TECHNICAL REPORT:

THE INFLUENCES OF DUAL PRACTICES IN SUDAN HEALTH SYSTEM PERFORMANCE 2018-2019

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1.INTRODUCTION:

1.1 BACKGROUND

Recently, the private health sector is growing fast and it became a significant part of the services delivered besides the public sector especially in the capital of Sudan and other big cities. Moreover, what enhance its growing; the huge gap of human resources, poor working conditions in the public sector and poor financial rewards. Therefore, the private sector become an attractive working environment in the country.

Dual practice is a common and well-accepted work in many developing and developed countries, In Thailand, private sector in health care services contributed to 14% of services provided and exceed to reach about seventy percent of health services in Zimbabwe. The main reason was the financial rewards, additionally there were macroeconomic influences on dual practice particularly: the oversupply of medical services, the deregulated nature of this market, and the economic crisis throughout these countries, which combine together and attract all level of health workers to join the private sector. Manuel Jumpa et al. study recommended to develop policy to regulate the dual practice among the medical practitioners.

Sudan like other developing countries, the dual practice phenomenon led the health to mix the practice and work at both at both public and private facilities. Health workers dual practice has implications for the equity, efficiency and quality of health care services provided. However, there is still much that is unknown about dual practice itself. The skilled and expired workers attract by labour market in other nearby Arab countries, but the junior staff and allied health professionals search for the opportunity in the private sector

Health workers dual practice has obvious implications on the health system performance in both developed and developing countries, but the negative implications were more the positive ones. Health workers working in both public and private sectors effect their work especially their public sector duties which effect in consequently the quantity and quality of the services provided due to their conflict of interest and favor long waiting times in public healthcare facilities to boost demand for the private counterpart, at the end it will affect the country health system performance. Dual practices is associated with other problem e.g. the competition for the working time where the health workers are believed to reduce their work hours in the public sector to limit access by public patients. Besides, illegal and uncountable hidden outflow of public resources such as means of transportation, drugs, personnel, and etc.….

Moreover, those health workers can shift rich or low complicated patients from public sector to their private working places or prescribe unnecessary services for their own profit.

The positive dimension of dual practice is that, it can of serve to supplement low public sector financial rewards besides it helps governments to employee and retain health workers in the public health sector institutes even in remote areas without fund burden, which on other hand make the health services accessible to in these areas. Also, working in the private sector enhances technical knowledge and skills of health workers, health workers had dual practice had financial rewards to do their best and give quality services in their public job to get a good reputation and advertise for their private practices. Furthermore, they contributed in private sector by price discrimination; because they were shifting high-income patients from public to private sectors and therefore reducing the public waiting lists and increasing access for both the poor and non-poor population González P summarized a report of the government responses to dual practice in the health sector, they report was focused on three interventions:

- Banning dual practice,
- offering rewarding contracts to public physicians,
- and limiting dual practice (including both limits to private earnings of dual providers and limits to involvement in private activities).

In general, the countries had different responses to manage dual; some countries fully prohibit this practice, others regulate dual job holding with different intensities and regulatory instruments. The main suggestions of García-Prado Aet. al. study was to raise the health workers public sector salaries, and allowing them to perform private practice at public facilities.

1.2 Problem Statement & Rationale

The Dual Practice in health is health professionals with multiple specializations. In most of the economic literature, dual practice is understood as a situation where a physician combines clinical practice in the public sector with a clinical practice in the private sector. In terms of sector location, dual practice may be public on public, public on private or private on private.

Dual practice is common all over the world, and is found in countries whose development and economic status, political system and demographic and health situations vary widely it is widespread in developing countries, particularly those with growing private sectors.

In Sudan the public sector is the main employer of the health workers, accounting for 62% of all health workers; the private sector employs 34%, and has been growing since the 2006 health workforce survey (WHO, 2013).

The military, university and police corps and the voluntary sector account for 1% each. But still there are little information about the dual practice extent, pattern and trends. Although 90% of health workers have a dual practice, there are no policies to regulate it (Sousa, 2014).

