Strengthening NCD service delivery through UHC benefit package

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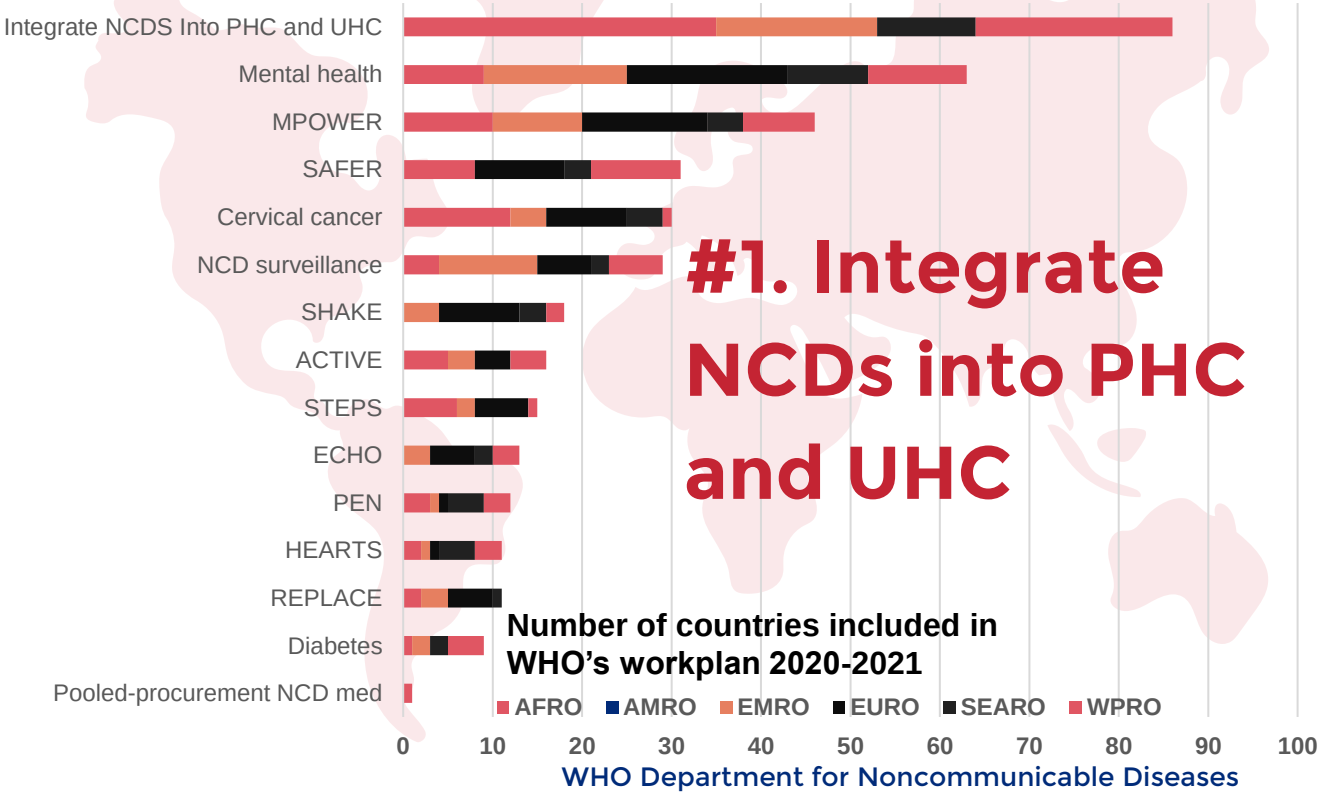
Member States' TOP DEMANDS for technical assistance

