

# Essential Packages of Health Services

## Brown Bag Webinar Presentation on a Landscape Analysis of the 24 EPCMD Countries

**Jenna Wright, MPH**  
**Health Finance & Governance Project**  
**Broad Branch Associates**  
**August 18, 2015**  
**Bethesda, MD**

**Abt Associates Inc.**

*In collaboration with:*

Broad Branch Associates | Development Alternatives Inc. (DAI) | Futures Institute | Johns Hopkins Bloomberg School of Public Health (JHSPH)

| Results for Development Institute (R4D) | RTI International | Training Resources Group, Inc. (TRG)



# Speaker



**Jenna Wright** works on the Health Finance & Governance Project as a Senior Health Analyst with Broad Branch Associates. She specializes in supply-side strategies to improve the health care delivery system and health outcomes.

Prior to joining Broad Branch Associates, Jenna worked on the Health Systems 20/20 Project with Abt Associates where she contributed to national health accounts, health metrics activities and research projects in several sub-Saharan countries.

Most recently, Jenna was employed by the U.S. Federal Government to develop policy for major elements of the Affordable Care Act including the temporary federal high-risk pools, Accountable Care Organizations, and the physician value-based payment modifier.

She holds a Master of Public Health and a Certificate in Public Health Economics from the Johns Hopkins Bloomberg School of Public Health in Baltimore.



# Contents

- ▶▶ EPHS Activity Part I
  - ❖ Description, Methodology, Activity Results
  - ❖ Definition of Essential Package of Health Services (EPHS)
- ▶▶ Findings
  - ❖ Landscape Analysis Findings
  - ❖ Governance Components Findings
  - ❖ Ongoing EPHS Efforts
- ▶▶ Discussion Points
- ▶▶ Next Steps
  - ❖ Big Picture
  - ❖ EPHS Activity Part II



# **EPHS ACTIVITY: PART I**

## **DESCRIPTION, METHODOLOGY AND RESULTS**



# Landscape Analysis

- ▶▶ HFG conducted a **Landscape Analysis** of Essential Packages of Health Services (EPHS) in the 24 Ending Preventable Child and Maternal Deaths countries<sup>1</sup>
- ▶▶ Study objectives: for each country –
  - ▶▶ Identify the EPHS
  - ▶▶ Compare the EPHS to priority RMNCH interventions
  - ▶▶ Analyze governance dimensions of the EPHS

<sup>1</sup> Countries include: Afghanistan, Bangladesh, DR Congo, Ethiopia, Ghana, Haiti, India, Indonesia, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Nepal, Nigeria, Pakistan, Rwanda, Senegal, South Sudan, Tanzania, Uganda, Yemen, Zambia



# Methodology

- ▶▶ Analysis occurred between August 2014 and April 2015
- ▶▶ Reviewed primary sources (Government policy documents) and secondary sources (peer-reviewed articles, gray literature) to identify the country's EPHS and information related to health services delivery, population coverage and financial protection
- ▶▶ Compared the EPHS to the list of 60 priority reproductive, maternal, newborn and child health (RMNCH) interventions<sup>2</sup>
- ▶▶ Obtained RMNCH indicators from the Global Health Observatory and Health Equity Country Profiles<sup>3</sup>

<sup>2</sup> Partnership for Maternal, Newborn and Child Health, 2011

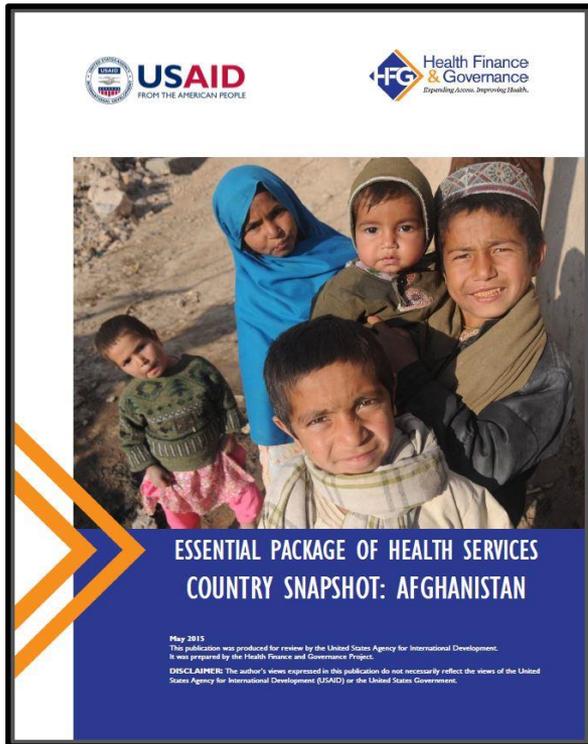
<sup>3</sup> World Health Organization, 2014-2015



