Exploring the Consequences of decentralization: Has privatization of health services been the perceived effect of decentralization in Khartoum Locality, Sudan?

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Bandar Noory  EPILab
✉ bandarnoory19@gmail.com  Corresponding Author
ORCID: https://orcid.org/0000-0002-5377-5729

Sara A Hassanein  Federal Ministry of Health

Asma Elsony  Epilab

Gunnar Bjune  Oslo University

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SUBJECT AREAS
Health Policy

KEYWORDS
decentralization, privatization, stakeholders, global liberalization, profit-making.
Abstract
Background: The health system of Sudan has experienced several forms of decentralization, as well as, a radical reform. Authority and governance of secondary and tertiary health facilities have been shifted from federal to state levels. Moreover, the provision of health care services have been moved from large federal tertiary level hospitals such as Khartoum Teaching Hospital (KTH) and Jafaar Ibnaouf Hospital (JIH), located in the center of Khartoum, to smaller district secondary hospitals like Ibrahim Malik (IBMH), which is located in the southern part of Khartoum. Exploring stakeholders’ perceptions on this decentralisation implementation and the relevant consequences is vital in building an empirical benchmark for the improvement of health systems.

Methods: This study utilizes a qualitative design which is comprised of an in-depth interviews and qualitative content analysis with an inductive approach. The study was conducted between July and December 2015, and aimed at understanding the personal experiences and perceptions of stakeholders towards decentralization enforcement and the implications on public health services, with a particular focus on the Khartoum locality. It involves community members residing in the Khartoum Locality, specifically in catchments area where hospital decentralization was implemented, as well as, affiliated health workers and policymakers.

Results: The major finding suggests that the privatization of health services occurs after decentralization. The study participants also highlighted that scrutiny and reduction of budgets allocated to health services led to an instantaneous enforcement of cost recovery user fee. Devolving KTH Khartoum Teaching and Jafaar Ibnaouf Hospitals into peripherals with less capacity is considered to be a plan to outsource services to the private sector. Another theme that was highlighted in hospitals included the profit-making aspect of the governmental sector in the form of drug supplying and profit-making retail.

Conclusions: A change in health services after the enforcement of decentralization was illustrated. Moreover, the empowerment of the privatization concept was the prevailing perception among stakeholders. Having in-depth studies and policy analysis in line with the global liberalization and adjustment programs is crucial for any health sector reform in Sudan. Keywords: decentralization,
privatization, stakeholders, global liberalization, profit-making.

Full-text
Due to technical limitations, full-text HTML conversion of this manuscript could not be completed. However, the manuscript can be downloaded and accessed as a PDF.

Tables
Due to technical limitations, tables are only available as a download in the supplemental files section.

Figures

**Figure 1: Sudan Health system structure and flow of funds**

![Flowchart of Sudan Health system structure and flow of funds]

⇒ Explains the Flow of fund from federal up to peripheral levels and the authority lines of hospitals to the state ministry of health.

Figure 1
Sudan Health system structure and flow of funds
Figure 2: The study phases and timeliness

**Supplementary Files**
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Table.pdf