PROCESS TO REVISE THE ESSENTIAL HEALTH SERVICE PACKAGE IN NAMIBIA

September 2022

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The Local Health System Sustainability Project (LHSS) under the USAID Integrated Health Systems IDIQ helps low- and middle-income countries transition to sustainable, self-financed health systems as a means to support access to universal health coverage. The project works with partner countries and local stakeholders to reduce financial barriers to care and treatment, ensure equitable access to essential health services for all people, and improve the quality of health services. Led by Abt Associates, the five-year project will build local capacity to sustain strong health system performance, supporting countries on their journey to self-reliance and prosperity.

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Acronyms

EHSP	Essential Health Service Package
HIV	Human Immunodeficiency Virus
MoHSS	Ministry of Health and Social Services
TWG	Technical Working Group
UHC	Universal Health Coverage
USAID	United States Agency for International Development

Introduction

Namibia is committed to achieve universal health coverage (UHC). To succeed, it needs to define a comprehensive package of essential health services that is available in the public sector to all Namibians, in line with their health needs. Therefore, the Ministry of Health and Social Services (MoHSS), with support from the United States Agency for International Development and the World Health Organization, is in the process of revising the 2014 District Essential Health Services Package (EHSP). The EHSP Technical Working Group (TWG), established as a sub-committee of the Ministry's UHC Advisory Committee, is managing this process, which aims to ensure that the revised EHSP aligns with national priorities and supports the country's continued progress toward UHC.

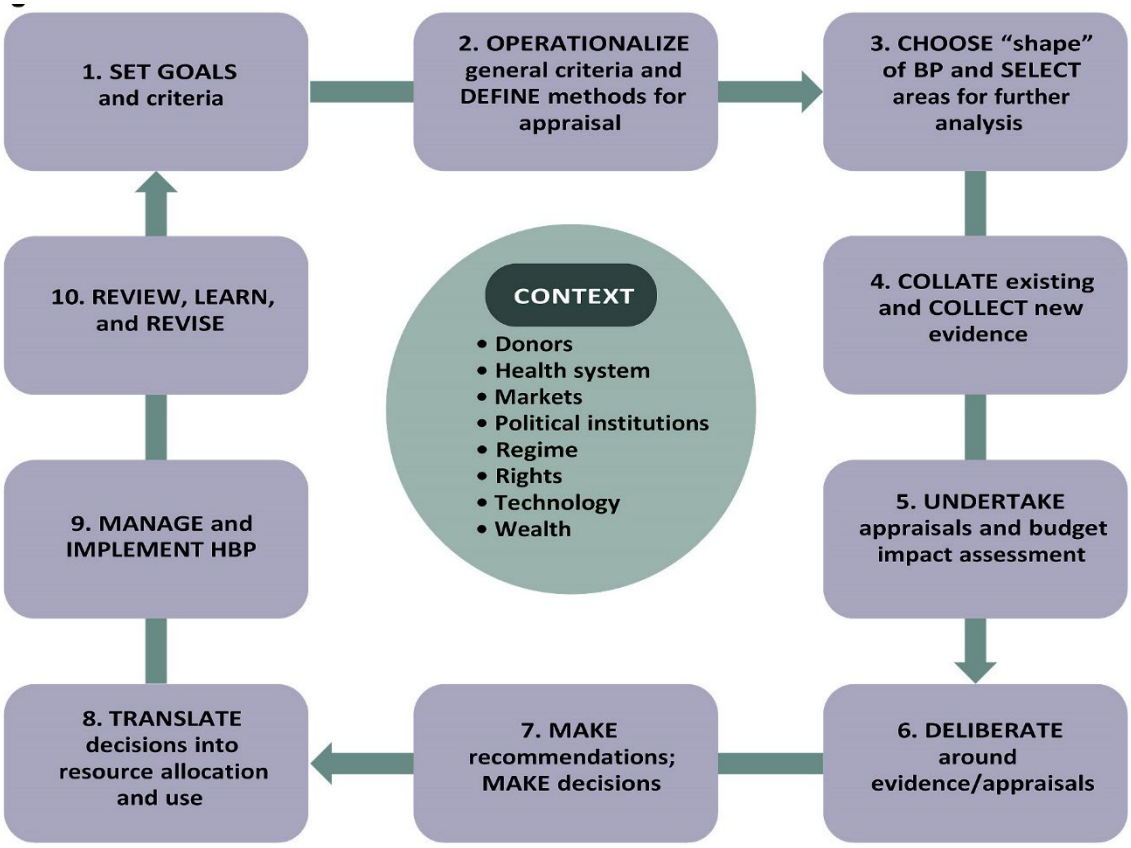
The MOHSS also recognizes that with changes in demographics, health needs, technologies, medicines, and financing, the EHSP must be revised routinely to maintain its relevance and responsiveness to the country's health situation. To this end, it recommends that the EHSP undergo a major review and, if needed, revision at least every two years. Such routine biannual revisions are expected to be less extensive than the current revision, which is taking place after eight years and involves both the design of new components and the revision of existing ones.