Dual practice is a common and well-accepted work in Sudan although it had obvious implications of health system performance. The main reason like other developing countries was the financial rewards. This phenomenon led the health to mix the practice and work at both at both public and private facilities. In Sudan, the private health sector is growing fast and it became a significant part of the services delivered besides the public sector especially in the capital of Sudan and other big cities. Health workers dual practice has negative implications on health system performance like the equity distribution of health services, availability of health workers in public facilities and efficiency and quality of services provided.

2 OBJECTIVES:

2.1 General Objective:

To study the influences of dual practice on public and private health sector performance in Sudan

2.2 Specific Objectives:

1- To identify the magnitude of this phenomena
2- To determine the negative and positive implication of dual practices,
3- To suggest the policy options can regulate the dual practice work within the country health system context.

3.DATA & METHODS:

3.1 Study design:

It was an exploratory study of qualitative design.

3.2 Study setting / data sources:

It investigated the key informant at Federal Ministry of Health, states Ministries of Health, Ministry of Human Resources and Ministry of Labour, details showed below:

1. At Federal Ministry of Health, the study investigated: Undersecretary office, Human resource development directorate and Curative medicine directorate.
2. At States Ministries of Health, the study studied: General director of state ministry of health, Human resource development directorate, Curative medicine directorate and Private curative institutions department
3. Federal Ministry of human resources
4. Federal Ministry of Labour
5. Five public teaching hospitals
6. Five private hospitals

3.3 Study population (study subjects and their respective characteristics)

Study population were:

- Health workers,
- key informant who responsible of health workers' management and plans addition to Sudan Medical Council, Sudan Medical Specialization Board and universities

4.4 Sample size

The data was collected by:

Semi-structured interviews

- The study purposively investigated key informant in the study areas. The study selected one key informant in above mentioned institutes.
- Regarding the state miseries of health, the study divided Sudan into five zones, north, east, west, south and central zones, the study covered 5 states in Sudan
- The total number was 25 key informants.

Focus group discussions:

- To the health workers' in public and private hospitals,
- the study divided Sudan into five zones, north, east, west, south and central zones, the study covered 5 states in Sudan
- From each state, the study investigated one public and one private hospitals
- Therefore, the study targeted two Focus group discussion per state
- The total number was ten focus group discussion.

3.5 Sampling method

The study investigated the study population by purposive sampling

3.6 Data collection.

Data was collected by two methods:

- Semi structure interviews for key informant
- Focus group discussion for health workers in public and private sector

4.7. Data management plan

Data was analyzed by thematic analysis involving the following steps:

- Familiarization: by reading the transcript and making a brief note in the margin about the nature of the information you noticed.
- Transcription of tape-recorded material
- Identifying themes: reading the transcript then listing the items [categorize] excerpted from the text.
- Coding: the process of applying the thematic framework to the data, using numerical or textual codes to identify specific pieces of data which correspond to differing themes
- Charting: using headings from the themes to create charts for the data.
- Mapping and Interpretation

3.8. Coordination, monitoring and quality control

- Close monitoring, supervision and quality control of the data was handled by investigator,
- Full confidentiality; data was kept in a separate place with only access by Study investigator
- All interviews were collected anonymously with codes and was discarded after six months of completion of the study
- Also, to enhance credibility triangulation in data collection methods include interviews, observation and records together.

4.9. Ethical considerations:

All research proposals submitted for the EMRPPH grant must adhere to ethical conduct of research on human subjects. This commitment was ensured by the WHO/EMRO Selection Committee. The PIs were required to obtain clearance from an official Ethical Review Committee / Institutional Review Board *before* submitting the proposal, which is a *condition* for consideration for funding. Litigation involving human research must be accompanied by:(a) copy

of ethical clearance certification and (b) the informed consent documents (in English and local language

4.RESULTS:

Dual practice phenomenon is one of the important priority research areas in the human resources for health development field. There is a concern among policy-makers, junior health workers and patients that simultaneous engagement of health workers in both with public and private work jeopardize the availability of high and middle level health workers and the quality of services provided especially in the public sector. This context consequently diverts the patients towards the private services, grow of the private sector and affect the implementation of Universal Health Coverage (UHC) objectives.