# Comparing the EPHS to Priority RMNCH Interventions

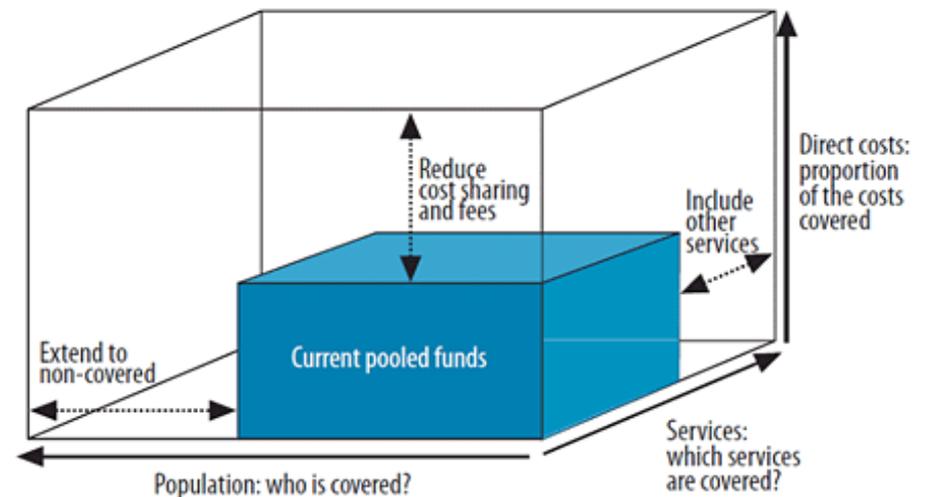
- ▶▶ The EPHS usually lists *services*, while the list of priority RMNCH interventions is at the *intervention* level
  - ❖ E.g. A *service* is ‘prevention of pre-eclampsia’. The *intervention* is ‘low-dose aspirin to prevent pre-eclampsia’
- ▶▶ A more valid comparison was often between the priority RMNCH interventions and national clinical standards
  - ❖ When available, we used the country’s clinical standards document in conjunction with the EPHS for purposes of this study.

# Activity Result: 24 country snapshots



## ► Governance dimensions of the EPHS:

- ❖ Health service delivery model
- ❖ Service coverage (what services are included, which priority RMNCH interventions are included)
- ❖ Population coverage
- ❖ Financial protection



Three dimensions to consider when moving towards universal coverage

Source: WHO



# Activity Result: Contribute to global health community's understanding of EPHS

- ▶▶ Enables quick identification of the EPHS from 24 countries
- ▶▶ Analysis of 24 countries allows us to:
  - ❖ Identify cross-cutting themes
  - ❖ Identify gaps
  - ❖ Better understand countries' practical application of EPHS
- ▶▶ Helps inform where we go from here



