

UHC Priorities (2019-2024)

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Outline

- **DCP-Ethiopia**
 - Who we are
 - Framework
 - What we do

- **UHC Priorities**
 - UHC Priorities Zanzibar
 - UHC Priorities Malawi
 - UHC Priorities Analytics
 - UHC Priorities Tools
 - UHC Priorities Deliberation



DCP - Ethiopia

- Goals

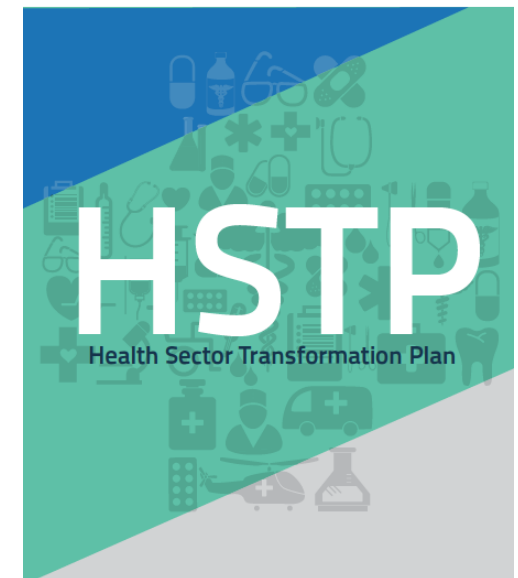
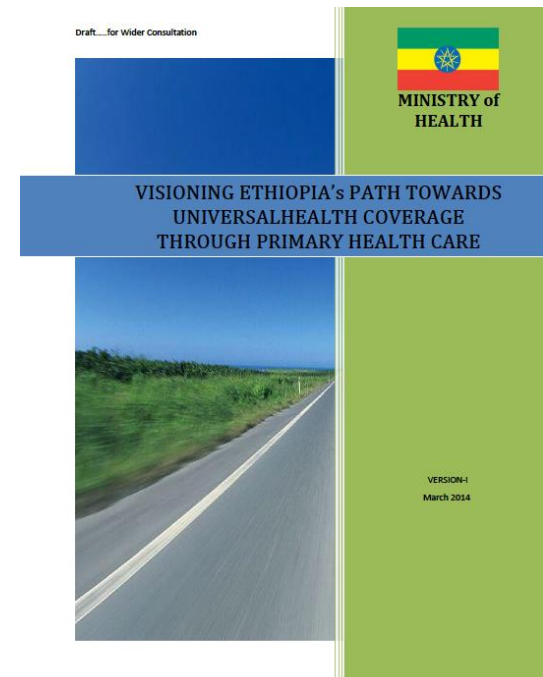
1. Strengthen human and institutional capacity to use economic and DCP evidence
2. Provide input to revision of essential health services package from 2005

- Background

- Life expectancy: 45 (1990) → 65 (2016) (GBD, 2016)
- UHC through primary care (HSTP, 2015)

- Challenges

- Total health expenditure :
\$30 per capita, 34% OOP, 34% external sources (NHA, 2016)
- NCDI burden:
52% of deaths, 46% of DALYs (GBD, 2016)
- Population demand, especially from urban areas



How to reach the goals

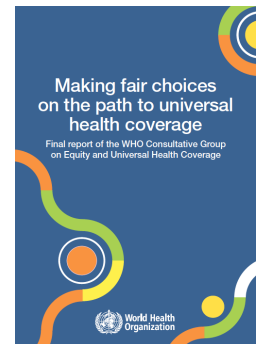
1. FMOH - Health Economics & Financial Analysis case team

- Strengthen capacity to demand, understand and use economic evaluations to achieve policy goals
- Recruit and train Ethiopian researchers:
7 master's and 2 PhD students for the case team at University of Bergen and Harvard



2. Revise the 2005 essential health services package

- Provide timely, relevant evidence
- Organize process of selecting highest priority package
- Estimate impact on health outcomes, financial protection, and equity
- Map services to financing mechanisms



People trained so far

Feven Girma

- Director Financing Resource Mobilization (Health Economics & Financial Analysis case team), FMOH



Mengistu Bekele

- Director, Oromia Regional Health Bureau, FMOH
- 30M people, 42 Hospitals, 825 Health Centers and 5,930 Health Posts



Samuel Darge

- Director, Southern Nations & Nationalities Regional Health Bureau, FMOH
- 16M people, 45 Hospitals, 248 Health Centers, 256 Health stations and 3,729 Health Posts



Mieraf Taddese Tolla

- Postdoctoral fellow, Harvard

Solomon Memirie

- Postdoctoral fellow, University of Bergen
- Director CMEPS



Who we are

Getachew Teshome; Chief of Staff, State Minister Dr. Amir's Office, FMOH

Mizan Kiros; Director, Resource Mobilization Directorate, FMOH

Rahima Shikur; Continuous Professional Development Coordinator, Human Resources Directorate, FMOH

Lelisa Fekadu; Program Manager, Disease Prevention & Control Directorate, FMOH

Wondesen Nigatu; Health Extension Program Officer, Health Extension & Primary Health Services