The study findings were divided into four themes based on respondents' thoughts:

First Theme: Magnitude of dual practice phenomena

The information around dual practice in Sudan is incomplete and often unreferenced, Sudan is a big country with many health sectors; public, private, governmental and non-governmental organizations (NGO), health insurance, military and police medical corpus. All the study respondents revealed that the majority of the health workers working for the public sector are engaged in private sector or the health-related educational institutes. Respondents estimated that around 75% of health workers had dual practice.

High and middle level of health workers are more attracted by private sector than lower level care providers. Health workers with years of work experiences and post-graduation education are more to have dual practices than the junior health workers. Responded showed that doctors, pharmacists, dentists and nurses were the most frequently involved health workers in dual practices. They are followed by the anesthesia assistants, theater attended and the health technicians (laboratory, X ray.….)

Second theme: Pushing factors to work in more than one place

All the study participants revealed that the majority of the health workers in Sudan spend comparatively little time, or none at all, at the public sector. Regarding the motivational factors that keep the health workers still working at the public sector facilities; the respondents stated: the involvement in teaching and training programs, in-service training chances, paid donors and NGO activities in addition to the social responsibility, self-realization and professional satisfaction. In

addition to those factors, the involvement with the public sector is highly valued, as it gives the health workers access to updated health data, new protocols, partnership, opinions of influential senior health workers, recruitment of patients, and an opportunity to make a contribution to the community.

Several pushing factors played a major role to increase this phenomenon. With current salary scales in our country, it is surprising that many health workers remain serving in the public sector, when they could earn much more in private practice. Low financial rewards, unstable economic status and inflation of prices in the country are the most frequent reasons to work in two or more places to improve the income and the standard of living. The huge gap between income and financial expectations made it unavoidable that managers, like other health care workers will seize opportunities that are rewarding, professionally and financially. Some respondents' thoughts that dual practice can at times be justified.

Another factor of dual practices was the shortage of health workers in Sudan to cover the health system needs. Financially, the private sector is more attractable than the public one. Factors that attract the health workers to join the private sectors are including that: lack of effective planning in the public sector, limited governmental expenditure for public health sector, limited employment opportunities, low salaries, poor working conditions, weak support and supervision.

Moreover; the health care providers thought that when they work in many health sectors, they can gain more experiences. As part of that; some of health workers to strengthen their resumes and expand their experiences professionally, they combined between the medical practices and teaching and education in universities. Most of them thought of international migration to Arab countries.

Implications of dual practice on health system performance

This assessment studied the positive and negative implications of dual practice. Positively, the majority of respondents agreed that dual practice had some positive implications; the private sector offers rewarding financial rewards when it compared with other sectors in the health system, health workers' satisfaction can reflect on the quality of health services they provided and consequently the patients satisfaction. Availability of clear roles and responsibility of each cadre lead the team to work in harmony without dependency with lead to provision of proper health care services.

Additionally, private sector is a competitive sector, they usually tried to attract more clients by provision of high quality of services, avail the modern diagnostic tool and all means of good

working condition that made the health worker more competitive to provide proper health services satisfied the clients and managers.

Another dimension was the accumulation of the medical practices and education in universities lead to improvement of the capacity of health workers and update them with the new information to provide the health services in quality manner. The private sector as part of the overall health system has a contribution to avail access to health care services; the patient diversion from the public to private sector provides an alternative to free the crowded public facilities and long waiting lists. It may cover the shortage of health service's needs in addition to improve their financial income.

Dual practices had negative implications more than positive ones; it contributes to reduced provision of free of charge services, absenteeism and shirking during official work hours was the common implication of dual practice. Respondents stressed on that health workers provide better health care in the private sector; this assumes health workers do not overwork and provide poor care in both sectors.

Allowing dual practices provides incentives for good health workers to stay in the public sector; enables doctors to learn from a broader range of practice experience and colleagues, however, adequate incentives are needed to ensure good service. Doctors may provide poorer care in the public sector to incentivize patients to go private. On the other hand; dual practitioners may provide better care in the public sector so patients will self-refer to their private practice.

Absenteeism of senior doctors to work in the private leaves the public patients to be managed by junior staff. Some participants stated that due to over-work and absent of work regulations in public sector, health workers became stressed, carelessness, less concentered and increase the professional mistakes. Some respondents highlighted that patients are forced into the private sector by dual practitioners preferring private work, poor quality of public health services, and manipulation of quality of care or waiting-times to encourage private care preference.

