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MINISTRY OF HEALTH - ETHIOPIA

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# Essential Health Services Package of Ethiopia

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Ethiopia

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Title: Essential Health Services Package of Ethiopia

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## List of Abbreviations and Acronyms

ACER	Average Cost-Effectiveness Ratio
AIDS	Acquired Immunodeficiency Deficiency Syndrome
ANC	Antenatal Care
ART	Antiretroviral Treatment
ASRH	Adolescent Sexual and Reproductive Health
BCC	Behavioural Change Communication
BEOC	Basic Emergency Obstetric Care
BI	Budget Impact
BMI	Body Mass Index
BoD	Burden of Disease
CD	Communicable Disease
CEA	Cost-Effectiveness Analysis
CEOC	Comprehensive Emergency Obstetric Care
CHEERS	Consolidated Health Economic Evaluation Reporting Standards
CMNNDs	Communicable, Maternal, Neonatal and Nutritional Diseases
CMR	Child Mortality Rate
DALY	Disability-Adjusted Life Year
DCP	Disease Control Priorities
DCP-E	Disease Control Priorities – Ethiopia
DHIS 2	District Health Information System 2
DRS	Developing Regional States
ECEA	Extended Cost-Effectiveness Analysis
EDHS	Ethiopian Demographic and Health Survey
EFY	Ethiopian Fiscal Year
EHSP	Essential Health Services Package
EPI	Expanded Programme of Immunisation
FMOH	Federal Ministry of Health
FRP	Financial Risk Protection
GBD	Global Burden of Disease
GCEA	Generalised Cost-Effectiveness Analysis
GM	Growth Monitoring
HALY	Healthy-Adjusted Life Year
HC	Health Centre
HEP	Health Extension Programme
HEW	Health Extension Worker
HIV	Human Immunodeficiency Virus
HLY	Healthy Life Years
HMIS	Health Management Information System
HP	Health Post
HRIS	Human Resources Information System
HSTP	Health Sector Transformation Plan

ICER	Incremental Cost-Effectiveness Ratio
IEC	Information, Education and Communication
IMR	Infant Mortality Rate
MDG	Millennium Development Goals
MMR	Maternal Mortality Ratio
MTR	Mid-Term Review
NCDs	Non-communicable Diseases
NCDIs	Non-Communicable Diseases and Injuries
NMR	Neonatal Mortality Rate
NTDs	Neglected Tropical Diseases
OOP	Out-Of-Pocket
OPD	Outpatient Department
ORS	Oral Rehydration Solutions
PHC	Primary Health Care
PHCU	Primary Health Care Unit
PMTCT	Prevention of Mother to Child Transmission of HIV
PNC	Postnatal Care
QALY	Quality-Adjusted Life Year
RHB	Regional Health Bureau
SARA	Service Availability and Readiness Assessments
SCMS	Supply Chain Management Systems
SDGs	Sustainable Development Goals
SPA	Service Provision Assessment
STI	Sexually Transmitted Infections
TT	Tetanus Toxoid
UHC	Universal Health Coverage
UNICEF	United Nations Children's Fund
VAS	Vitamin A Supplementation
WB	World Bank
WHO	World Health Organization



## Foreword

The Essential Health Service Package, launched in November 2019, aims to provide access to quality health services without any financial challenges regardless of age, ability to pay and economic status, and geographic location for the population in Ethiopia. I believe strengthening the health system and introducing new initiatives are vital to the achievement of universal health coverage (UHC). The government of Ethiopia continues to develop critical strategies that potentially lead to Universal Health Coverage. However, I also believe that we cannot progress towards UHC without clearly identifying the most pressing health problems and the essential and affordable interventions to address health problems.

Defining the Essential Health Service Package (EHSP) of the country and identifying priority health interventions is, therefore, one of the critical strategies. In the EHSP, we identified the most pressing health challenges and interventions that were deemed appropriate, affordable, and equitable to address health problems. For the preparation of the EHSP, we compared both health problems and health interventions. Consequently, interventions were selected and prioritized based on the essential health needs of the population.

I believe any health policy, strategy, and program designing require the full participation of every citizen. Since the inception of ESHP revision, we have involved all public representatives, health service providers, professional associations, and individual experts. Besides, our partners have been instrumental in the revision process.

Every individual reading this EHSP document, whether a program manager, an implementing partner, a health professional, or a donor, has a vital role to play in translating this document into reality by focusing their approaches, actions, and resources towards the high priority interventions identified in the package. In doing so, I am confident that the revised EHSP will improve the efficiency of the entire health system and health services delivery in Ethiopia.

Successful implementation of the EHSP needs integration within different building blocks of the health systems and integration across different sectors. It is my full confidence that we will prevail in meeting the Essential Health Service Package by the unwavering commitment of our government, ownership of the health programs by the community, enthusiastic service by health workers, and entrusted support of our development partners.



Amir Aman (MD, MPH)  
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## **Executive Summary**

Ethiopia's investment in health in the last two decades has resulted in substantial improvements in the health condition of its population. For example, life expectancy has increased from 56.8 years in 2005 to 65.9 years in 2017 [1]. Three consecutive Ethiopian Demographic and Health Surveys (EDHS) (2005, 2011 and 2016) have indicated declining trends in neonatal, infant, under-five and maternal mortality.

Despite great progress, Ethiopia is still facing a high burden of disease (BoD). Thus, the development of the Essential Health Services Package (ESHP), which defines appropriate priority health services, represents a major strategy to maximise the benefits from the demographic dividend by improving the health status of the Ethiopian population [2]. The Ministry of Health initiated a process to revise the EHSP in July 2019, and as a result, this document presents the revised EHSP of Ethiopia and the main elements underlying the revision. This EHSP document not only acts as a guide for the development of other important strategic and operational documents that can improve health services delivery in Ethiopia but also serves as a guiding framework to progressively realise universal health coverage (UHC) in the country.

The values and guiding principles of Ethiopia's EHSP draw from the values reflected in the national health policy and other strategic plans. These include value for money, priority to the worse-off, enhanced equity, financial risk protection (FRP), poverty reduction, creation of a resilient health system, achievement of UHC, cost-effectiveness, affordability, improved quality, building institutional capacity and sustainability of health interventions.

The main objectives of the EHSP are as follows:

- To reduce 'high BoD in Ethiopia' by availing affordable, high-priority interventions.
- To protect the population against catastrophic health expenditures and provide FRP.
- To increase equitable access to health services and interventions.
- To increase the efficiency of the health system.
- To increase public participation and transparency in decision-making in the health sector.

The EHSP was developed through a participatory approach, with frequent appraisal and feedback before decision-making. A roadmap document that guided and informed the overall

process and each step of the revision process was prepared, presented to the management of the Federal Ministry of Health (FMOH) and approved. A technical working group, composed of 30 senior experts on various health system dimensions was established. Several consultative technical workshops were convened to define the scope of the revision, develop a complete list of health interventions, develop prioritisation criteria, gather evidence and compare and rank health interventions according to a range of criteria.

Seven prioritisation criteria were selected, mostly based on the review of the national health policy, the review of relevant strategic documents of the health sector and several rounds of consultations with global and local experts, public representatives and a professional association. These criteria are as follows:

1. Size of the disease burden
2. Cost-effectiveness
3. Budget impact
4. Equity
5. FRP
6. Public acceptability
7. Political acceptability

The major components of the EHSP of Ethiopia are classified based on the BoD of Ethiopia. Interventions chosen to address the major causes of death and disease are detailed for the key health service sub-components falling under each major component. The major components of the EHSP of Ethiopia are organised into the following nine components:

1. Reproductive, maternal, neonatal, child and adolescent health
2. Major communicable diseases
3. Non-communicable diseases
4. Surgical and injury care
5. Emergency and critical care
6. Neglected tropical diseases
7. Hygiene and environmental health services
8. Health education and behaviour change communication services
9. Multi-sectoral nutrition interventions

The implementation of the EHSP of Ethiopia requires a sound implementation strategy that enables proper planning, accurate measurement of performance and tracking of the progress as

well as impact of the EHSP. Accordingly, the following ten key strategic priority areas are proposed.

1. Enhance community participation in the planning, implementation, monitoring and evaluation of the EHSP
2. Enhance stakeholder engagement
3. Improve health service delivery
4. Improve the availability, competency and capacity of human resources for health (HRH)
5. Ensure sustainable health financing and a clear and viable payment mechanism
6. Strengthen the logistics and supply chain management system to ensure access to essential medicines and equipment
7. Improve data utilisation for decision-making at all levels of the health system
8. Continuous improvement of leadership and management
9. Enhance partnership and coordination with other sectors
10. Create interface and integration with other national strategies, initiatives and strategic priorities

The progress in the availability of EHSP will be monitored and evaluated using selected key indicators that can be tracked using the routine health information system and surveys. The core indicators are grouped into three: service coverage indicators, FRP indicators and mortality and morbidity impact indicators.

# Chapter 1: Introduction

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## 1.1. Background

In 1993, the health policy of Ethiopia was formulated with an emphasis on increasing access to a basic package of quality primary health care services to all segments of the population. Since the formulation of the policy, Ethiopia has developed and implemented four successive health sector development plans (HSDP) followed by the Health Sector Transformation Plan (HSTP) [3]. The commitment and efforts of the government in designing innovative and evidence-based high-impact interventions have significantly improved the health outcomes.

However, the selection of high-impact interventions has never been an easy task and demands systematic priority setting. Priority setting in health is critical for governments that seek to promote equitable access to essential packages of health services. To prioritise health services for the equitable delivery of packages of health interventions, Ethiopia developed and published the first Essential Health Services Package (EHSP) in 2005. The goal of the 2005<sup>1</sup> Ethiopian EHSP was to focus on the delivery of priority health interventions that can improve the equitable coverage of efficient and quality health services that the country can afford. These services encompass the delivery of a comprehensive range of health services appropriate to the primary level of care.

In the last 15 years, since the development of the 2005 EHSP, revision of the package has not yet been addressed. Cognizant of this fact, the Ministry of Health initiated a process to revise the EHSP. This document presents the revised EHSP of Ethiopia and the main elements underlying the revision. This EHSP document not only serves as a guide for the development of other important strategic and operational documents that can improve health services delivery in Ethiopia but also serves as a guiding framework to progressively realise universal health coverage (UHC) in the country. UHC is one of the core targets among the Sustainable Development Goal for Health (SDG3) (Target 3.8: ‘Achieve universal health coverage, including financial risk protection (FRP), access to quality essential health care services and access to safe, effective, quality and affordable essential medicines and vaccines for all [by the year 2030]’) [4].

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<sup>1</sup> In Gregorian calendar.

In summary, Ethiopia's EHSP constitutes a set of affordable, promotive, preventive, curative and rehabilitative key health interventions that can be offered at all levels of the Ethiopian health system in an equitable, acceptable and sustainable manner as a path towards UHC. This document summarises the EHSP revision process and is structured in the form of the following eight chapters:

- Chapter I: presents the context (demographics, socioeconomic situation, health status including, mortality and morbidity, burden of disease (BoD) and overall health system indicators for Ethiopia)
- Chapter II: specifies the scope, objectives, values and guiding principles of the EHSP revision
- Chapter III: describes the EHSP revision process and techniques of the revision
- Chapter IV: summarises the main components of the EHSP
- Chapter V: proposes the implementation strategy for the EHSP
- Chapter VI: presents the monitoring and evaluation approach along with key indicators
- Chapter VII: presents the costing and budget envelope required for EHSP implementation
- Annexes: present the selected health interventions by service delivery level (i.e. health posts, health centres, primary, hospital, general hospital and tertiary hospital) and the payment mechanism (i.e. free of charge, cost-sharing and cost-recovery).

## **1.2. Demographic and socioeconomic situation**

Ethiopia has a total population of about 109 million (as of 2018) [5]. About 80% of the population lives in rural areas and is mainly dependent on subsistence agriculture [6]. The population of Ethiopia is characterised by a rapid population growth and a young age structure. The 2017 age pyramids have a relatively narrow base owing to the ongoing demographic transition caused by the combination of declining trends in mortality and fertility. The ongoing change in the age structure of the Ethiopian population is expected to offer a chance for the country to earn the benefits of the demographic dividend with a conducive policy environment. Thus, the development of ESHP, which defines appropriate priority health services, can be a major strategy to maximise the benefits from the demographic dividend by improving the health status of the Ethiopian population [2].

The Ethiopian government aspires to reach a middle-income status by 2035. The economic system has seen a substantial growth over the past decades. Expansion of the services and agricultural sectors accounts for most of this growth, while the performance of the manufacturing sector was relatively modest. While about 55% of Ethiopians lived in extreme poverty in 2000, this figure had been reduced to about 34% in 2011, as measured based on the international poverty line of less than US\$ 1.90 per day. Ethiopia has a wide socioeconomic development gap between the rural and urban areas in terms of access to education, health and other social services. Nevertheless, the substantial expansion of the economic system is gradually narrowing this gap and is bringing positive trends in terms of poverty reduction in both urban and rural regions.

### **1.3. Health status: mortality and morbidity**

Ethiopia's investment in health has resulted in improvements in the health condition of its population. For example, life expectancy has increased from 56.8 years in 2005 to 65.5 years in 2016 [1]. Three consecutive Ethiopian Demographic and Health Surveys (EDHS) (2005, 2011 and 2016) have indicated declining trends in neonatal, infant, under-five and maternal mortality. Ethiopia has met the Millennium Development Goal (MDG4, reducing under-five mortality) three years in advance of the agenda (2015). This is in part attributable to the implementation of the National Neonatal and Child Survival Strategy (2015–2020) to further reduce under-five mortality to below 30 deaths per 1,000 live births by 2020 [7].

The recent improvements in the health outcomes in Ethiopia can also be attributable to rapid socioeconomic developments in general, including large economic growth and introduction of innovative health policy strategies such as the Health Extension Programme (HEP) [8,9]. The HEP has certainly contributed to the increased access and coverage of high-impact public health interventions in the country. Improved public health interventions such as malaria control efforts, access to safe drinking water, improved toilet facilities and vaccination against childhood diseases are some of the factors behind the improved health outcomes in Ethiopia. Despite such progress, a large burden of preventable mortality and morbidity persists in Ethiopia, including non-communicable diseases, child and maternal conditions, neonatal diseases, HIV/AIDS, tuberculosis (TB) and injuries [10].

However, improvements are not uniform. Some Ethiopian regions have high under-five mortality rates (U5MR), Afar having the highest U5MR. Likewise, data from the Health Management Information System (HMIS) shows that there is significant inequality in the BoD

across the country. For instance, based on the EFY 2010 growth monitoring and nutrition screening data, there is a very high burden of child under-nutrition in Somali and Afar. A brief summary of the level of interventions coverage, mortality and morbidity, from the available sources of evidence, for major programmatic areas is presented below.

## **Reproductive, maternal, neonatal and child health**

Ethiopia has made progressive improvements in areas of reproductive, maternal, neonatal and child health (RMNCH). Maternal mortality has been reduced by 39%, from 676 in 2011 to 420 in 2016 per 100,000 live births. The use of modern family planning methods among reproductive women has increased from 6% in 2000 to 35% in 2016. Demand for family planning increased from 45% to 58% in the same period. However, there are still huge gaps in terms of providing optimal RMNCH health services and the health care need [11, 12]. According to the maternal death surveillance and response (MDSR) data, among the estimated total maternal deaths in 2010 EFY, 72% were at health facilities (i.e. 65% in hospitals and 7% in health centres). The remaining 11% deaths occurred on the way to the health facilities and 13% deaths occurred at home. The leading cause of maternal death, according to the MDSR report, was haemorrhage (41%). The other common causes of death are hypertensive disorders of pregnancy (19%), anaemia (18%) and obstructed/ruptured uterus (10%).

Similarly, Ethiopia has made major improvements regarding neonatal and child health. According to the 2016 EDHS, the national neonatal, infant and under-five mortality rates are 29, 48 and 67 per 1,000 live births, respectively. A summary of key RMNCH-related indicators is presented below (Table 1).

Table 1: Indicators related to maternal, neonatal and child health (MNCH)

Indicator	Values	Source
MMR (per 100,000 live births)	420	EDHS 2016
Infant mortality rate (per 1,000)	48	EDHS 2016
Neonatal mortality (per 1,000)	29	EDHS 2016
Under-five mortality (per 1,000)	67	EDHS 2016
Contraceptive acceptance rate (Percentage)	70	HMIS <sup>2</sup>
ANC 4+ coverage (Percentage)	72	HMIS
Deliveries attended by skilled health personnel (Percentage)	66	HMIS
Early postnatal coverage (Percentage)	77	HMIS

<sup>2</sup> FMOH (2018): Annual Health Sector Performance Report, EFY 2010 (2017–2018)



Pregnant women counselled and tested for PMTCT (Percentage)	92	HMIS
Pregnant women tested positive for HIV who received ART to prevent MTCTH (Percentage)	60	HMIS

## Immunisation services

With the progressive introduction of new vaccines, the total number of antigens in the routine immunisation programme of Ethiopia has currently reached 12 (i.e. including HPV vaccine targeting adolescent girls). The 2018 Service Availability and Readiness Assessment (SARA) survey shows that the mean availability of tracer items required to provide the child immunisation service was only 54% (Table 2). The routine health information shows that in 2010 EFY, the national pentavalent-3, measles and fully vaccination coverages were 94%, 88% and 86% respectively. Similarly, the national pentavalent-1 to measles dropout rate has increased from 10% in 2009 to 13% in 2010 EFY.

Table 2: Indicators related to major immunisation

Indicators	Values (2010 EFY)	Source of data
National coverage of pentavalent-3 vaccination	94%	HMIS
National coverage of measles vaccination	88%	HMIS
National coverage of fully vaccination	86%	HMIS
National pentavalent-1 to measles dropout rate	13%	HMIS
Mean availability of tracer items required to provide child immunisation services	54%	SARA 2018

## Major communicable diseases

Mortality and morbidity owing to HIV/AIDS, TB, and malaria markedly decreased in the last decade. The EDHS documented that HIV prevalence among women and men aged 15–49 years has continued to decline from 1.5% in 2011 to 0.9% in 2016. The new HIV infection dropped by 90%, and mortality rate dropped by more than 50% among adults. Similarly, HIV/AIDS-caused age-standardised death rate declined from 177 per 100,000 in 2005 to 19 per 100,000 in 2017. In addition, Ethiopia has been recognised as one of the few sub-Saharan African

countries that achieved rapid decline of mother-to-child transmission of HIV, with a reduction by 50% of new HIV infections among children between 2009 and 2012. Yet, there is significant variation in mortality and morbidity of HIV by sex, age, demographic characteristics and geographic areas.

Similarly, the country has achieved several of the targets set for TB prevention and control. For example, in the last decade, mortality and prevalence owing to TB had declined by more than 50% and the incidence rate is significantly falling. Age-standardised death rate owing to TB declined from 191 per 100,000 in 2005 to 76 per 100,000 in 2017.

In the same way, mortality and morbidity owing to malaria declined with a significant decrease in the admissions and deaths of under-five children. Age-standardised death rate owing to malaria declined from 29 per 100,000 in 2005 to 3 per 100,000 in 2017. Furthermore, a generalised malaria outbreak has not been reported for the last decade.