Kjell Arne Johansson, Univ. of Bergen

Ingrid Miljeteig, Univ. of Bergen

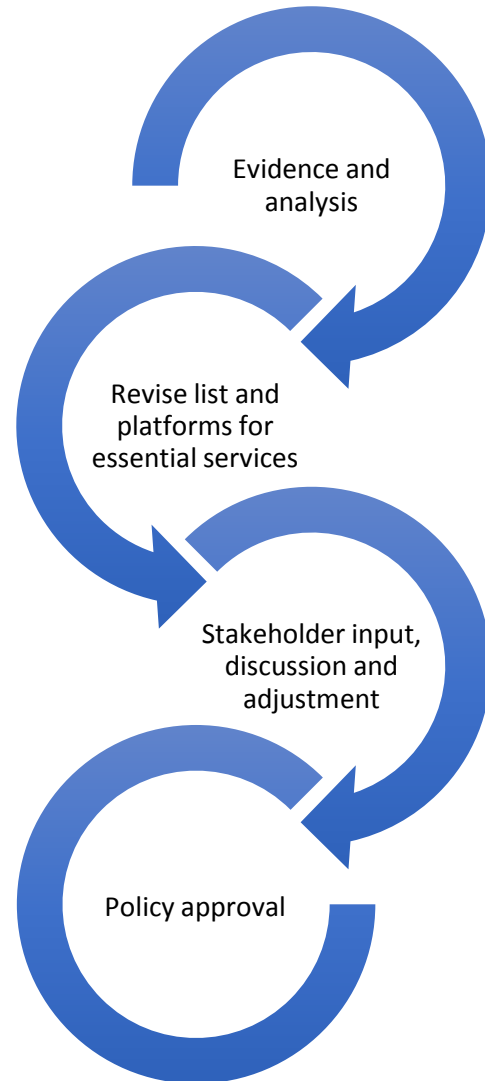
Ole F. Norheim, Univ. of Bergen

Staff at Center for Medical Ethics and Priority Setting (CMEPS)

Stephane Verguet, Harvard



Framework



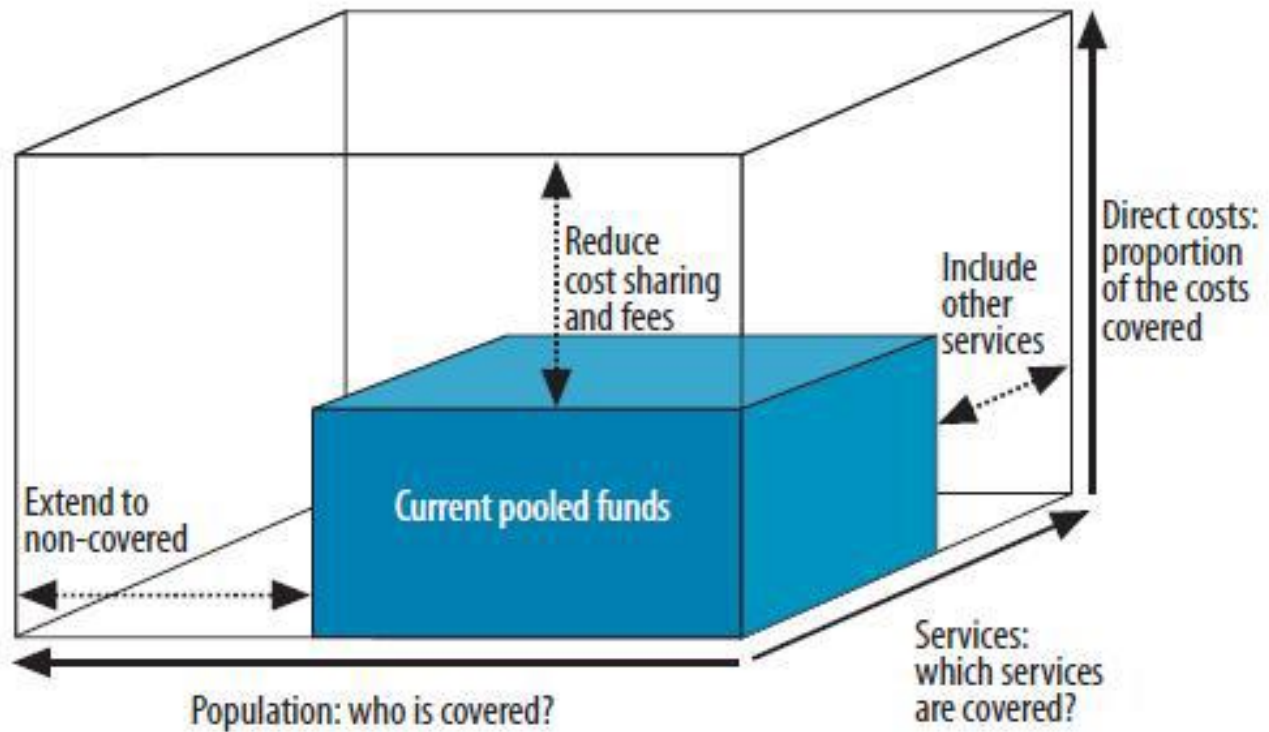
DCP3
WHO-CHOICE
Priorities 2020



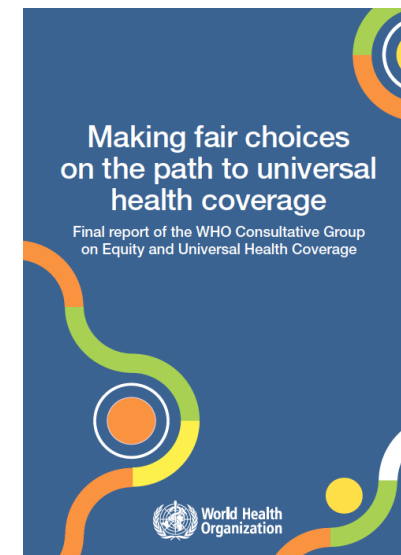
Federal Ministry of Health
(FMOH)