Some types of private work involve public-sector doctors working in poor rural areas lacking even public facilities. Private sector may play a role in decreasing the access to health services in rural areas, as dual practitioners are incentivized to live and stay in urban areas. Some respondents highlight that it is technical and cost efficient to use the public resources for private services including: free-riding or outright theft of supplies from public facilities (drugs, dressings, etc.), or use of public administration or nursing staff or equipment for private patients.

Policy options and strategic directions to regulate the dual practice

All the respondents showed that dual practice phenomenon can be clearly identified in Sudan health system. Pretending that the phenomenon does not exist or that it is a question merely of individual ethics, or approaching it as a problem merely of corruption, does not do justice to the complex nature of the phenomenon and will not make it go away.

The majority of the key staff in the health system in Sudan mentioned that they cannot prohibit the dual practice; because the salary scales remains obviously insufficient in public sector. In situations where it is difficult to keep staff performing adequately because of indecent salaries and working conditions, those who are supposed to enforce such a prohibition are usually in the same situation as those who have to be disciplined. Therefore, they suggested to allow dual practice and to regulate behavior in public and private domains.

Regulation is one important factor influencing the coping strategies that result from the interface with the private sector. Part of the respondents had a concern that even when regulations exist, effective enforcement mechanisms are often absent in Sudan. Therefore, good legislation is not enough. Federal Ministry of Health and State Ministries must have the means to enforce it.

Already the Ministry of Health in last 5 years implemented initiatives to retain the health workers' in other states and even in rural area with more financial rewards and chance for post grade education. This initiative minimized the dual practices among two categories of doctors: medical practitioners and junior specialists. Policy makers in the health system should set dual practice policy, which will be guided with the experiences of other countries with the same context to improve the quality of provided health services

Part of the respondents focused on opening discussion among the health workers to diminish the feeling of unfairness besides minimizing the conflicts of interest. It then becomes possible to organize things in a more transparent and predictable way.

Additionally, in all Sudan states there was a huge gap between the public and private sectors. The respondents thought that policy makers at federal level should mobilize more resources to the public sector to cope with the growing private one and support the implementation of the universal health coverage especially in rural areas. Increasing the salaries, better working environment, availability of diagnostic technologies in addition to in-service trainings linked to the health worker continuous professional development at public sector will minimize the harm effect of dual practice on public health system.

A group of respondents mentioned that improvement is likely to come from a combination of small piecemeal measures that rebuild a proper working environment. Another group illustrated that it makes no sense to expect health workers to perform well in circumstances where the equipment and resources are patently deficient. But improving working conditions involves more than providing an adequate salary and the right equipment. It also means developing career prospects and providing perspectives for training. Perhaps most important, it requires a social environment that reinforces professional behavior free from the favoritism and arbitrariness prevalent in the public sector of Sudan.

5. DISCUSSION:

Dual practice usually refers to government-employed workers providing the same or similar services in the private sector. Health professionals, especially doctors, often undertake private work while employed by government. The practice is quite common in both high-income countries and low- and middle-income countries (LMIC) around the world. In Sudan there is enough information about the dual practice. Our study was aiming to explore the magnitude of this phenomenon in Sudan, the implications of dual practice and to propose policy options for addressing the issue.

The study revealed that the practice is growing and linked with the expansion of the private sector at the country; it is estimated that around 75% of health workers in the public sector are involved in dual practice. Doctors are at the top of the list of health workforce categories having two or more jobs, similar to many other countries [Gruen, 2002; Jumpa, 2007] the senior expert more than the joiners. The finding matches the conclusion of a recent study [Macq, 2001] exploring the dual practice among the civil servants in many countries, found that 87% have more than one job. Likewise, in a study conducted in Portuguese speaking African countries, which was also based on interviews with public sector doctors, it was reported that two thirds of those doctors interviewed were involved in alternative income generating activities [Ferrinho et al, 1998].

The dual practice literature highlighted that such activity is generally driven by a lack of resources in the public sector and low pay, and has been associated with the unauthorized use of public resources and corruption [Stephen Jan et al, 2005]. According to the respondents the main pushing factor for dual practice is the poor salary scale associated with Low financial rewards and the unstable economic status and the inflation resulted from. The other factors include expanding the

work experience and enhancing the CV or better work chances. Though the origin of dual practice differs from country to another, the governmental doctors gave the same reasons for holding more than one job in different countries with different context [Socha & Bech, 2011].