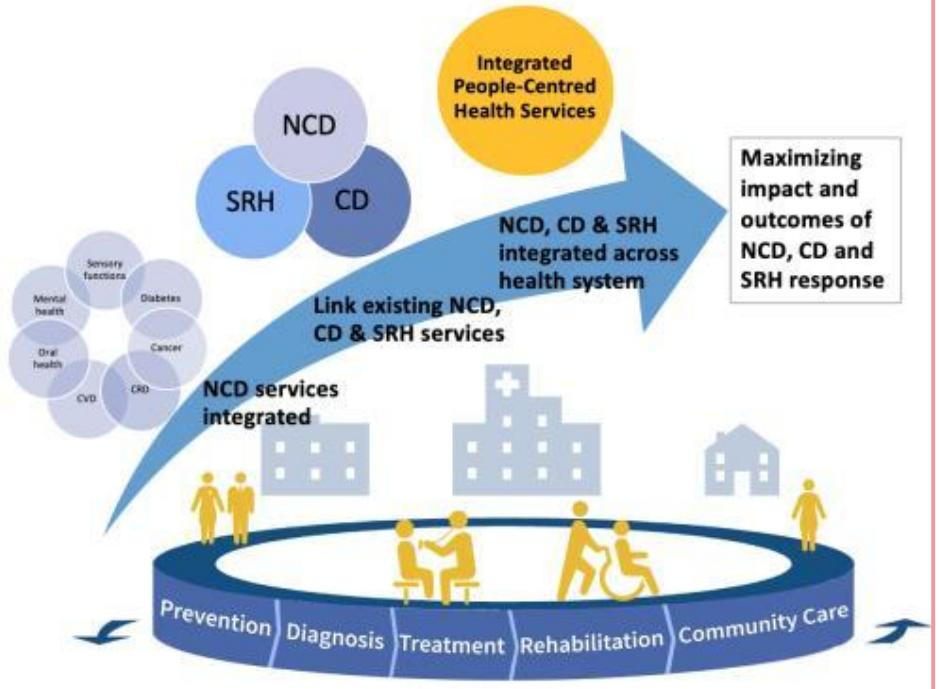


#1. Integrate NCDs into PHC and UHC

We need a paradigm shift and build back better by including the prevention, screening, early diagnosis and appropriate treatment of NCDs as a part of PHC for UHC.

Dr Tedros, 14 July 2020

What does it mean?



Integration continuum

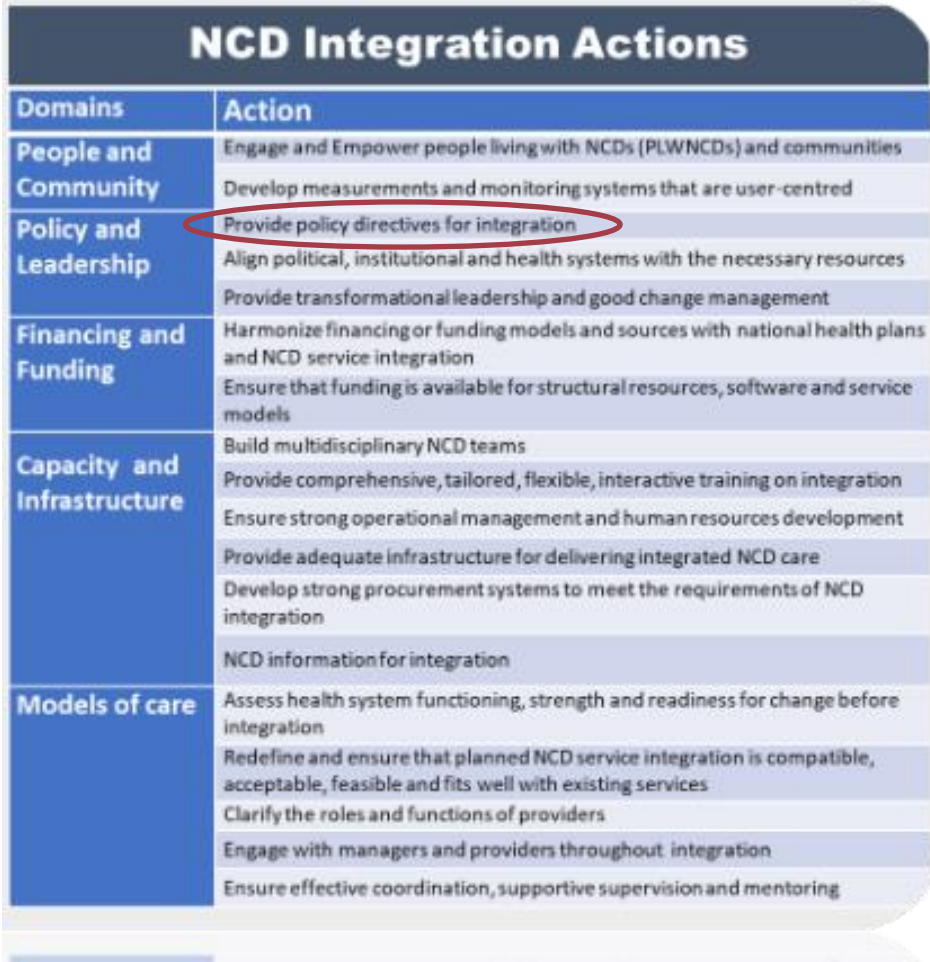
The WHO working definition of integration is: *"The organization and management of health services so that people get the care they need, when they need it, in ways that are user friendly, achieve the desired results and provide value for money." (WHO, 2008).*

- Integration of NCD preventive, curative and rehabilitative services
- Integration of services for NCDs, CDs and SRH: addressing comorbidities/multimorbidity
- Integration of services for NCDs, CDs and SRH throughout the health system

How to do it ?

