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ESSENTIAL PACKAGE OF HEALTH SERVICES COUNTRY SNAPSHOT SERIES: 24 PRIORITY COUNTRIES

July 2015
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The Health Finance and Governance Project
USAID's Health Finance and Governance (HFG) project will help to improve health in developing countries by expanding people's access to health care. Led by Abt Associates, the project team will work with partner countries to increase their domestic resources for health, manage those precious resources more effectively, and make wise purchasing decisions. As a result, this five-year, $209 million global project will increase the use of both primary and priority health services, including HIV/AIDS, tuberculosis, malaria, and reproductive health services. Designed to fundamentally strengthen health systems, HFG will support countries as they navigate the economic transitions needed to achieve universal health care.

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INTRODUCTION

At the request of United States Agency for International Development (USAID), the Health Finance & Governance Project (HFG) produced a series of 24 country snapshots looking at the Governance Dimensions of Essential Packages of Health Services (EPHS) in the 24 Ending Preventable Child and Maternal Death (EPCMD) priority countries.[1] An EPHS can be defined as the package of services that the government is providing or is aspiring to provide to its citizens in an equitable manner. Essential packages are often expected to achieve multiple goals: improved efficiency, equity, political empowerment, accountability, and altogether more effective care.

The snapshots explore several important dimensions of the EPHS in each country, such as how government policies contribute to the service coverage, population coverage, and financial coverage of the package. There is no universal EPHS that applies to every country in the world, nor is it expected that all health expenditures in any given country be directed toward provision of that package. Countries vary with respect to disease burden, level of poverty and inequality, moral code, social preferences, operational challenges, financial challenges, and more, and a country's EPHS should reflect those factors.

Each country snapshot includes annexes that contain further information about the EPHS. When available, this include the country's most recently published package; a comparison of the country's package to the list of priority reproductive, maternal, newborn and child health (RMNCH) interventions developed by the Partnership for Maternal, Newborn and Child Health in 2011, and a profile of health equity in the country.

The information collected for the snapshots feed into a larger cross-country comparative analysis undertaken by HFG. The comparative analysis sought to identify broader themes related to how countries use an EPHS and related policies and programs to improve health service delivery and health outcomes.

[1] Countries included: Afghanistan, Bangladesh, Democratic Republic of Congo, Ethiopia, Ghana, Haiti, India, Indonesia, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Nepal, Nigeria, Pakistan, Rwanda, Senegal, South Sudan, Tanzania, Uganda, Yemen, and Zambia

METHODOLOGY

To inform the country snapshots, HFG reviewed primary sources (government policy documents) and secondary sources (peer-reviewed articles, international reports, and gray literature) to identify the country's EPHS and to gather information related to health services delivery, service coverage, population coverage and financial coverage of the country's EPHS. The analysis occurred between August 2014 and April 2015.

The following definition of EPHS was used for the purposes of identifying the list of services that best represented the country's EPHS:

> EPHS is the package of health care services that the government is providing or is aspiring to provide to its citizens in an equitable manner. Equity involves adequate coverage across population groups, adequate physical coverage, and adequate financial coverage. EPHS can also be thought of as a public policy tool for governing the health sector.

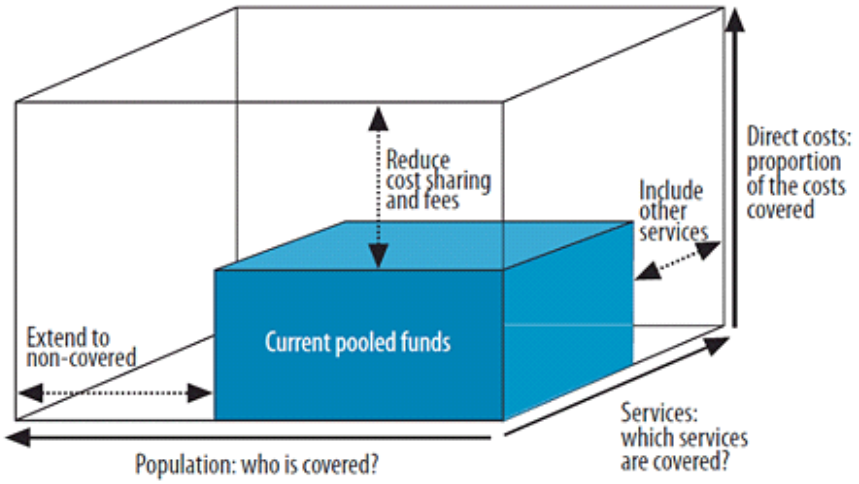
Table 1 describes key differences between an EPHS and a health benefit package. These terms are often used interchangeably, but the distinction is important for purposes of this analysis.