# DEFINITION OF EPHS



# What is EPHS?

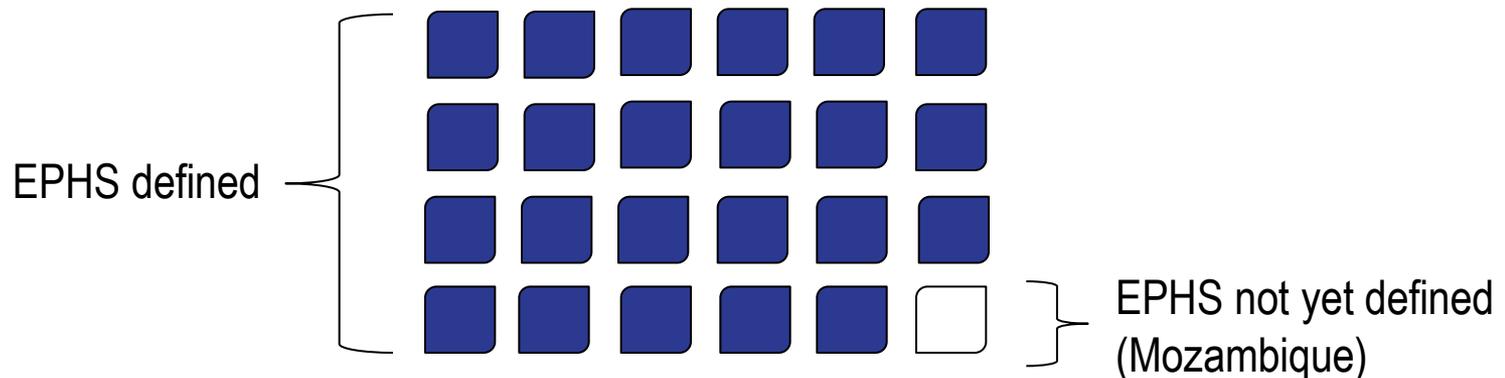
- ▶▶ The package of health care services that the government is providing or is aspiring to provide to its citizens in an equitable manner
  - ❖ **Equity** involves adequate coverage across population groups, adequate physical coverage, and adequate financial coverage.
- ▶▶ A public policy tool for governing the health sector

# “EPHS” versus “Benefit Package”

	<b>EPHS</b>	<b>Benefit Package</b>
<b>Description</b>	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
<b>Payment arrangement for provision of care</b>	Input-based (HRH salaries, infrastructure, drugs and commodities)	Service-based (capitation payments, FFS reimbursement, etc.)
<b>Use for explicit priority-setting of services</b>	Less evidence	More evidence

# 23 of 24 countries have defined an EPHS

- ▶▶ **Mozambique** has not yet defined an EPHS per our definition, but committed to defining one in a recent policy document.
- ▶▶ One of the four provinces (Punjab) in **Pakistan** has defined an EPHS which we considered the country's EPHS for purposes of this study.



