that there was no contingency budget placed under the MOH to prepare and respond to disease outbreaks such as COVID-19, Ebola, Cholera, Measles, Meningitis, Hepatitis, and other disease outbreak situations mass displacement due to conflict, flooding, etc.
- **Drugs, medical equipment, and hospital consumables** – hospitals and PHCCs under NGO support only have basic and essential drugs but do not have medicines for chronic illnesses, nor advanced diagnostic imaging devices like X-ray machines, CT scans, MRIs, PCR machines, etc. The MOH does not buy medicines and advanced medical equipment due to its low health budget.
- **Digital health technology** – our hospitals and clinics still use analog tools and equipment to provide care and keep records. Digital health technology can improve the quality of care by

providing access to patient data, clinical decision support tools, and electronic health records, reduce medical errors, facilitate the sharing of medical information, and improve care coordination and reduce duplication of services.

- **Vehicles, assets, and tools for health facilities and offices** – most health facilities have 1-3 vehicles donated by NGOs. There is no budget for the purchase and maintenance of government vehicles and ambulances for staff mobility and patient transportation.
- **Renovation and devices for health facilities** – A total of 1,200 public facilities (referral hospitals, state and county hospitals, PHCCs, and PHCUs) do not have sufficient budget to renovate and repair /replace broken /buy new medical equipment. Most public facilities have poor toilets, unhygienic water points, poor waste disposal, and a lack of modern cleaning and infection prevention and control.
- **Infrastructure development projects** – there are no infrastructure projects currently budgeted for.
- **Operation Budget for Teaching /Referral Hospitals** – currently there is no budget for new buildings of Juba Teaching Hospital, Wau Teaching Hospital, Kiir Mayardit Women Hospital, and Al-Cardinal Kidney Hospital. Malakal Teaching Hospital is currently dysfunctional and has never been renovated following its destruction during repeated clashes in Malakal town.
- **Training and Specialization of Health Professionals** – there is no budget reserved for training and health professional development in specialties. Limited Ethiopian and Egyptian scholarships are not adequately funded by the MOH.
- **Rehabilitation Center for Mental Health and Substance Abuse** – there are cases of mental illness in every town due to excessive consumption of alcohol and substance abuse by youth.
- **Oncology (cancer treatment) center** – this center needs to be established as cases of cancer are on the rise. Currently, we do medical referrals outside the country for the diagnosis and treatment of cancer patients.

Situation of Affairs in the Health Sector

- **Low salaries and low motivation of health professionals** as doctors are underpaid between SSP 8,000 (junior doctor) and 15,000 SSP (specialist) and payment can be delayed for some months. Other healthcare workers are paid even lower than doctors. No risk /infection allowance for clinicians or hardship allowance for doctors in remote areas. NGOs support selected facilities by either recruiting the staff at full salary or incentivizing 1-3 staff that support their program while leaving the rest underpaid.
- **Poor attendance during afternoon shifts and night hours.** Given the low pay, most health professionals leave duties at public hospitals to work in private facilities to make earnings. Most Referral /Teaching Hospitals staff are under low-paid employment, contracts, or volunteers, leading to low motivation and poor job satisfaction.
- **No equitable distribution of doctors and nurses** to cover the last mile communities. There are no doctors and certified nurses in the remote areas because of poor payment. This has allowed

CHDs and NGOs to rely on low-level cadres such as Community Health Workers or Boma Health Workers to fill the gap leading to poor quality of services for hard-to-reach communities.

- **Brain drains and high attrition rate** of health workers from the public to the private sector or abroad. There is brain drain as many doctors and nurses are leaving public hospitals to work with NGOs and private clinics in search of better payment. There is no recruitment, training or deployment of medical graduates from 2023 due to the low health sector budget. There is no retention package for health professionals to continue serving in public health facilities.
- **High out-of-pocket expenditures by citizens** on secondary and tertiary care in private health facilities and through medical referrals and medical tourism outside South Sudan
- **Hospital services are not regulated**. Citizens walk for hours or wait a long time to access care, prices for diagnosis and treatment keep rising without regulation, and most facilities do not operate at night nor have ICUs to handle critical cases or medical emergencies. There is no accountability for ethical errors and malpractices. Since the formation of GMC in 2014 through a Provisional Order, it has never had any operation budget to regulate medical practice.
- **High rates of maternal and child mortality –** despite efforts, South Sudan is still lagging behind in reducing deaths of women and children from treatable diseases. The figures rise among the hard to reach areas that lack facilities, trained midwives and qualified medical doctors.
- **Low budget spending** – there is low absorption due to delayed disbursement of funds by the Ministry of Finance and Economic Planning. As such, the MOH uses less of its original budget by end of the year. The TNLA Committee on Health and Population should intensify its oversight on the MOH performance to deliver health services
- **Reduced Donor Support to Health Services** – the primary health services in the 3 States and 2 Administrative Areas in the Greater Upper Nile is supported by NGOs through funding from the World Bank, while the other 7 States and 1 Administrative Area in the Greater Bahr El Ghazal and Greater Equatoria are supported by NGOs funded through Health Pooled Fund (HPF). While the US President's Emergency Fund for AIDS Relief (PEPFAR) and the Global Fund support HIV/AIDS, Tuberculosis, and Malaria response. Since April 2021, HPF stopped supporting State Hospitals and staff therein. Early next year, UNICEF will take over from HPF to continue supporting primary health services in selected facilities across the entire country.
- **Difficulty to meet co-financing obligations** requested by some donors – Friendly countries and donors have contributed greatly to strengthening the health system that was by impact during years of liberation. However, some donor agencies request co-financing obligations to ensure our country has a stake in the success of health programmes being implemented. Despite limited resources, our country must meet yearly co-financing obligations in order to take ownership of our citizens' health
- **Leadership and governance.** There is mismanagement of available resources at the National and State MOH and NGO level, in the recent past, there has been a leadership crisis and mismanagement of affairs at the MOH and SMOH without intervention from the higher authority. There is Human Resources for Health (HRH) malpractices including staff recruitment, appointments and promotions outside the Public Service norms and Labour system.