Although the leprosy elimination target of less than 1 case per 10,000 people has been achieved, the notification of new cases has remained the same for the past 10 years. According to the 2010 EFY Annual Health Sector performance report, 2633 new leprosy cases were detected. Therefore, interventions targeting leprosy are yet vital in Ethiopia.

A summary of the key indicators for the major communicable diseases is presented below (Table 3).

Table 3: Status of the indicators of major communicable diseases in Ethiopia

Indicators	Values	Sources
<b>HIV-related indicators</b>		
Adult HIV prevalence	0.9%	EDHS 2016
Adult HIV prevalence (women)	1.2%	EDHS 2016
Adult HIV prevalence (men)	0.6%	EDHS 2016
Urban adult HIV prevalence	2.9%	EDHS 2016
Rural adult HIV prevalence	0.4%	EDHS 2016
Total number of HIV positive population	613, 825	2018 Spectrum Estimate
New HIV infection in 2010 EFY	15,898	2018 Spectrum Estimate
Currently on ART among total PLHIV	74.6%	HMIS, 2010 EFY
Coverage of viral load testing	60%	HMIS, 2010 EFY

Suppression of viral load	87.6%	HMIS, 2010 EFY
Estimated total number of HIV positive population	613, 825	HMIS, 2010 EFY
Percentage of PLHIV who knows their HIV status	78.5%	EDHS 2016
Percentage of people who are currently on ART	82.9%	HMIS, 2010 EFY
Percentage with viral suppression rate	80.2%	HMIS, 2010 EFY

### **TB and leprosy**

Annual incidence of TB per 100,000 population in 2016	151	WHO 2019 report
TB mortality rate per 100,000 population in 2018	22	WHO 2019 Report
Prevalence of leprosy per 10,000 population	0.3	WHO 2017 Report
Number of all forms of TB cases reported in 2010 EFY	110, 675	HMIS
TB case notification rate per 100,000 population (2010EFY)	115	HMIS
TB treatment coverage (2010 EFY)	65%	HMIS
TB treatment success rate for bacteriologically confirmed pulmonary TB cases for 2010EFY	94%	HMIS
TB cure rate for 2010 EFY	83%	HMIS
Number of patient rifampicin resistance (RR)/multi-drug resistance (RR/MDR)	741	HMIS
Patients put on second line drugs		
Total number of new leprosy cases detected in 2010 EFY	3218	HMIS
Proportion of Grade II disability among new leprosy cases for 2010 EFY	7.9%	HMIS

### **Malaria**

Total number of malaria cases in 2010 EFY as confirmed by laboratories	1, 206, 892	PHEM report
Proportion of confirmed malaria cases either by microscopy or rapid diagnostic tests (RDTs)	88%	HMIS, 2010 EFY
Case fatality of malaria in 2010 EFY	0.01%	HMIS, 2010 EFY

## **Non-communicable diseases (NCDs)**

In Ethiopia, approximately half of all deaths are attributable to NCDs and injuries. Ethiopia has a large and diverse burden of NCD risk factors such as tobacco, alcohol and *Khat*. While the overall prevalence of obesity is low in Ethiopia, it is about six times higher in the wealthiest quintile than the other socioeconomic groups. Hypertension, low physical activity, raised plasma cholesterol and high fasting plasma glucose are also associated with the wealthier socioeconomic groups. The national prevalence of hypertension is 16%; there has also been an

increase in the prevalence rates of stroke and myocardial infarction. The prevalence of raised blood glucose ranges from 3% to 8% [13].

Mental and substance-use disorders are among the leading NCD disorders in terms of disease burden. One out of five persons will be affected by mental disorders at some point in their life. According to a large community-based study conducted in a predominantly rural area of Ethiopia, mental illness was found to comprise 11% of the total BoD, with schizophrenia and depression included in the top ten most burdensome conditions [14]. The estimated prevalence of common mental illness is estimated to be 22% and 36% in the general population and among patients with comorbid conditions, respectively. The prevalence of substance-use disorder is reported to be 6%, 5% and 2% for alcohol, *Khat* and marijuana, respectively [15]. The most common neurological disorder, epilepsy, is estimated to affect 1%–2% of the general population [15].

The rate of rheumatic heart disease ranges from 17 to 38 cases per 1,000 school children and young adults, which is much higher than African regional estimates and disproportionately affects the poor. Regarding cancer, 65,000 new cancers are estimated to occur each year, affecting females twice as often as males predominantly in the form of breast and cervical cancers [16]. Injuries, digestive diseases such as cirrhosis of the liver, eye health problems such as cataract, surgical conditions and musculoskeletal disorders are other causes of morbidity and mortality from NCDs. A summary of key indicators for NCDs is presented below (Table 4).

Table 4: Status of NCD-related indicators

Indicators	Values	Source
Mortality owing to NCD	52%	GBD 2016 report
Disease burden owing to NCD as measured by DALYs	46%	GBD 2016 report
Prevalence of hypertension in adult population	16%	2015/16 STEPs survey
Prevalence of diabetes in adult population	3%	2015/16 STEPs survey
Prevalence of alcohol consumption	41%	2015/16 STEPs survey
Prevalence of <i>Khat</i> consumption	16%	2015/16 STEPs survey
Average daily salt intake of the population	8.3 g <sup>3</sup>	2015/16 STEPs survey
The prevalence of substance-use (alcohol) disorder	6%	GBD report 2016
The prevalence of substance-use ( <i>Khat</i> ) disorder	5%	GBD report 2016

<sup>3</sup> Higher than the WHO recommended intake of less than five grams per day

The prevalence of substance-use (marijuana) disorder	2%	GBD report 2016
Women who are thin (body mass index (BMI) < 18.5)	22%	EDHS 2016 report
Percentage of children age 6-59 months who are anaemic	57%	EDHS 2016 report
Percentage of anaemic women	24%	EDHS 2016 report
Percentage of anaemic men	15%	EDHS 2016 report
Percentage of non-pregnant adolescent girls who are undernourished (BMI < 18.5)	36%	EDHS 2016 report

## Nutritional problems

Nearly four in ten (38%) under-five children in Ethiopia are stunted, 10% of the children are wasted and 24% of the children are underweight [10]. On the one hand, 22% of women have a body mass index (BMI) of <18.5; on the other hand, recently, obesity has become the number one risk factor for NCDs in Ethiopia with about 8% of women being overweight or obese (BMI  $\geq$  25.0). Women in urban households are five times more likely to be overweight or obese than rural women (i.e. 21% in urban vs. 4% in rural). Overweight or obesity has increased from 3% in 2000 to 8% in 2016. Among men, one-third of them have BMI < 18.5 and only 3% are overweight or obese (BMI  $\geq$  25.0).

In 2016, 57% of children aged 6–59 months were anaemic. Anaemia among women has slightly decreased from 27% in 2005 to 24% in 2016. Among men, anaemia has slightly increased from 11% in 2011 to 15% in 2016. Amongst non-pregnant adolescent girls, 36% of them have BMI < 18.5 and 13% of them are anaemic. A summary of key nutrition-related indicators is presented below (Table 5).

Table 5: Nutrition-related indicators for Ethiopia, 2016

Nutritional indicators	Values	Source
Percentage of children who are stunted	38%	EDHS 2016
Percentage of children who are wasted	10%	EDHS 2016
Percentage of children who are underweight	24%	EDHS 2016
Vitamin-A supplementation (VAS) coverage among children aged 6–59 months	59%	HMIS

## 1.4. Ethiopia's disease burden

To define Ethiopia's EHSP, characterising the current BoD of Ethiopia and its trends over time is important. Recent estimates show that Ethiopia is experiencing a double BoD. According to the 2017 Global Burden of Disease (GBD) study estimates, communicable, maternal, neonatal and nutritional diseases (CMNNDs); NCDs and injuries account for 60%, 33% and 8%, respectively, of the total disability-adjusted life years (DALYs) in the country.

In 2017, the leading 20 diseases, based on GBD's level-4 classification, accounted for 75% of total mortality and disability in Ethiopia. Neonatal diseases, diarrheal diseases, lower respiratory infection, TB, ischemic heart disease, stroke, HIV/AIDS and diabetes, respectively, were the top leading causes of age-standardised DALY rates per 100,000 population. The top ten diseases caused 42% of DALYs. Overall, child and maternal malnutrition, unsafe water and sanitation, air pollution, dietary risks, high fasting plasma glucose, high systolic blood pressure and alcohol use, respectively, were the leading risk factors of BoD in age-standardised DALY rates for Ethiopia.

Based on level-2 GBD classification (Table 6), the top ten causes of death and injury were responsible for 75% of DALYs. This means that if the Ethiopian health system focuses on the top causes of diseases and injuries, it would gain maximum health gains.

Table 6: Cause of death and injury and percentage contribution to the total DALY in Ethiopia, 2017 (Source: 2017 GBD)

Rank	Causes of death or injury (Level-2 GBD)	Percentage contribution to total DALYs (%)	Cumulative percentage contribution (%)
1	Maternal and neonatal disorders	18	18
2	Respiratory infections and TB	12	30
3	Enteric infections	11	41
4	Other infectious diseases	7	48
5	Other NCDs	5	54
6	Nutritional deficiencies	5	59
7	HIV/AIDS and sexually transmitted infections	4	63
8	Cardiovascular diseases	4	67
9	Neoplasms	4	71
10	Mental disorders	4	75
11	Unintentional injuries	4	78
12	Digestive diseases	3	81
13	Neurological disorders	3	84
14	Self-harm and interpersonal violence	2	86

15	Musculoskeletal disorders	2	88
16	Diabetes and kidney diseases	2	90
17	Neglected tropical diseases and malaria	2	92
18	Skin and subcutaneous diseases	2	94
19	Sense organ diseases	2	96
20	Transport injuries	2	98
21	Chronic respiratory diseases	2	99
22	Substance-use disorders	1	100

## 1.5. Health service utilisation

Health service utilisation refers to both outpatient and inpatient services. The number of outpatient visits per capita per year measures outpatient service utilisation. The Ethiopian health system is tracking the outpatient service utilisation based on outpatient department (OPD) visit per capita per year and the admission rate for inpatient service utilisation as part of the eight health service quality indicators tracked through the HMIS. Although WHO recommended 2.5 visits per capita per year, the national average OPD visit per capita per year in 2010 EC was only 0.9. The 2010 EFY performance showed 21% increment from the 2009 EFY performance. Regional OPD visit performance ranges from 2 in Tigray to 0.2 in the Ethiopian Somali region, and the performance of all of the developing regional states (DRS) is below the national average for the year (Figure 1).

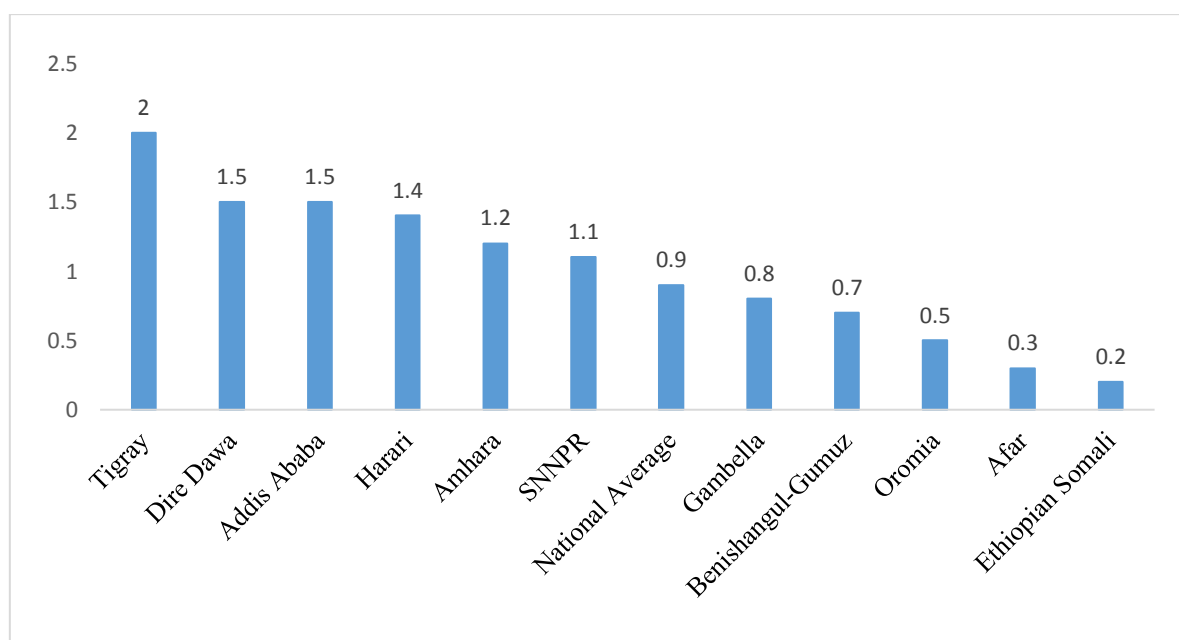


Figure 1: Outpatient department visit per capita by region in 2010 EC (Source: HMIS).

The national admission rate average per 1,000 population is 13 and ranges from a high 108 in Harari to a low 8 in Afar. The admission rate reflects the interaction between demand and

supply of inpatient care. Similar to outpatient services utilisation, the admission rate is inversely related to certain barriers that may be physical (distance), economic (the cost for the patient), cultural (low awareness and health care seeking behaviour) or technical (poor quality of health care).

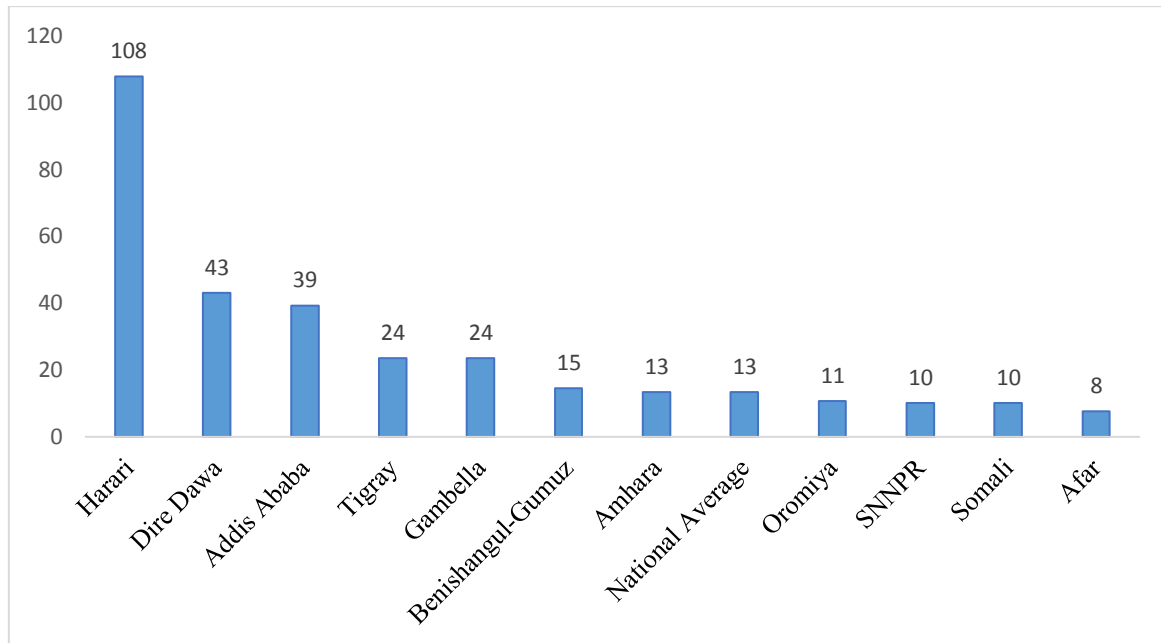


Figure 2: Admission rate per 1,000 population by region in 2010 EC (Source: HMIS).

## 1.6. Ethiopia's health system

The Ethiopian health sector has introduced a three-tier health care delivery system. The primary level of care comprised a primary hospital (covering 60,000–100,000 people), health centres (covering 15,000–25,000 people) and their satellite health posts (covering 3,000–5,000 people). The urban and rural health services arrangements differ as there is no health post in the urban areas. The secondary level of care is a general hospital covering a population of 1–1.5 million. This is the next referral centre for the primary level of care. Tertiary level of care is a specialised hospital covering a population of 3.5–5 million.

### Referral system

The referral can be vertical as in the hierarchical arrangement of the health services (from the lower end of the health tier system to the higher end). It can also be horizontal between similar



levels of facilities in the interest of patients for cost, location, needs and other reasons. Referrals can also be diagonal when a lower level health facility directly refers patients to a specialised facility without necessarily passing through the hierarchical system. The Ethiopian guideline for the patient referral system stipulates that referrals can be among public, private, community-based and other traditional and alternative medicine practitioners and sometimes social service providers.

### **Health financing system**

The financing of the Ethiopian health system is mixed; about 30% of the money is from the government, 33% from household's out-of-pocket (OOP) expenditure, 33% from donors, and 1% from private employers and others sources. Within the last 20 years, the share of domestic health financing has increased from 50% to 64%. The share of spending by 'the rest of the world' (bilateral and multilateral donors and private philanthropists) has fallen from 50% in 2010/11 to 36% in 2013/14. Although the per capita health expenditure has significantly grown over the past two decades (from US\$5 in 1995/96 to US\$29 in 2013/14), the 6<sup>th</sup> National Health Accounts [17] study indicates that Ethiopia's per capita health expenditure is very low.

As a pooling mechanism, community-based health insurance and social health insurance schemes were established. While community-based health insurance is under implementation, social health insurance has not been implemented yet. Expanding both of these schemes is expected to expand service coverage, FRP and equitable access to available health services.

### **Human resources for health**

To address the critical shortage and misallocation of health workers, in parallel with the construction of health facilities, investment in human resource development and management has been scaled up in the last 20 years. According to the HSTP document, Ethiopia has major human resource management challenges including shortage, urban/rural and regional disparities, poor motivation, retention and poor performance. Owing to limited efforts to modernise human resource (HR) functions as a strategic resource in the health sector, there is limited investment into capacity development. Evidence shows that the existing staff in HR management and leadership has limited technical skills and experience, the HR structure and staffing at all levels is inadequate and the capacity and practices in strategic and operational HR planning and budgeting are limited. The human resources information system (HRIS) is not fully functional to support HR planning and development, supportive supervision,

performance monitoring and improvement. Major gaps also exist in performance management and accountability. Robust systems and practices are required to link performance planning/goal setting with monitoring and improvement along with regular performance appraisal. The size of the current health workforce in Ethiopia is presented below (Table 7).