This document describes the process to be followed for the regular revisions of the EHSP and presents important elements that support the updating, so that an EHSP that is a sustainable, equitable, and accessible—within financial and other constraints—is delivered to the population. Key steps of this process include defining criteria to prioritize services in line with national policies, strategies, and priorities; evaluating recommended services against these criteria; prioritizing services while considering budgetary constraints; and preparing an updated EHSP. Throughout this process, the EHSP TWG will engage a range of stakeholders to determine which services to include in the EHSP to advance equitable access by Namibia's entire population, regardless of their income level or demographic or geographic situation, to essential health services for UHC.

Revising the EHSP

Glassman et al.[1] present an iterative framework to develop and revise an EHSP (Figure 1). The process of developing and revising the EHSP is cyclical, requiring regular review and refinement as new evidence, technologies, and preferences emerge.

Figure 1: Process Flow to Address Allocative Inefficiencies



Source: Glassman et al., 2017

Implementers may carry out multiple steps in this framework simultaneously. They may repeat any of these steps multiple times before they undertake other steps. Different emphasis may also be placed on each of the steps depending on the frequency of the EHSP revisions. A description of this 10-step process as it applies to benefit package revisions in Namibia follows below.

Step 1: Ensure continued consistency with national goals and established criteria for the EHSP. The revision of Namibia's EHSP in 2022 will include a clear articulation of the health goals of the EHSP. The goals are to be aligned with those stated in national documents such as the National Health Policy, National Development Plans, and the MoHSS Strategic Plan (2023/2024–2027/2028) as well as Namibia's UHC Policy, which is under development. Future routine revisions should make sure the services already in the EHSP continue to align with national priorities and remain relevant within the evolving

[1] Glassman, A., Ursula Giedion, Yuna Sakuma, and Peter C. Smith. 2016. Defining a Health Benefits Package: What Are the Necessary Processes? *Health Systems & Reform* 2:1: 39-50, DOI: 10.1080/23288604.2016.1124171

country context, while new services are added based on the incremental affordability of such services.

To ensure the 2022 revision of the 2014 EHSP supports the overall EHSP goals, the EHSP TWG set criteria for reviewing, prioritizing, and selecting health services for inclusion in the EHSP:

a) Burden of disease

b) Equity

c) Cost effectiveness of interventions

d) Budget impact

e) Feasibility

The criteria were identified and selected by a wide range of stakeholders during an extensive consultative workshop the TWG held in May 2022 in Windhoek. Workshop participants ensured alignment of the criteria with the national priorities, objectives, and context. In addition to being used in 2022, the criteria should be used for future revisions of the EHSP, unless there are significant shifts in EHSP goals and national priorities.

Step 2. Confirm criteria and their methods for appraisal. The criteria agreed upon in step 1 should be applied to assess the continued relevance of services, disease priorities, and interventions in the existing EHSP and to appraise the inclusion of proposed services. If new evidence indicates that a service is no longer suitable or relevant, it should be removed from the EHSP. The approach to applying the criteria and appraising services is in Annex A.

Step 3. Appraise potential changes to the shape of the EHSP. The “shape” (content) of the EHSP should be informed by outside sources of information, such as international trends and best practices in the design of a benefit package, and by domestic health priorities and other contextual factors:

- Demographics
- Population health: mortality and morbidity
- Health outcomes relative to peer countries, especially for reproductive, neonatal, maternal and child health
- Nutrition
- Access to health services
- Health financing indicators, including GDP and the overall wealth of the country

For instance, Namibia is still experiencing a high burden of HIV even as it faces a rise in the incidence of non-communicable diseases. This suggests that the EHSP should continue to prioritize HIV services and determine which non-communicable diseases services to add.

Steps 4. & 5. Collate, collect, and appraise evidence and undertaking budget impact assessment. Once any changes to the EHSP goals, selection criteria (see step 1), and overall shape have been agreed upon, the next step is to collect data required to use the criteria to make any suggested changes in the service package. The starting point should be to collect data to review and determine the relevance of the existing covered services. Any services that are no longer relevant, for example, for diseases that have been eradicated or interventions that are no longer cost effective, should be removed from the EHSP. This becomes the baseline for the revised EHSP.

