

Towards Equity in Health: Integration of Institutional Self-Assessment Tool (ISAT) Indicators in the National Accreditation System of Medical Schools in Sudan

By: Durria Mansour Elhussien¹, Omeima Salih Mohammed², Sara Isameldin Mohamed³

¹Research and Grants Unit, Ahfad University for Women

²Academic Affairs Office, Ahfad University for Women

³Community Medicine Unit - School of Medicine, Ahfad University for Women

Keywords: Social accountability, accreditation standards, medical schools

Abstract

The Institutional Self-Assessment Tool (ISAT), developed by the Towards Unity for Health (TUFH) network, is an evidence-based framework that enables medical schools to evaluate and enhance their performance in social accountability (SA). This paper advocates for the integration of social accountability standards adapted from ISAT and tailored to the context into Sudan's national accreditation system for the evaluation of medical schools.

The Sudanese accreditation system was examined for social accountability standards. The Sudan Medical Council (SMC) identifies social accountability as a core value in medical education, yet it lacks measurable indicators across its nine domains. Other key policies and frameworks that might support this initiative were investigated. The Ministry of Higher Education and Scientific Research (MOHE&SR) accreditation standards, the Sudan National Health policies and strategies, the Sudan WHO Country Cooperation Strategy (CCS) 2022-2025, and the United Nations Sustainable Development Cooperation Framework for Sudan (2022–2024). These documents underscore the principles of social accountability, advocating for inclusivity and responsiveness to community health needs. As such, they support our advocacy for the integration of social accountability, providing an opportunity for success. However, some challenges cannot be overlooked, including resistance by traditional schools, financial constraints, as well as the ongoing armed conflict and its devastating implications on both the health and educational systems. This paper offers policy recommendations and practical steps for the implementation of the ISAT, highlighting the importance of stakeholder engagement and the adoption of a bottom-up approach to ensure sustainability and relevance to the local context.

Introduction

The concept of social accountability for medical schools was first defined by the World Health Organization (WHO) in 1995 as, “the obligation to direct their education, research and service activities towards addressing the priority health concerns of the community, region, and/or nation they have a mandate to serve”, which are defined through a systemic effort with all stakeholders, including members of society.ⁱ In 2011, global leaders in social accountability undertook work to better define and adopt indicators for social accountability.ⁱⁱ Their global consensus on social accountability highlights the importance of improving the capacity of medical schools to respond to the needs and challenges of health care for citizens and society in general, in line with the core values of quality, equity, relevance, and effectiveness.ⁱⁱ The global consensus document was the outcome of a process with input from an international

reference group composed of 130 representatives of the main associations of medical schools and medical education organizations throughout the world.ⁱⁱ Additionally, several studies highlight how incorporating community engagement and social responsibility criteria into accreditation frameworks enhances institutional relevance, credibility, and societal impact.^{iii,iv} Social Accountability not only increases equity, but also the relevance, cost-effectiveness, and ultimately, the quality of education at the institution, resulting in better healthcare service delivery for all.ⁱⁱⁱ Implementation of social accountability in medical schools in Sudan will increase the effectiveness of medical schools' productivity, research output, and health services in urban and rural areas.^{iv}

The Sudan higher education and medical training context reflects a curricular gap, as most medical schools emphasize biomedical knowledge, with limited schools focusing on community-oriented training. Despite increasing health disparities and health workforce challenges, the existing medical schools' accreditation standards focus on curriculum content and relevance, faculty qualifications and staffing, infrastructure and facilities, student assessment and progress, clinical training quality, and patient safety rather than outcome or impact. Medical students during their undergraduate studies must develop different competencies; however, it is important for these to be aligned with a social accountability approach. It is by necessity that undergraduate medical students be exposed to strategies that promote a social accountability approach.