Table 7: Current health workforce in Ethiopia for EFY 2010<sup>4</sup>

SN	Type of health workforce	In hospitals and agencies			In Regions	Overall total
		Male: N (%)	Female: N (%)	Total N		
1	Health extension workers	0 (0)	0 (100)	0	36635	36635
2	Anaesthetists	177 (64.6)	97 (35.4)	274	710	984
3	Biomedical engineers	51 (73.9)	18 (26.1)	69	191	260
4	Health officer	184 (72.2)	71 (27.8)	255	9735	9990
5	Medical doctors-GP	446 (66.5)	225 (33.5)	671	2956	3627
6	Medical doctors-specialists	2015 (82.4)	430 (17.6)	2445	463	2908
7	Medical doctors-sub-specialists	101 (79.5)	26 (20.5)	127	60	187
8	Laboratory technologists	1242 (58.8)	870 (41.2)	2112	7619	9731
9	Midwifery professionals	469 (57.8)	343 (42.2)	812	12206	13018
10	Nurses	3026 (43.2)	3975 (56.9)	7001	49006	56007
11	Pharmacy professionals	800 (69.7)	348 (30.3)	1148	5564	6712
12	Radiology	70 (68.6)	32 (31.4)	102	152	254
Total		8581 (57.2)	6435 (42.8)	15016	125297	140313

## Governance of the health system

The governance of the healthcare system in Ethiopia mirrors and is defined within the wider context of Ethiopia's political system. The FMOH is mandated to formulate national policies and strategies and develop standards in consultation with regional health bureaus (RHBs). The governance includes administrative decentralisation to RHBs and district-level health offices. The governance comprises consultation forums and joint decision-making processes. The governance of Ethiopia's health system comprises institutional frameworks that coordinate and provide stewardship in the implementation of the programmes and health sector initiatives.

<sup>4</sup> EFY (Ethiopian Fiscal year): 2010 EFY corresponds to September 2017–October 2018.

# Chapter 2: Rationale, objectives and scope

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## **2.1. Rationale for revising Ethiopia's EHSP**

Revising Ethiopia's EHSP, which was initially developed in 2005, is crucial for three reasons. First, the population's demand for health services has substantially increased, mainly because of the implementation of the Health Extension Programme (HEP), increasing literacy rate and reduction of poverty. Second, health services practices have evolved, including the addition of interventions that were not part of the initial 2005 EHSP. These changes were to some extent driven by the recent demographic and epidemiological transition in the country. However, rolling out health interventions without a clear understanding of their impact on health, cost, cost-effectiveness, health benefits offered to the worse-off and FRP might lead to the inclusion of inappropriate interventions. Third, in the last two decades, Ethiopia has gone through tremendous demographic and epidemiological changes, which brought up a double BoD. Therefore, revising Ethiopia's EHSP is essential to ensure UHC to Ethiopian citizens.

## **2.2. Values and guiding principles for Ethiopia's EHSP**

The values and guiding principles for Ethiopia's EHSP draw from the values reflected in the country's health policy and other strategic plans [18]. The following are the values and guiding principles:

- Value for money
- Priority to the worse-off
- Enhance equity
- Reduce poverty
- Creation of a resilient health system
- Achievement of UHC
- Cost-effectiveness
- Affordability
- Improve quality
- Building institutional capacity
- Sustainability of health interventions

## **2.3. Objectives of the EHSP**

The main objectives of the EHSP are as follows:

- To reduce high BoD in Ethiopia by availing affordable high-priority interventions
- To protect the population against catastrophic health expenditures and provide FRP
- To increase equitable access to health services and interventions
- To increase the efficiency of the health system
- To increase public participation and transparency in decision-making in the health sector

#### **2.4. Scope of Ethiopia's EHSP**

The revision of Ethiopia's EHSP has been undertaken in the context of the national health policy as well as by drawing from other policy documents that are relevant to the health sector considering the country's income level and its global commitment (e.g. SDG). The revised EHSP also attempts to respond to the health needs of Ethiopia's population across the life course and across all levels of services delivery. The revised EHSP is meant to be delivered for the next five years (i.e. 2020–2025), with subsequent regular updates. Therefore, the revised EHSP shall be part of Ethiopia's national development programme and its health sector's long-term strategic plans.

The EHSP outlines the types of services to be delivered within the framework of the existing health care delivery system of Ethiopia. The EHSP should be available to all Ethiopians irrespective of income, gender and place of residence. The promotive, preventive, curative and rehabilitative interventions included in the EHSP are considered the minimum that people can expect to receive through the various health care delivery mechanisms and facilities within their reach.

## Chapter 3: Development process of the EHSP

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The methods for designing health benefit packages vary from country to country. Ethiopia's EHSP was developed through a participatory approach, with frequent appraisal and feedback before decision-making. A roadmap document that guided and informed the overall process and each step of the revision process was prepared, presented to the FMOH management and approved. A technical working group, composed of 30 senior experts on various health system dimensions and thematic areas was established. Several consultative technical workshops were convened to define the scope of the revision, develop a complete list of health interventions, develop prioritisation criteria, gather evidence and compare and rank health interventions according to a range of criteria. This section provides a brief summary of the steps followed during the revision of EHSP.

### **3.1 Defining the scope of the EHSP revision**

Setting up an explicit national health benefits package has contributed to the improvement of health outcomes in many countries. A national health services package is redefined by following several steps, including, most importantly, frequent discussions and engagement of a variety of stakeholders. Stakeholders were involved from the beginning of the EHSP revision process. Therefore, inception meetings were held from June to August 2019 to launch the EHSP revision work. The aim of these inception meetings was to define the end goals and scope of the revised EHSP and to achieve a common understanding across all stakeholders for the revision process. As a result, a detailed EHSP preparation plan was presented at these inception meetings and an agreement was reached with stakeholders about the goals and scope of the EHSP (see Chapter 2).

### **3.2 Selecting the EHSP interventions**

Uptake of the EHSP will depend not only on the type and quality of evidence used for defining the package but also on how transparent and deliberative the revision process is. Here, we briefly present the conceptual framework and analytical steps applied to define Ethiopia's EHSP (i.e. identifying and selecting a comprehensive list of health services). Hence, the following key steps were applied: identification of all relevant health interventions, selection of the prioritisation criteria, evidence synthesis, calculation of the 'priority scores' and ranking of interventions.

### **3.2.1 Identification of all relevant health services**

Preparation of a complete list of health interventions is a key step in the EHSP revision process. As much as possible, all promotive, preventive, curative and rehabilitative interventions relevant for low- and middle-income countries were considered in a primary list of interventions, including but not limited to communicable diseases, maternal health, child health, NCDs, injuries, surgery and neglected tropical diseases (NTDs). In addition, other system-wide interventions, such as health education and communications, laws and regulations, were considered.

An exhaustive search of the Ethiopian health sector's plans, strategies and national publications, along with the WHO data repository [1], WHO-CHOICE [19] database, Disease Control Priorities 3<sup>rd</sup> edition (DCP3, [www.dcp-3.org](http://www.dcp-3.org)) and Tufts Global Health Cost-Effectiveness Analysis Registry (Tuft-registry, <http://healtheconomics.tuftsmedicalcenter.org/orchard>) was conducted. Furthermore, a two-day workshop focusing on selecting the interventions eligible for inclusion into the EHSP was conducted with about 80 experts from different programmatic areas, primary health care practitioners, doctors and specialists to identify all the health services relevant to the Ethiopian context. Therefore, in the first 'universal list' of interventions, a total of 1749 relevant interventions were included. This initial list was further cleaned to avoid duplication and merged to provide a total of 1442 interventions.

### **3.2.2 Setting prioritisation criteria and evidence synthesis**

General and specific criteria for the prioritisation of health services drew from Ethiopia's core values [16] and built on the recommendations from the WHO's Consultative Group on Equity and Universal Health Coverage [20], consistent with important scholarly works [21,22].

Notably, these criteria encompassed maximising the total health gains for a given investment, giving priority to health services that target or benefit the worse-off and providing FRP particularly to the poor [20,23]. Such a prioritisation approach is broadly based on three elements: data, dialogue and decision. Seven prioritisation criteria were selected based on the review of the national health policy, the review of relevant strategic documents of the health sector and several rounds of consultations with global and local experts, public representatives and professional associations.

The application of these criteria varied according to the availability of current evidence and the characteristics of the specific criteria. BoD was used to identify the relevant conditions and risk factors of particular importance in the Ethiopian context. The cost-effectiveness criterion was used to quantitatively rank and compare health interventions according to how much health gains they would yield per Birr spent. The equity and FRP criteria were used to further compare health interventions, give higher values to health benefits for the worse-off and provide protection against catastrophic out-of-pocket (OOP) health expenditures – expenditures surpassing a certain threshold of consumption expenditures. Budget impact, public acceptability and political acceptability were also taken into account through the qualitative deliberative process and through a dialogue with policymakers. A brief description of each criterion is presented below.

### **Criterion 1: Burden of disease**

The BoD is the size of a health problem (or underlying risk factor) as measured by mortality, morbidity or a combination of the two. In a low-income country, such as Ethiopia, BoD can be quantified in terms of summary measures such as disability-adjusted life years (DALYs), which aggregate both mortality and morbidity outcomes. By design, DALYs account for age at death, disability and prevalence of the disease. Therefore, all diseases and conditions were ranked and compared based on DALYs. Using the recent BoD estimates for Ethiopia (year 2017), all high BoD, conditions and risk factors were listed and their corresponding health interventions were then solicited from the comprehensive list of health interventions available. In addition, the targeted health interventions were matched with the actual country-level BoD. Data sources included HMIS and the Global Burden of Disease Study 2016 data (<http://www.healthdata.org/gbd>).

Different directorates of the FMH then commented on the intervention list, and further linkage with BoD and cleaning was done for 1442 interventions. Removing the interventions that were unmatched with BoD, the number of interventions was then reduced to 1223. Finally, the health interventions were regrouped and reorganised, yielding 1001 interventions ready for evaluation and comparison based on the other criteria.

### **Criterion 2: Cost-effectiveness**

Economic resources are finite while population health demands are vast. Therefore, resource allocation is a central part of the decision-making process in any health care system. Ethiopia

is a highly resource-constrained country. Hence, comparison of the costs of including additional health interventions with the health benefits they can provide is central to decision-making. Cost-effectiveness analysis (CEA) is a form of economic analysis that compares the relative costs and health outcomes of different courses of action with the implementation of specific health interventions [22]. The cost-effectiveness of an intervention can be expressed as an incremental cost-effectiveness ratio (ICER) – the ratio of the difference in intervention incremental cost to the difference in its incremental health effects [24].

Because of continuous increases in costs and budget constraints in many countries, cost-effectiveness has become an important guiding principle in priority setting. Some health economists and ethicists proposed the ‘cost-effectiveness’ criterion as an important criterion because the opportunity costs of ignoring this criterion – in terms of health benefits forgone – could be potentially high [22]. In the EHSP revision, WHO’s generalised cost-effectiveness analysis (GCEA) – a form of CEA for comparing interventions with a ‘doing-nothing’ scenario – was applied [25].

In this EHSP revision, cost-effectiveness evidence was extracted using both WHO-CHOICE’s One Health Tool (OHT) and a review of the published literature. For about 190 interventions, GCEA average cost-effectiveness ratios (ACER) were generated by the OHT based on local input data. For about 600 interventions, CEA evidence from the literature was used after applying appropriate contextualisation to the Ethiopian context using general transferability criteria based on the Consolidated Health Economic Evaluation Reporting Standards (CHEERS) 10 points checklist [26,27]. Reviewers appraised studies, and the studies considered to meet a minimum standard of quality and the transferability criteria were accepted for inclusion in the evidence base. In addition, for cost information from other settings, the currency difference was adjusted for the appropriate exchange rate. All unit cost information was inflated to USD 2019 using GDP deflator.

For CEA, the provider perspective was adopted; the currency year was USD 2019. All costs were discounted at 3% per year. Healthy life years (HLY) gained, DALYs averted or quality-adjusted life years (QALYs) gained were used as the main health outcome measures and were discounted at 3% per year.

### **Criteria 3: Equity**



Equity arises from the policy commitment of the government and local social values to create a fair and just society and a pro-poor health system in Ethiopia. The equity criterion was applied in a way that would give higher priority to health gains from interventions targeting the diseases, conditions and risk factors that mainly affect the worse-off.

The 'worse-off conditions' in the Ethiopian context are defined as the conditions and diseases concerning children less than five years of age, pregnant women, the economically poor and the populations who live in remote areas. This typically includes childhood diseases, complications around birth, NTDs (e.g. leishmaniosis, schistosomiasis, lymphatic filariasis and podoconiosis), malaria and TB. Therefore, health interventions targeting these groups were scored high.

Using a Delphi technique, a panel of experts was surveyed to give a score (from 1 to 5) to a range of interventions, where 5 indicated interventions targeting the worse-off and 1 indicated interventions without a particular equity impact. Therefore, in addition to cost-effectiveness, health interventions were compared based on their equity score and assigned higher priority if they benefitted the worse-off.

Certain health services had a social value that was not appropriately captured in a cost per DALY framework; these included palliative care, family planning, in-vitro fertilisation (IVF), legal abortion and some diagnostic procedures (where health information by itself may have value). Hence, there may be additional ethical reasons why these may require a special consideration of higher priority.

#### **Criterion 4: Financial risk protection (FRP)**

FRP is defined as households' ability to receive health services without financial hardship. Large OOP medical payments owing to illness can cause financial hardships in Ethiopia [28]. Health services that incur large OOP expenditures to patients and households could be given high FRP weights and considered as priority interventions.

A simple analytical framework for valuing FRP in the context of revising Ethiopia's EHSP was similarly applied using the Delphi method. Using the Delphi method, a panel of experts gave a score of 1 to 5 to the interventions, where 5 indicated interventions providing high FRP to the individuals seeking the interventions or their families while 1 indicated interventions which could only provide minimal FRP.

## **Criterion 5: Budget impact**

The cost of implementation and scale-up of health services can severely impact the health sector budget. For some interventions, cost-effectiveness might be low but the actual delivery of the intervention to the targeted population might have substantial budget implications. Therefore, in addition to cost-effectiveness, each intervention and/or group of interventions was assessed in terms of the implied cost incurred via their actual implementation and scale-up. Interventions with a high budget impact may need strong additional justification to be included in the EHSP. Therefore, among cost-effective, equitable and FRP-enhancing interventions, the EHSP revision core-team conducted a budget impact analysis. Together with the FMOH management committee, the team examined the budget impact of each intervention and proposed the interventions to be included and those to be on the waiting list.

## **Criteria 6: Public acceptability**

The voice of the public has been directly accounted for in the revision process as well as in the critiques and deliberation on the final list of the health interventions to be included in the EHSP. The voice of the public has been further included through a series of meetings and workshops. Groups from the public that have been represented include public representatives, professional associations, patient organisations and patient unions. Furthermore, the public has been engaged through mass media.

## **Criterion 7: Political acceptability**

Priority setting is a highly political process because it involves an agreement between the government and citizens to determine the type and mix of health services to be delivered. Therefore, the politically designated body in the country must approve and ratify the final EHSP. In the revision of EHSP, the Ministry of Health is delegated to be the main body responsible for developing the EHSP and therefore, the FMOH management committee has given the authority to make the final decision on both individual interventions and the overall package document.

### **3.2.3 Compute ‘priority score’ and ranking of interventions**

To compute the ‘priority score’ for a given intervention, the cost-effectiveness ratio was adjusted with the equity and FRP weights by assigning a relative value of DALYs averted

based on the scores assigned through the Delphi method described above. The overall weights were equal for equity and FRP: the equity and FRP scores ranged from 1 (lowest) to 5 (highest). Therefore, all interventions were ranked in descending order based on their priority score, and the most cost-effective, equitable and financially protective health interventions were extracted and included into the EHSP to maximise health gains along with equity and FRP benefits per budget expenditure, consistent with extended cost-effectiveness analysis (ECEA) [29].

### **3.3 Estimation of costs and fiscal space analysis**

In comparing the health interventions, trade-offs between what is affordable and what is ideal challenge the Ethiopian government's current financial and technical capacities. The gap between aspirational targets and actual available financial and physical resources is a limiting factor for the implementation of quality essential benefits packages in many countries. The set of services to be made available will likely be determined by the available funds. Therefore, conducting a costing exercise for the entire EHSP and per health intervention, in particular, is an important step. The costing and fiscal space analysis includes scenario analysis to provide information for the final decision of the package. The interventions that should be included in the EHSP were revised/updated based on the cost estimation and fiscal space analysis.

#### **Costing of the EHSP**

Costing of the Ethiopian EHSP was computed using the OHT [30]. OHT is a costing tool that allows users to create a plan for scaling up the EHSP at a national and sub-national level. The OHT was used to compute the resource requirements for implementing the interventions included in the EHSP. A bottom-up costing approach was applied. The BoD, clinical guidelines and practices, service provision modalities and current and target coverages by 2030 were used as input for the estimation of the costs year by year. In addition, the required resources for infrastructure, health resources for health (i.e. training, deploying and retaining health workers), availing medicines and supplies and health system management (i.e. including equipment, logistics, health information, health care financing and governance) were accounted for in the health systems' costing.

The OHT default data on the cost of drugs and supplies and the default population model for Ethiopia were used. The tool also provided many other default assumptions on personnel time needed, number of drugs needed, etc. In addition, we used expert judgments when other sources

of data were not available. Unit costs from appendices to DCP-3 publications were also applied [31].

The number of interventions the health system needs to provide, and thus the budget impact, depends on both the number of individuals in need and the intervention coverage. The population in need was estimated from the total number of individuals affected by the condition and the proportion of those who needed the appropriate intervention. We used estimates of prevalence and incidence data from national level estimates (DHS, GBD, etc.) [1,11].

### **Fiscal space analysis**

A fiscal space analysis for the years 2020–2030 for the EHSP was conducted to predict the expected available resources. In the fiscal space, all potential sources of resources for health were explored by comparing the estimated resource needs with projections of the resources available. The fiscal space analysis was performed based on the current proposed reforms to the health financing structure and discussions on innovative funding options/sources with the Ministry of Finance and Economics Cooperation (MOFEC).

A conceptual framework developed by the World Bank for fiscal space analysis was used in this study. The five key dimensions were explored to assess the potential to increase fiscal space for health.

1. Macroeconomy: how will macroeconomic conditions affect resource levels for health? Including external debt return.
2. Re-prioritisation of the health sector: how much fiscal space could be generated by increasing the health sector's share of the government budget?
3. Health sector-specific resources: can additional taxes and other revenue sources be implemented and earmarked for health? 'Innovative' health financing strategies?
4. Foreign aid: how will future foreign aid flows affect the resource envelope for health?
5. Efficiency gains: can the fiscal space for health be increased through more efficient use of current and future financial resources?

In addition, future fiscal space analysis should attempt to explore the potential source of the resource that can be availed from other sectors for health via the Ministry of Health's engagement of other sectors using a multi-sectoral approach.

### **3.4 Deliberation process**

The design of the EHSP should be participatory and include all relevant stakeholders [32-34]. The revision of Ethiopia's EHSP has followed a participatory deliberation process involving numerous and various stakeholders. A roadmap that has been approved by the management of the FMOH was developed by a team of experts, and technical inputs on the roadmap were received from various organisations including WHO and other international and national experts. The roadmap was then presented to the management committee of the FMOH and endorsed. The core team and technical work group (TWG) were established to provide overall technical guidance in the revision process. The TWG members were tasked with providing overall technical guidance in the revision process. TWG workshops and a series of consensus building meetings were conducted to discuss the concept of EHSP, roadmap for the revision, scope, criteria and methodological approach. The full list of interventions to be considered for Ethiopia's EHSP was prepared by organising consultative workshops: first a TWG workshop and then a technical consultative workshop. A complete/long list of interventions was first prepared by the TWG members by collecting evidences from national guidelines and documents (e.g. 2005 EHSP of Ethiopia, various guideline and manuals) and international documents (e.g. DCP3 list of interventions; Tufts University CEA registry; WHO's CHOICE).

