

A practical health strategy for South Sudan

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The priority of the draft five year Strategic Health Policy for the Republic of South Sudan (2011-2015) is to improve maternal and child health and eradicate communicable diseases. The policy is generally silent on the issue of emerging non-communicable diseases (NCDs). The population is in epidemiological transition and at risk of acquiring these diseases because of lifestyle and behavioural changes as more people move to urban areas. For example, recent research in South Sudan found 36% of the sampled population with elevated blood pressure (1). NCDs are difficult to prevent and their complications usually require hospital based care. While acknowledging the vital importance of Primary Health Care (PHC) in health promotion and disease prevention, there is need to improve existing hospital based secondary services and develop essential tertiary services in order to achieve an integrated system that allows everyone equitable access to health care.

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Existing secondary health care services are few and inaccessible to the majority of the population, have inadequate physical facilities and suffer from severe shortages of qualified health care professionals. Development partners do not appear to have a strategic interest in the construction of costly hospitals and have mainly focused on promoting projects financed by the Global Fund aimed at stopping the spread of tuberculosis, malaria, HIV/AIDS and other communicable diseases. Yet, financing only vertical health care projects undermines public health care development through fragmentation of services, depletion of scarce human capital and lack of involvement of local communities in decision making and ownership.

Better health can only be achieved through appropriate financing of an integrated health care system. Much more than money is required, as it takes states, health care systems and local infrastructure to improve public health in developing countries (2).

There is a need to develop modern secondary and tertiary healthcare institutions in parallel with PHC programmes. Such centres would attract qualified health care professionals from the diaspora, reduce spending on referrals abroad and enable cost effective training of all cadres of health care professionals locally. The South Sudanese should assume responsibility for their health care system as they are best placed to understand their health care needs rather than 'consultants' who often have other strategic interests.

References:

1. Adwok, J. A. 2010. Changing Lifestyles and the Risk of Hypertension in an African Population: The Alcohol factor. Ph.D. Dissertation, Capella University, Minneapolis, Minnesota, USA, June 2010. ProQuest/UMI. AAT 3409074.
2. Garrett, L. 2007. The challenge of global health. *Foreign Affairs* 86(1):14-38.

IMPORTANT NOTICE

The SSMJ team are pleased to welcome **Dr Edward Eremugo Luka** as the new Editor-in-chief of this journal, and we thank Dr Wani Mena for co-editing the journal (together with Dr Eluzai Abe Hakim) from its birth to the present time. Drs Mena and Hakim will continue to be on the Editorial Board as Associate Editors.