Overview of Medical Education and Context in Sudan

Medical education in the Sudan started in 1924 with the opening of Kitchener Memorial College (now the College of Medicine-University of Khartoum). Since the beginning of the twenty-first century, the number of medical schools in Sudan has been steadily growing. Sudan boasts approximately 66 medical institutions, both public and private, positioning it as one of Africa's leading countries in medical education and providing the chance for graduating large numbers of medical doctors who are expected to satisfy the needs of both urban and rural settings in Sudan.^v However, the quality of healthcare in Sudan remains fragile. The distribution of the health workers is uneven; although the biggest section of the population lives in the rural areas, 70% of the health care workers work in the urban areas, with 9.3% in Khartoum state. Moreover, 67% of the staff are working in secondary and tertiary care. The great majority work in the public sector, and 9.3% work exclusively in the private sector. However, dual practice is quite common among public sector employees. The migration or the brain drain is also one of the major issues facing the HRH in Sudan, as most of the migrated professionals are physicians and some other specific categories, such as pharmacists and dentists (60% of physicians and 25% of pharmacists). Reasons for migration to other countries are to search for better job opportunities, education, and salaries and incentive packages.^{vi} Recent estimates show that 30% of the 3000 annual Sudanese medical graduates migrate to other countries every year.^{vii}

The armed conflict that erupted in April 2023 between the military forces and the Rapid Support Force in Sudan resulted in devastating challenges, including the collapse of the country's healthcare system, with two-thirds of medical facilities rendered inoperative since the outbreak of war. Similarly, the educational sector has been severely impacted by threats, infrastructure destruction, and shortages of resources. Considerable numbers of doctors and other health workers fled to different countries in the region. Instances of

violence against healthcare workers, including killings and abductions, have been documented.^{viii} This is in addition to the more than 40 Sudanese doctors and healthcare workers who died during the COVID-19 pandemic.^{ix} This occurs despite the dire need to solve Sudan's rural problems, such as deficiencies in healthcare personnel, clean water, recurrent outbreaks of cholera, dengue fever, and malaria, and high maternal and infant mortality rates, alongside emerging noncommunicable diseases as a result of changing people's lifestyles. These immense challenges necessitate an effective country recovery plan with health infrastructure and facilities as core components. A key pillar of this recovery plan is the integration of Social Accountability across all health programs curricula, to produce graduates who understand the social determinants of health, who promote community well-being and health equity, and who advocate for systemic change to achieve universal health coverage.

Key Elements of the Institutional Self-Assessment Tool (ISAT)

The application of the social accountability principle provides a mechanism for institutions to increase equity in education, conduct research that is accountable and relevant to population health needs, and improve access and quality of health care delivery services, each of which is essential for socially accountable institutions.

Social Accountability Assessment evaluates how an institution's governance, operations, and business model impact their workers, community, environment, and beneficiaries. It demonstrates that an institution is actively working toward meeting the highest standards of social accountability. The Indicators for Social Accountability Tool (ISAT) was created to promote education, research, and service delivery programs that are aligned with priority health needs by providing health workforce education institutions with a tool to regularly assess their progress towards greater social accountability. It is a relatively straightforward diagnostic instrument that helps institutions and their stakeholders reflect on where they are while identifying gaps and areas for improvement.

The ISAT includes the following core components:

- student recruitment, selection, and support
- faculty recruitment and development
- what, how, and where students learn
- research activities
- governance and stakeholder engagement
- institutional outcomes
- societal impact.

Each core component is divided into four developmental phases and includes milestones and standards, with clearly defined measurable indicators emphasizing the commitment of medical schools to social accountability and to graduating doctors who are professionally competent and responsive to community health needs.^x The current momentum among education stakeholders and the involvement of Sudanese teams in global SA networks like TUFH provide a timely platform for piloting and scaling ISAT in medical schools in Sudan.