After a long list of interventions was prepared, the data were cleaned and shared with the relevant directorates of the FMOH for further comments, inputs and feedback. To further collect feedback and review the long list of interventions, a workshop was conducted with selected high-level experts. This provided the opportunity to further refine and validate the list. A consultative workshop was conducted with public representatives and professional associations to receive feedback and inputs on the criteria to be used for enlisting interventions in the EHSP of Ethiopia.

The draft of the EHSP was prepared through a collaborative and participatory approach by involving a number of key experts. The contents of the package were shared with key experts for further inputs. Subject-matter experts contributed and provided technical inputs and resources. In collaboration with WHO headquarters, a four-day cost-effectiveness workshop (28–31 January, 2019) was conducted to help the national experts use the WHO-CHOICE cost-effectiveness tool; WHO CHOICE tool in priority setting and decision-making; and critical appraisal and contextualisation processes for existing cost-effectiveness studies. A consultative workshop was conducted to deliberate on the FRP and equity criteria.

Different methods of communication with stakeholders to cross-check and validate the process as well as the EHSP outputs were applied. Means to ensure maximum public participation, address political concerns and ensure commitment of the government were considered. In the deliberation process, mechanisms were designed to synchronise the EHSP with the national health insurance package and address concerns from private health care providers, disease-specific interest groups, professional associations, patients and providers' unions. Intensive deliberation meetings were held with RHBs' EHSP teams from 23 to 25 May, 2019 with an objective of defining the levels of delivery, payment mechanism, implantation strategies and monitoring and evaluation plans.

## Chapter 4: Components of the EHSP

The major components of the EHSP of Ethiopia are classified according to the BoD of Ethiopia. Interventions chosen to address the major causes of death, risk factors and diseases are detailed for key health services sub-components falling under each major component. The major components of the EHSP of Ethiopia are organised into the following nine components:

- 1) Reproductive, maternal, neonatal, child and adolescent health services
- 2) Major communicable diseases
- 3) NCDs
- 4) Surgical care
- 5) Emergency and critical care
- 6) NTDs
- 7) Hygiene and environmental health services
- 8) Health education and behaviour change communication services
- 9) Multi-sectoral interventions

The draft interventions were discussed and the feedback was solicited, analysed and incorporated. Members of the public wing and associations and relevant stakeholders participated in the series of consultations. The full list of interventions is attached in Annex I.

### 4.1 Reproductive, maternal, neonatal, child health and nutrition interventions

In this sub-section, 337 essential promotive, preventive, curative and rehabilitative sexual and reproductive health, maternal health, neonatal health, child health and adolescent health services are presented, along with their assessed priority rankings. Among these, 133 interventions are essential nutrition health services for all age cohorts.

Table 8: High, medium and low priority essential RMNCH and nutrition interventions in Ethiopia

IC	Sub-program	Essential RMNCH and nutrition interventions	Priority
1	Family Planning	Outreach Family planning services	Medium
2	Family Planning	Counselling on family planning	High
3	Family Planning	Provision of male condoms	High
4	Family Planning	Provision of female condoms	High
5	Family Planning	Provision of oral contraceptive	High
6	Family Planning	Provision of injectable contraceptives	High
7	Family Planning	Provision of emergency contraception	Medium
8	Family Planning	Provision of implants	High
9	Family Planning	Provision of intrauterine devices (IUD)	High
10	Family Planning	Female sterilization service	Medium
11	Family Planning	Male sterilization service	Medium

IC	Sub-program	Essential RMNCH and nutrition interventions	Priority
12	Family Planning	Provision of monthly vaginal ring or patch	low
13	Family Planning	Diaphragm	Low
14	Family Planning	Lactational amenorrhea	Low
15	Family Planning	Provision of post-partum family planning	High
16	Infertility management	Identification and management of infertility	High
17	Infertility management	Psycho social counselling for individuals and couples	medium
18	Comprehensive abortion care	Safe abortion services: MVA and D&C	High
19	Comprehensive abortion care	Safe abortion services: Medical abortion	High
20	Comprehensive abortion care	Post abortion case management (management of unsafe abortion complications including E&C, sepsis management, etc.)	High
21	Comprehensive abortion care	Post abortion follow up	Medium
22	Comprehensive abortion care	Ectopic pregnancy case management	high
23	Prevention and treatment of gynaecological problem	Education on menstrual hygiene and cycle	Medium
24	Prevention and treatment of gynaecological problem	Treatment of menstrual problems and irregularities	High
25	Prevention and treatment of gynaecological problem	Cervical cancer screening	High
26	Prevention and treatment of gynaecological problem	Clinical breast examination (Screening)	Medium
27	Prevention and treatment of gynaecological problem	Diagnosis and treatment of syphilis	High
28	Prevention and treatment of gynaecological problem	Diagnosis and treatment of gonorrhoea	High
29	Prevention and treatment of gynaecological problem	Diagnosis and treatment of chlamydia	Low
30	Prevention and treatment of gynaecological problem	Diagnosis and treatment of trichomonas's	Low
31	Prevention and treatment of gynaecological problem	Diagnosis and treatment of Pelvic inflammatory disease (PID)	High
32	Prevention and treatment of gynaecological problem	Diagnosis and treatment of Urinary tract infection (UTI)	High
33	Prevention and treatment of gynaecological problem	Provision of HPV vaccine	High
34	Sexual health issues	Comprehensive sexual health education	Low
35	Sexual health issues	Adolescent sexual and reproductive health	Low
36	Sexual health issues	Age appropriate comprehensive sex education	Low
37	Sexual health issues	Provide adolescent friendly contraceptive services, scaling up modern contraception	High
38	Sexual health issues	Expand access to and promotion of the use of condoms and other contraceptives, behavioural intervention to reduce the incidence of HIV transmission	High
39	Gender based violence	Comprehensive health education about GBV	High
40	Gender based violence	Conduct community dialogue about GBV	High
41	Gender based violence	Investigation, diagnosis, and reporting of GBV	Low
42	Gender based violence	Pregnancy test (HCG) for GBV	High



IC	Sub-program	Essential RMNCH and nutrition interventions	Priority
43	Gender based violence	HTC at least 3 times (initial 6 weeks and 6 months)	Medium
44	Gender based violence	Emergency treatment of life-threatening conditions due to GBV	High
45	Gender based violence	Surgical treatment for physical trauma	Medium
46	Gender based violence	Treatment for burn due to GBV	Medium
47	Gender based violence	Medical treatment for infection due to GBV	Medium
48	Gender based violence	Treatment of trauma due to GBV	High
49	Gender based violence	Tetanus anti-toxoids	High
50	Gender based violence	Hepatitis B vaccination for GBV victims	Medium
51	Gender based violence	Comprehensive abortion care for GBV victims	High
52	Gender based violence	Provision of psychiatric treatment for GBV victims	Medium
53	Gender based violence	Provision of psychosocial support for GBV victims, Hospital intervention to reduce injury recidivism	High
54	Gender based violence	Post exposure prophylaxis for HIV for rape victims	Low
55	Harmful traditional practice (HTP)	Health education and community advocacy against HTP	High
56	Harmful traditional practice (HTP)	Family planning for child marriage	High
57	Harmful traditional practice (HTP)	Special care for teen pregnancy	High
58	Harmful traditional practice (HTP)	Psychiatric treatment for abduction	Medium
59	Harmful traditional practice (HTP)	Counselling and management of female genital mutilation victims	Medium
60	Harmful traditional practice (HTP)	Infibulation and surgical correction for female genital mutilation victims	Medium
61	Prenatal care	Folic acid supplementation/fortification	Medium
62	Antenatal care	Comprehensive health education about early ANC, skilled delivery, postpartum care, family planning, nutrition, maternal waiting services	High
63	Antenatal care	Focused ANC follow up	High
64	Antenatal care	Antenatal corticosteroids for preterm labour	High
65	Antenatal care	Foetal growth restriction detection and management	Low
66	Antenatal care	Gestational diabetes case management	High
67	Antenatal care	Antibiotics for prom	High
68	Antenatal care	Management of pre-eclampsia (antihypertensive, induction of labour, ultrasound to asses foetal growth)	High
69	Antenatal care	Management of eclampsia (MgSO4)	High
70	Antenatal care	Hypertensive disorder case management	High
71	Skilled delivery care	Labour and Delivery Management	High
72	Skilled delivery care	Induction of labour for pregnancies lasting 41+ weeks	High
73	Skilled delivery care	Active management of the third stage of labour	High
74	Skilled delivery care	BEmONC	High
75	Skilled delivery care	CEmONC	High
76	Skilled delivery care	Pre-referral management of labour complications	High
77	Postnatal care	Maternal sepsis case management	High
78	Postnatal care	Clean postnatal practices	High
79	Postnatal care	Mastitis management	Medium
80	Postnatal care	Treatment of postpartum haemorrhage	High
81	Postnatal care	Chlorhexidine	High
82	New-born care	Comprehensive new born care	Medium

IC	Sub-program	Essential RMNCH and nutrition interventions	Priority
83	New-born care	Detection of congenital anomalies (cleft lip, palate, imperforate anus, club foot, meningeal, spina bifida, dysmorphism, microcephaly)	High
84	New-born care	Screening for congenital hypothyroidism and management	Low
85	New-born care	Screening for congenital heart diseases and management	High
86	New-born care	Parental chromosomal screening: amniocentesis (antenatal) for chromosomal screening	Low
87	New-born care	Screening for retinoblastoma	Low
88	New-born care	Kangaroo mother care	High
89	New-born care	Voluntary new-born male surgical circumcision	High
90	New-born care	Early infant diagnosis for HIV (DBS)	High
91	Intensive neonatal care (specialized neonatal care)	Essential new born care	High
92	Intensive neonatal care (specialized neonatal care)	Identification and treatment of new-born sepsis	High
93	Intensive neonatal care (specialized neonatal care)	Prevention of neonatal infections	Low
94	Intensive neonatal care (specialized neonatal care)	Premature sick new-born care: incubator and nutritional	High
95	Intensive neonatal care (specialized neonatal care)	Phototherapy and exchange transfusion	Low
96	Intensive neonatal care (specialized neonatal care)	Prolonged intravenous antibiotics for sever neonatal infection	Low
97	Intensive neonatal care (specialized neonatal care)	Treatment of birth trauma	Medium
98	Intensive neonatal care (specialized neonatal care)	Management of perinatal asphyxia	High
99	Intensive neonatal care (specialized neonatal care)	Management of thermoregulation: radiant warmer therapy	High
100	Intensive neonatal care (specialized neonatal care)	Nutrition: breastfeeding and feeding other than breast milk	High
101	Intensive neonatal care (specialized neonatal care)	Management of neonatal tetanus	High
102	Intensive neonatal care (specialized neonatal care)	Management of NEC	High
103	Intensive neonatal care (specialized neonatal care)	Management of neonatal jaundice	Low
104	Intensive neonatal care (specialized neonatal care)	Management of metabolic disorder	Low
105	Intensive neonatal care (specialized neonatal care)	Management of meconium aspiration syndrome	High
106	Intensive neonatal care (specialized neonatal care)	Management of neonatal seizure	High
107	Intensive neonatal care (specialized neonatal care)	Management of neonatal hematologic problems	Medium
108	Intensive neonatal care (specialized neonatal care)	Management of birth trauma	High
109	Intensive neonatal care (specialized neonatal care)	Management of fluid and electronic imbalance	High
110	Intensive neonatal care (specialized neonatal care)	Management of shock in neonates	Low

IC	Sub-program	Essential RMNCH and nutrition interventions	Priority
111	Intensive neonatal care (specialized neonatal care)	Parenteral feeding for premature babies	High
112	Intensive neonatal care (specialized neonatal care)	Management of neonatal acute emergency surgical conditions	High
113	Intensive neonatal care (specialized neonatal care)	Prevention of respiratory distress syndrome in neonates using surfactants	High
114	Intensive neonatal care (specialized neonatal care)	Management of neonatal respiratory distress with continuous positive airway pressure (CPAP)	Low
115	Intensive neonatal care (specialized neonatal care)	Early developmental stimulation	Medium
116	Immunization and vaccinations	Promotion and counselling on immunization	High
117	Immunization and vaccinations	Provision of HBV: at birth	High
118	Immunization and vaccinations	Provision of BCG: at birth	High
119	Immunization and vaccinations	Provision of OPV: at birth, 6, 10, 14 weeks	High
120	Immunization and vaccinations	Provision of PCV: at 6, 10, 14 weeks	High
121	Immunization and vaccinations	Provision of Rota Virus Vaccine: at 6 and 10 week	High
122	Immunization and vaccinations	Provision of HepB: at Birth	High
123	Immunization and vaccinations	Provision of DPT-HepB-Hib (Pentavalent): at 6, 10, 14 weeks	high
124	Immunization and vaccinations	Provision of 1st dose of measles vaccine at 9 month	High
125	Immunization and vaccinations	Provision of 2nd dose of measles vaccine: at 15-18 months or first contact after 15 months	High
126	Immunization and vaccinations	Provision of Tetanus Toxoid (TT) Vaccine	High
127	Immunization and vaccinations	Provision of 1st doses of IPV	High
128	Child health: iCCM	Integrated community case management of New-born & childhood illness (iCCM)	High
129	Child health: IMNCI	Vitamin A for treatment of measles	High
130	Child health: IMNCI	Treatment of severe measles	High
131	Child health: IMNCI	Vitamin A Supplementation for treatment of xerophthalmia	High
132	Child health: IMNCI	ORS - oral rehydration solution	High
133	Child health: IMNCI	Treatment of severe diarrhoea (children)	high
134	Child health: IMNCI	Antibiotics for treatment of dysentery	High
135	Child health: IMNCI	Zinc for treatment of diarrhoea	High
136	Child health: IMNCI	Oral antibiotics for pneumonia	High
137	Child health: IMNCI	Treatment of severe pneumonia	High
138	Child health: IMNCI	ACTs - Artemisinin compounds for treatment of malaria	High
139	Child health: IMNCI	Treatment of severe malaria	High
140	Child health: IMNCI	SAM - treatment for severe acute malnutrition	High
141	Child health: IMNCI	MAM - treatment for moderate acute malnutrition	High
142	Child health: Deworming	Deworming every 6 months	High
143	Vitamin A supplementation	Provision of Vitamin A every 6 months	High

IC	Sub-program	Essential RMNCH and nutrition interventions	Priority
144	Child health: curative care	Paediatric HIV point-of-care CD4 testing strategy	High
145	Child health: curative care	Paediatric Palliative care	Medium
146	Child health: curative care	Paediatric end of life care & support	Medium
147	Child health: curative care	Management of Pharyngitis/Tonsillitis/Sinusitis	Medium
148	Child health: curative care	Management of eye infections: trachoma,	High
149	Child health: curative care	Management of ear infections: Otitis media	High
150	Child health: curative care	Management of Croup Syndrome (laryngitis, trachealis, epiglottitis)	Low
151	Child health: curative care	Management of paediatric asthma	Low
152	Child health: curative care	Management of paediatrics bronchiolitis	Medium
153	Child health: curative care	Management of aspiration syndrome: foreign body, near drowning	Medium
154	Child health: curative care	Management of Congenital Heart Diseases in paediatrics	Low
155	Child health: curative care	Management of infective endocarditis (Antibiotics)	High
156	Child health: curative care	Management of rheumatic fever/ Rheumatic heart diseases	High
157	Child health: curative care	Management of congestive heart failure	Medium
158	Child health: curative care	Management of shock in paediatrics	High
159	Child health: curative care	Management of Hypertension in paediatrics	low
160	Child health: curative care	Management of Hepatitis/Jaundice in paediatrics	Low
161	Child health: curative care	Management of Liver failure in paediatrics	Low
162	Child health: curative care	Management of ascites, Insertion of Trans jugular Intrahepatic Portosystemic Shunts	Low
163	Child health: curative care	Management of malabsorption	Low
164	Child health: curative care	Management of gastro intestinal bleeding	Low
165	Child health: curative care	Management of acute abdomen	High
166	Child health: curative care	Management of Haemolytic-Uremic Syndrome	Low
167	Child health: curative care	Management of Nephritis	Low
168	Child health: curative care	Management of Nephrotic syndrome	Low
169	Child health: curative care	Management of Renal Failure	Low
170	Child health: curative care	Management of Urinary Tract Infections (Lower) with antibiotics	High
171	Child health: curative care	Management of Pyelonephritis	Medium
172	Child health: curative care	Management of Wilms' Tumour (Nephroblastoma)	Medium
173	Child health: curative care	Management of Ambiguous Genitalia	Low
174	Child health: curative care	Management of Pyomyositis	Low
175	Child health: curative care	Management of Septic arthritis	Medium
176	Child health: curative care	Management of Osteomyelitis	Medium
177	Child health: curative care	Management of juvenile rheumatoid arthritis	Low
178	Child health: curative care	Management of Impetigo	Low
179	Child health: curative care	Management of Dermatitis/Eczema	High
180	Child health: curative care	Management of Scabies	High
181	Child health: curative care	Management of Fungal skin infections (ringworms)	Medium
182	Child health: curative care	Management of Meningitis	high
183	Child health: curative care	Management of Encephalitis	Medium
184	Child health: curative care	Management of Seizure disorders	High
185	Child health: curative care	Management of Cerebral palsy	Medium
186	Child health: curative care	Management of raised intracranial pressure	Medium
187	Child health: curative care	Coma Management	High
188	Child health: curative care	Management of Poisoning	High
189	Child health: curative care	Management of Diabetes Mellitus	High