Using Framework of 18 evidence based strategic actions :

- **Strengthen Upstream policy initiatives**, such as strategic planning and resource allocation, benefit packaging and payment systems.
- **Service provider engagement**, such as primary health service management, organization and coordination, and essential health service packaging at level of healthcare facilities.
- **Human resource and capacity interventions**, particularly in settings with limited health workforce and financial resources.



NCD Integration Actions

Domains	Action
People and Community	Engage and Empower people living with NCDs (PLWNCDs) and communities
	Develop measurements and monitoring systems that are user-centred
Policy and Leadership	Provide policy directives for integration
	Align political, institutional and health systems with the necessary resources
	Provide transformational leadership and good change management
Financing and Funding	Harmonize financing or funding models and sources with national health plans and NCD service integration
	Ensure that funding is available for structural resources, software and service models
Capacity and Infrastructure	Build multidisciplinary NCD teams
	Provide comprehensive, tailored, flexible, interactive training on integration
	Ensure strong operational management and human resources development
	Provide adequate infrastructure for delivering integrated NCD care
	Develop strong procurement systems to meet the requirements of NCD integration
	NCD information for integration
Models of care	Assess health system functioning, strength and readiness for change before integration
	Redefine and ensure that planned NCD service integration is compatible, acceptable, feasible and fits well with existing services
	Clarify the roles and functions of providers
	Engage with managers and providers throughout integration
	Ensure effective coordination, supportive supervision and mentoring

Key solutions to strengthen health system response to NCDs

Governance

- NCD in NHPSP
- Policy fostering Integration
- Multisectoral with Private Sector

Health financing

- NCD Investment Case
- NCD in UHC Benefit package
- Leveraging Financing

Medicines & tech

- Strengthening Value Chain
- Private Sector Contribution
- Access investments for NCD integration

Health workforce

- NCD Workforce planning
- Provider Engagement
- Competency based Capacity building
- Worker wellness