Table 1: EPHS versus a Health Benefit Package

	EPHS	Health Benefit Package
Description	The package of services that should be available through safety net providers	The package of services and the pre-determined cost-sharing that describes a risk pooling model
Payment arrangement for provision of care	Input-based (HRH salaries, infrastructure, drugs and commodities, etc.)	Service-based (capitation payments, FFS reimbursement, etc.)
Feasibility for explicit priority-setting of services	Low	High

Service coverage, population coverage and financial coverage are recognized as the three dimensions to consider when moving toward universal coverage (Figure 1). These dimensions are also applicable to an EPHS. Indeed, an EPHS is one policy tool that can be used for promoting universal health coverage.

Figure 1: Three dimensions to consider when moving toward universal coverage



Three dimensions to consider when moving towards universal coverage

Source: WHO

To evaluate the extent that a country's EPHS included priority reproductive, maternal, newborn, and child health (RMNCH) interventions, HFG compared the EPHS to the list of 60 priority RMNCH interventions and categorized each intervention. The categories are defined in Table 2.

Table 2: Categories used for comparing the EPHS to the list of 60 priority RMNCH interventions

Status of Service in EPHS	Status Definition
Included	The literature on the essential package specifically mentioned that this intervention was included in the EPHS
Explicitly Excluded	The literature on the essential package specifically mentioned that this intervention was not included in the EPHS
Implicitly Excluded	This intervention was not specifically mentioned, and is not clinically relevant to one of the high-level groups of services included in the EPHS.
Unspecified	The literature on the essential package did not specifically mention this intervention, but this service is clinically relevant to one of the high-level groups of services included in the EPHS.

There was a limitation to this analysis. A country's EPHS usually lists services, but the list of priority RMNCH interventions is at the *intervention* level. For example, a service is "prevention of pre-eclampsia," but the *intervention* is "low-dose aspirin to prevent pre-eclampsia," which is one of the 60 priority RMNCH interventions. A more valid comparison was found between the priority RMNCH interventions and national clinical standards. When available, the country's clinical standards document were used in conjunction with the EPHS for purposes of this analysis.

HFG obtained key RMNCH indicators from the Global Health Observatory (WHO 2014) to evaluate the extent to which certain RMNCH services from the EPHS are actually available and used in the country. The RMNCH indicators are included in Table 3. Data for all indicators were not available for all 24 countries.

Table 3: Key RMNCH Indicators

Indicator
Pregnant women sleeping under insecticide-treated nets (%)
Births attended by skilled health personnel (in the five years preceding the survey) (%)
BCG immunization coverage among one-year-olds (%)
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among one-year-olds (%)
Median availability of selected generic medicines (%)—private
Median availability of selected generic medicines (%)—public

HFG also obtained and presented key findings from the Health Equity Country Profile for each country when available (WHO 2014-2015). Health Equity Country Profiles were not available for Afghanistan or South Sudan.

CROSS-COUNTRY COMPARISON FINDINGS

The information from the 24 Country Snapshots allowed the identification of key themes. Below, are general findings and governance findings from the cross-country comparison.

General Findings

- 23 of 24 countries had defined an EPHS

  Mozambique has not yet defined an EPHS per the definition used here, but the government has committed to defining one in a recent policy document. One of the four provinces (Punjab) in Pakistan has defined an EPHS that was considered to be the country's EPHS for purposes of this study.