IC	Sub-program	Essential RMNCH and nutrition interventions	Priority
190	Child health: curative care	Management of Hypothyroidism	Low
191	Child health: curative care	Management of Hyperthyroidism	Low
192	Child health: curative care	Management of Anaemia	medium
193	Child health: curative care	Management of Septicaemia	Medium
194	Child health: curative care	Management of Haemophilia	Low
195	Child health: curative care	Management of Idiopathic Thrombocytopenic Purpura (ITP)	Low
196	Child health: curative care	Management of Leukaemia	Medium
197	Child health: curative care	Management of Lymphoma	Low
198	Child health: curative care	Prevention and management of Child Abuse	Low
199	Child health: curative care	Paediatric social services	Low
200	Child health: curative care	Management of Chromosomal anomalies in paediatrics	Low
201	Child health: curative care	Management of Down's Syndrome in paediatrics	Low
202	Child health: curative care	Management of Edward's Syndrome in paediatrics	Low
203	Child health: curative care	Management of autism	Low
204	Nutrition: Pregnant women	Promote one extra meal and rest during pregnancy, multiple micronutrient supplementation for pregnant women	High
205	Nutrition: Pregnant women	Promote on healthy eating, diversified meal	Low
206	Nutrition: Pregnant women	Promote ITN use for malaria endemic areas	High
207	Nutrition: Pregnant women	Promote early initiation ( colostrum feeding) and exclusive breast feeding	High
208	Nutrition: Pregnant women	Nutritional screening and weight gain monitoring during pregnancy	High
209	Nutrition: Pregnant women	Link pregnancy mothers to supplementary feeding program (Productive Safety Net Program (PSNP) and other programs)	High
210	Nutrition: Pregnant women	Treat malnourished pregnant mothers with therapeutic foods	Medium
211	Nutrition: Pregnant women	Iron-folic acid supplementation	High
212	Nutrition: Pregnant women	De-worming during pregnancy (2nd trimester)	High
213	Nutrition: Pregnant women	Promote family members (husband, grandparents and other HH members) involvement to provide nutritional care for pregnancy women	High
214	Nutrition: Pregnant women	Behaviour change communication on maternal nutrition (	High
215	Nutrition: Pregnant women	Promote use of iodized salt	High
216	Nutrition: Pregnant women	Promote use of fortified foods	High
217	Nutrition: Pregnant women	Promote personal hygiene, environmental sanitation and infection prevention measures	Medium
218	Nutrition: Pregnant women	Provide outreach nutrition services	High
219	Nutrition: Pregnant women	Promote use of time and labour saving technologies	High
220	Nutrition: Pregnant women	Promote use of reproductive health services after delivery	High
221	Nutrition: Pregnant women	Promote gender equity and economic empowerment	High
222	Nutrition: Pregnant women	Calcium supplementation for prevention and treatment of pre-eclampsia and eclampsia	Medium
223	Nutrition: Pregnant women	Nutritional care and support for HIV+ pregnant women	Medium
224	Nutrition: Pregnant women	Anaemia diagnosis and treatment	High
225	Nutrition: Pregnant women	Counsel on two extra meals and rest during lactation	High
226	Nutrition: Pregnant women	Counsel on optimal breast feeding practices on, proper positioning and attachment, exclusive breast feeding and feeding on demand)	High
227	Nutrition: Pregnant women	Promote healthy eating, diversified diet during lactation, universal strategy of brief dietary intervention for primary prevention in primary care	medium

IC	Sub-program	Essential RMNCH and nutrition interventions	Priority
228	Nutrition: Pregnant women	Nutritional screening and counselling during lactation	High
229	Nutrition: Pregnant women	Counsel on exposing infants to sun light	High
230	Nutrition: Breastfeeding mothers	Promote continued use of iron folate (to complete 90 tabs)	High
231	Nutrition: Breastfeeding mothers	Measure birth weight, length and head circumference in the first 1 hour	High
232	Nutrition: Breastfeeding mothers	Link Breastfeeding mothers to supplementary feeding program (PSNP and other programs)	High
233	Nutrition: Breastfeeding mothers	Treat malnourished Breastfeeding mothers with therapeutic foods	High
234	Nutrition: Breastfeeding mothers	Promote family members (husband, grandparents and other HH members) involvement to provide nutritional care for Breastfeeding women	High
235	Nutrition: Breastfeeding mothers	Promote shift in food taboos using religious leaders and influential community members	High
236	Nutrition: Breastfeeding mothers	Promote access to reproductive health services	High
237	Nutrition: Breastfeeding mothers	Strengthen women economic control and equitable decision making role to improve nutrition	High
238	Nutrition: Breastfeeding mothers	Nutritional care and support (HIV+ pregnant and Breastfeeding women), nutrition intervention with oxandrolone	Low
239	Nutrition: Non-pregnant and non-Breastfeeding women	Promote adequate intake of diversified food	High
240	Nutrition: Non-pregnant and non-Breastfeeding women	Nutritional care and support for HIV+ women	Medium
241	Nutrition: New-born and infants (0-5 months)	Early initiation of breast feeding within one hour	High
242	Nutrition: New-born and infants (0-5 months)	Feeding of colostrum	High
243	Nutrition: New-born and infants (0-5 months)	Avoidance of pre-lacteal feeding	High
244	Nutrition: New-born and infants (0-5 months)	Promote exclusive breast feeding up to 6 months (Breast feeding on demand and day and night and empty one breast at a time)	High
245	Nutrition: New-born and infants (0-5 months)	Demonstrate proper positioning and attachment	High
246	Nutrition: New-born and infants (0-5 months)	Promote appropriate feeding options for infants born to HIV infected mothers	High
247	Nutrition: New-born and infants (0-5 months)	Promote Kangaroo mother care for pre-term and LBW infants	High
248	Nutrition: New-born and infants (0-5 months)	Monthly growth monitoring and promotion (measure weight and age, record, interpret and counsel accordingly)	High
249	Nutrition: New-born and infants (0-5 months)	Continued breast feeding during illness and recovery	High
250	Nutrition: New-born and infants (0-5 months)	Zinc and ORS for diarrheal treatment	High
251	Nutrition: New-born and infants (0-5 months)	Early detection and management of acute malnutrition	High
252	Nutrition: New-born and infants (0-5 months)	Establish BFHF Initiative in all public and private health facilities	High



IC	Sub-program	Essential RMNCH and nutrition interventions	Priority
253	Nutrition: New-born and infants (0-5 months)	Enforce international code of marketing for breast milk substitutes	High
254	Nutrition: New-born and infants (0-5 months)	Promote enactment of maternity leave according to international labour organization convention No. 183	High
255	Nutrition: New-born and infants (0-5 months)	Promote designated breast feeding rooms in all service providing institutions	High
256	Nutrition: New-born and infants (0-5 months)	Support breast feeding working mothers to breast feed until 6 months	High
257	Nutrition: New-born and infants (0-5 months)	Provide age appropriate immunization services	High
258	Nutrition: Infant and young child nutrition (6-23)	Nutrition screening and counselling in health facility and community	High
259	Nutrition: Infant and young child nutrition (6-23)	Counsel on optimal complementary feeding practices (age appropriate amount, frequency and diversity of feeding, responsive feeding)	High
260	Nutrition: Infant and young child nutrition (6-23)	Timely initiation of complementary feeding at 6 months	High
261	Nutrition: Infant and young child nutrition (6-23)	Continued breast feeding until 24 months and beyond	High
262	Nutrition: Infant and young child nutrition (6-23)	Promote feeding of sick child during illness and recovery	High
263	Nutrition: Infant and young child nutrition (6-23)	Zinc and ORS for diarrheal treatment	High
264	Nutrition: Infant and young child nutrition (6-23)	Vitamin A complementation biannually	High
265	Nutrition: Infant and young child nutrition (6-23)	Zinc supplementation	Medium
266	Nutrition: Infant and young child nutrition (6-23)	Detect and manage Acute Malnutrition	High
267	Nutrition: Infant and young child nutrition (6-23)	Link malnourished children to supplementary food support (B/TSFP, PSNP,	High
268	Nutrition: Infant and young child nutrition (6-23)	Promote micronutrient powder in areas where iron deficiency is > 20%	High
269	Nutrition: Infant and young child nutrition (6-23)	Promote enforcement of minimum standard nutritional services for young children in special situations (refugee camps, orphanage, day care centres, PSNP public work sites etc.)	High
270	Nutrition: Infant and young child nutrition (6-23)	Promote local production of enriched complementary foods	High
271	Nutrition: Infant and young child nutrition (6-23)	Demonstrate preparation and utilization of diversified complementary foods	High
272	Nutrition: Infant and young child nutrition (6-23)	Promote key actions for diversification and utilization of complementary foods at household levels	High
273	Nutrition: Infant and young child nutrition (6-23)	Promote production and utilization of bio fortified foods	High
274	Nutrition: Infant and young child nutrition (6-23)	Promote food technologies (powder meat, etc.)	High
275	Nutrition: Infant and young child nutrition (6-23)	Identify and treat anaemia	High

IC	Sub-program	Essential RMNCH and nutrition interventions	Priority
276	Nutrition: Infant and young child nutrition (6-23)	Support local food processing factories to participate in production of ready to use therapeutic food and supplementary food	High
277	Nutrition: Infant and young child nutrition (6-23)	Provide free medical treatment to malnourished children	High
278	Nutrition: Infant and young child nutrition (6-23)	Support food for care takers whose children admitted to Stabilization Centre	High
279	Nutrition: Infant and young child nutrition (6-23)	Promote hygiene and sanitation and access to safe and clean water	High
280	Nutrition: Infant and young child nutrition (6-23)	Promote hand washing at critical times with soap	High
281	Nutrition: Infant and young child nutrition (6-23)	Promote use of household water treatment practices	High
282	Nutrition: Infant and young child nutrition (6-23)	Promote safe and hygienic preparation, storage and handling of food	High
283	Nutrition: Infant and young child nutrition (6-23)	Promote safe and clean household environment (in relation to poultry, small ruminants, household waste management, etc.)	High
284	Nutrition: Infant and young child nutrition (6-23)	Construction and use of pit latrine and safe water supply	Medium
285	Nutrition: Infant and young child nutrition (6-23)	Link food insecure households with children under two to social protection services and nutrition sensitive livelihood and economic opportunities	High
286	Nutrition: Infant and young child nutrition (6-23)	Integrate early childhood care and development stimulation with existing community and facility based nutrition programs	High
287	Nutrition: Infant and young child nutrition (6-23)	Promote use of ITN	High
288	Nutrition: Infant and young child nutrition (6-23)	Promote prevention of food taboos and mal-feeding practices	High
289	Nutrition: Infant and young child nutrition (6-23)	Promote family members involvement during child feeding practices	High
290	Nutrition: Child nutrition (24 - 59 months)	De-worming on biannual basis	High
291	Nutrition: Child nutrition (24 - 59 months)	Promote enforcement of minimum standard nutritional services for young children in special situations (refugee camps, orphanage, day care centres, chronic infections, PSNP public work sites etc.)	High
292	Nutrition: Child nutrition (24 - 59 months)	Demonstrate preparation and utilization of diversified foods	High
293	Nutrition: Child nutrition (24 - 59 months)	Promote key actions for diversification and utilization of diversified foods at household levels	High
294	Nutrition: Child nutrition (24 - 59 months)	Promote home or kitchen gardening and small scale food production that support a diverse range of nutrient dense foods (small animals, cows,	High
295	Nutrition: For school age children (5-10 years)	Promote nutrition education for young children in schools	Low
296	Nutrition: For school age children (5-10 years)	Promote nutrition in schools using teachers and parents association and schools nutrition clubs	High
297	Nutrition: For school age children (5-10 years)	Demonstrate and promote food diversification through school gardening nutrition clubs	High
298	Nutrition: For school age children (5-10 years)	Initiate home grown school feeding program for school age children	High



IC	Sub-program	Essential RMNCH and nutrition interventions	Priority
299	Nutrition: For school age children (5-10 years)	Promote access to safe potable water and sanitation in schools and at home	High
300	Nutrition: For school age children (5-10 years)	Promote proper disposal of human, animal and environmental waste	High
301	Nutrition: For school age children (5-10 years)	Provide school based de-worming service	High
302	Nutrition: For school age children (5-10 years)	Promote healthy eating and exercise to prevent childhood obesity	Low
303	Nutrition: For school age children (5-10 years)	Detect and treat anaemia	High
304	Nutrition: For school age children (5-10 years)	Detect and treat acute malnutrition	High
305	Nutrition: Adolescent (10 - 19 years)	Intermittent weekly iron-folic acid supplementation in HFs and schools	Medium
306	Nutrition: Adolescent (10 - 19 years)	Nutritional assessment, school screening for eating disorder	Medium
307	Nutrition: Adolescent (10 - 19 years)	De-worming for school and out of school children	High
308	Nutrition: Adolescent (10 - 19 years)	School feeding program for vulnerable adolescents	High
309	Nutrition: Adolescent (10 - 19 years)	Promotion of iodized salt use	High
310	Nutrition: Adolescent (10 - 19 years)	Promote physical exercise and healthy eating in	Medium
311	Nutrition: Adolescent (10 - 19 years)	Socio-behavioural change communication to prevent HTP (food taboos, diversified food intake,)	High
312	Nutrition: Adolescent (10 - 19 years)	Promote delay in early marriage until 18 years and delay first pregnancy until age 19	High
313	Nutrition: Adolescent (10 - 19 years)	Nutrition for adolescent girls in special situation (HIV, emergency, obesity, eating disorder)	High
314	Nutrition: Adolescent (10 - 19 years)	Management of acute malnutrition in adolescents	Medium
315	Nutrition: Adolescent (10 - 19 years)	Promote adolescent RH services	High
316	Nutrition: Adolescent (10 - 19 years)	Promote establishment of nutrition clubs in schools	High
317	Nutrition: Adolescent (10 - 19 years)	Promote establishment of school gardening program	High
318	Nutrition: Adolescent (10 - 19 years)	Promote school nutrition demonstration program	High
319	Nutrition: Productive work force (19-65 yrs.): Communicable and NCD	Nutrition assessment, counselling and support for HIV+, TB and other infectious diseases	medium
320	Nutrition: Productive work force (19-65 yrs.): Communicable and NCD	Promote healthy dietary behaviours and exercise to prevent obesity/reduce risk of NCDs	High
321	Nutrition: Productive work force (19-65 yrs.): Communicable and NCD	Promote salt, alcohol, cigarettes, chat and sugar restrictions	High

IC	Sub-program	Essential RMNCH and nutrition interventions	Priority
322	Nutrition: Productive work force (19-65 yrs.): Communicable and NCD	Enforce taxation of alcohol, cigarette, chat and sugary beverages	High
323	Nutrition: Productive work force (19-65 yrs.): Communicable and NCD	Utilize tax recovery to support nutrition	High
324	Nutrition: Productive work force (19-65 yrs.): Communicable and NCD	Link HIV+ and TB clients with IGAs and other nutrition sensitive interventions	High
325	Nutrition: Productive work force (19-65 yrs.): Communicable and NCD	Promote local food processing factories to produce RUTF and RUSF for HIV+ and TB	High
326	Nutrition: Productive work force (19-65 yrs.): Communicable and NCD	Promote nutrition education for improve nutrition behaviour and practices	Low
327	Nutrition: Productive work force (19-65 yrs.): Communicable and NCD	promote nutrition education, healthy eating and Exercises at industry parks, system level cost	Medium
328	Nutrition: Productive work force (19-65 yrs.): Communicable and NCD	promote and ensure food safety and quality to the general population	High
329	Nutrition: Productive work force (19-65 yrs.): Communicable and NCD	Promote production and consumption of organic foods	High
330	Nutrition: Elderly (>65 yrs.)	Nutrition assessment, counselling and support to elderly people	Medium
331	Nutrition: Elderly (>65 yrs.)	Promote healthy eating and exercise to prevent obesity/reduce risk of NCDs	Medium
332	Nutrition: Elderly (>65 yrs.)	Community care and support for the elderly, oral nutritional supplements in older malnourished care home residents	Low
333	Nutrition: Elderly (>65 yrs.)	Extended nutritional intervention in older hospitalized patients	Low

## 4.2 Major communicable diseases

In this major programme area, HIV/AIDS, TB and malaria interventions are included. In addition, the interventions targeting sexually transmitted infections and leprosy are listed. Therefore, in total, 62 interventions are included in this section.

Table 9: Essential HIV/AIDS, TB and malaria interventions

IC	Sub-programme	Essential HIV/AIDS, TB and malaria interventions	Priority
398	HIV/AIDS: prevention	Targeted behavioural change communication (BCC) for the most at-risk population and vulnerable groups	High
399	HIV/AIDS: prevention	HIV/AIDS BCC for the general population	High
400	HIV/AIDS: prevention	Condom distribution for the most at-risk population and vulnerable groups	High
401	HIV/AIDS: prevention	Prevention and treatment of STI in the context of HIV prevention	High

IC	Sub-programme	Essential HIV/AIDS, TB and malaria interventions	Priority
402	HIV/AIDS: prevention	Targeted quality assured HIV testing and counselling services: self-testing	High
403	HIV/AIDS: prevention	Targeted quality assured HIV testing and counselling services: VCT	High
404	HIV/AIDS: prevention	Targeted quality assured HIV testing and counselling services: PITC	High
405	HIV/AIDS: prevention	PMTCT	High
406	HIV/AIDS: prevention	Voluntary medical male circumcisions	High
407	HIV/AIDS: prevention	Post-exposure prophylaxis (PEP) for occupational exposure and sexual assault victims	Low
408	HIV/AIDS: prevention	Pre-exposure prophylaxis (PrEP) for FSWs and zero-discordant HIV negative partner	Low
409	HIV/AIDS: prevention	Ensuring quality assured testing of all donated load for transfusion transmissible infections (TTIs)_HIV,HBV,HCV and syphilis	high
410	HIV/AIDS: care and treatment	ART (first-line treatment) for adults	High
411	HIV/AIDS: care and treatment	ART (second-line treatment) for adults	High
412	HIV/AIDS: care and treatment	ART (third-line treatment) for adults	Medium
413	HIV/AIDS: care and treatment	Cotrimoxazole for children and adolescents	Medium
414	HIV/AIDS: care and treatment	Paediatric ART	High
415	HIV/AIDS: care and treatment	Additional ART for TB patients and adolescents	High
416	HIV/AIDS: care and treatment	Management of opportunistic infections associated with HIV/AIDS and adolescents	High
417	HIV/AIDS: care and treatment	Nutrition supplements in first six months for HIV/AIDS cases	High
418	HIV/AIDS: care and treatment	Collaborative HIV/AIDS and TB interventions screening, community screening every six month and administer IPT and initiation of ART	High
419	HIV/AIDS: care and treatment	Screen HIV+ cases for TB infection	High
420	HIV/AIDS: care and treatment	ART for TB HIV+ patients	high
421	HIV/AIDS: care and treatment	HIV prevention for TB patients	high
422	STI: prevention	BCC on safer sexual behaviour	Medium
423	STI: prevention	Partner notification and treatment	medium
424	STI: prevention	Provision of condoms to key and priority populations	High
425	STI: prevention	HIV testing in STI patients VS inpatient testing	High
426	STI: prevention	Provide human papilloma virus (HPV) vaccination	Low
427	STI: prevention	Hepatitis B virus vaccination	High
428	STI: treatment	Syndromic case management	Low
429	STI: treatment	Treatment of STI to prevent HIV	High
430	STI: treatment	Provide STI clinical services and outreach to female sex workers and their male clients	High
431	STI: treatment	Screening and treatment for syphilis during pregnancy	High

IC	Sub-programme	Essential HIV/AIDS, TB and malaria interventions	Priority
432	STI: treatment	Adolescent-friendly STI services (provision of condom, STI screening and treatment) within schools or health facilities	Low
433	TB: diagnosis	Treatment + Detection (smear + Xpert) + Drug sensitivity analysis	High
434	TB: diagnosis	Treatment + Detection (smear + Xpert) + Drug sensitivity analysis and ART prioritisation for TB cases	High
435	TB: diagnosis	Treatment + Detection (smear + Xpert) + Drug sensitivity analysis, ART prioritisation for TB cases, preventive therapy for children	High
436	TB: diagnosis	Treatment + Detection (smear + Xpert) + Drug sensitivity analysis and preventive therapy	High
437	TB: diagnosis	Treatment + Detection (smear + Xpert) + Drug sensitivity analysis and preventive therapy for children	High
438	TB: diagnosis	Treatment + Detection (smear generally and culture for MDR) + Drug sensitivity analysis	High
439	TB: diagnosis	Treatment + Detection (smear generally and culture for MDR) + Drug sensitivity analysis and ART prioritisation for TB cases	High
440	TB: diagnosis	Treatment + Detection (smear generally and culture for MDR) + Drug sensitivity analysis and ART prioritisation for TB cases and preventive therapy for children	High
441	TB: diagnosis	Treatment + Detection (smear generally and culture for MDR) + Drug sensitivity analysis and preventive therapy	High
442	TB: diagnosis	Treatment + Detection (smear generally and culture for MDR) + Drug sensitivity analysis and Preventive therapy for children	High
443	Leprosy: elimination	Reconstructive surgery for leprosy	High
444	Leprosy: elimination	Footwear and self-care education for leprosy	High
445	Leprosy: elimination	Chemoprophylaxis for contacts of leprosy cases and for ulcer	High
446	Leprosy: elimination	Detection and management of disability owing to leprosy	High
447	Malaria: prevention	Long-lasting insecticide-treated nets (LLIN)	High
448	Malaria: prevention	Indoor residual spraying with propoxure	High
449	Malaria: prevention	Other vector control: mosquito repellent	Low
450	Malaria: prevention	Other vector control: window screening	Low
451	Malaria: prevention	Other vector control: larviciding	Low
452	Malaria: prevention	Other vector control: drainage of breeding swampy and marshy sites/irrigation canals	Low
453	Malaria: prevention	Intermittent preventive treatments (pregnant women)	Low
454	Malaria: prevention	Active surveillance of cases, school-based intermittent screen and treat	High
455	Malaria: case management	Detection [RDT] and treatment of uncomplicated malaria	High
456	Malaria: case management	Detection [Microscopy] and treatment of uncomplicated malaria with artemether-lumefantrine	High
457	Malaria: case management	Detection [RDT] and treatment of severe malaria	High
458	Malaria: case management	Detection [Microscopy] and treatment of severe malaria	High
459	Malaria: case management	G6PD testing and radical cure treatment for vivax	Medium

### 4.3. Non-communicable diseases (NCDs)

In this section, 218 essential NCD interventions included in the package are listed. About 70 of the interventions target neoplastic conditions. About 50 interventions target mental, neurological and substance-use disorders, and there are 28 cardiovascular interventions. About 14 interventions are for respiratory diseases, 8 are for renal diseases and 8 are for non-communicable eye health problems. In addition, 23 policies, BCC and interventions targeting all NCDs and risk factors are included in this subsection of the EHSP.