Service delivery

- Integrated Chronic Care
- Community Mobilization
- Service delivery Model

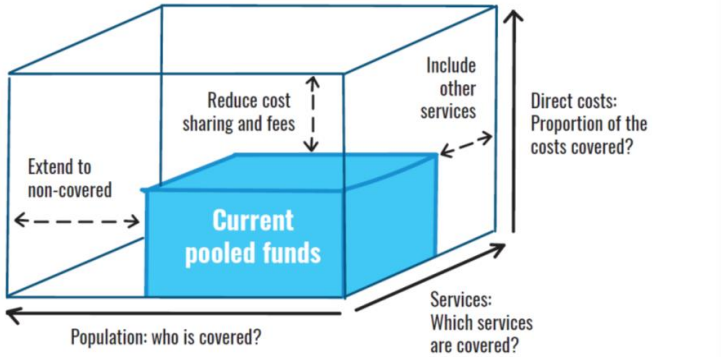
Health information

PRIORITIZE NCD in UHC Benefit Package

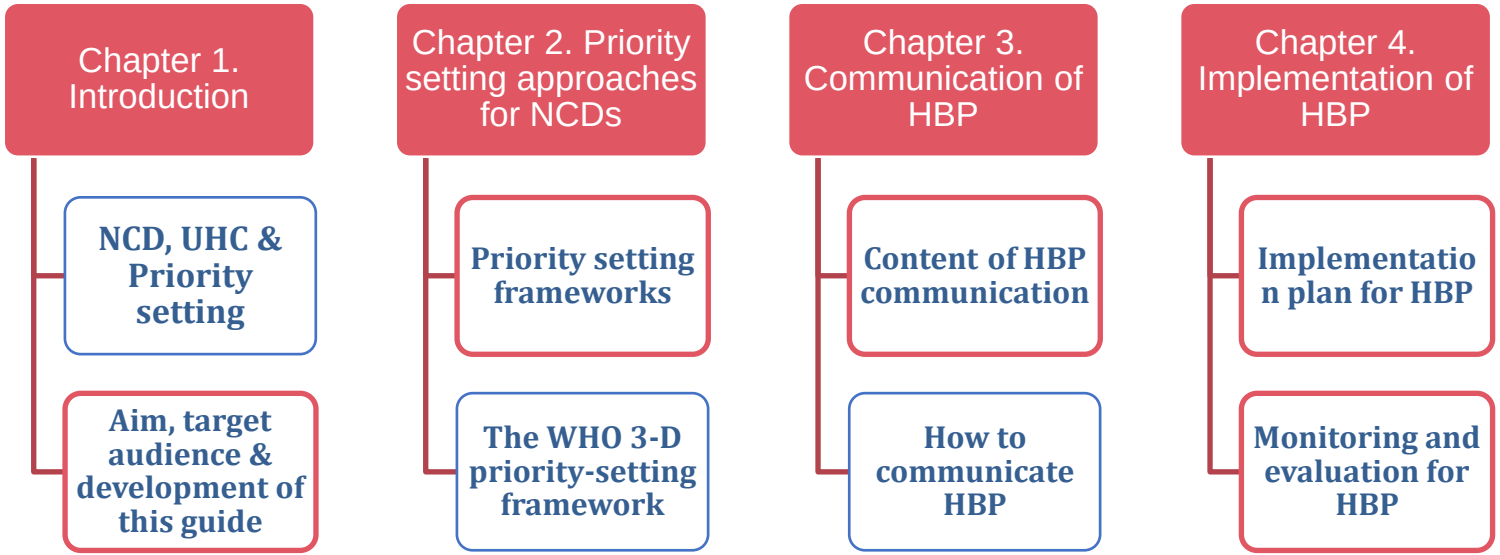
- Development of global guidance on effective design of UHC benefit packages with focus on strengthening NCD input.
- Development of priority services listing for NCD using UHC Compendium of interventions
- Support countries in developing UHC Benefit Packages with comprehensive NCD input

What is a UHC Benefit Package?

- The UHC Benefit Package is a public instrument used to govern the allocation of collective resources for health
- Different names: Benefit Packages or Essential Health Service Packages, etc.
- Explicit list of health interventions or services to be funded from pooled resources with clear accountability, entitlements and real universal access
- Usually incorporate information on payment mechanisms and information on level of service delivery.