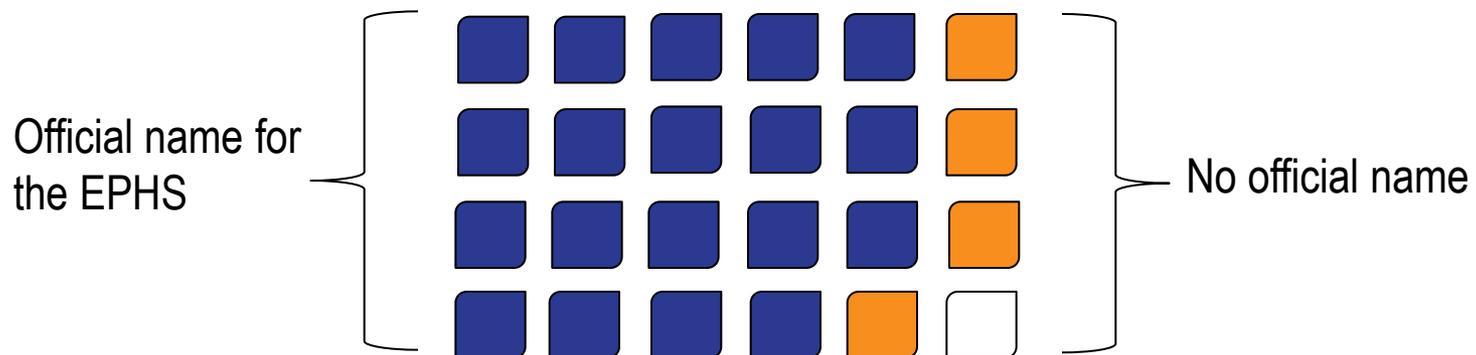


# **LANDSCAPE ANALYSIS FINDINGS**

## **THEMES, GAPS, PRACTICAL APPLICATIONS**

# 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 not defined under one umbrella term



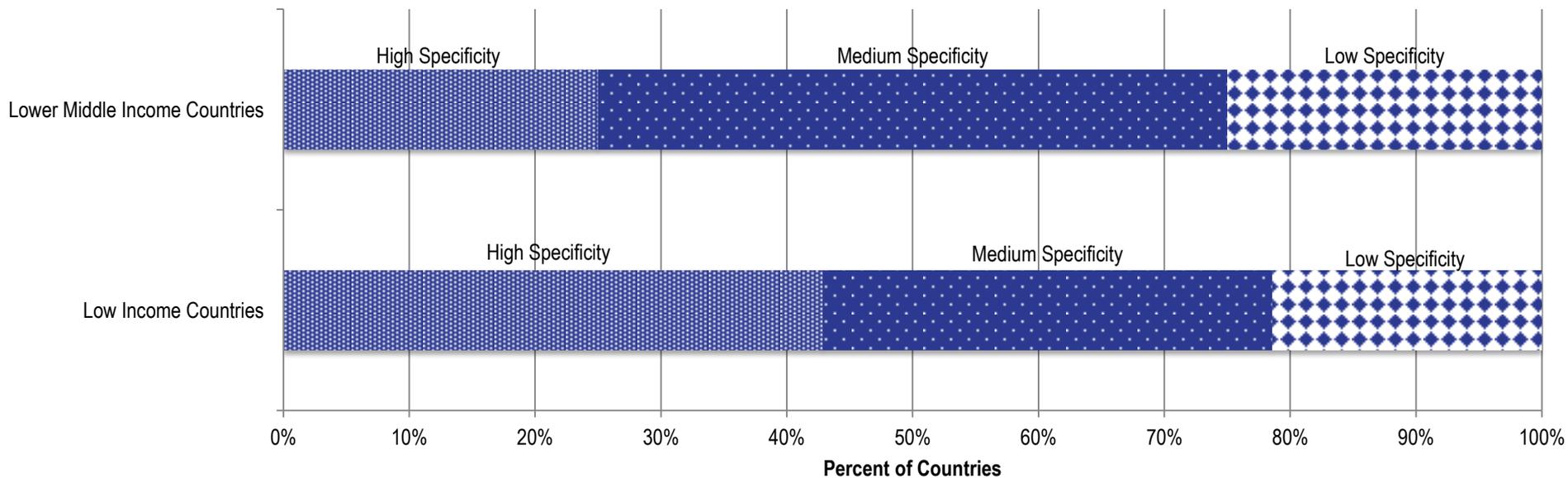
# Diversity of EPHS Names

Country	Official Name of the EPHS	Country	Official Name of the EPHS
Afghanistan	Basic Package of Health Services; Essential Package of Hospital Services	Mali	Paquet Minimum d'Activité
Bangladesh	Essential Services Delivery package	Mozambique	[EPHS not yet defined]
DRC	Paquet Minimum de Services; Paquet Complémentaire de Services	Nepal	Essential Health Care Services package
Ethiopia	Essential Health Services Package for Ethiopia	Nigeria	Essential Package of Care
Ghana	[Various programs, no official name]	Pakistan	Essential Package of Health Services for Primary Health Care in Punjab
Haiti	Paquet Minimum de Services (Note: Paquet Essentiel de Services in development)	Rwanda	Service Package for Health Facilities at Different Levels of Service Delivery
India	Indian Public Health Standards	Senegal	[Various programs, no official name]
Indonesia	Essential Public Health Services	South Sudan	Basic Package of Health and Nutrition Service for Southern Sudan
Kenya	Kenya Essential Package for Health	Tanzania	National Essential Health Care Interventions Package - Tanzania
Liberia	Essential Package of Health Services	Uganda	Uganda National Minimum Health Care Package
Madagascar	[Various programs, no official name]	Yemen	[Various programs, no official name]
Malawi	Essential Health Package	Zambia	[Various programs, no official name]

# Level of EPHS specificity varies

- ▶▶ For example, **Ethiopia's** EPHS includes “Manual removal of placenta” during childbirth at the health center level;
- ▶▶ **DRC's** EPHS lists broad service categories such as “prenatal consultations” and “curative services.”