Table 10: Essential NCD interventions for Ethiopia

IC	Sub-programme	Essential NCD interventions for Ethiopia	Priority
495	All NCDs: BCC and policy interventions	BCC to increase physical activity + obesity reduction educations	Low
496	All NCDs: BCC and policy interventions	Tobacco: protect people from tobacco smoke	High
497	All NCDs: BCC and policy interventions	Tobacco: warn about danger: warning labels	Medium
498	All NCDs: BCC and policy interventions	Tobacco: warn about danger: mass media campaign	Medium
499	All NCDs: BCC and policy interventions	Tobacco: enforce bans on tobacco advertising	High
500	All NCDs: BCC and policy interventions	Tobacco: enforce youth access restriction	Medium
501	All NCDs: BCC and policy interventions	Raise taxes on all tobacco products	High
502	All NCDs: BCC and policy interventions	Hazardous alcohol use: enforce restrictions on the availability of retailed alcohol	Low
503	All NCDs: BCC and policy interventions	Hazardous alcohol use: enforce restrictions on alcohol advertising	medium
504	All NCDs: BCC and policy interventions	Physical inactivity: awareness campaigns to encourage increased physical activity	Low
505	All NCDs: BCC and policy interventions	Raise taxes on alcoholic beverages	Medium
506	All NCDs: BCC and policy interventions	Sodium: harness industry for reformulation	High
507	All NCDs: BCC and policy interventions	Sodium: Adopt standards: Front of pack labelling	High
508	All NCDs: BCC and policy interventions	Sodium: knowledge: education and communication	High
509	All NCDs: BCC and policy interventions	Sodium: environment: salt reduction strategies in community-based eating spaces	High
510	All NCDs: BCC and policy interventions	Offer to help quit tobacco use: brief intervention	Medium
511	All NCDs: BCC and policy interventions	Screening and brief intervention for hazardous and harmful alcohol use	Medium
512	All NCDs: BCC and policy interventions	Physical inactivity: brief advice as part of routine care	High
513	All NCDs: BCC and policy interventions	Restrictions on retail and use of Khat and other substances	Medium

IC	Sub-programme	Essential NCD interventions for Ethiopia	Priority
514	All NCDs: BCC and policy interventions	Implement large graphic health warnings on all tobacco packages	Medium
515	All NCDs: BCC and policy interventions	Nutritional labelling (reduce salt, sugar and fat intake through the implementation of front-of pack labelling)	Medium
516	All NCDs: BCC and policy interventions	Health and age warnings on alcohol products	Medium
517	All NCDs: BCC and policy interventions	Implement community-wide mass sporting, education and awareness campaign for physical activity	Medium
518	All NCDs: BCC and policy interventions	Enact policies on the design of buildings and roads which encourage physical activity (play grounds parks, sidewalks, bicycle tracks and workplace exercise corners)	Medium
519	All NCDs: BCC and policy interventions	Enact and enforce restrictions on the physical availability of retailed alcohol (via reduced hours and age of sale)	Medium
520	All NCDs: BCC and policy interventions	Provide brief psychosocial intervention for persons with hazardous and harmful alcohol use	Low
521	All NCDs: BCC and policy interventions	Setting of target levels for the amount of salt in foods and meals	Medium
522	All NCDs: BCC and policy interventions	Encourage production and/or importation of healthy (mono and poly unsaturated) fats	Medium
523	All NCDs: BCC and policy interventions	Eliminate industrial trans-fats through the development of legislation to ban their use in the food chain	Medium
524	All NCDs: BCC and policy interventions	Increase access to electricity and low-emission energy-efficient cooking stoves	Medium
525	All NCDs: BCC and policy interventions	Raise tax on Khat	Medium
526	All NCDs: BCC and policy interventions	Screening for Khat use and brief intervention	Medium
527	All NCDs: BCC and policy interventions	Management of Khat intoxication and withdrawal	Medium
528	All cancers	Basic palliative care for cancer at home, community and health facility	Medium
529	All cancers	Raise awareness on the risk factors of cancers, media awareness	Medium
530	All cancers	Early detection/screening of most common cancers, biennial clinical breast examination (CBE) screening (40–69) + treatment of stage I to IV	Medium
531	Breast cancer	Basic breast cancer awareness education and education on self-examination	Medium
532	Breast cancer	Screening: clinical breast exam	Medium
533	Breast cancer	Screening: mammography	Low
534	Breast cancer	Breast cancer treatment: stage 1	Medium
535	Breast cancer	Breast cancer treatment: stage 2	Medium
536	Breast cancer	Breast cancer treatment: stage 3	Medium
537	Breast cancer	Breast cancer treatment: stage 4	Medium
538	Breast cancer	Basic palliative care for breast cancer	Medium
539	Breast cancer	Extended palliative care for breast cancer	Low
540	Cervical cancer	Vaccination against HPV of girls aged 9–14 years	High
541	Cervical cancer	Cervical conisation/loop electro-surgical excision procedure (LEEP)	Medium
542	Cervical cancer	HPV DNA and cryotherapy	High
543	Cervical cancer	Visual inspection with acetic acid (VIA) and cryotherapy	High

IC	Sub-programme	Essential NCD interventions for Ethiopia	Priority
544	Cervical cancer	PAP smear and cryotherapy	High
545	Cervical cancer	HPV DNA test	High
546	Cervical cancer	VIA	High
547	Cervical cancer	Papanicolaou test (Pap smear)	High
548	Cervical cancer	HPV DNA + VIA	High
549	Cervical cancer	HPV DNA + Pap smear	High
550	Cervical cancer	Cryotherapy	Medium
551	Cervical cancer	LEEP	Medium
552	Cervical cancer	Cervical cancer treatment: stage I	High
553	Cervical cancer	Cervical cancer treatment: stage II	Medium
554	Cervical cancer	Cervical cancer treatment: stage III	Medium
555	Cervical cancer	Cervical cancer treatment: stage IV	Medium
556	Cervical cancer	Basic palliative care for cervical cancer	Low
557	Cervical cancer	Extended palliative care for cervical cancer	Low
558	Ovarian cancer	Diagnosis and management of ovarian cancer (surgery), primary debulking surgery	Low
559	Thyroid cancer	Diagnosis and management of thyroid cancer, surgery vs. low-dose radioactive iodine	Medium
560	Colorectal cancer	Screening: faecal occult blood testing	Low
561	Colorectal cancer	Screening: sigmoidoscopy	Low
562	Colorectal cancer	Screening: colonoscopy	Low
563	Colorectal cancer	Colorectal cancer treatment: stage I (+ colonoscopy)	Low
564	Colorectal cancer	Colorectal cancer treatment: stage II (+ colonoscopy)	Low
565	Colorectal cancer	Colorectal cancer treatment: stage III (+ colonoscopy)	Low
566	Colorectal cancer	Colorectal cancer treatment: stage IV (+ colonoscopy)	Low
567	Colorectal cancer	Basic palliative care for colorectal cancer	Low
568	Colorectal cancer	Extended palliative care for colorectal cancer	Low
569	Oesophageal cancer	Diagnosis with endoscopy, biopsy/pathology	High
570	Oesophageal cancer	Treatment of oesophageal cancer (chemotherapy/surgery/radiotherapy)	Low
571	Lip and oral cancer	Diagnosis of lip and oral cancer	High
572	Lip and oral cancer	Lip and oral cancer treatment radiotherapy + chemotherapy	Low
573	Lip and oral cancer	Treatment with chemo/hormonal therapy	medium
574	Nasopharynx cancer	Nasopharynx cancer: diagnosis using MRI and positron emission tomography	medium
575	Nasopharynx cancer	Nasopharynx cancer treatment: radiotherapy + chemotherapy,	Medium
576	Liver cancer (hepatoma)	Diagnosis: blood tests, ultrasound/fine needle aspiration, pathology, annual surveillance for hepatocellular carcinoma in cirrhotic patients	Medium
577	Liver cancer (hepatoma)	Treatment of hepatitis C, all eligible patients receiving conventional combination therapy after stabilising on methadone maintenance therapy in 1000 IDUs	Low
578	Liver cancer (hepatoma)	Biopsy, surgery, chemotherapy, transarterial radioembolisation vs. sorafenib	Low
579	Liver cancer (hepatoma)	Treat late stage liver cancer, liver transplant with one year follow-up	Low
580	Liver cancer (hepatoma)	Viral hepatitis surveillance	High
581	Liver cancer (hepatoma)	Screening blood transfusion for hepatitis B and C, HIV combo + HCV combo + HBsAg	Medium
582	Liver cancer (hepatoma)	Hepatitis B vaccination	High



IC	Sub-programme	Essential NCD interventions for Ethiopia	Priority
583	Liver cancer (hepatoma)	Vaccination of health care workers	High
584	Liver cancer (hepatoma)	Diagnosis and treatment of HBV	High
585	Liver cancer (hepatoma)	Diagnosis and treatment of HCV	Medium
586	Liver cancer (hepatoma)	Treatment of intrahepatic cholangiocarcinoma, hepatic resection for ICC greater than 6 cm vs. initial systemic chemotherapy	Medium
587	Prostate cancer	Diagnosis of prostate cancer: PSA, blood tests, rectal examination, PSA screening at age 55–59 years at 2-year intervals	Low
588	Prostate cancer	Treatment of prostate cancer: surgery, chemotherapy, radiotherapy, stereotactic body radiation therapy vs. intensity-modulated radiation therapy	Low
589	Hodgkin lymphoma	Treatment of Hodgkin lymphoma cancer	Low
590	Childhood cancers	Diagnosis and treatment of childhood leukaemia, childhood cancer treatment	Medium
591	Childhood cancers	Treatment of non-Hodgkin's lymphomas, treatment with cyclophosphamide, doxorubicin, vincristine and prednisone (CHOP)	Low
592	Childhood cancers	Diagnosis of Wilm's tumour in children with Beckwith-Wiedemann syndromes	Low
593	Childhood cancers	Diagnosis and treatment of retinoblastoma	Low
594	Childhood cancers	Diagnosis and treatment of childhood Hodgkin's lymphomas	Medium
595	Childhood cancers	Diagnosis and management childhood bone and cartilage cancers	Low
596	Hypertension	Targeted screening for hypertension, 140/90 mm Hg compared with 160/95 mm Hg for initiation of drug	High
597	Hypertension	Management of hypertension (pharmacologic and life style modifications), management through community health workers	High
598	Hypertension	Healthy life style counselling for the management of hypertension, combined home health education (HHE) and trained general practitioner (GP)	High
599	Hypertension	Management of hypertensive crisis	High
600	Ischemic heart disease, stroke and peripheral artery diseases	Screening for risk of CVD, screening with coronary artery calcification on CT vs. current practice	Medium
601	Ischemic heart disease, stroke and peripheral artery diseases	Follow-up care for those at low to moderate risk of CVD, aspirin	Medium
602	Ischemic heart disease, stroke and peripheral artery diseases	Treatment for those with high absolute risk of CVD (>35%) with a combination of drugs	High
603	Ischemic heart disease, stroke and peripheral artery diseases	Treatment for those with high blood pressure but low absolute risk of CVD, CVD > 15% compared with CVD > 20%	High
604	Ischemic heart disease, stroke and peripheral artery diseases	Treatment for those with absolute risk of CVD 20%–30%, CVD > 20% compared with CVD > 30%	High
605	Ischemic heart disease, stroke and peripheral artery diseases	Treatment for those with high absolute risk of CVD (>30%), compared with CVD > 40%	High



IC	Sub-programme	Essential NCD interventions for Ethiopia	Priority
606	Ischemic heart disease, stroke and peripheral artery diseases	Treatment adherence counselling, state-wide campaign to promote aspirin use for primary prevention of cardiovascular diseases	Medium
607	Ischemic heart disease, stroke and peripheral artery diseases	Palliative care to ischemic heart disease, stroke, PAD with amputation, cholesterol lowering treatment for total chol. > 6.2 mmol/l	Medium
608	Acute myocardial infarction (AMI)	Treatment of new cases of acute myocardial infarction (AMI) with aspirin	Low
609	AMI	Conventional cardiac troponin (cTnT) assay for the diagnosis of AMI	Low
610	AMI	Management of acute coronary syndrome	Medium
611	AMI	Treatment of cases with established ischemic heart disease (IHD)	Low
612	AMI	Prehospital and emergency care for suspected AMI, fractional flow reserve (FFR) vs. angiography	Low
613	AMI	Treatment of new cases of MI with primary percutaneous coronary intervention	Low
614	AMI	Treatment of cases with MI with coronary artery bypass graft	Low
615	AMI	Treatment of cases with MI with percutaneous coronary intervention	low
616	AMI	Care for suspected stroke (CVA), ASA	Low
617	AMI	Treatment of acute ischemic stroke with intravenous thrombolytic therapy, streptokinase	Low
618	AMI	Treatment for those with established cerebrovascular disease and post stroke, ACE-inhibitor	Low
619	Peripheral artery diseases	Management for acute critical limb ischemia PAD, clopidogrel vs. aspirin	Medium
620	Rheumatic heart disease	Treatment of acute suspected bacterial tonsillopharyngitis to prevent rheumatic fever, management of acute rheumatic fever (ARF) and rheumatic heart disease (RHD) compared to do nothing options	High
621	Rheumatic heart disease	Screening of cases with rheumatic heart disease	High
622	Rheumatic heart disease	Management of rheumatic heart disease complications, management of ARF and RHD compared to do nothing options	High
623	Heart failure	Medical management of heart failure with diuretics, beta-blockers, ACE inhibitors and mineralocorticoid antagonists	Low
624	Asthma	Asthma: inhaled short acting beta agonist for intermittent asthma	Low
625	Asthma	Asthma: low dose inhaled beclometasone + SABA	Low
626	Asthma	Asthma: high dose inhaled beclometasone + SABA	Low
627	Asthma	Asthma: theophylline + High dose inhaled beclometasone + SABA	Low
628	Asthma	Asthma: oral prednisolone + theophylline + high dose inhaled beclometasone + SABA	Low
629	Chronic respiratory disorders	COPD: smoking cessation	High
630	Chronic respiratory disorders	COPD: inhaled salbutamol	Medium
631	Chronic respiratory disorders	COPD: low-dose oral theophylline	Medium
632	Chronic respiratory disorders	COPD: ipratropium inhaler	Low
633	Chronic respiratory disorders	COPD: exacerbation treatment with antibiotics	Low
634	Chronic respiratory disorders	COPD: exacerbation treatment with oral prednisolone	High

IC	Sub-programme	Essential NCD interventions for Ethiopia	Priority
635	Chronic respiratory disorders	COPD: exacerbation treatment with oxygen, pulmonary rehabilitation	Low
636	Bronchiectasis	Diagnosis, management including rehabilitation for bronchiectasis (with antibiotics, rehabilitative and preventive)	Low
637	Occupational lung diseases	Diagnosis, management and prevention of occupational lung diseases	Medium
638	Diabetes mellitus treatment	Targeted screening for type 2 diabetes, screening beginning from age 40 years	Medium
639	Diabetes mellitus treatment	Healthy life style counselling for management of diabetes, screening and exercise intervention starting from age 25 years	Medium
640	Diabetes mellitus treatment	Comprehensive management of type 2 DM, BTT vs. TTT	Low
641	Diabetes mellitus treatment	Diagnosis and comprehensive management of type 1 DM	High
642	Diabetes mellitus treatment	Screening and laser treatment for diabetic retinopathy and macular oedema	Medium
643	Diabetes mellitus treatment	Screening and treatment of people with diabetes type 2 DM	Low
644	Acute renal failure	Dialysis for acute, reversible kidney injury	Medium
645	Chronic kidney diseases	Haemodialysis for chronic kidney failure compared to do nothing	Low
646	Chronic kidney diseases	Peritoneal dialysis for chronic kidney failure	Low
647	Chronic kidney diseases	Screening for chronic kidney disease in high-risk groups, 2-year interval microalbuminuria screening beginning at age 50 years for 1 million individuals	Low
648	Chronic kidney diseases	Diagnosis and treatment of CKD, sevelamer for the treatment of hyperphosphatemia in chronic kidney disease	Low
649	Chronic kidney diseases	Treatment of hypertension in kidney disease, renal denervation therapy	Medium
650	Chronic kidney diseases	Management of complications of CKD, moderate protein diet	High
651	Chronic kidney diseases	Kidney transplantation	Low
652	Cataract	Awareness creation and screening for cataract, combined maternity ward and well-baby clinic eye screening compared with well-baby clinic screening alone	Medium
653	Cataract	Cataract surgery	High
654	Refractive error	Awareness creation of RE and importance of eye glasses	Medium
655	Refractive error	School screening	Medium
656	Refractive error	Opportunistic screening for refractive errors in adults	High
657	Refractive error	Correction of refractive error with eye glass, screening in health facilities spectacles for 5–15-year-old children	High
658	Glaucoma	Screening for glaucoma for selected population groups	High
659	Glaucoma	Medical and surgical treatment of glaucoma, laser trabeculoplasty	Medium
660	MNSD: BCC and policy interventions	BCC and awareness creation programme on all MNSD	High
661	MNSD: BCC and policy interventions	Enact mental health legislation	High
662	MNSD: BCC and policy interventions	Workplace stress reduction programmes, health promotion targeting physical activity and healthy eating in mental health care	Medium
663	MNSD: BCC and policy interventions	In school: mental health awareness among school children and structured physical activity, programmes that advance positive thinking, stress reduction programmes and psychological and educational counselling	High