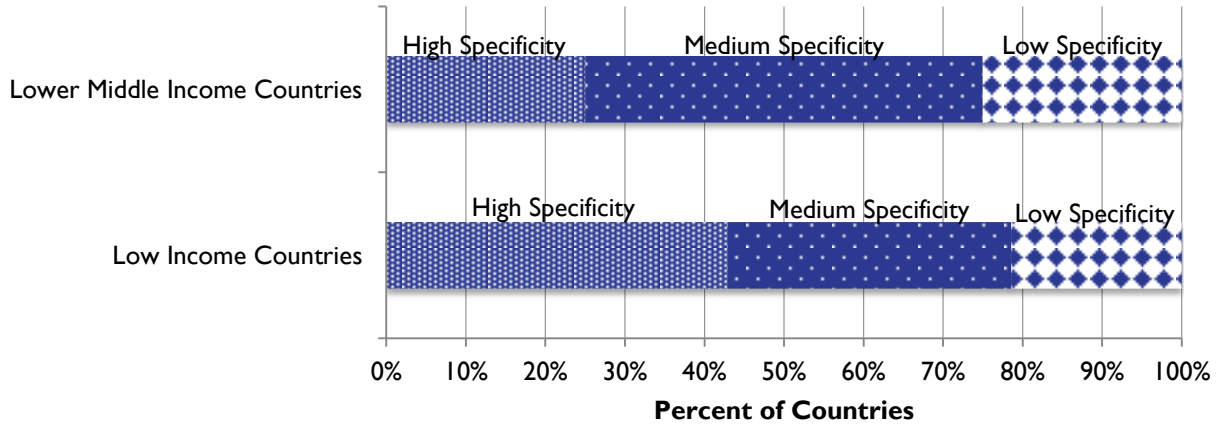
- Most countries defined the package under an official name

  18 of 24 countries have an official name for their EPHS. The services included in the EPHS in Ghana, Madagascar, Senegal, Yemen and Zambia were dispersed across policy documents and were not defined under one umbrella term.

- The level of EPHS specificity varies across countries (Figure 2)

  Some countries had defined a highly specific EPHS, while other countries kept the EPHS relatively high-level and broad. For example, Ethiopia's EPHS includes "Manual removal of placenta" during childbirth at the health center level. By contrast, Democratic Republic of Congo's EPHS lists broad service categories such as "prenatal consultations" and "curative services."

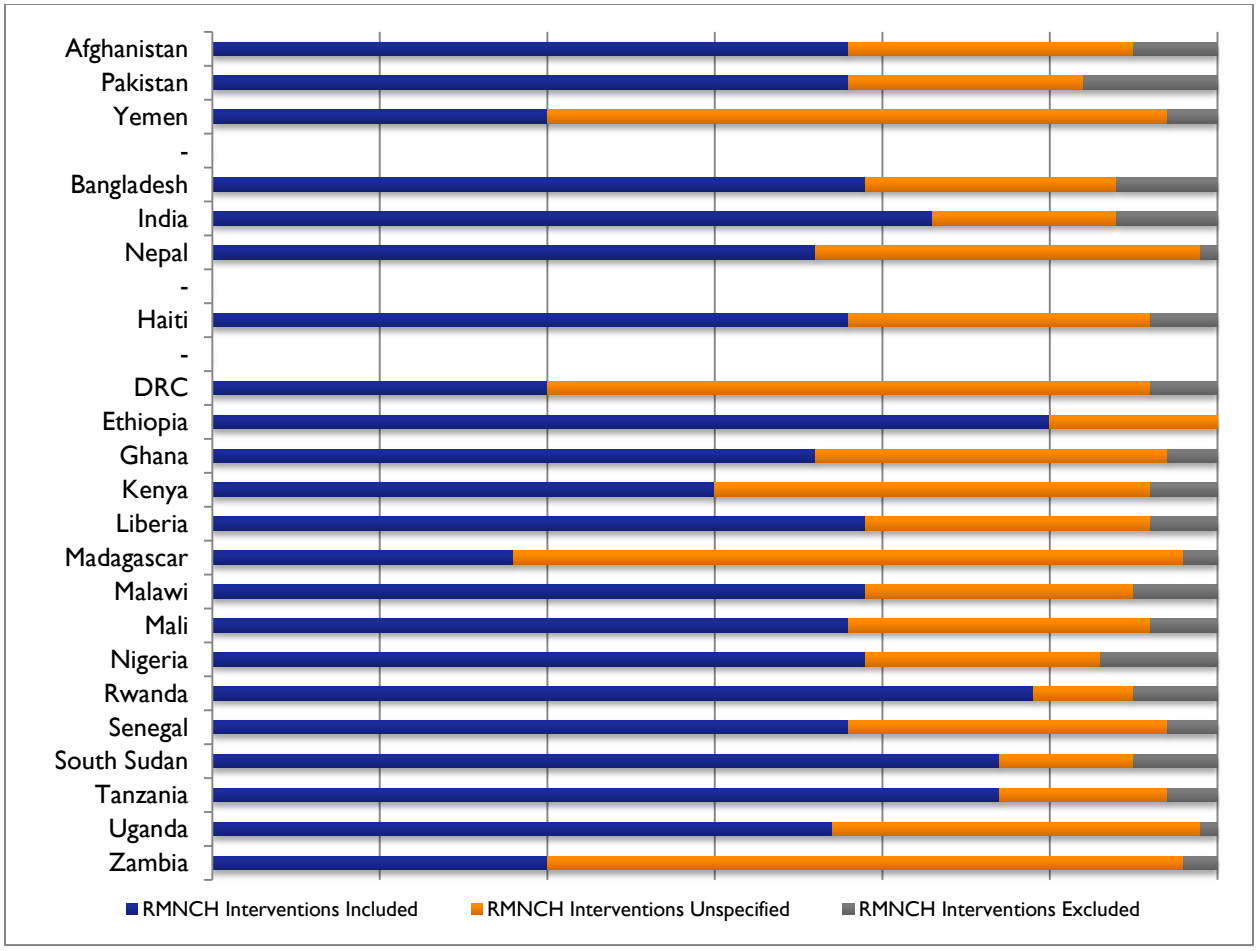
Figure 2: Distribution of EPHS specificity by country income level