Internationally it is evident that unregulated growth of the private sector, limited human resources, low salaries and poor working conditions in public sector have made an attractive opportunity for public sector health workers to seek their unmet needs and expectations in the other sector [Ferrinho et al, 2004]. In Sudan, there is a huge difference between public and private sectors in terms of financial incentive package, the working conditions and hence the quality of services; in addition, the shortage of the health workers create a competition over the qualified health care providers between both the public and the private sectors where the private sector was more attractable than the public one.

When it comes to the implications of dual practice on both the health services and the health workers, the study findings did match the literature evidence that it is associated with better financial rewards, better working environment, and more workers satisfaction. Regarding the health care services; our study findings highlight the poor access to the health workers at the public sector due to absenteeism and dual providers skimping on time and efforts in the public sector [Brekke & Sorgard, 2007]. Though there is strong evidence still dual practice is linked with reduced quality of health care services at the public sector and that was also raised by the study respondents.

In conclusion, the study findings in regards to the policy options as well match the evidence from the literature that it cannot be prohibited still it can be managed and regulated. Improving the conditions at the public health sector with focus on the financial incentives, supporting the working conditions will help retaining the health workers at the public health sector.

6. POLICY RECOMMENDATIONS:

The study recommends the following:

- Investing on improving the public health sector through increasing the governmental financial support, improve the working conditions, and increase the financial incentives;
- Developing a national policy addressing the dual practice and help regulating the practice to ensure better access, quality of the services to be provided, and the availability of the health workers at the public health sector;

- Support the efforts to establish a clear regulation for the private health sector to minimize its negative implications on the health system, access of patients to affordable care, and health workers availability;
- Establish and sustain the development of a retention policy that include financial and non-financial package; provision of an incentive package for the health workers and better chances for continuous professional development.
- Generate strong evidence about the dual practice in Sudan, the pattern, financial implications along with impact on patients and health workers other than doctors.

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ANNEXES:

Data collection Forms

Tool [1]

Interview guides

The study will have about 20 interviews for key informant. The time will be from 45 to 60 minutes.

The introductory steps will be:

- The interviewer will introduce himself/herself at the start to interviewee;
- Explain clearly the purpose of the interview;
- Agree on the time with the interviewee;
- Ask the interviewee to introduce himself;
- Explain the discussion will be confidential.

The interview questions will be:

1. Ask the participants to introduce themselves;
2. Make the participants feel comfortable with discussion on what main HRH issues in Sudan?
3. What is the magnitude of dual practice phenomena?
4. What are the main health workers' categories working in more than one place?
   What are the causes that push the health workers to work in more than one working place?
5. How does dual practice affect the health system performance negatively?
6. How does dual practice affect the health system performance positively?
7. What are the policy options and strategic direction suitable to regulate the dual practice?

Lastly the moderator will finalize the discussion with the followings steps:

- Summarize the main points
- Ask the participants if your summary correctly reflects what was said
- Thank the participants for their time and participation.

Tool [2]

Focus group discussions

The study will have focus group discussions among the health workers. Each focus group will contain of 6 to 8 respondents. The time will be from 45 to 60 minutes.

The introductory steps will be:

1. The moderator will introduce himself/herself from the start to the respondents;
2. He/she will explain clearly the purpose of the group discussion;
3. Agree on the time with the respondents;
4. Explain the discussion will be confidential.

The focus group questions will be:

- Ask the participants to introduce themselves;
- Make the participants feel comfortable with discussion on what is your plan for next year?
- In your work, what is the magnitude of dual practice phenomena?
- What are the main health workers' categories working in more than one place?
- What are the causes that push the health workers to work in more than one working place?
- What are the negative implication of dual practices in health system performance?
- What are the positive implication of dual practices in health system performance?
- What do you think the actions will be taken to regulate this phenomenon and minimize its harm effect on health system performance?

Finally, the moderator will complete the discussion with the followings steps:

1. He/she will summarize the main points
2. Ask the participants if your summary correctly reflects what was said
3. Thank the participants for their time and participation.