

## Consultative Visit to Sudan - a summary

A country visit was made to Sudan on 5-7 March 2000 as part of the consultative process in Africa. The visit included meetings with the National Team, the National Consultative Group, as well as a Khartoum State Priority Setting Meeting. There were also visits with key informants and a total of six questionnaires were filled as part of the Institutional Profiles. The National Team also prepared a country overview.

Sudan is a huge country with a surface area of about 1 million square miles. The population in 1998 was projected to be 29,718,589. It is divided into 26 states with diverse cultural and geographical background. The harsh economic and geographical conditions have resulted in a variety of health problems.

Medical research in Sudan began in 1903 and centred mostly on environmental sanitation and public health. The systematic study of tropical diseases, especially research on schistosomiasis, was undertaken during the period 1913 - 1920. Great expansion and decentralization of research work took place during the period 1920 - 1934 and significant contributions were made to the evolution of tropical medicine and to the development of health services in Sudan. In 1936 medical research became an official function of Sudan Medical Research unit (SMR) of the Ministry of Health. The reshaping of research administration marked the beginning of a centrally directed research programme. Besides routine investigations, some specialised research was carried out, particularly dealing with malaria, kala-azar, cerebrospinal meningitis, yellow fever, diphtheria and also onchocerciasis.

With independence the SMR became the National Health Laboratory (NHL) and expanded to accommodate other laboratories. In 1968 the National Council for Scientific and Technological Research was established by act of parliament. This was shortly followed by the National Centre for Research (NCR), which focussed on biomedical research, and was affiliated to the Ministry of Higher Education and Research. It had five sub-committees to advise government on priorities for research in agriculture, animal resources, economic and social sectors, the industrial and medical research fields. It also set up a Medical Research Council (MRC) on which all stakeholders were represented. The NCR enumerated four problems facing scientific research in the country:

- scientific research was lagging behind national aspirations;
- specialized research bodies in various ministries were creating duplication;
- international scientific cooperation needed to be developed;
- the lack of standardized reward systems for researchers had contributed to the brain drain.

In the period 1983-1996 more than 60% of health research was conducted either by expatriates or in collaboration with them. Most was in areas which were not of immediate need to the country and only 1.1% addressed national priorities. To meet these challenges a policy decision was made in 1990 to establish within the Federal Ministry of Health a Research Directorate as the central coordinating mechanism for operational health research in the country. It was set the task of elaborating the national strategy for health research. Research itself was conducted by a number of institutions, guided by three coordinating offices: National Council for Scientific and Technological Research, The National Centre for Research and the Directorate for Health Research. Throughout the country there were 61 medical and health colleges, some of which conducted health research.

A number of major points emerged from the discussions with the National Team and the National Consultative Group. Satisfaction was expressed that a national priority setting process was under way in Sudan. In future resources should be allocated to priority health problems. The capacity to create centres of excellence in the country should be distributed evenly to ensure equity. There was strong support for the view that African ministers should take a common stand in negotiating cooperative agreements with donors. African countries

should discontinue their "beggar attitude" and realize that it is their right to demand equity in health research. Similarly, hope was expressed that ENHR in Africa would be an active item on the agenda for governments, which should be urged to adhere to the Lome Convention that envisages that 1.5% of national resources would be spent on research. The health sector, participants argued, should fight for its share of resources in order to allow health research to take its rightful place in development.

Subsequent discussion focussed on the ENHR strategy as it applies to Sudan, to Africa in general and to the world at large. Within Sudan these discussions concentrated on the promotion of local health research, ways to involve the private sector, leadership development in health and health research, policies to support health care providers, ways to attract donors and funding agencies, the brain drain, and a strategic national research plan.

The National Priority Setting Meeting also highlighted a number of key issues, such as the need for effective health research coordination and management, policy formulation, the lack of donors in Sudan to facilitate health research and the scarcity of international partners because of international sanctions. Equity issues were discussed at length, as were the severe economic constraints, including the global imbalance of resources for health research between North and South. Participants advocated a larger representation of developing regions in the decision making process and resource allocations at the global level. The meeting urged the formation of an effective national networking mechanism and an effective African regional network.

The consultative visits ended with a series of conclusions. It was noted that Sudan has a critical mass of trained manpower despite a lack of expertise in certain key areas, including public health policy research and research capacity for critical analysis of issues. It also suffers a high attrition rate among its experts leaving for other countries, on account of the severe economic restrictions resulting from international sanctions. Nonetheless Sudan achieved some success despite the severe lack of resources. Comments made related to the feeling of being victims of circumstances. Participants argued that international resources and collaboration in science and humanitarian rather than political should govern research. They looked forward to see effective networking and communication with the rest of Africa so that they could learn from the experience of others and offer their own experience, particularly in the area of community participation.

Strong support was expressed for the new Directorate for Health Research, which was expected to play a key role in operational health research development and coordination. However, closer liaison between its three key institutions was recommended.