Data also are needed to inform the review and prioritization of proposed new services. These proposed services should be added based on the prioritization score allocated to them by applying the selection criteria. The scores for each criterion should be added for

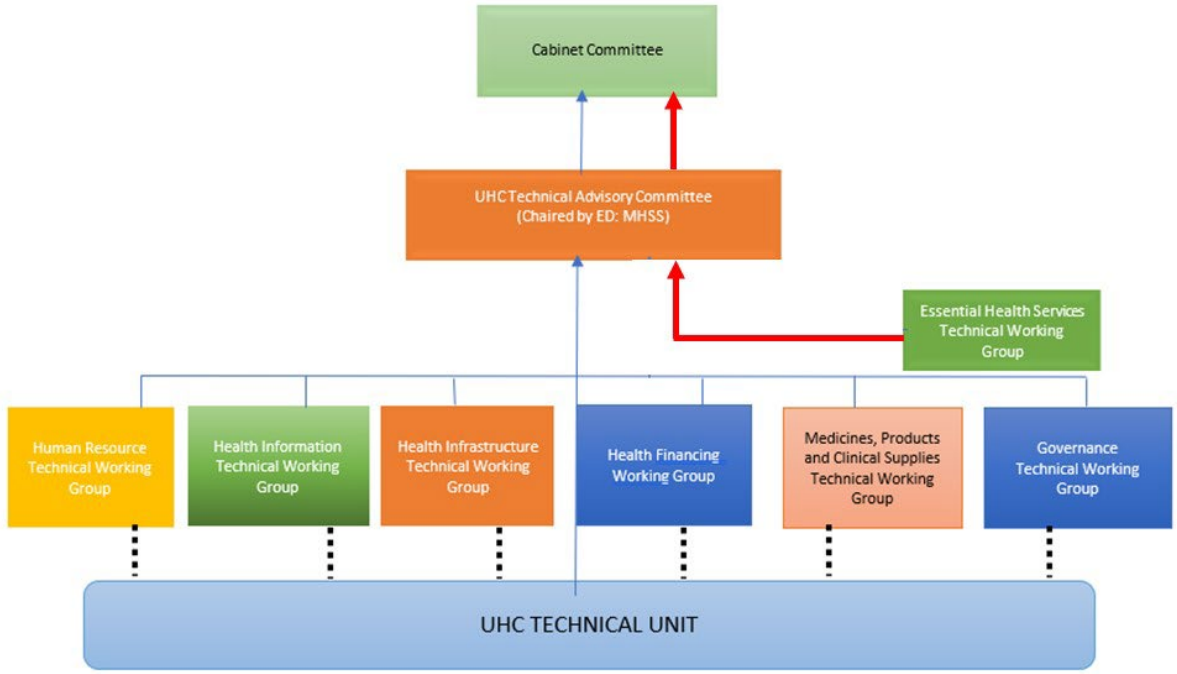
each service assessed to calculate an overall priority score for that service (Annex A). Services with the highest overall priority scores should be the first to be considered for inclusion in the EHSP. Additional services should be added to the EHSP in the order of their priority scores until the overall budget ceiling for EHSP implementation is reached.

A comprehensive financial feasibility assessment should be performed by conducting an actuarial analysis that projects utilization and costs of delivering the revised EHSP (based on the recent time-driven activity-based costing study to estimate costs of selected health and HIV services) under several scenarios over the intended funding period. Each scenario should estimate the funding the MOHSS would need from the Ministry of Finance to pay for the services proposed for the new EHSP, using a conservative estimate of the budget ceiling available. In short, the revised EHSP should include the services proposed for inclusion in the EHSP that are deemed to be financially feasible given the MoHSS's projected (conservative) budget envelope.

Step 6. Evaluate evidence and seek stakeholder consensus. Once the data have been collected and evaluated, and the proposed services prioritized, the next step is to confirm the recommendations for deletions and additions with relevant stakeholders: representatives from different ministries, health care professionals, public health experts, private health sector representatives, civil society, representatives of priority population groups (beneficiaries), advocacy groups, and academics. The EHSP TWG should hold a second stakeholder workshop for these deliberations. Following this workshop, the EHSP TWG should integrate the feedback and consensus generated to define the services that are to be included in the final EHSP. The package should then be submitted for review and approval.