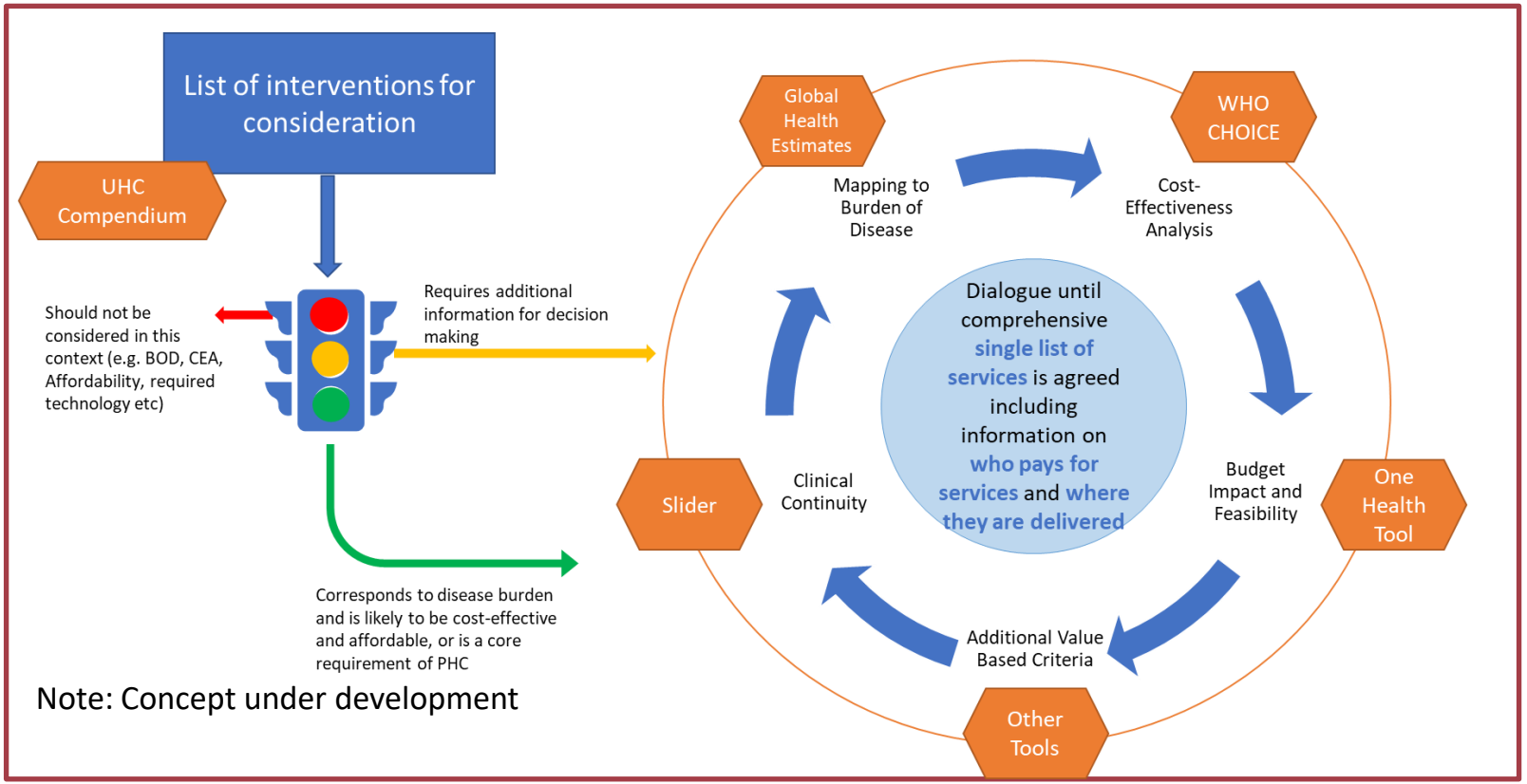


Guidance on approach to prioritization of NCD interventions in UHC health benefit package



WHO 3-D Priority setting and decision making framework

Using the WHO UHC Compendium at country level to develop a "package"