Stakeholder inputs

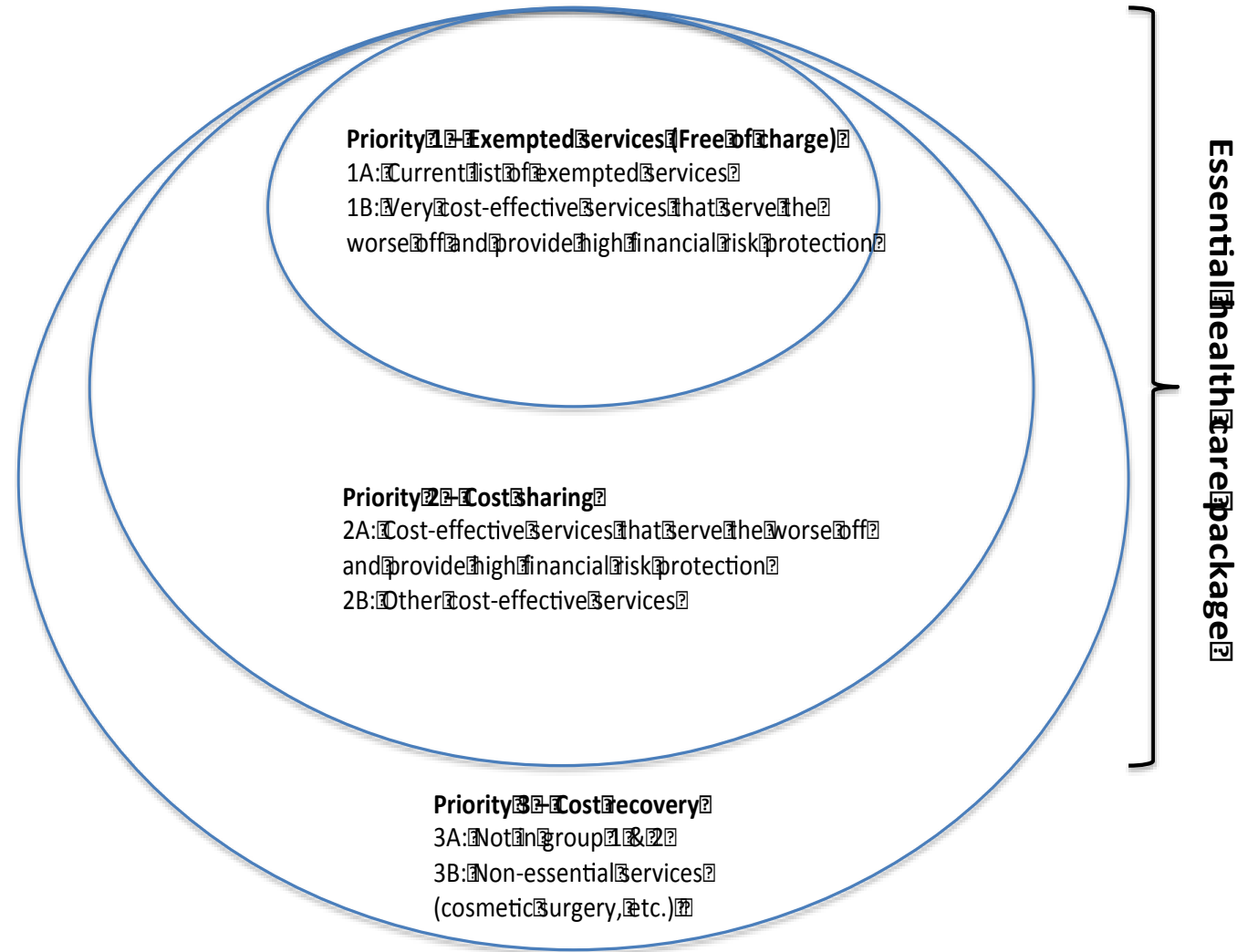
Align with key policies
(HSTP), annual budget
process



1. Cost-effectiveness
2. Priority to the worst-off
3. Financial risk protection



Mapping services to financing mechanisms



Mapping services to platforms

Platforms

Health post (HEW)

Health centers

Primary hospitals

Secondary hospitals

Tertiary hospitals

High priority services

Breast self examination
HPV vaccine

Cervical cancer screening
Palliative care

Treat precancerous
lesions

Breast cancer – stage 1-2 treatment

Cervical/breast cancer
Advanced treatment (if prioritized)

What we do

- Methods
 - Burden of disease
 - Cost-effectiveness analysis
 - Extended cost-effectiveness analysis
 - Equity impact
 - Financial risk protection
- Facilitate priority setting processes
- Short courses on economic evaluations