Step 7. Make recommendations and decisions. The EHSP TWG will be responsible for facilitating the development of the EHSP, including the development of a prioritization protocol, collation of data, evidence synthesis, stakeholder engagement, and costing and fiscal space analysis. The TWG will also be responsible for drafting the EHSP document with its proposed services/recommendations, which it then submits to the UHC technical advisory committee (chaired by the Executive Director) for review, deliberation, and approval (Figure 2).

Figure 2: Structures for EHSP approval



Step 8. Translate decisions into resource allocation and use. Given that Namibia's EHSP applies to the delivery of services through the public sector, it is imperative that the MoHSS budget cover the funding required for the implementation of the EHSP. This means the ministry must request the needed funding from the Treasury. The MoHSS should use program-based budgeting to effectively allocate and manage the resources according to the services in the EHSP. In addition, its allocation of funds to the 14 regions should be informed by the health needs and the anticipated regional differences in the provision of EHSP services.

Step 9. Manage and implement the EHSP. EHSP implementation is built on the premise that the package is in line with its initial goals, that the benefits are delivered in practice, and that this is both financially and institutionally sustainable. As such, the MoHSS shall be responsible for the implementation of the EHSP, and ensuring that essential health services are available to Namibians in support of UHC and that the EHSP reflects population's demographics, disease burden, and funding availability.

Step10. Review, learn, and revise. Beyond the biannual revisions of the EHSP, interim revisions of certain EHSP components might be needed, such as the addition of services when there are new and emerging diseases, material changes in the epidemiology of existing diseases and disease burden, or other factors like issues encountered during EHSP implementation; availability of new information, services, and technologies; and changes in funding for the EHSP. So that the EHSP appropriately accommodates these changes, the process should involve continuous learning and revision.

Annex A: Application and Methods of Appraisal in the Operationalization of Criteria

Table 1: Criteria application and appraisal for prioritization of services

	Criteria	Application	Method of Appraisal – Allocation of Prioritization Scores
a)	Burden of disease	This criterion will use data from the MoHSS's district health information system, including disease prevalence and incidence data, as well as inpatient and outpatient service utilization data. The MoHSS data will be complemented by utilization data from the private medical aid funds to help assess the full national burden of disease and need for health services. Furthermore, estimates of Disability-Adjusted Life Years and Global Burden of Disease will be obtained from the Institute for Health Metrics and Evaluation.	• **1 Point:** low-burden and low-impact diseases/conditions • **2 Points:** low-burden and high-impact or high-burden and low-impact diseases/conditions • **3 Points:** high-burden and high-impact diseases/conditions
b)	Equity	This criterion will be applied in a more qualitative manner through a consultative process, whereby the EHSP TWG will assess the relevance of the individual services to the identified priority populations.	• **1 Point:** services that are not very relevant for priority populations (refer to Annex B) • **2 Points:** services that are important for some priority populations • **3 Points:** services that are critical for the priority populations
c)	Cost effectiveness	Given the lack of comprehensive country-specific studies and the limited data on cost effectiveness of services in Namibia, this criterion will rely on global evidence on the cost effectiveness of health services. The EHSP TWG will assess health gains relative to the costs of the services to prioritize services.	• **1 Point:** high health gain to cost ratio • **2 Points:** medium health gain to cost ratio • **3 Points:** low health gain to cost ratio
d)	Budget impact	The budget impact criterion will be informed by the relative cost of the service (generally based on global cost estimates) and the expected utilization of the service based on current MoHSS/private sector utilization data and/or prevalence and incidence data.	• **1 Point:** high impact on overall budget • **2 Points:** medium impact on overall budget • **3 Points:** low impact on overall budget

	Criteria	Application	Method of Appraisal – Allocation of Prioritization Scores
e)	Feasibility	This criterion aims to measure the extent to which the service can realistically be delivered by the health system, considering factors such as Infrastructure, equipment and technologies available, human resources required, medicines and medical supplies, information systems, political feasibility, and the acceptability of the services/interventions by the public or local communities. The assessment of feasibility is a subjective process that will be facilitated through discussions in the EHSP TWG, and additional consultations with a broader range of stakeholders.	• **1 Point:** feasible within current health system context • **1 Point:** politically feasible • **1 Point:** acceptable to public

Annex B: Priority Populations

- Poor people or people living in poverty
- People with increased relative risk for morbidity
- Mothers and children
- Women-headed households
- Children with special needs, such as orphans
- Elderly
- Youth
- Ethnic minorities
- Displaced populations
- People living away from services (in time or distance)
- People suffering from chronic illness
- People with disabilities