IC	Sub-programme	Essential NCD interventions for Ethiopia	Priority
664	Depressive disorders	Basic psychosocial treatment for mild depression	High
665	Depressive disorders	Basic psychosocial treatment and anti-depressant medication of the first episode moderate-severe cases	High
666	Depressive disorders	Intensive psychosocial treatment and anti-depressant medication of the first episode moderate-severe cases	High
667	Depressive disorders	Intensive psychosocial treatment and anti-depressant medication of recurrent moderate-severe cases on an episodic basis	High
668	Depressive disorders	Intensive psychosocial treatment and anti-depressant medication of recurrent moderate-severe cases on a maintenance basis	High
669	Depressive disorders	Psychosocial care for peril-natal depression	High
670	Psychotic disorders	Diagnosis and management of psychosis with first generation and second generation antipsychotics and CBT	Low
671	Psychotic disorders	Basic psychosocial support and anti-psychotic medication	Medium
672	Psychotic disorders	CBT as adjunctive treatment for positive symptoms. Cognitive remediation therapies in the early stages of the disorder. Psychoeducation reduces relapse, readmission and length of hospital stay while encouraging medication compliance	Low
673	Psychotic disorders	Basic psychosocial support and anti-psychotic medication	Medium
674	Psychotic disorders	Psychosocial interventions to reducing the need for antipsychotic medications	High
675	Psychotic disorders	Intensive psychosocial support and anti-psychotic medication	Low
676	Psychotic disorders	Continuing care of schizophrenia	High
677	Psychotic disorders	Management of refractory psychosis with clozapine	Low
678	Bipolar disorder	Basic psychosocial treatment, advice and follow-up for bipolar disorder plus mood-stabilising medication	Low
679	Bipolar disorder	Intensive psychosocial intervention for bipolar disorder plus mood-stabilising medication	Low
680	Anxiety disorders	Basic psychosocial treatment for anxiety disorders (mild cases)	High
681	Anxiety disorders	Basic psychosocial treatment and anti-depressant medication for anxiety disorders (moderate-severe cases)	High
682	Anxiety disorders	Intensive psychosocial treatment and anti-depressant medication for anxiety disorders (moderate-severe cases)	High
683	Stress-related disorders (PTSD)	Non-trauma-focused CBT and eye movement desensitisation and reprocessing, CBT (particularly trauma-focused CBT)	High
684	Epilepsy	Diagnosis and management of epilepsy, partial seizure	Low
685	Epilepsy	Epilepsy: basic psychosocial support, advice and follow-up plus anti-epileptic medication	High
686	Dementia	Diagnosis and treatment of dementia, specialist unit to care for older people with delirium and dementia	Low
687	Dementia	Opportunistic screening for the detection of dementia	Low
688	Childhood and adolescent mental, behavioural and developmental disorders	Parenting programmes in infancy to promote early child development	High
689	Childhood and adolescent mental, behavioural and developmental disorders	Improve the quality of antenatal and perinatal care to reduce risk factors associated with intellectual disability	High

IC	Sub-programme	Essential NCD interventions for Ethiopia	Priority
690	Childhood and adolescent mental, behavioural and developmental disorders	Screening for congenital hypothyroidism among infants	Low
691	Developmental disorders	Family psychoeducation	High
692	Behavioural disorders	Psychosocial interventions for treatment of behavioural disorders	Low
693	ADHD	Diagnosis and treatment of ADHD including methylphenidate	Low
694	ADHD	Family psychoeducation (ADHD)	Medium
695	Common childhood mental disorders	Identification of children with MNS disorders in schools	Medium
696	Emotional disorders	Psychosocial interventions, treatment of emotional disorders, CBT	Low
697	Depression in older children and adolescents	Antidepressants among adolescents with moderate-severe depressive disorder for whom psychosocial interventions have proven ineffective	Medium
698	Childhood and adolescent mental, behavioural and developmental disorders	Anxiety, post-traumatic stress disorder-Cognitive and behavioural therapy	Medium
699	Alcohol use disorders	Screening and brief interventions for alcohol use disorders	medium
700	Alcohol use disorders	Management of alcohol withdrawal	medium
701	Alcohol use disorders	Relapse prevention medication for alcohol use/dependence	medium
702	Opioid use disorder	Opioid substitution therapy (methadone and buprenorphine) for opioid dependence, methadone	Low
703	Others drug use disorders (illicit, cannabis, Khat, tobacco and others)	Identification and assessment of new cases of drug use/dependence	Low
704	Others drug use disorders (illicit, cannabis, Khat, tobacco and others)	Brief interventions and follow-up for drug use/dependence, multidimensional family therapy compared to cognitive behavioural therapy	Low
705	Others drug use disorders (illicit, cannabis, Khat, tobacco and others)	Management of drug withdrawal, 7% to full coverage of medically managed smoking cessation	Low
706	Others drug use disorders (illicit, cannabis, Khat, tobacco and others)	Management of tobacco (nicotine) dependence, varenicline	Medium
707	Suicide and self-harm	Assess and care for person with self-harm, suicide prevention programme	Low
708	Suicide and self-harm	Basic psychosocial treatment, advice and follow-up for self-harm/suicide	High
709	Suicide and self-harm	Safer storage of pesticides in the community and farming households, provision of low cost/free equipment	Medium
710	Suicide and self-harm	Emergency management of poisoning, penicillamine chelation with crossover to EDTA provocation test if toxicity occurs.	High
711	Suicide and self-harm	Planned follow-up and monitoring of suicide attempters	Low
712	Suicide and self-harm	Treatment of comorbid mood and substance use disorder, internet-based therapeutic education system plus usual care	Medium

#### 4.4. Surgery and injury care

Essential surgical care is defined as a condition that is primarily or extensively treated by surgical procedures. Accordingly, 44 procedures have been identified as essential surgical procedures meeting the above criteria. Majority of the procedures can be performed at the primary care level, and the list includes emergency lifesaving procedures as well as selected non-emergency essential surgical interventions for obstetric, ophthalmic, dental and congenital conditions. In this section, 206 interventions are included (Table 11).

Table 11: Essential surgical intervention for Ethiopia

IC	Sub-programme	Essential surgical intervention	Priority
713	Gynaecology and obstetrics conditions	Caesarean section	High
714	Gynaecology and obstetrics conditions	Abdominal hysterectomy	medium
715	Gynaecology and obstetrics conditions	Repair of uterine perforation and rupture	High
716	Gynaecology and obstetrics conditions	Surgical management of pelvic organ prolapse	Medium
717	Gynaecology and obstetrics conditions	Conservative management of pelvic organ prolapse	Medium
718	Gynaecology and obstetrics conditions	Repair of obstetric fistula	High
719	Gynaecology and obstetrics conditions	Cervical biopsy	Low
720	Gynaecology and obstetrics conditions	Endometrial biopsy	High
721	Gynaecology and obstetrics conditions	Surgical management of major benign gynaecological conditions	Medium
722	Gynaecology and obstetrics conditions	Surgical management of major malignant gynaecological conditions	High
723	Gynaecology and obstetrics conditions	Female genital anomalies surgeries	Low
724	Gynaecology and obstetrics conditions	Salpingo-ophorectomy	Medium
725	Gynaecology and obstetrics conditions	Colposcopy	Low
726	Gynaecology and obstetrics conditions	Hystero-salpingography	Medium
727	Gynaecology and obstetrics conditions	Ectopic pregnancy laparotomy	Medium
728	Gynaecology and obstetrics conditions	Destructive delivery	High
729	Gynaecology and obstetrics conditions	Laparotomy for gynaecologic emergency	High
730	Gynaecology and obstetrics conditions	Diagnostic and therapeutic laparoscopy	Low
731	Trauma and injury	Laceration repair and wound care	Low

IC	Sub-programme	Essential surgical intervention	Priority
732	Trauma and injury	Air way procedures including Tracheostomy and crico-thyroideotomy	Low
733	Trauma and injury	Tube thoracostomy for air or fluid collection in the pleura	Low
734	Trauma and injury	Focused assessment of sonography for trauma (FAST)	Medium
735	Trauma and injury	Explorative laparotomy for trauma	Medium
736	Trauma and injury	Emergency thoracotomy for severe chest injury	Medium
737	Trauma and injury	Vascular exploration and repair/anastomosis for trauma	Medium
738	Trauma and injury	Neck exploration for severe neck injuries	Low
739	Trauma and injury	Cut-down for vascular access	Low
740	Trauma and injury	Non-operative management of fracture and dislocation (pain management, immobilisation, POP application, traction, dislocation reduction)	Medium
741	Trauma and injury	Operative management of fractures (internal and external fixations)	High
742	Trauma and injury	Non-operative burn management (resuscitation, oxygen delivering, pain management and wound care), enclosed silver dressing	Medium
743	Trauma and injury	Burn management: escharotomy and fasciotomy	Medium
744	Trauma and injury	Skin graft and flap	Medium
745	Trauma and injury	Management of acute hand trauma (tendon and neurovascular)	Medium
746	Trauma and injury	Trauma-related amputation	High
747	Trauma and injury	Basic wound management including wound toilet, debridement repair of lacerations and splinting of fractures	Low
748	Trauma and injury	Burr-hole and elevation of depressed skull fracture for head injuries	Medium
749	Trauma and injury	Comprehensive intracranial pressure management/monitoring	Medium
750	Trauma and injury	Cervical and back protection	Medium
751	Trauma and injury	Post trauma extremity rehabilitation	Medium
752	Non-trauma surgical conditions	Draining superficial abscesses	Medium
753	Non-trauma surgical conditions	Excision of small soft tissue tumours: cysts, lipoma and ganglion	Low
754	Non-trauma surgical conditions	Male circumcision	High
755	Non-trauma surgical conditions	Hydrocelectomy	High
756	Non-trauma surgical conditions	Relieving acute urinary retention by catheterisation, closed supra-pubic cystectomy	Low
757	Non-trauma surgical conditions	Orchidopexy	Low
758	Non-trauma surgical conditions	Trans vesical prostatectomy (TVP)	Low
759	Non-trauma surgical conditions	TURBT	Medium
760	Non-trauma surgical conditions	Cysto-lithotomy	Low
761	Non-trauma surgical conditions	Rectal tube deflation for sigmoid volvulus	High
762	Non-trauma surgical conditions	Management of intussusception	High

IC	Sub-programme	Essential surgical intervention	Priority
763	Non-trauma surgical conditions	Colostomy for ano-rectal malformation	Medium
764	Non-trauma surgical conditions	Management of foreign body swallowing/aspiration	High
765	Non-trauma surgical conditions	Explorative laparotomy for acute abdomen (acute appendicitis, ectopic pregnancy, ovarian torsion, perforation and trauma)	High
766	Non-trauma surgical conditions	Laparoscopy, cholecystectomy and appendectomy	High
767	Non-trauma surgical conditions	Biliary bypass procedures and T-tube insertion for hepato-biliary pathologies	High
768	Non-trauma surgical conditions	Repair of hernias: tissue repair and mesh repair	High
769	Non-trauma surgical conditions	Colostomy construction and reversal	Medium
770	Non-trauma surgical conditions	Hemicolectomies	Medium
771	Non-trauma surgical conditions	Surgical management of peri-anal conditions: haemorrhoids, fistula in anus, anal fissures and peri-anal abscess)	Medium
772	Non-trauma surgical conditions	Repair of cleft lip and palate	High
773	Non-trauma surgical conditions	Shunt for hydrocephalus	Low
774	Non-trauma surgical conditions	Cardiac surgery for congenital heart disease	High
775	Non-trauma surgical conditions	Repair of neural tube defects	Medium
776	Non-trauma surgical conditions	Modified radical mastectomy	Medium
777	Non-trauma surgical conditions	Thyroidectomy (all forms): STT, NTT and TT	Medium
778	Non-trauma surgical conditions	Gastrectomy	Medium
779	Non-trauma surgical conditions	Esophactemies	Low
780	Non-trauma surgical conditions	Pulmonary resections and mediastinal procedures for chest pathologies	Low
781	Non-trauma surgical conditions	Tenotomy for club foot and Ponsetti cast for club foot	Medium
782	Non-trauma surgical conditions	Surgical management of septic arthritis	Low
783	Non-trauma surgical conditions	Surgical management of osteomyelitis	Medium
784	Non-trauma surgical conditions	Surgical management of pyomyositis	Medium
785	Non-trauma surgical conditions	Surgical management of hand infection	Medium
786	Non-trauma surgical conditions	Complex orthopaedic trauma care including hemi arthroplasty, intra-articular fractures and spine and pelvic fracture management	Medium
787	Non-trauma surgical conditions	Cardiac surgery for valvular heart disease	Low



IC	Sub-programme	Essential surgical intervention	Priority
788	Non-trauma surgical conditions	Skin grafting	Medium
789	Non-trauma surgical conditions	Splenectomy	Medium
790	Non-trauma surgical conditions	Pancreatic pseudo cyst operation	Medium
791	Non-trauma surgical conditions	Cystocele repair	Medium
792	Non-trauma surgical conditions	Diaphragmatic hernia repair	Medium
793	Non-trauma surgical conditions	Antrectomy with vagotomy	Medium
795	Non-trauma surgical conditions	Abdominal dehiscence repair	Medium
796	Non-trauma surgical conditions	Small intestinal resection/E-Anastomosis	Low
797	Non-trauma surgical conditions	Intestinal derotation	Medium
798	Non-trauma surgical conditions	Anterior resection	Medium
799	Non-trauma surgical conditions	Abdominal perineal resection (APR)	Medium
800	Non-trauma surgical conditions	Colectomy right or left	Low
801	Non-trauma surgical conditions	Total colectomy	Low
802	Non-trauma surgical conditions	Anal sphincterotomy	Low
803	Non-trauma surgical conditions	Fistulectomy	High
804	Non-trauma surgical conditions	Cystic hygroma excision	Low
805	Non-trauma surgical conditions	Mesenteric mass excision	Medium
806	Non-trauma surgical conditions	Excision of retroperitoneal tumour	Medium
807	Non-trauma surgical conditions	Meatotomy	Medium
808	Non-trauma surgical conditions	Breast lump removal	Medium
809	Non-trauma surgical conditions	Gastroscopy with biopsy: UGIE	Low
810	Non-trauma surgical conditions	Pyelolithotomy	Low
811	Non-trauma surgical conditions	Ureterolithotomy	Medium
812	Non-trauma surgical conditions	Nephrectomy	Low
813	Non-trauma surgical conditions	Urethroplasty	Low



IC	Sub-programme	Essential surgical intervention	Priority
814	Non-trauma surgical conditions	Thoracotomy	Low
815	Non-trauma surgical conditions	Pneumonectomy	Low
816	Non-trauma surgical conditions	Lobar pneumonectomy	Low
817	Non-trauma surgical conditions	Parotidectomy	Low
818	Non-trauma surgical conditions	Neck dissection for head and neck cancers	High
819	Non-trauma surgical conditions	Uretroscopy	Low
820	Non-trauma surgical conditions	Trans urethral resection	Medium
821	Non-trauma surgical conditions	Urinary diversion	Medium
822	Non-trauma surgical conditions	Whipple's procedure	Low
823	Non-trauma surgical conditions	Radical cystectomy	Low
824	Non-trauma surgical conditions	Decortication	Low
825	Non-trauma surgical conditions	Pyeloplasty	Medium
826	Non-trauma surgical conditions	Hellers myotomy	Medium
827	Non-trauma surgical conditions	Nissen's fundoplication	Low
828	Non-trauma surgical conditions	Inguinal orchidectomy	Low
829	Non-trauma surgical conditions	Bronchoscopy with GA	Medium
830	Non-trauma surgical conditions	UGIE and biopsy	Low
831	Non-trauma surgical conditions	Pericardial window	Low
832	Non-trauma surgical conditions	Pericardiectomy	Low
833	Non-trauma surgical conditions	Kidney transplant surgery	Low
834	Non-trauma surgical conditions	Pull through, pyloromyotomy and paediatrics procedures	Low
835	Dermatology procedures	Dermatological curetting and electro surgery	Low
836	Dermatology procedures	Cryotherapy	Medium
837	Dermatology procedures	Skin biopsy examination (punch, incisional or shave)	Low
838	Dermatology procedures	Patch test	Low
839	Dermatology procedures	Laser therapy	Medium
840	Dermatology procedures	Narrow band UVB photo therapy	Low
841	Dermatology procedures	Slit skin smear for leishmaniasis	Medium
842	Dermatology procedures	Complex skin biopsy excision and repair	Low
843	Dermatology procedures	Electro cauterisation	Low

IC	Sub-programme	Essential surgical intervention	Priority
844	Dermatology procedures	Punch biopsy	Low
845	Dermatology procedures	Skin snip for microfilaria	Medium
846	Dermatology procedures	Interlesional steroid injection	Low
847	Oral and dental procedures	Extraction of primary and permanent tooth	High
848	Oral and dental procedures	Periodontal and dental abscess incision and drainage	High
849	Oral and dental procedures	Dental caries treatments and scaling	High
850	Oral and dental procedures	Management facial bone fractures and/or dislocation and injury to dentition (inter-dental wiring, arch bar, IMF and open reduction)	High
851	Oral and dental procedures	Management of oro-facial infection	High
852	Oral and dental procedures	Management of common benign tumours and cysts of oral and maxillofacial regions	Low
853	Oral and dental procedures	Management of common malignant tumours and cysts of oral and maxillofacial regions	Medium
854	Oral and dental procedures	Dental trauma care	High
855	Ophthalmic procedures	Cataract extraction and insertion of intraocular lens	High
856	Ophthalmic procedures	Eyelid surgery for trachoma (Tarsotomy)	High
857	Ophthalmic procedures	Glaucoma surgery (Canaloplasty)	Medium
858	Ophthalmic procedures	Corneal surgery	High
859	Ophthalmic procedures	Corneal transplant	Low
860	Ophthalmic procedures	Oculoplastic surgery	Low
861	Ophthalmic procedures	Strabismus surgery	Medium
862	Ophthalmic procedures	Retinal detachment repair	Medium
863	Ophthalmic procedures	Vitreotomy	Low
864	Ophthalmic procedures	Eye enucleation	Low
865	Ophthalmic procedures	Eye irrigation	High
866	Ophthalmic procedures	Laser therapy	Low
867	ENT procedure	Ear irrigation	Medium
868	ENT procedure	Hearing aid placement (including audiometry)	Medium
869	ENT procedure	Myringotomy for otitis media	High
870	ENT procedure	Management of nasal obstruction, septoplasty vs. non-operative management	High
871	ENT procedure	Polypectomy (Nose)	Medium
872	ENT procedure	Tonsillectomy	High
873	ENT procedure	Sleep disorder surgery	Low
874	ENT procedure	Corrective breathing surgery	Low
875	ENT procedure	Sinus surgery	Low
876	ENT procedure	Mastoidectomy and drainage	Medium
877	ENT procedure	Laryngeal polyp excision, endoscopic polypectomy for chronic rhino sinusitis	Medium
878	ENT procedure	Thympanoplasty	High
879	Anaesthesia and critical care	Local anaesthesia	High
880	Anaesthesia and critical care	General anaesthesia with tracheal intubation	High
881	Anaesthesia and critical care	General anaesthesia without tracheal intubation	High
882	Anaesthesia and critical care	Lumbar puncture	Medium
883	Anaesthesia and critical care	Spinal anaesthesia	High
884	Anaesthesia and critical care	Caudal anaesthesia/analgesia, post-surgery syndrome	Low
885	Anaesthesia and critical care	Epidural anaesthesia/analgesia, central spinal stenosis	Low
886	Anaesthesia and critical care	Peripheral nerve blocks, standard care	Low
887	Anaesthesia and critical care	Procedural sedation: continuous quantitative scenography	Low