What we do

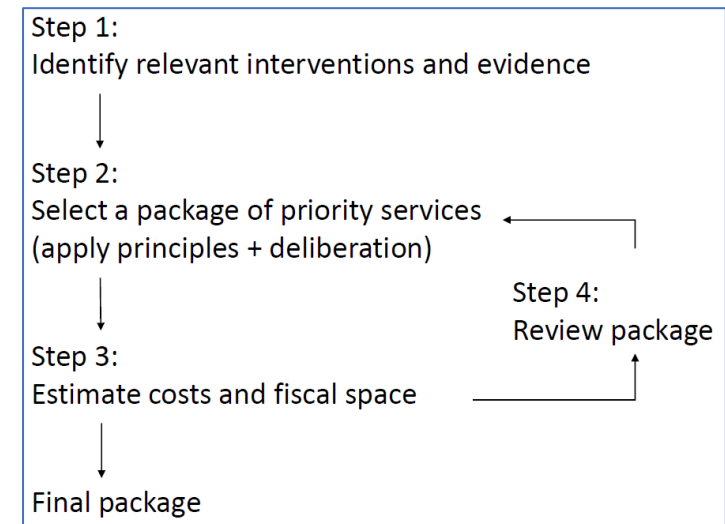
- Supervise Ethiopian students and researchers
- Regular teleconferences with Health Economics & Financial Analysis case team (led by Dr. Feven, Director Financing Resource Mobilization)
- Short courses in Addis
- Provide technical tools
- Regular meetings with FMOH
- Participate to Health Sector's Annual Review Meeting (ARM)
- Policy briefs
- Publish papers
- “The bedside-arm of the project”: training of academic staff at all 28 medical faculties in ethics and priority setting, development of clinical ethics guidelines, collaboration with medical associations, clinical departments and academic staff as well as FMOH. Research on bedside priorities (4 PhDs)
- Funding, supporting and coordinating activities at the Center for Medical Ethics and Priority Setting (CMEPS) at Addis Ababa University

What we do in Ethiopia: selected examples

- Wondesen: CEA of HPV vaccine
- Rahima: CEA of sexual/reproductive health education and access to contraception
- Mizan: Burden of household out-of-pocket expenditure
- Lelisa: ECEA of communicable diseases (TB, HIV, malaria) interventions
- Solomon: ECEA of maternal and child health interventions
- Mieraf: ECEA of health extension worker delivery platform
- Getachew: UHC coverage index and defining essential health services package for primary care

National NCDI Commission

- Sub-objective:
 - Identify highest priority NCDI services (25% scale-up)
- Used
 - DCP3 evidence
 - National CEAs and ECEAs
- Organized 3 day process, January 2017
 - Selected 90 interventions, by platform + 20 intersectoral policies
- Costed with OneHealth Tool
- Revised and mapped to delivery platforms
- Final consultation draft completed in April, 2018



Next steps: UHC Priorities

Goal

- The overall objective of UHCP is to achieve priority investments in health for maximum impact on health and poverty in Ethiopia, Zanzibar, and Malawi.

Sub-goals

- To provide, translate, and implement economic evidence for fair and efficient priority setting on the path to universal health coverage within these countries
- To build capacity within these countries, and within their Ministries of Health, to demand and use evidence from economic evaluations for better priority setting
- To develop a computational decision support tool for strategic purchasing of health care
- To firmly strengthen GHP at UoB as a world-leading centre for priority setting in global health

UHC Priorities: DCP3 country translations

- Expand the DCP-Ethiopia work by establishing CMEPS as an east Africa centre for priority setting that uses experiences from DCP-Ethiopia to facilitate similar capacity building processes in strategic purchases of health care at country levels in Zanzibar and Malawi
- In addition, the GHP will work with the World Bank's Global Financing Facility (GFF) and use DCP3 evidence to help Ethiopia and other GFF countries identify best buys for country scale-up of primary care services and monitor implementation of these priority packages
- In all activities, we will monitor implementation on three outcomes:
better health, equity, and financial risk protection

UHC Priorities: Methods

- National extended cost-effectiveness analyses, with local data on provider and patient costs
- Equity impact analysis
- Benefit incidence analysis
- Computational decision support tool for use in deliberative priority setting processes
- Modified Nominal Group technique
- Monitoring through surveys and administrative data implementation of highest priority packages by impact on health, equity, and FRP
- qualitative data collection of decision making processes at macro-, meso- and micro-level.

UHC Priorities: Organisation

- GHP will work closely with the Ministries of Health in Ethiopia, Zanzibar and Malawi, as well as WHO, World Bank, Harvard and University of Washington
- Core activities like capacity building, analytical work and technical assistance will be located at GHP (with technical activities anchored at UoB and country activities anchored at AIS (Helse-Bergen)), CMEPS (Addis Ababa University) and Ministries of Health in the three countries (country translation work).
- Work will be organized in six teams, with three country teams lead by two PIs (one national and one international) per team which will be responsible for predefined deliverables. In addition, the three country teams will be supported by one core analytic team, one data visualization team, and one deliberative process team.

UHC-Priorities: 6 teams

Zanzibar NCDI team (UHCP-Zanzibar):

Define and implement a highest priority package for NCDs and injuries in Zanzibar (include more services later)

Malawi Essential Surgery team (UHCP-Malawi):

Define and implement an essential surgery package for Malawi

Ethiopia Essential Health Service Package (EHSP) team (UHCP-Ethiopia):

Capacity building and revision of EHSP. Ongoing and funded by BMGF (2017-20)

Core analytic team (UHCP-analytics)

Responsible for planning, conducting, and implementing high quality research on extended cost-effectiveness, equity impact, and financial risk protection (FRP), as well as providing the country teams with synthesized, country specific results relevant for country translation work. The team will also work with WHO on national costing using the OneHealth tool.