The Sudanese Medical Education Accreditation Framework

Sudan Medical Council (SMC) bylaw 1993 (amended 2004) mandated the SMC to set standards of undergraduate medical education for medical, pharmacy, and dental schools. It also mandated SMC to monitor the quality of basic medical education through implementing an accreditation system. A national policy for accreditation was formulated and adopted in 2004.^{xi} The first round of accreditation of medical schools was conducted using the basic and quality standards in the period 2008- 2012, and is compatible with the updated national standards of the Ministry of Higher Education and Scientific Research (OHE&SR). The accreditation standards of the SMC were updated in 2013-2015 through consultative meetings and workshops. These updated standards are based on the updated WFME standards.^{xii} The SMC was recognized by the WFME as an accreditation agent and will remain so until June 2028.^{xiii} The standards of accreditation of Sudanese medical schools include nine domains focusing on:

1. Mission and Outcomes
2. Educational Program
3. Assessment of Students
4. Students
5. Faculty
6. Educational Resources
7. Program Evaluation
8. Governance and Administration
9. Continuous Renewal

Though social accountability is recognized in the document and requires medical schools to ensure that the mission encompasses the health needs of the community, no SA measurable indicators were specifically defined across the nine identified domains. This absence of measurable standards in the SMC accreditation framework has been reflected in several publications that evaluate the SMC accreditation standards.^{xiv} A study on social accountability in the School of Medicine at the University of Gezira medical faculty, which was accredited by the Sudan Medical Council, reported that the domain of social accountability has not been addressed in-depth by the majority of the medical schools in Sudan.^{xiv} This highlights a clear need for a common, rigorous evaluation tool to measure the impact of socially accountable medical education programs on health outcomes and on the deployment and retention of doctors in underserved areas.^{xiv}

Another study by Abdalla in 2013, which explored embedding social accountability metrics into medical school accreditation standards in the SMC, reported that few specific standards address community-based research or service roles of medical institutions.^{xv} The majority of the standards are process-related, with content standards receiving less attention than process standards, and only a few standards that address medical school outcomes.^{xv} The study concluded that when it comes to social accountability standards, the emphasis is on education rather than the medical school's service and research functions.^{xv}

Supporting Policies and Frameworks

The WHO Country Cooperation Strategy (CCS)^{xvi} for Sudan is a framework that guides the World Health Organization's collaboration with Sudan to address national health priorities. The current CCS, 2022-2025, focuses on strengthening the health system to advance towards Universal Health Coverage (UHC), promoting health and well-being, building health system resilience to emergencies, and enhancing data and innovation capacity. It aligns with Sudan's National Health Sector Policy and the United Nations Sustainable Development Framework (UNSDF).

The CCS priorities include:

1. Strengthen the health system to advance towards UHC.
2. Promote health and well-being.
3. Build health system resilience and capacity to prepare and respond to health emergencies.
4. Strengthen data and innovation capacity.

