



Moving towards Universal Health Coverage in Ethiopia: a guide for revision of the essential health services package

June 2018

Summary

The reform of Ethiopia's Essential Health Services Package, initially defined in 2005, is one of the most important steps towards the goal of achieving Universal Health Coverage in Ethiopia. This policy brief highlights the drivers for such reform and introduces a framework to guide the process, which will be led by Ethiopia's Federal Ministry of Health.

Background

Ethiopia aspires to become a middle-income country. As such, the country is undergoing important social and economic transitions. Improving the health of the population by strengthening the healthcare sector is a strategic approach, as health is a key driver to national prosperity.¹

Over the past two decades, Ethiopia has implemented a number of health sector strategies. One of these strategies is the Essential Health Services Package (EHSP) introduced in 2005.^{2,3} The EHSP has led to a number of important improvements and has helped Ethiopia achieve many health-related Millennium Development Goals.⁴

However, from the perspective of equity and quality, the reform remains incomplete. Scaling up essential health services that take into account equity and quality will be critical in the Sustainable Development Goals era. The Health Sector Transformation Plan 2015-2020 has set new goals for these dimensions.^{3,5}

AUTHORS

Addis Tamire
 Woldemariam¹
 Getachew Teshome¹
 Xiaoxiao Jiang Kwete²
 Ole Frithjof Norheim^{2,3}
 Stéphane Verguet²

AFFILIATIONS

¹Formerly, Ministry of Health, Federal Democratic Republic of Ethiopia, Addis Ababa, Ethiopia

²Department of Global Health and Population, Harvard T.H. Chan School of Public Health, Boston, MA, USA

³Department of Global Public Health and Primary Care, University of Bergen, Bergen, Norway

Disease Control Priorities-Ethiopia (DCP-E)

This policy brief is based on preliminary work from the DCP-E project funded by the Bill & Melinda Gates Foundation. DCP-E is a partnership between Ethiopia's Federal Ministry of Health, the Harvard T.H. Chan School of Public Health and the University of Bergen.

What changes are driving the need for a reform?

With economic growth, Ethiopia is facing higher expectations from its population around the capacity of the health sector. Citizens now expect increased access to better health services from a country that has increased financial resources to meet these demands.

Aging populations and the changing burden of disease have also started to shape the type and quantity of services needed. An expansion of some of the services introduced in 2005 should be reflected in the EHSP revision. The current overall service delivery is not sufficient to meet the current needs of the population.

The rollout of the Ethiopia's health insurance strategy⁶ is another driving factor for rethinking the design of the EHSP. Revising the EHSP will guide the prioritization of services that should be included in the health insurance strategy: harmonizing the EHSP with the country's future health insurance strategy will be an important step towards universal health coverage (UHC).

Balancing efficiency and equity

Due to scarce financial resources, only a selected number of new services can be prioritized in the next five-/ten-year period. The selection of key services to be included in the EHSP depends on their value for money. However, efficiency and effectiveness are not the only goals. The expansion of the EHSP to include more services should play an important part in enhancing equity and reducing poverty. These principles will be fundamental in the revision process.

A “how-to guide” for revision

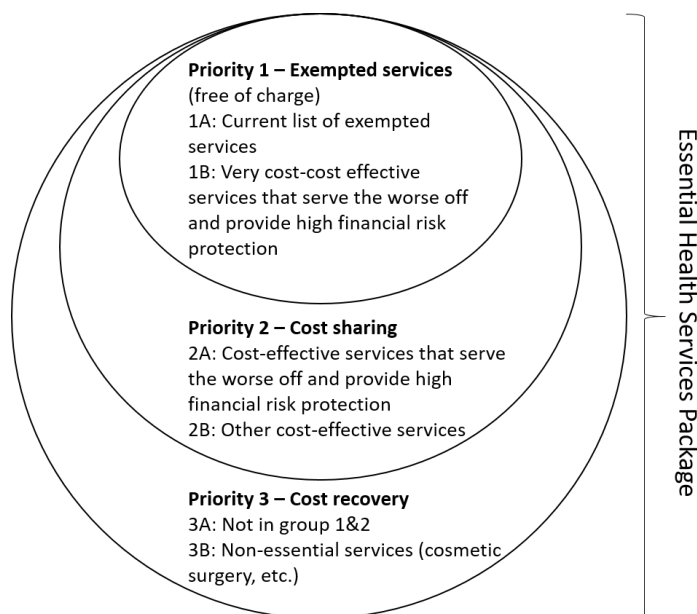
DCEP-E builds on the World Health Organization's framework for how essential services could be prioritized in revising the EHSP⁷⁻⁹ based on three criteria:

- **Cost-effectiveness:** services that improve health the most per given expenditure.
- **Equity:** services that improve the health of the poorest, most marginalized, and worse-off.
- **Financial risk protection:** services that, if not included, have costs that can lead to impoverishment of individuals and families.

Health services that are cost-effective, but also meet the two other criteria would fall into the category of “essential services”. Such services would be

prioritized in the revised EHSP and be free of charge or have moderate co-payments depending on how well they meet the criteria.

Figure 1. Proposed classification of health services and financing arrangements for the EHSP.



Next step forward

By adopting some of the principles presented here, the Ethiopian Ministry of Health will be able to take concrete action towards UHC. The first step is to update the EHSP with new evidence and local data. Next, relevant stakeholders will be consulted during the priority setting process starting in 2019.

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