Data visualization team (UHCP-tool)

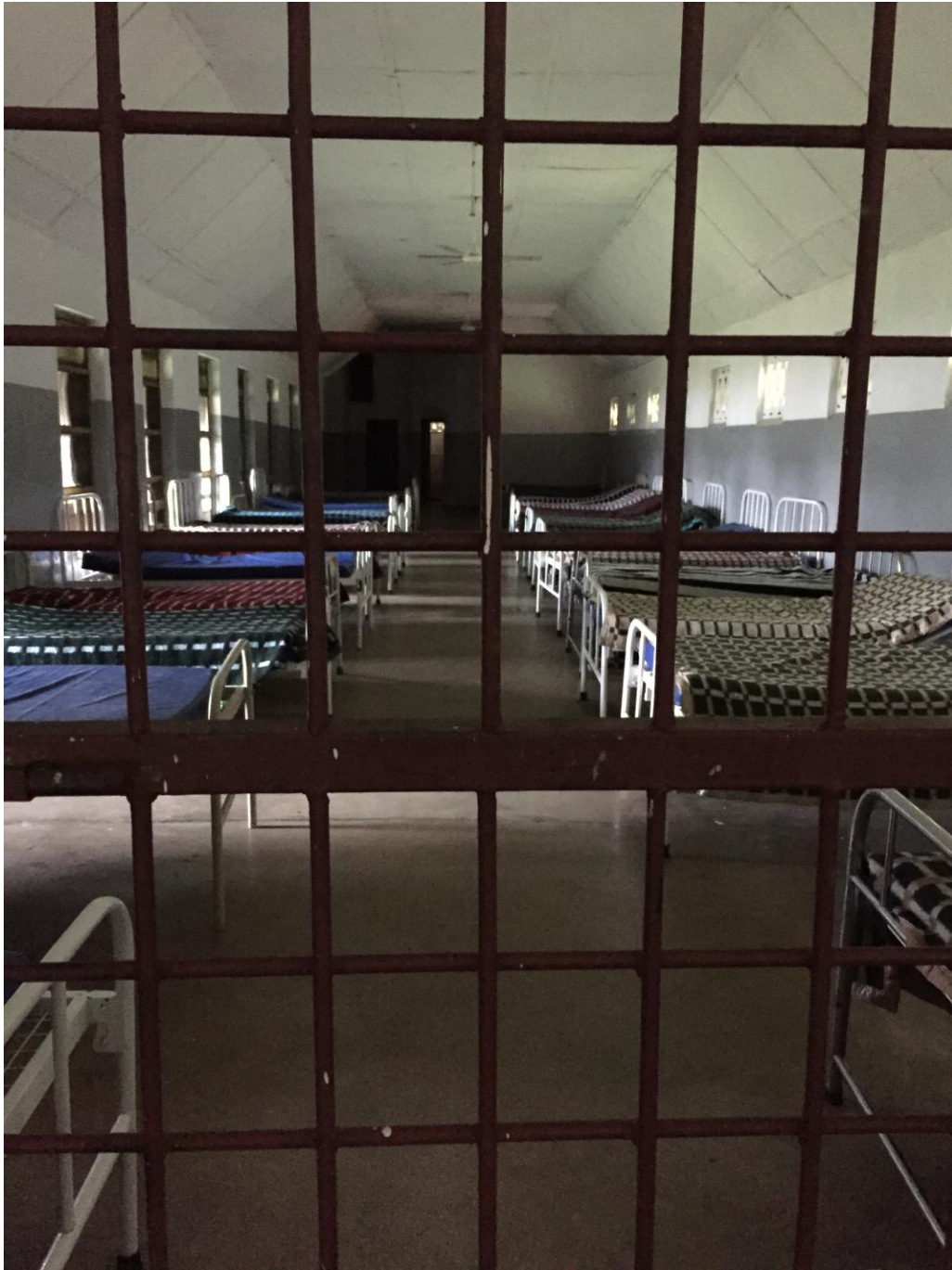
Further develop and code a prototype data visualization tool tailored to the three country contexts. Users of the tool will be trained stakeholders involved in defining priority packages in each country.