SSDU Proposal and Recommendations

1. Increment of **healthcare workers' salary to align with the East African Community** (EAC) region pay scale as part of the health sector integration. Higher salaries can attract more skilled doctors and encourage experienced doctors to stay in their positions, and can lead to increased job satisfaction among doctors, which can translate to a better quality of care for patients.

2. Increment of the health sector budget to **at least 20% of the national budget**. Increased health sector budget can cater for health workers' salaries and training, operationalization of health institutions and facilities, funding national health insurance schemes, finance health infrastructure development projects, and co-financing, etc.

3. Allocation of **budget for operationalization and strengthening government parastatals and regulatory institutions** which are GMC, DFCA, CPS, Public Health Institute, Emergency Operations Centre, National Public Health Laboratory (NPHL, and the National Blood Transfusion Services, as follows:

Health Sector Institution	Proposed Allocation
Ministry of Health (including co-financing obligations)	8%
HIV/AIDS Commission	2%
Drugs and Food Control Authority	1%
General Medical Council	1%
College of Physicians and Surgeons	1%
Public Health Institute	1%
Public Health Emergency Operation Centre	2%
National Public Health Laboratory	2%
National Blood Transfusion Services	1%
Morgues and Funeral Homes	1%
Total Health Sector Budget to be Allocated	**20%**

4. State Governments and Area Administrations to allocate at least **20% of their State /Area budget** towards the improvement of health services within their State /Administrative Areas. This will reduce dependence on NGOs and National MOH for recruitment of doctors, renovations and services, etc.

5. **Establish the National Health Insurance Scheme**s to provide access to quality healthcare for all citizens, regardless of their ability to pay to meet Universal Health Coverage and achieve Sustainable Development Goals (SDGs). Health insurance can also help provide protection against the cost of healthcare which is a burden for poor families.

6. The Parliamentary Health and Population Committee to **ensure the timely release of funds** from the Ministry of Finance to MOH and exercise its oversight role for effective and efficient implementation and reporting on the allocated budget.
7. Government or MOH to **meet the annual co-financing obligations** in order to leverage external funding and demonstrate our country's commitment towards better health outcomes
8. **Increase taxes on cigarettes and alcoholic beverages.** This is an effective approach to reducing their consumption. This strategy makes these products less affordable, decreasing the demand for these products, and reduces their consumption, ultimately preventing health risks associated with their use.

Conclusion

The South Sudan Doctors Union (SSDU) commends the Transitional National Legislative Assembly (TNLA) for allowing healthcare professionals to participate in the public hearing and budget scrutiny. The SSDU is hopeful that the TNLA Committee on Finance and Economic Planning will present this submission before the Parliament during the second and third reading of the national budget, and that the Parliamentarians will consider our concerns and heed to them.

We would like to underscore that during our review of the budget allocation, we observed a steady drop and decrease in health budget every financial year except during the COVID-19 pandemic. The SSDU recommends that the health sector budget be increased to at least 20% of the national budget allocation to enable the Ministry of Health (MOH) provide quality health services, cater for healthcare workers' salaries and training, operationalization of health institutions and facilities, funding national health insurance schemes, financing health infrastructure development projects, and meeting co-financing obligations. The SSDU also recommends the establishment of a National Health Insurance Scheme, sufficient budget allocation of budget for government regulatory bodies, CPS, Public Health Institute and National Public Health Laboratory (NPHL).

Finally, the SSDU urges the Parliamentary Health and Population Committee to exercise its oversight role and ensure the Ministry of Finance releases allocated funds to the MOH for effective and efficient implementation and reporting on the allocated budget.

This submission is being made by the South Sudan Doctors Union (SSDU)
in response to the Parliamentary Committee on Finance and Economic Planning's call for submission
on health sector budget allocation.
It is our hope that this submission assists policymakers
in prioritizing the health sector financing in the current national budget allocation.