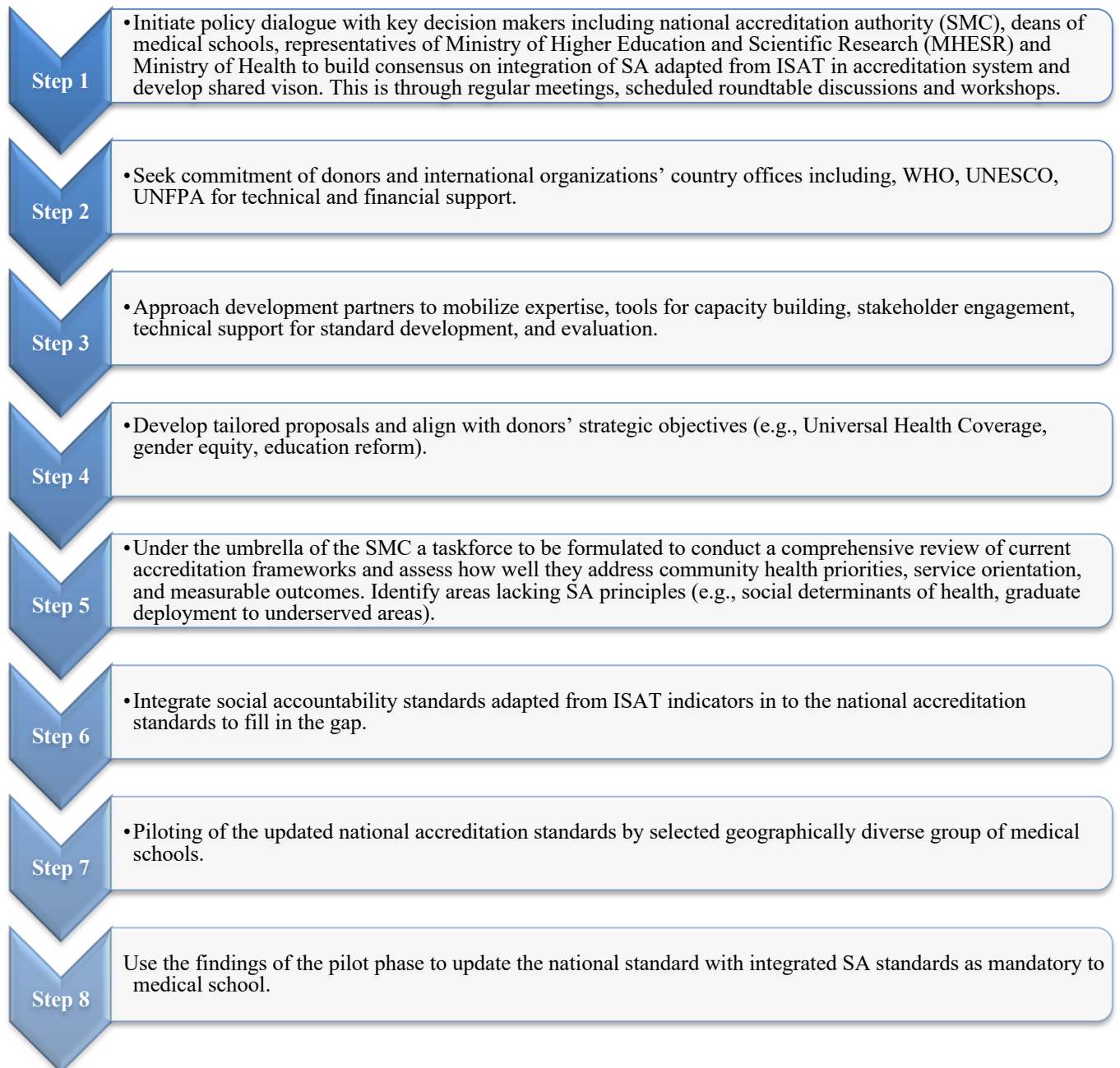
Sudan's National Health Sector Policy (2017) defined quality as "Providing the best possible patient-centered care using available resources and evidence-based practice".^{xvii} The policy also addresses social determinants of health through adopting a multisectoral approach and investing in the health system to achieve Universal Health Coverage.^{xvii} Other goals of the policy include (1) availing people-centered family health services to all the population across all states and localities; (2) reducing inequities in health; (3) decreasing the burden of communicable and noncommunicable diseases; and (4) raising life expectancy, decreasing mortality, and morbidity. In the United Nations Sustainable Development Framework for Sudan 2022-2024, while social accountability was not mentioned explicitly, several components of the framework reflected commitment to community engagement and participation, equity-based services delivery, universal health coverage, and promoting accessible, affordable, and inclusive health care.^{xviii}

Policy Recommendations for the Integration of ISAT in the Accreditation Framework in Sudan

1. Comprehensive review of the existing Sudanese medical schools' accreditation framework to identify gaps in social accountability standards.
2. Promotion of the concept of social accountability and education on the ISAT among medical schools' health force workers, medical students' Civil Society Organizations (CSOs), and other stakeholders.
3. Contextualization and integration of SA indicators adapted from ISAT into the existing accreditation framework.
4. Adopting a bottom-up approach by engaging communities, CSOs, and medical students' associations in the process.
5. Capacity building training and technical support for schools' accreditation committees to apply and monitor ISAT indicators to create champions of social accountability across the medical schools in different states.

Practical Action Steps

Figure 1: The practical steps for the integration of ISAT in Sudan's medical schools' accreditation framework.