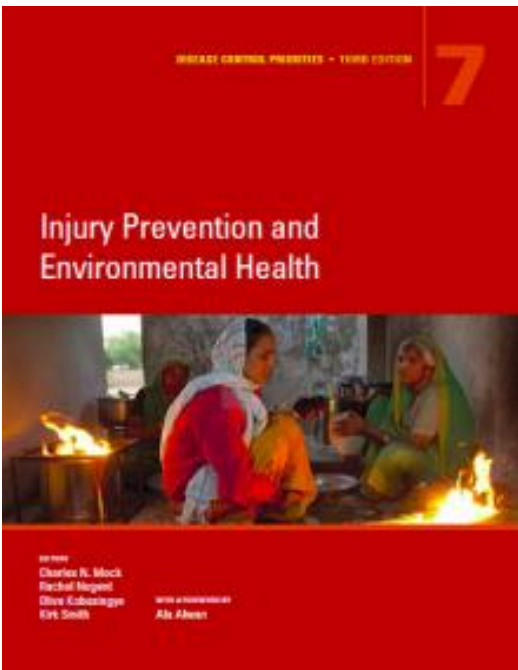
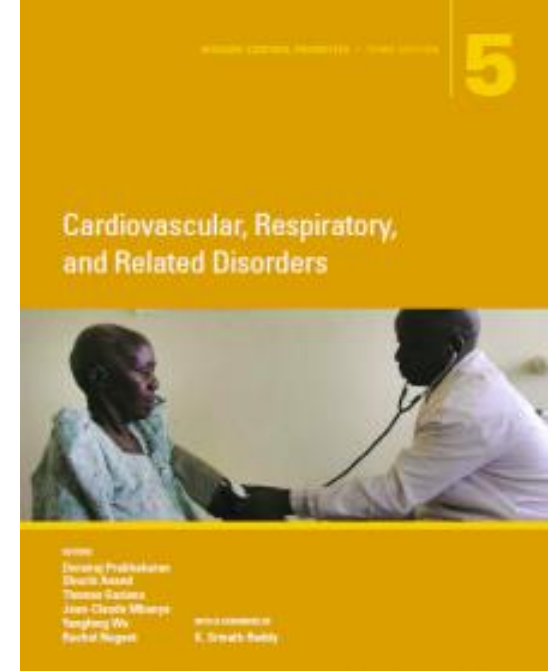
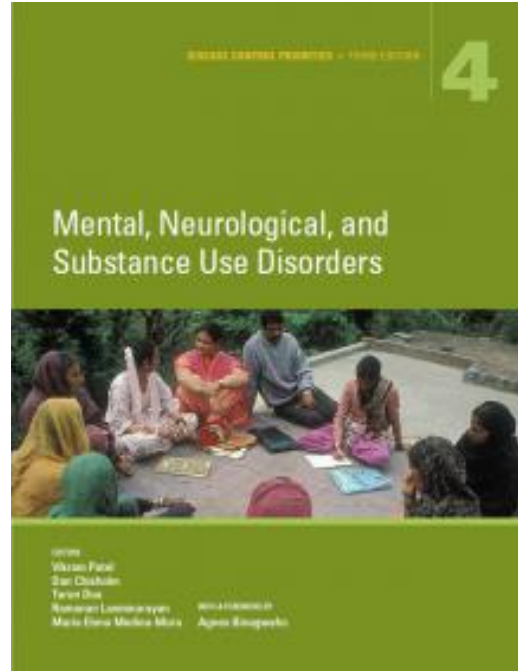
Deliberative processes team (UHCP-deliberation)

Facilitate systematic, accountable, and transparent processes among key stakeholder in defining priority services and packages in each country. A modified Nominal Group method will be used to organize and document the priority setting processes. Input to deliberations will be evidence from DCP3 and other relevant sources, presented through the visualization tool, with decisions made independently by key national decision makers.

Proposal for Zanzibar







DCP3 Volume 1, 3, 4, 5 and 7



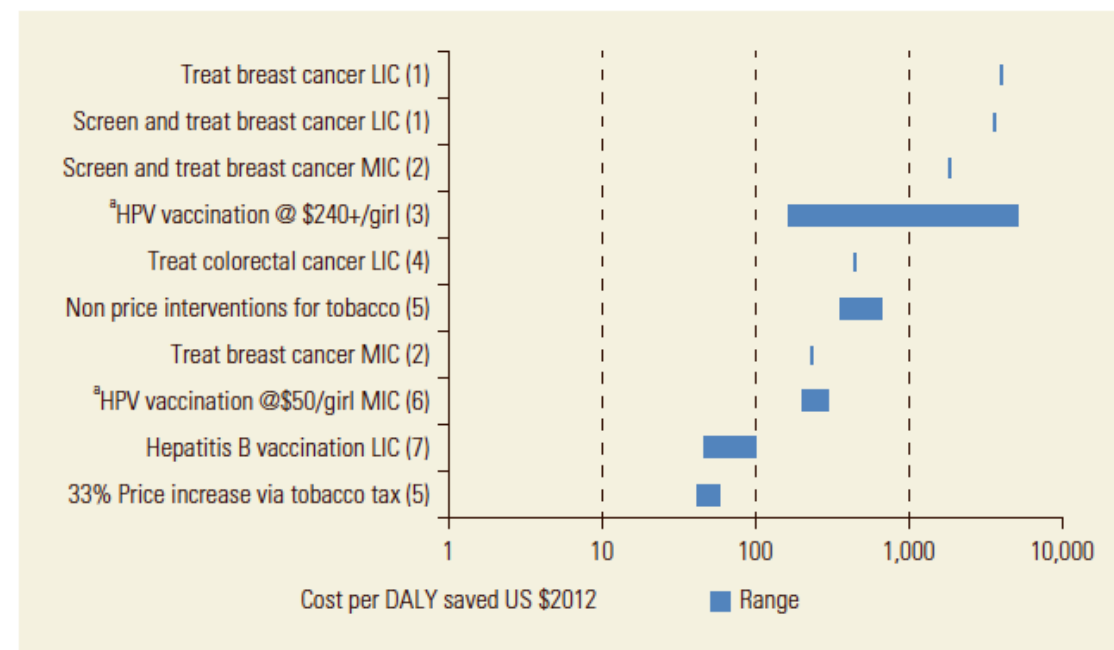
Essential NCDI package (cancer example)