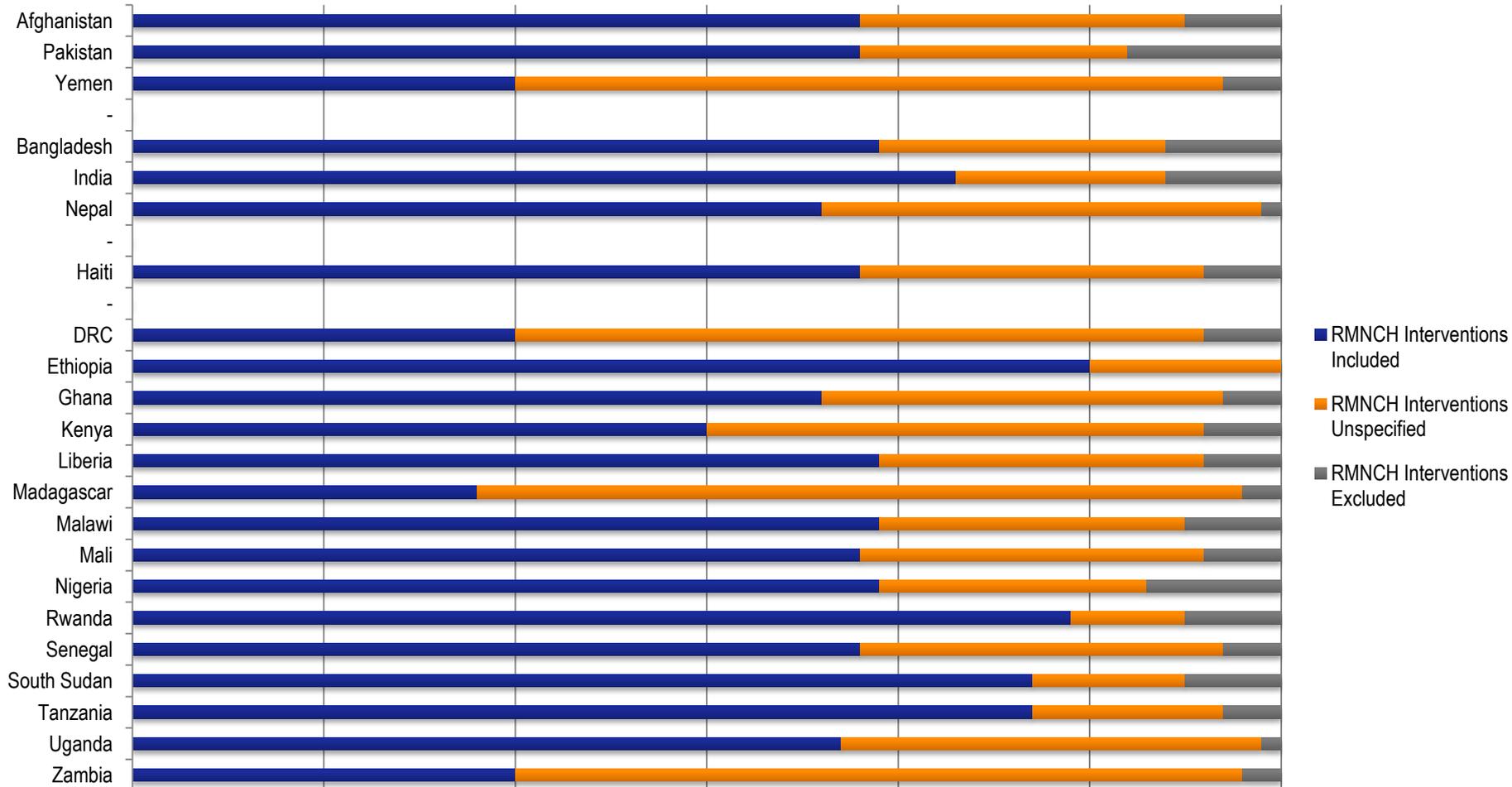
**EPHS Specificity by Country Income Level**