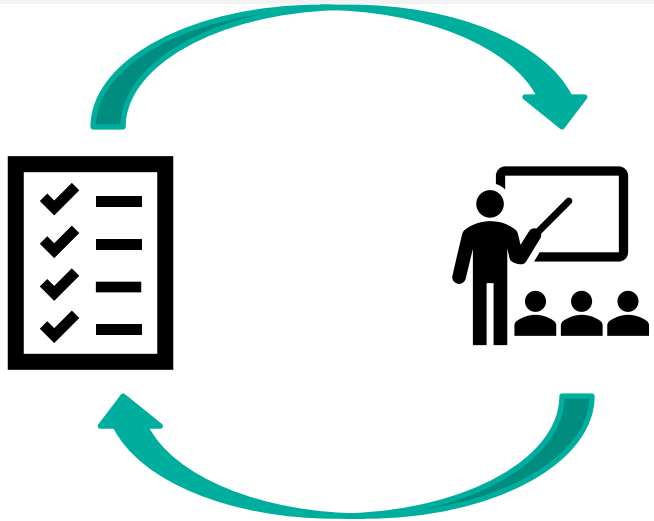


Note: Concept under development

Country Work

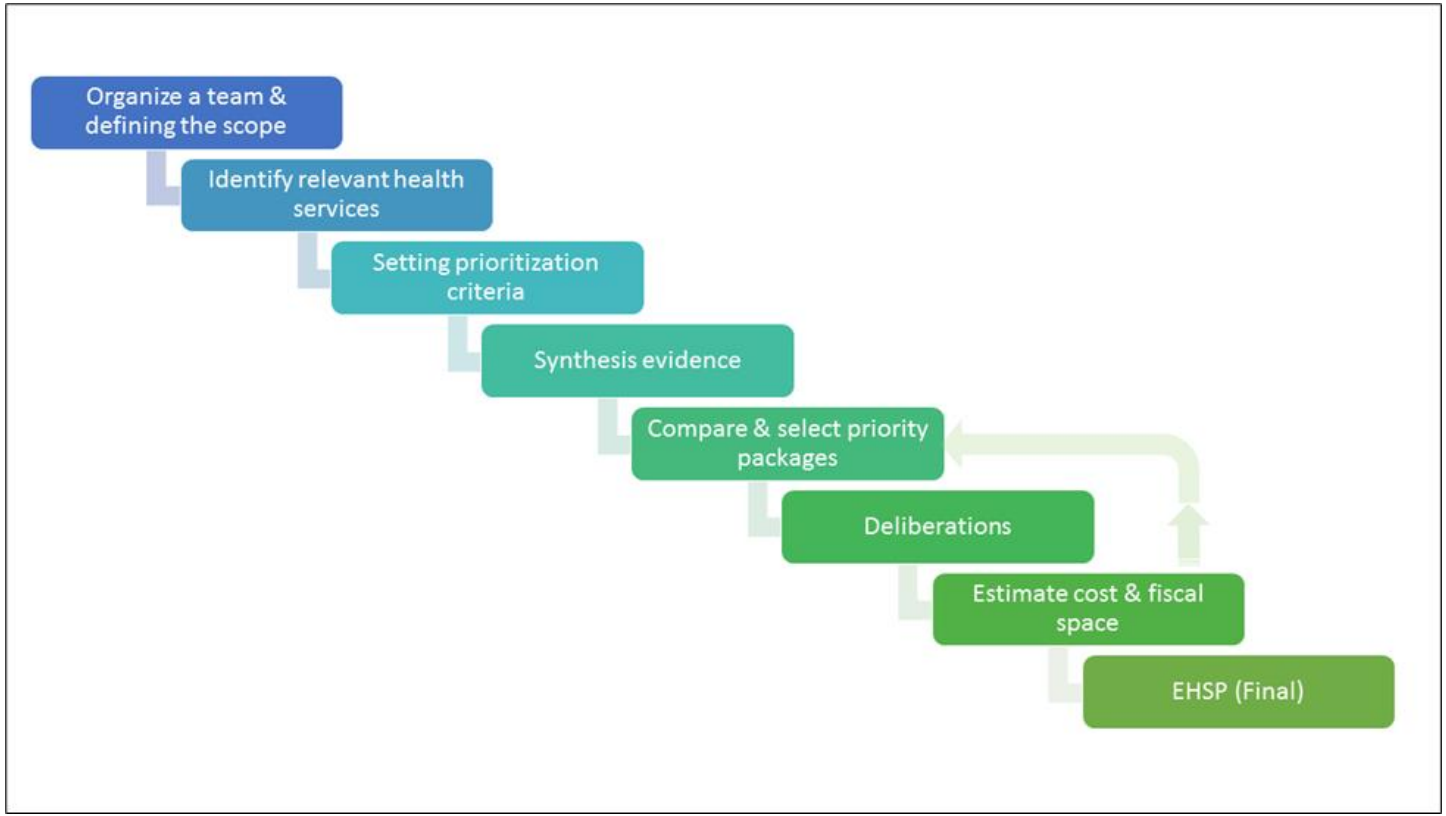
- Ensure availability of a **Basic Health Service Package (BHSP)** – fully funded, with universal access and a focus on NCDs
- Link benefit package with **health financing mechanisms**
- **Build capacity**, setting up Health Technology Assessment (HTA) mechanism and sensitize to NCDs

BHSP including NCD services – which will hopefully expand over the years

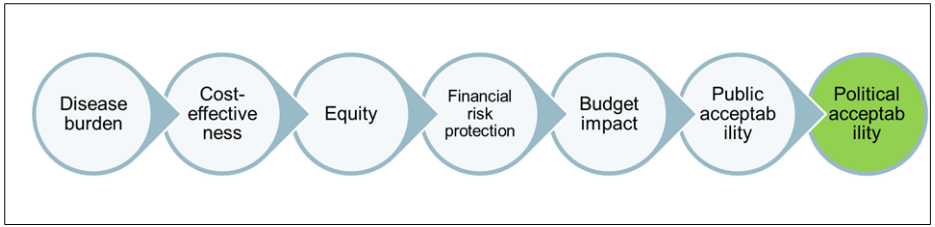


CAPACITY BUILDING - HTA process including the collection and use of NCDs data to inform future expansions of the BHSP

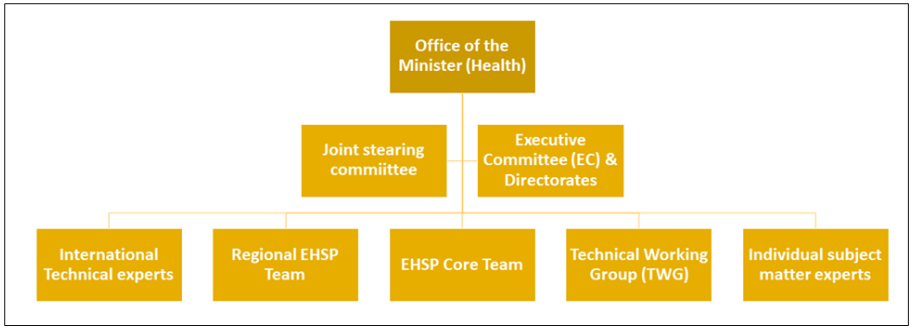
E.G Roadmap for the revision of Ethiopia's EHSP