Table 1.4 Essential Cancer Intervention Package^a

Cancer type/ Number of deaths, ages 0–69 years, 2012 (thousands)	Platform for intervention delivery			
	Nationwide policies, regulation, or community information	Primary health clinic or mobile outreach	First-level hospital ^b	Specialized cancer center/unit ^c
All cancers 3,230	Education on tobacco hazards, value of HPV and HBV vaccination, and importance of seeking early treatment for common cancers Palliative care, including, at a minimum, opioids for pain relief ^d			
Selected tobacco-related cancers (oral, lung, and esophagus) 900	Taxation; warning labels or plain packaging; bans on public smoking, advertising, and promotion; and monitoring	Cessation advice and services, mostly without pharmacological therapies		
Breast cancer 280				Treat early-stage cancer with curative intent ^e
Cervical cancer 180	School-based HPV vaccination	Opportunistic ^f screening (visual inspection or HPV DNA testing); treat precancerous lesions	Treat pre-cancerous lesions	Treat early-stage cancer
Colorectal cancer 210			Emergency surgery for obstruction	Treat early-stage cancer with curative intent
Liver cancer 380		Hepatitis B vaccination (including birth dose)		
Childhood cancers 80 ^g				Treat selected early-stage cancer with curative intent in pediatric cancer units/hospitals

Cost-Effectiveness of Selected Interventions



Provide evidence for an essential NCDI package in Zanzibar

- Build on Burden of Disease data and DCP3 recommendations
- Collect local cost-data
 - provider costs, patient costs
- Contextualized economic evaluations for selected NCDI interventions
- Provide support for defining and implementing an essential NCDI package



UHC Priorities Zanzibar:

Deliverables

- Training opportunities
 - Training in health economics will be provided in country and other channels as needed.
- One technical report providing policy guidance to the FMOH.
- Peer-reviewed publications in academic journals led by Zanzibarian authors

Timeline (2019-2024):

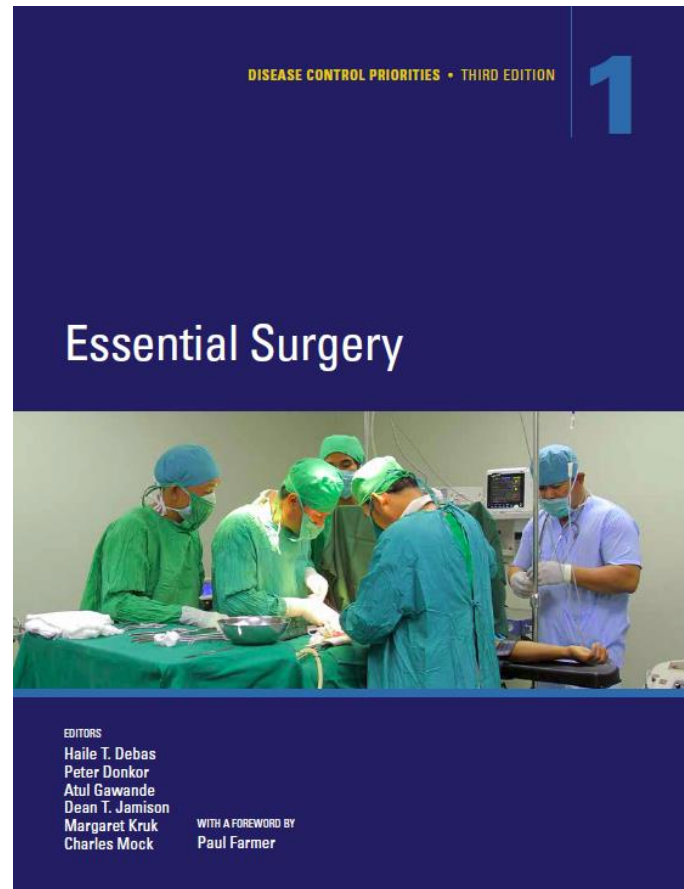
- 2019 (Jan) – 2019 (Aug)
 - Design of the UHCP-Zanzibar work to be conducted under the leadership of the FMOH and identification of key persons in the UHCP-Zanzibar team.
- August 2019:
 - High-level technical meeting in Zanzibar convening policymakers and researchers from the FMOH, MMH, SUZA and the UHCP.
- August 2019 - August 2022:
 - Economic analyses to be conducted based on the priority areas selected at the high-level technical meeting and conducted by teams assembled at the occasion of the economic evaluation workshops.
- August 2022 - December 2022:
- Writing of technical report and manuscripts for publication. Discussions with FMOH and dissemination of UHCP-Zanzibar results.

Budget

- 1 postdoc/senior researchers
- 1 PhD student (Zanzibar)
- 1-4 research assistants
- technical support from international technical UHCP teams (University of Bergen, DCP, DCP-Ethiopia, Harvard, etc.)
- Travels, conference, technical costs

Proposal for Malawi

DCP3 Volume 1: Essential Surgery (2015)



Essential Surgery: Key Messages

- Full provision of essential surgical procedures would **avert about 1.5 million deaths a year** or about 6 - 7 % of all avertable deaths in LMICs.
- Essential surgical procedures rank among the most **cost-effective** of all health interventions (10-300 \$/DALY).
- Effective and affordable measures (such as **task sharing**) have been shown to increase access to surgical care while much needed investments are being made to expand capacity.
- **Universal coverage of essential surgery** should be publicly financed early **on the path to universal health coverage**, given that it is affordable and highly cost-effective.