# Majority of priority RMNCH interventions included; large proportion unspecified

## Stratification by Region

Proportion of 60 RMNCH Interventions



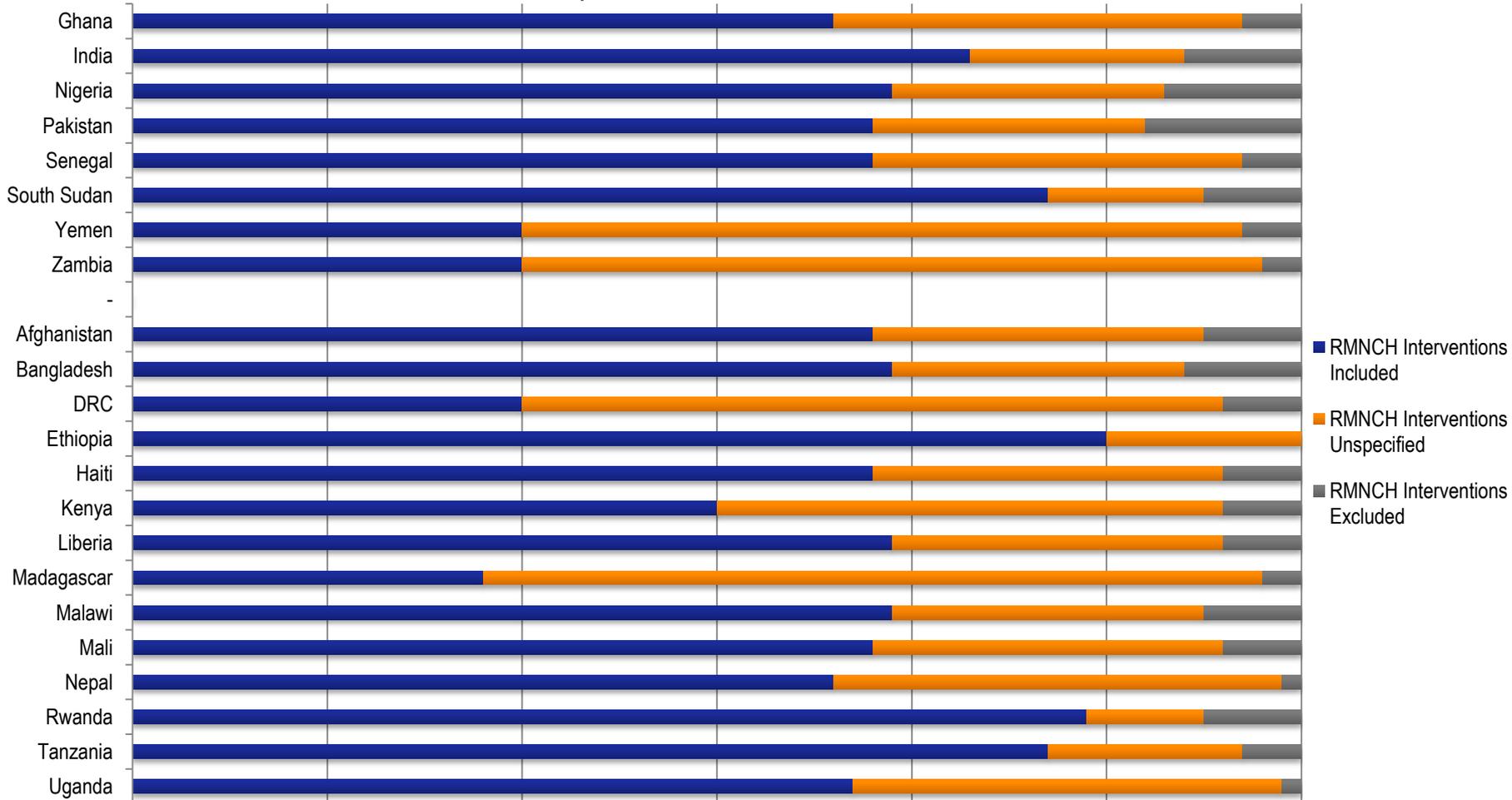
# Stratification by region or income category does not reveal a clear pattern

## Stratification by Country Income Level

Proportion of 60 RMNCH Interventions

Lower-middle income countries

Low income countries



# Most commonly excluded RMNCH priority interventions

## *Routine immunization plus H.influenzae, meningococcal, pneumococcal and rotavirus vaccines*

Explicitly Excluded by:

5 out of 8 LMICs

6 out of 14 LICs

Total = 11

Implicitly Excluded by:

2 out of 8 LMICs

1 out of 14 LICs

Total = 3

## *Safe abortion*

Explicitly Excluded by:

1 out of 8 LMICs

3 out of 14 LICs

Total = 4

Implicitly Excluded by:

2 out of 8 LMICs

7 out of 14 LICs

Total = 9

## *Social support during childbirth; Women's groups*

Explicitly Excluded by:

0 out of 8 LMICs

0 out of 14 LICs

Total = 0

Implicitly Excluded by:

4 out of 8 LMICs

7 out of 14 LICs

Total = 3

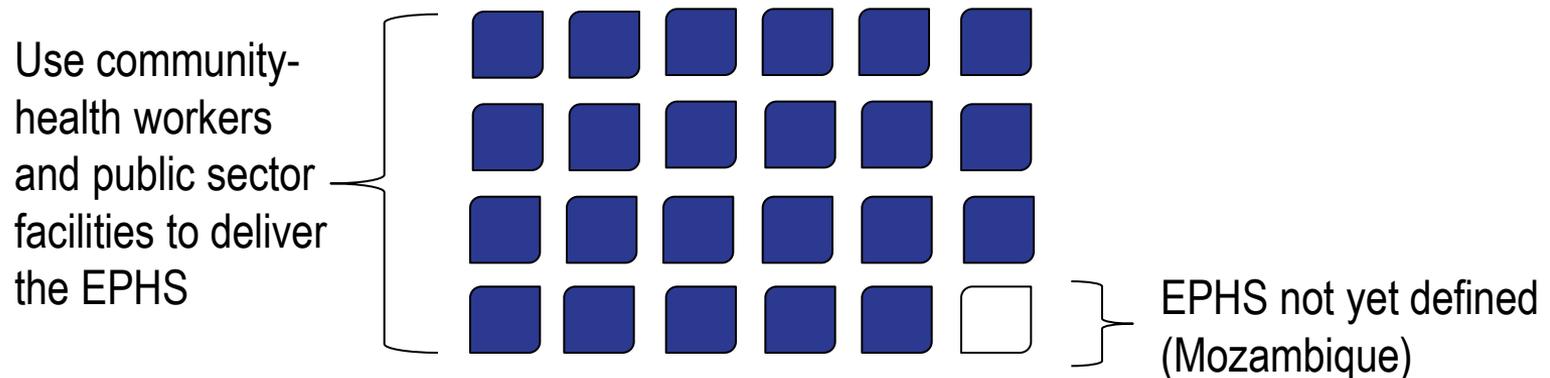


# **GOVERNANCE FINDINGS**

## **IMPLICATIONS FOR GOVT RESPONSIVENESS**

# Similar 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





# Service delivery through contracted facilities

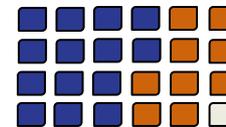
- ▶▶ Some countries use the EPHS for stewardship purposes
- ▶▶ The EPHS guides provision of care by private sector safety net facilities as well as public sector facilities.
  - ❖ E.g. In **Afghanistan**, the majority of health service provision is through non-governmental organizations; those facilities 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.
  - ❖ E.g. 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

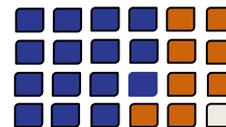
- ▶▶ The governments of all 23 countries specified strategies to improve access to the EPHS for specific sub-populations

Strategies for:

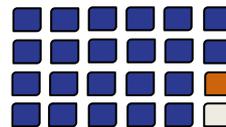
- ❖ Targeting adolescents (14 countries)



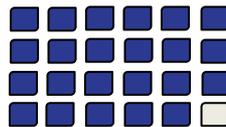
- ❖ Targeting the indigent (15 countries)



- ❖ Targeting rural residents (22 countries)

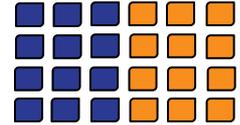


- ❖ Targeting women (23 countries)



# All countries provided some financial protection, but mechanisms/extent varied

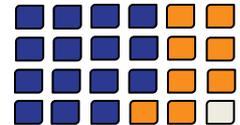
- ❖ The government sponsors health insurance for civil servants (12 countries)



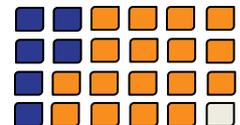
- ❖ The government sponsors or regulates health insurance for formal sector employees (11 countries)



- ❖ The government sponsors health insurance for informal sector employees (8 countries)



- ❖ Community-based insurance is available in parts or all of the country (17 countries)