Process and methodology



CEA	Equity	FRP	Budget impact	Public and political acceptability
• OHT/ GCEA • Literature search and transferability • Expert opinion	• Delphi • Expert opinion	• Delphi • Expert opinion	• OHT/ Costing and budget impact analysis	• Deliberation meeting with public representativ es and policy-makers • Decision by EC, MC, JSC



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RESEARCH ARTICLE

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Revision of the Ethiopian Essential Health Service Package: An Explication of the Process and Methods Used

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ABSTRACT

To make progress toward universal health coverage, countries should define the type and mix of health services that respond to their populations' needs. Ethiopia revised its essential health services package (EHSP) in 2019. This paper describes the process, methodology and key features of the new EHSP. A total of 35 consultative workshops were convened with experts and the public to define the scope of the revision, develop a list of health interventions, agree on the prioritization criteria, gather evidence and compare health interventions. Seven prioritization criteria were employed: disease burden, cost effectiveness, equity, financial risk protection, budget impact, public acceptability and political acceptability. In the first phase, 1,749 interventions were identified, including existing and new interventions, which were regrouped and reorganized to identify 1,442 interventions as relevant. The second phase removed interventions that did not match the burden of disease or were not relevant in the Ethiopian setting, reducing the number of interventions to 1,018. These were evaluated further and ranked by the other criteria. Finally, 594 interventions were classified as high priority (58%), 213 as medium priorities (21%) and 211 as low priority interventions (21%). The current policy is to provide 570 interventions (56%) free of charge while guaranteeing the availability of the remaining services with cost-sharing (38%) and cost-recovery (6%) mechanisms in place. In conclusion, the revision of Ethiopia's EHSP followed a participatory, inclusive and evidence-based prioritization process. The interventions included in the EHSP were comprehensive and were assigned to health care delivery platforms and linked to financing mechanisms.

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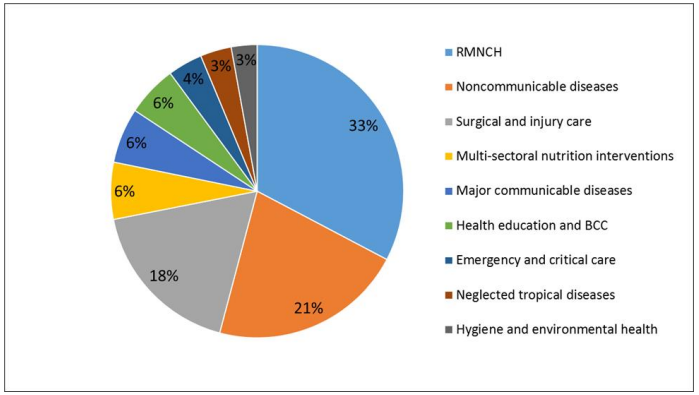
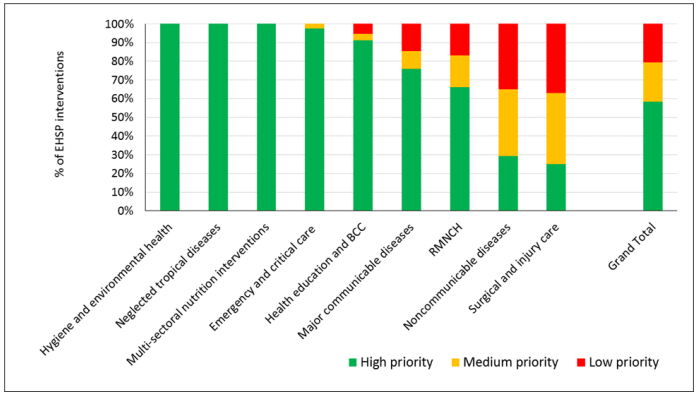
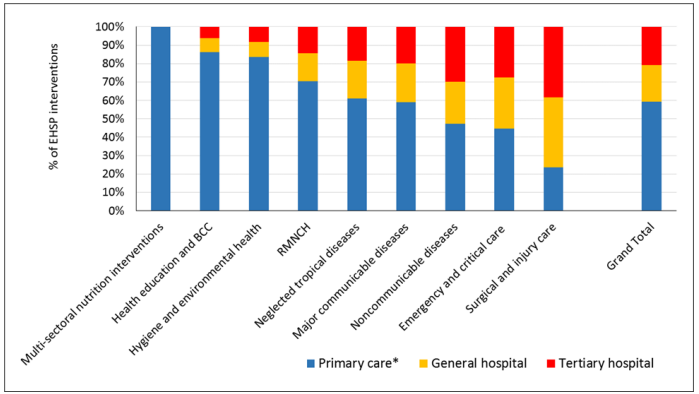
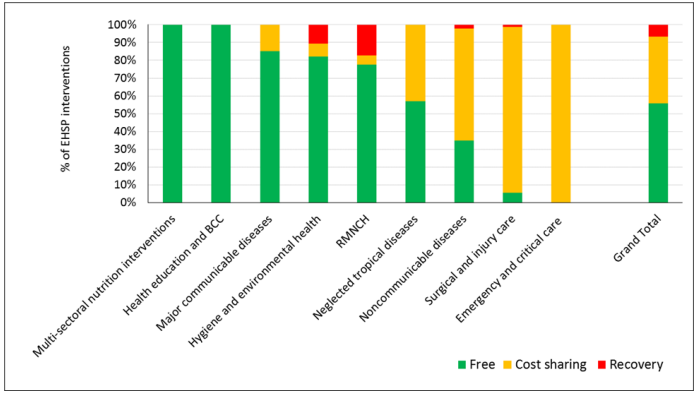
KEYWORDS
Essential health service package; universal health coverage; health benefits package; priority setting; progressive realization of UHC