Essential Surgery



EDITORS
Helen F. Dobson
Peter Dondorp
Rita Giacomin
Dean F. Jamison
Margaret Kirk
Charles Mock
www.essential.org
Paul Farmer

Essential surgery package

Table 1.1 The Essential Surgery Package: Procedures and Platforms^{a,b}

Type of procedure	Platform for delivery of procedure ^c		
	Community facility and primary health center	First-level hospital	Second- and third-level hospitals
Dental procedures	1. Extraction 2. Drainage of dental abscess 3. Treatment for caries ^d		
Obstetric, gynecologic, and family planning	4. Normal delivery	1. Cesarean birth 2. Vacuum extraction/forceps delivery 3. Ectopic pregnancy 4. Manual vacuum aspiration and dilation and curettage 5. Tubal ligation 6. Vasectomy 7. Hysterectomy for uterine rupture or intractable postpartum hemorrhage 8. Visual inspection with acetic acid and cryotherapy for precancerous cervical lesions	1. Repair obstetric fistula
General surgical	5. Drainage of superficial abscess 6. Male circumcision	9. Repair of perforations: for example, perforated peptic ulcer, typhoid ileal perforation 10. Appendectomy 11. Bowel obstruction 12. Colostomy 13. Gallbladder disease, including emergency surgery 14. Hernia, including incarceration 15. Hydrocelectomy 16. Relief of urinary obstruction: catheterization or suprapubic cystostomy	

Type of procedure	Platform for delivery of procedure ^c		
	Community facility and primary health center	First-level hospital	Second- and third-level hospitals
Injury ^e	7. Resuscitation with basic life support measures 8. Suturing laceration 9. Management of non-displaced fractures	17. Resuscitation with advanced life support measures, including surgical airway 18. Tube thoracostomy (chest drain) 19. Trauma laparotomy ^f 20. Fracture reduction 21. Irrigation and debridement of open fractures 22. Placement of external fixator, use of traction 23. Escharotomy/fasciotomy (cutting of constricting tissue to relieve pressure from swelling) 24. Trauma-related amputations 25. Skin grafting 26. Burr hole	
Congenital			2. Repair of cleft lip and palate 3. Repair of club foot 4. Shunt for hydrocephalus 5. Repair of anorectal malformations and Hirschsprung's Disease
Visual impairment			6. Cataract extraction and insertion of intraocular lens 7. Eyelid surgery for trachoma
Nontrauma orthopedic		27. Drainage of septic arthritis 28. Debridement of osteomyelitis	

UHC Priorities Malawi:

Deliverables

- Training opportunities
 - Training in health economics will be provided in country and other channels as needed.
- One technical report providing policy guidance to the FMOH.
- Peer-reviewed publications in academic journals led by Malwian authors

Provide evidence for the essential surgery package in Malawi:

- Build on Burden of Disease data and DCP3 recommendations
- Collect local cost-data (provider costs, patient costs)
- Contextualized economic evaluations for selected surgical interventions
- Provide support for defining and implementing an essential surgery package

Budget

- 1 postdoc/senior researchers
- 1 PhD student (Malawi)
- 1-4 research assistants
- technical support from international technical UHCP teams (University of Bergen, DCP, DCP-Ethiopia, Harvard, etc.)
- Travels, conference, technical costs

UHC Priorities Analytics

UHC Priorities Analytics

- Responsible for
 - planning, conducting, and implementing high quality research on extended cost-effectiveness, equity impact, and financial risk protection (FRP)
 - providing the country teams with synthesized, country specific results relevant for country translation work
- The team will also work with WHO on national costing using the OneHealth tool

UHC Priorities Tool

UHC Priorities Tool

- Tool for
 - estimating costs
 - health outcomes
 - impact on equity
 - FRP
 - from the recommended DCP3 Highest Priority Packages and Essential UHC Packages
- Data inputs are from the Global Burden of Disease study, WHO's Global Health Observatory, and UN Population Division
- **Aim:** Further develop and code a prototype data visualization tool tailored to the three country contexts. Users of the tool will be trained stakeholders involved in defining priority packages in each country

UHC Priorities Deliberation

UHC Priorities Deliberation

- Building on the WHO reports Making Fair Choices on the Path to UHC (led by Norheim, WHO 2014)) and a WHO guidance document on institutionalizing Health Technology Assessments to be published in 2018
- Facilitate systematic, accountable, and transparent processes among key stakeholder in defining priority services and packages in each country
- A modified Nominal Group method will be used to organize and document the priority setting processes. Input to deliberations will be evidence from DCP3 and other relevant sources, presented through the visualization tool, with decisions made independently by key national decision makers.

Sum up

- DCP Ethiopia
 - Strengthen human and institutional capacity to use economic and DCP evidence
 - Provide input to revision of essential health services package from 2005
- UHC Priorities
 - Achieve priority investments in health for maximum impact on health and poverty in Ethiopia, Zanzibar, and Malawi
- GHP-research group