- The majority of priority RMNCH interventions were included, but a large proportion remained unspecified (Figure 3)

  Clear patterns do not emerge when looking across countries in the same region or country income level.

Figure 3: Proportion of 60 RMNCH interventions, stratified by region



Governance Findings

- There were similar EPHS service delivery mechanisms across countries

  All 23 countries with an EPHS deliver some EPHS services through community health workers. Additionally, all 23 countries with an EPHS deliver EPHS services through the established public sector primary care and referral facility network.

- Some countries use the EPHS for health system stewardship purposes

  The EPHS is used as a guideline for private sector safety net facilities as well as public sector facilities for delivering care. For example, in Afghanistan the majority of health service provision is through non-governmental organizations; those facilities serve as safety net providers where public facilities are unavailable. The Ministry's EPHS intends to standardize that provision of care across all implementing partners. In Zambia, the government signed agreements with Churches Health Association of Zambia (CHAZ) facilities to provide the EPHS in areas not adequately covered by a public sector facility.

- Governments seek to address equity through EPHS-related policies

  The governments of the 23 countries with an EPHS specified strategies to improve access to the EPHS for specific sub-populations, such as women, adolescents, rural populations, and the indigent.

- Governments seek to address equity through EPHS-related policies

  All countries provided some financial protection, but mechanisms/extent varied. Mechanisms included:

  - Social health insurance (for civil servants, formal sector employees, informal sector employees, the indigent, and more);
  - Government-sponsored or subsidized community-based health insurance; and
  - Legal user fee exemptions (for some or all of the services included in the EPHS).

- Priority setting appears to be limited

  Priority setting in this context means that policymakers prioritize certain services as a means of ensuring that limited resources have the largest effect on the overall health of the population. When priority setting has not occurred, but there are too few resources to deliver all services equitably, implicit rationing manifests in different ways (waiting lists, poor quality of care, poor distribution of services, etc.). While a few countries had developed a realistic EPHS based on the reality of limited resources, the majority of countries' EPHS seem to be an exhaustive list of primary and secondary health care services that should be delivered at health care facilities. They were similar to a list of clinical competencies for facility staff.

- There is a range of practical applications of EPHS

  Based on this review of policy documents, the policy purpose of the country's EPHS seems to vary by country. Some governments use the EPHS for health sector stewardship purposes and for guiding private sector service delivery. Other governments use the EPHS to promote accountability among health care facilities and facility staff. Other governments use the EPHS as a planning tool as a way of holding themselves accountable for improving equity of service delivery.

CONCLUSION

The study, which included developing a series of 24 country snapshots and performing a cross-country comparison, revealed rich diversity across EPHS' in USAID's 24 EPCMD priority countries. Development, application and implementation of an EPHS varies between countries. An EPHS can serve diverse policy functions, including government stewardship, promotion of accountability, and more. An EPHS usually describes the universe of services that should be available at public sector or public sector-contracted facilities to ensure that important health services are available to everyone who seeks care at one of these facilities. More research on this topic would be helpful for better understanding whether certain EPHS applications are more effective at improving equity of service delivery than others.

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