Key features of Ethiopian EHSP (1019 interventions)

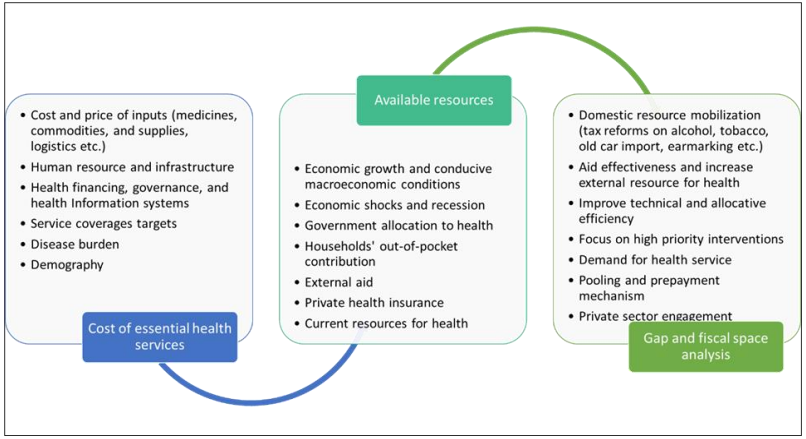


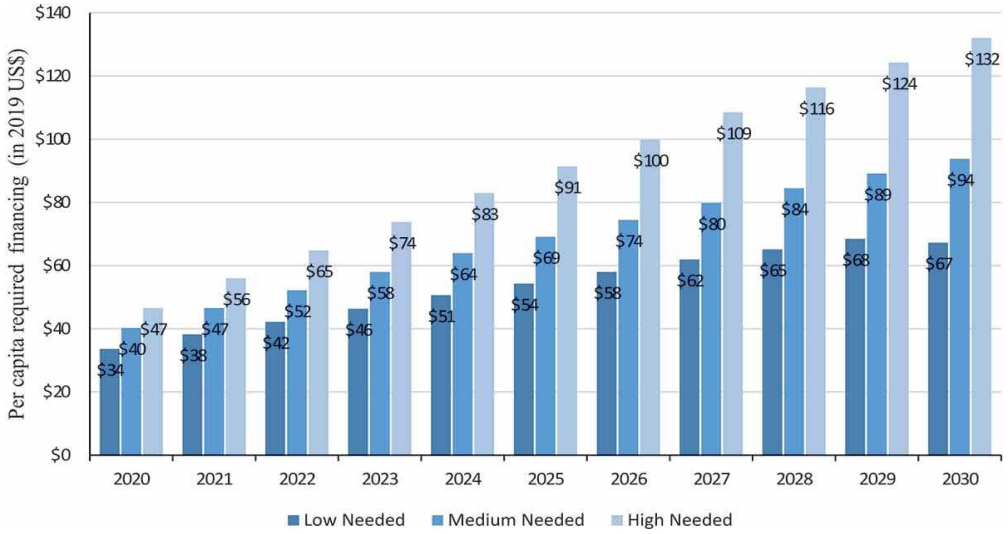






Costing and budgeting





Thank you

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