Conclusion

The accreditation framework of the Sudan Medical Council (SMC), though it recognized social accountability as important, did not include any defined measurable standards. Integrating social accountability indicators—adapted from the Institutional Self-Assessment Tool (ISAT) into the evaluation and accreditation processes of medical schools in Sudan will

help institutionalize the concept of social accountability, strengthen medical schools' commitment to producing doctors who are people-centered, socially responsive, and better prepared to fill the workforce shortages in underserved and rural areas.

Endnotes

ⁱ Boelen, Charles., and Jeffery E Heck, “Defining and measuring the social accountability of medical schools.” *World Health Organization*, (1995): <https://iris.who.int/handle/10665/59441>

ⁱⁱ Boelen, Charles, “Global consensus on social accountability of medical schools.” *Sante Publique*. (2011): May-Jun;23(3):247-503.

ⁱⁱⁱ Firdouza, Waggie, Renier Coetzee, Labeeqah Jaffer, and Anthea Rhoda, “Social Accountability, A Primary Driver for Impactful Health Professions Education and Universal Health Coverage: A Policy Brief.” *Social Innovations Journal*, no. 26, (2024).

^{iv} Mohamed H Ahmed, Mohamed Elhassan Abdalla, Mohamed H Taha, “Why social accountability of medical schools in Sudan can lead to better primary healthcare and excellence in medical education?” *J Family Med Prim Care*. (2020): Aug 25;9(8):3820–3825.

^v Tahra Al Sadig AM, “Overview of the course of undergraduate medical education in Sudan.” *Sudan J Med Sci*. (2019):14(4):188–201.

^{vi} *Sudan National Health Policy 2017-2030*.
https://extranet.who.int/countryplanningcycles/sites/default/files/public_file_rep/SDN_Suda_n_National-Health%20Policy_2017-2030.pdf

^{vii} Abdalla, F. M., Abu Omar, M., Elsiddig Badr, E, “Contribution of Sudanese medical diaspora to the healthcare delivery system in Sudan: Exploring options and barriers.” *Human Resources for Health*, (2016):14(Suppl 1), 28.
<https://doi.org/10.1186/s12960-016-0123-x>

^{viii} R awa B, Iyas D. “The implications of the Sudan war on healthcare workers and facilities: a health system tragedy.” *Conflict & Health*. (2024): 18:22.

^{ix} Salih, M. A. M., and Swar, M. O, “Sudanese doctors continue to offer their lives around the globe fighting coronavirus (COVID-19) pandemic.” *Sudanese Journal of Pediatrics*, (2020):20(2), 96–98.

^x *Indicators for Social Accountability Tool in Health Profession Education Self-Assessment Guide and Tool*. [ISAT Implementation Guide](#)

^{xi} *Sudan Medical Council Standards for Accreditation of Medical Schools 2017*
<https://mmacpanel.delta.edu.sd/includes/content/Standards-for-Accreditation.pdf>.

^{xii} *Basic Medical Education WFME Global Standards for Quality Improvement 2020*.
<https://wfme.org/wp-content/uploads/2022/03/WFME-BME-Standards-2020.pdf>

^{xiii} *WFME 2022 agencies with recognition status*.
<https://wfme.org/recognition/bme-recognition/accrediting-agencies-status-bme/>

^{xiv} S. Elsanousi, M. Elsanousi, O. Khalafallah and A. Habour, “Assessment of the social accountability of the faculty of medicine at University of Gezira, Sudan” *EMHJ* (2016): vol. 22 no. 4.

^{xv} Abdalla, M, “Social Accountability of Medical Schools: Do Accreditation Standards Help Promote the Concept?” March 2013, University of Limerick (2013).

^{xvi} *The Sudan Country Cooperation Strategy CCS 2022-2025*.
<https://www.who.int/publications/i/item/9789290229698>

^{xvii} *Sudan’s National Health care Policy strategy 2017*
https://platform.who.int/docs/default-source/mca-documents/policy-documents/policy/sdn-cc-31-01-policy-2017-eng-national-health-care-quality.pdf?sfvrsn=5c488d3e_2.

^{xviii} *United Nations Sustainable Development Framework for Sudan 2022-2024*.
<https://dashboards.sdgindex.org/profiles/sudan/fact-sheet>