- ❖ User fee exemptions: in 10 countries, some services included in the EPHS are legally exempt from user fees on a national scale; in another 6 countries, all services from the EPHS are exempt





# ONGOING EPHS EFFORTS



# EPHS development / revisions

- ▶▶ **Mozambique** recently expressed interest in developing an EPHS and does not currently have one in place. The US Government has developed its own Integrated Package of Services in the country
- ▶▶ **Haiti** is likely in the process of revising its EPHS into the Paquet Essentiel de Services (supported by USAID)
- ▶▶ Of **Pakistan's** four provinces, only Punjab has a well-defined EPHS. Others may soon follow
- ▶▶ **Liberia** initially intended to implement Phase Two of its EPHS after 2013 to include chronic disease care such as reproductive cancers, non-communicable diseases, and tropical diseases. Phase Two has not yet been published
- ▶▶ **Bangladesh** recently stated in its Strategic Plan for Health, Population and Nutrition Sector Development Program 2011-2016 the intention to update the EPHS



# EPHS governance activities

- ▶▶ Improving population coverage of the EPHS
  - ❖ Many countries are working to improve population coverage for hard to reach populations through national community health worker programs (e.g. **Ethiopia**) and building or rehabilitating facilities (e.g. **DRC**)
  - ❖ Some are focusing on other specific population groups such as adolescents and pregnant women
- ▶▶ Improving financial protection of the EPHS
  - ❖ Many countries are implementing new programs and policies in a move toward universal health coverage, which may provide more financial protection for the EPHS
  - ❖ However, we identified examples where some UHC-related policies do not specifically link to the country's existing EPHS (e.g. Ghana's NHIS)



# DISCUSSION POINTS



# Range of practical applications of EPHS

- ▶▶ Based on our review of policy documents, the policy purpose of the country's EPHS seems to vary by country.
  - ❖ **Afghanistan** uses their EPHS for health sector stewardship purposes
  - ❖ **India's** government seems to use the EPHS to hold providers accountable for ensuring certain services are actually provided at the appropriate level of care
  - ❖ **DRC's** government seems to present the EPHS as a way of promising that the public health facility network will eventually meet certain standards
  - ❖ The policy purpose of the EPHS in **Haiti** is unclear, which may be one reason why policymakers have not updated it in many years.



# Each country has a unique EPHS story

- ▶▶ **Nepal** has clearly defined a highly specific EPHS has updated the package regularly over time to reflect changing demographics and financial realities. The Government has made explicit statements linking the EPHS to its strategy for achieving universal health coverage. The EPHS in Nepal is also costed and fully financed.
- ▶▶ **Ghana** packages and applies its EPHS in a different way. The Government has defined a number of packages and is delivering them through disparate vertical programs. Probably the best-known package is that of the NHIS. The Government also states that the Community-Based Health Program and Services (CHPS) remains the main strategy of Government to increase access to “basic health interventions”. Additionally, the Ghana Health Service has specified “key areas of essential newborn care,” among other packages. The combination of all these packages best fits our definition of the EPHS in Ghana.



# Aspirations versus reality

- ▶▶ 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
- ▶▶ The latter appear to be aspirational yet unrealistic and is often accompanied by *implicit rationing* (through waiting times, poor quality of care, and more)



# **NEXT STEPS**

**BIG PICTURE QUESTIONS; EPHS ACTIVITY PART II**





# What's the big picture takeaway?

- ▶▶ EPHS is one type of policy tool that governments use to govern the health sector
- ▶▶ *How* governments actually apply the EPHS varies from country to country



# Big picture questions remain

- ▶▶ Are some practical applications of an EPHS more effective than others?
- ▶▶ How well do policymakers, civil society and providers understand the purpose of their country's EPHS?
- ▶▶ What additional policies/program should accompany an EPHS in order to ensure its effectiveness?
- ▶▶ In countries with national-level insurance benefit package, how does it relate/compare with the published EPHS?

# Thank you

[www.hfgproject.org](http://www.hfgproject.org)



**Abt Associates Inc.**

*In collaboration with:*

Broad Branch Associates | Development Alternatives Inc. (DAI) | Futures Institute | Johns Hopkins Bloomberg School of Public Health (JHSPH)

| Results for Development Institute (R4D) | RTI International | Training Resources Group, Inc. (TRG)