IC	Sub-programme	Essential surgical intervention	Priority
888	Anaesthesia and critical care	Central venous catheter insertion	High
889	Anaesthesia and critical care	Arterial catheter insertion	High
890	Anaesthesia and critical care	Blood transfusion (including exchange)	High
891	Anaesthesia and critical care	Intubation/Estuation (single and double lumen)	High
892	Anaesthesia and critical care	Fibrotic bronchoscopy	Low
893	Anaesthesia and critical care	Mechanical ventilation, non-invasive: CPAP	Low
894	Anaesthesia and critical care	Mechanical ventilation, invasive	High

## 4.5. Emergency and critical care

Table 12: Essential emergency and critical care interventions for Ethiopia

IC	Sub-programme	Essential emergency and critical care interventions	Priority
895	Pre-hospital emergency care	Initial syndrome-based management at scene and during transport for difficulties in breathing, shock and altered mental status	High
896	Pre-hospital emergency care	Initial syndrome-based management at scene and during transport for polytrauma	High
897	Pre-hospital emergency care	Basic initial assessment and management at scene and during transport of labour, precipitous childbirth and complications of pregnancy and childbirth	High
898	Pre-hospital emergency care	Ambulance transport with direct provider monitoring and management during transport (in procedures – structured handover to hospital personnel)	High
899	Pre-hospital emergency care	User-activated dispatch of basic ambulance services	High
900	Pre-hospital emergency care	Basic initial assessment and management of acute pain (use existing interventions)	High
901	Pre-hospital emergency care	Advanced pre-hospital care	Medium
902	Pre-hospital emergency care	Community-based first aid delivery	High
903	Basic emergency care services	Initial assessment and management of acute difficulties in breathing, shock and altered mental status	High
904	Basic emergency care services	Basic initial assessment and management of acute injury (BTLS, ATLS)	High
905	Advanced emergency care services	Initial advanced assessment and management of acute difficulty in breathing, shock and altered mental status	High
906	Advanced emergency care services	Initial assessment and management of wounds (including burns)	High
907	Advanced emergency care services	Initial assessment and management of acute head injury	High
908	Advanced emergency care services	Initial assessment and management of acute thoracic injury	High
909	Advanced emergency care services	Initial assessment and management of acute intra-abdominal injury (non-bony)	High
910	Advanced emergency care services	Initial assessment and management of acute musculoskeletal injury (including fracture/dislocations)	High
911	Advanced emergency care services	Initial assessment and management of acute neurologic injury	High
912	Advanced emergency care services	Initial management of cardiovascular emergencies (ischemia, failure, arrhythmia, critical limb ischemia and stroke) including defibrillation, pacing and synchronised cardioversion	High

IC	Sub-programme	Essential emergency and critical care interventions	Priority
913	Advanced emergency care services	Initial management of gastrointestinal emergencies (including obstruction, bleeding and peritonitis)	High
914	Advanced emergency care services	Initial management of metabolic emergencies (glucose, thyroid, potassium, calcium and sodium)	High
915	Advanced emergency care services	Advanced management of sepsis	High
916	Advanced emergency care services	Advanced management of acute pain	High
917	Advanced emergency care services	Management of acute toxic ingestions/exposures	High
918	Advanced emergency care services	Management of ocular emergencies	High
919	Advanced emergency care services	Management of urgent soft tissue conditions	High
920	Advanced emergency care services	Management of ENT emergencies	High
921	Advanced emergency care services	Management of acute urinary obstruction	High
922	Advanced emergency care services	Management of acute infectious exposures (including sexual exposures, needle stick, rabies and tetanus)	High
923	Advanced emergency care services	Management of snake bite (in-procedures include wound care, pressure dressing and anti-venin)	High
924	Advanced emergency care services	Management of acute psychosis	High
925	Advanced emergency care services	Acute management of dental emergencies	High
926	Advanced emergency care services	Advanced management of post-partum haemorrhage	High
927	Advanced emergency care services	Management of ectopic pregnancy	High
928	Advanced emergency care services	Management of precipitous delivery	High
929	Emergency and critical care: all	Establish acuity based triage clinical checklist implementation	High
930	Emergency and critical care: all	Establish rapid surge of service delivery capacity	High
931	Emergency and critical care: all	Establish case based syndrome surveillance and reporting of emerging and infectious diseases	High
932	Emergency and critical care: all	Establish protocol for management of mass casualty and emerging infectious disease surveillance	High
933	Emergency and critical care: all	Mass casualty management (protocol-based) for rapid surge of service delivery capacity	High

#### 4.6. Neglected tropical diseases

Seven interventions targeting lymphatic filariasis elimination, three interventions on onchocerciasis elimination, four interventions on trachoma elimination, four interventions on schistosomiasis control, four interventions on soil transmitted helminths control, two interventions on scabies control, two interventions targeting leishmaniasis control, three interventions on Guinea worm disease case control

and six interventions on podoconiosis elimination are incorporated. Therefore, in this package, 35 high-priority NTD interventions are included (Table 13).

Table 13: Essential NTD intervention for Ethiopia.

IC	Sub-programme	Essential NTD interventions	Priority
460	NTD: lymphatic filariasis elimination	BCC for targeted areas	High
461	NTD: lymphatic filariasis elimination	Mass drug administration for lymphatic filariasis	High
462	NTD: lymphatic filariasis elimination	Vector control using IRS, house screening, LLIN, larvicides and environmental management	High
463	NTD: lymphatic filariasis elimination	Screening and management of scrotal swelling (hydrocelectomy)	High
464	NTD: lymphatic filariasis elimination	Lymphedema morbidity management	High
465	NTD: lymphatic filariasis elimination	Management of acute attack dermatolymphangioadenitis with appropriate antibiotics	High
466	NTD: lymphatic filariasis elimination	Avail custom-made shoes for those with lymphedema	High
467	NTD: onchocerciasis elimination	Mass drug administration	High
468	NTD: onchocerciasis elimination	Vector control using ground larviciding with environmentally safe insecticides	High
469	NTD: onchocerciasis elimination	Treatment with Ivermectin	High
470	NTD: orachoma elimination	BCC (face washing, open defecation free environment, etc.)	High
471	NTD: orachoma elimination	Early diagnosis and treatment of active trachoma	High
472	NTD: orachoma elimination	Screening and diagnosis of TT cases (TT surgery)	High
473	NTD: orachoma elimination	Post-operative azithromycin	High
474	NTD: schistosomiasis control	BCC for targeted areas (avoid swimming in fresh water, promotion of use of toilets, hygiene and sanitation)	High
475	NTD: schistosomiasis control	Snail control for schistosomiasis molluscicides (Niclosamide)	High
476	NTD: schistosomiasis control	Urine filtration for <i>S. haematobium</i> eggs	High
477	NTD: schistosomiasis control	Case management using praziquantel, mass drug administration	High
478	NTD: soil transmitted helminths control	BCC for targeted areas (Promotion of use of toilets, hygiene and sanitation, footwear use)	High
479	NTD: soil transmitted helminths control	Mass drug administration for PreSAC, SAC and women in the reproductive age group	High
480	NTD: soil transmitted helminths control	Treatment of pregnant mothers	High
481	NTD: soil transmitted helminths control	Case management of soil transmitted helminths using Mebendazole and Albendazole	High
482	NTD: scabies control	Preventive chemotherapy via mass drug administration	High
483	NTD: scabies control	Case management of scabies using scabicides (permethrin, BBL, ivermectin sulphur)	High

IC	Sub-programme	Essential NTD interventions	Priority
484	NTD: leishmaniasis control	Early diagnosis and management of VL (rapid test, DAT test, splenic aspirate, lymph node aspirate)	High
485	NTD: leishmaniasis control	Early diagnosis and management of CL (clinical examination and skin snip)	High
486	NTD: Guinea worm disease cases control	Management of Guinea worm disease	High
487	NTD: Guinea worm disease cases control	Treat unsafe water sources with ABATE	High
488	NTD: Guinea worm disease cases control	Controlled immersion and bandaging for Guinea worm disease cases.	High
489	NTD: podoconiosis elimination	BCC for targeted areas (promotion of footwear use, hygiene)	High
490	NTD: podoconiosis elimination	Preventing episodes of dermato lymphangioadenitis among lymphedema or elephantiasis cases	High
491	NTD: podoconiosis elimination	Screening of patients with lower leg swelling	High
492	NTD: podoconiosis elimination	Lymphedema morbidity management	High
493	NTD: podoconiosis elimination	Management of dermato-lymphangioadenitis with appropriate antibiotics	High
494	NTD: podoconiosis elimination	Surgical nodulectomy for people with nodules	High

#### 4.7. Multi-sectoral interventions: hygiene and environmental health

In this section, 29 essential multi-sectoral high-priority hygiene and environmental health interventions are included (Table 14).

Table 14: Essential multi-sectoral hygiene and environmental health interventions for Ethiopia

IC	Sub-programme	Hygiene and environmental health interventions	Priority
934	HEH: sanitation	Promote proper/improved latrine construction in all households	High
935	HEH: sanitation	Promote construction of hand washing facilities near/in the latrine	High
936	HEH: sanitation	Construct communal latrines	High
937	HEH: sanitation	Avail proper liquid waste collection and disposal mechanism	High
938	HEH: sanitation	Avail proper domestic solid waste collection and disposal services	High
939	HEH: personal hygiene	Promote appropriate personal hygiene practices	High
940	HEH: personal hygiene	Create awareness on menstrual hygiene management	High
941	HEH: personal hygiene	Avail communal clothes washing facilities	High
942	HEH: personal hygiene	Create awareness on proper face washing with soap	High
943	HEH: personal hygiene	Create awareness on proper oral hygiene practices	High
944	HEH: water supply	Promote proper water management at the household level as per the water safety plan	High
945	HEH: water supply	Avail improved adequate and potable water within the standard distance (30 min to 1 h)	High
946	HEH: water supply	Conduct water quality sanitary surveillance	High
947	HEH: water supply	Household disinfection and storage for HIV people	High

IC	Sub-programme	Hygiene and environmental health interventions	Priority
948	HEH: water supply	Point use of water filter for HIV infected adults	High
949	HEH: water supply	Point use of water filter	High
950	HEH: water supply	Centralised water treatment system	High
951	HEH: water supply	Source-based protection of water supply	High
952	HEH: water supply	Household chlorination	High
953	HEH: water supply	Household filtration	High
954	HEH: water supply	Household Solar disinfection	High
955	HEH: water supply	Household flocculation	High
956	HEH: water supply	Household connection with water supply	High
957	HEH: sanitation	Sanitation promotion only	High
958	HEH: sanitation	Safe sanitation facilities	High
959	HEH: sanitation	Wet pit latrine	High
960	HEH: sanitation	Social marketing and education on hygiene alone	High
961	HEH: sanitation	Social marketing and education on top of existing hardware	High
962	HEH: sanitation	Social marketing and education as well as hardware together	High

#### 4.8 Health education and behavioural change communication

In this section, 61 essential health education and behavioural change communication interventions are included. Fifty-one interventions are in the high-priority, five interventions are in the low-priority and three interventions are in the medium priority group (Table 15).

Table 15: Essential health education and behavioural communication interventions for Ethiopia

IC	Sub-programme	Health education and behavioural change communication	Priority
963	HEP: RMNCH/FP	Conduct counselling about family planning at the household level	High
964	HEP: RMNCH/FP	Develop tailored SBCC materials on FP	High
965	HEP: RMNCH/FP	Demonstrate FP methods	High
966	HEP: RMNCH/FP	Conduct mass awareness on FP	High
967	HEP: RMNCH/FP	Conduct community mobilisation on FP	High
968	HEP: Fertility	Provision of counselling on fertility	High
969	HEP: Fertility	Conduct community awareness creation against fertility-related stigma and discrimination	High
970	HEP: sexual and reproductive health	Promote adolescent life skill interventions (in-schools, out of schools, community)	High
971	HEP: sexual and reproductive health	Create awareness on the impacts of unsafe abortion	High
972	HEP: sexual and reproductive health	Strengthen AYSRH promotional services (in-schools, out of schools, community)	High
973	HEP: sexual and reproductive health	Promote provision of user-friendly services	High
974	HEP: sexual and reproductive health	Facilitate post-abortion counselling services	High



IC	Sub-programme	Health education and behavioural change communication	Priority
975	HEP: cervical and breast cancer	Promote cervical cancer screening	High
976	HEP: cervical and breast cancer	Promote cervical cancer vaccination	High
977	HEP: cervical and breast cancer	Promote self-examination and routine medical check-up for breast cancer	High
978	HEP: gender-based violence	Promote the impact of positive gender norms on health	High
979	HEP: gender-based violence	Promote life skills which can help to prevent gender-based violence	Low
980	HEP: gender-based violence	Create awareness on the impact of gender-based violence on health	High
981	HEP: gender-based violence	Promote/strengthen psychosocial support for victims of GBV (one window service and hotlines)	High
982	HEP: harmful traditional practices	Create awareness on the impacts of HTP	High
983	HEP: harmful traditional practices	Conduct community dialogue and mobilisation on HTP	High
984	HEP: harmful traditional practices	Provide psychosocial support to victims of HTPs	High
985	HEP: harmful traditional practices	Promote testimonials of HT practitioners on the health impacts of HTP	High
986	HEP: prenatal care (pre-pregnancy)	Promote early ANC	High
987	HEP: prenatal care (pre-pregnancy)	Promote pregnancy readiness services	High
988	HEP: antenatal care	Promote the use of optimal ANC	High
989	HEP: skilled delivery	Promote the use of delivery at health facilities	High
990	HEP: postnatal care	Provide postnatal counselling to create awareness on postnatal danger signs	High
991	HEP: postnatal care	Conduct home visit to promote health services to new-borns	High
992	HEP: community-based new-born care	Create awareness on proper new-born care (washing, KMC, exclusive breast feeding)	High
993	HEP: community-based new-born care	Conduct home visits to promote the impact of HTPs	High
994	HEP: community-based new-born care	Create awareness on the danger signs of new-borns and measures to be taken	High
995	HEP: community-based new-born care	Demonstrate new-born care (washing, KMC, Exclusive breast feeding)	High
996	HEP: immunisation	Promote the importance of immunisation	High
997	HEP: IMNCI	Create awareness on signs and symptoms of childhood illnesses	High
998	HEP: IMNCI	Promote early visit of health facilities	High
999	HEP: IMNCI	Promote adherence to medical recommendations (treatment and advices)	High
1000	HEP: IMNCI	Promote supplementary feeding practices	high
1001	HEP: IMNCI	Promote visit of under-five 5 children to facilities for GMP, deworming, VAS and screening programmes	Low
1002	HEP: IMNCI	Promote good feeding practice (balanced diet, hygienic practice)	High
1003	HEP: IMNCI	Conduct food demonstration for children with severe acute malnutrition (SAM)	High



IC	Sub-programme	Health education and behavioural change communication	Priority
1004	HEP: IMNCI	Create awareness on the type of services provide at health facilities for inder-five children	High
1005	HEP: IMNCI	Promote child care including personal hygiene (proper baby wash)	High
1006	HEP: IMNCI	Create awareness on the prevention of childhood accidents and injuries	Medium
1007	HEP: IMNCI	Create awareness on the reduction of HTPs	High
1008	HEP: adolescent health and pre-conception nutrition	Create awareness on balanced diet	high
1009	HEP: adolescent health and pre-conception nutrition	Promote healthy and hygienic feeding practices	Medium
1010	HEP: pregnant and Breastfeeding women nutrition	Promote balanced diet and intake of micronutrients	High
1011	HEP: micronutrient supplementation and fortification	Promote use of fortified products	high
1012	HEP: all CVD, CRD, DM and RD	Promote adherence to medications	High
1013	HEP: all CVD, CRD, DM and RD	Promote healthy life style including physical exercise and feeding habits	High
1014	HEP: all CVD, CRD, DM and RD	Promote reduction in the use of alcohol, tobacco, sweetened beverages, etc.	High
1015	HEP: all CVD, CRD, DM and RD	Create awareness on the impacts of saturated fat products	High
1016	HEP: all CVD, CRD, DM and RD	Promote the use of unsaturated fat products	Low
1017	HEP: all CVD, CRD, DM and RD	Promote regular medical check-ups	High
1018	HEP: all CVD, CRD, DM and RD	Promote the establishment of support groups for substance abusers and chronic patients	High
1019	HEP: all CVD, CRD, DM and RD	Advocate for proper standards and protocols of products during advertisement	High

#### 4.9. Multi-sectoral interventions: nutrition interventions

In this section, 64 essential multi-sectoral nutrition interventions are included. Mainly because most of these interventions are cost-effective and have high equity impact, all multi-sectoral nutritional interventions are high-priority interventions (Table 16). These interventions should be aligned with other sectors, such as agriculture, education, industry, social protection, trade and disaster risk management.

Table 16: Essential multi-sectoral nutritional interventions for Ethiopia.

IC	Sub-programme	Essential multi-sectoral nutritional interventions	Priority
334	Nutrition multi-sector: with agriculture and livestock sector	Promote production and consumption of fruits and vegetables	High
335	Nutrition multi-sector: with agriculture and livestock sector	Promote production and consumption of nutrient dense cereals and pulses	High
336	Nutrition multi-sector: with agriculture and livestock sector	Promote production and consumption of animal source foods (meat, milk, fish and eggs)	High
337	Nutrition multi-sector: with agriculture and livestock sector	Promote homestead and school gardening	High
338	Nutrition multi-sector: with agriculture and livestock sector	Promote and support urban agriculture	High
339	Nutrition multi-sector: with agriculture and livestock sector	Promote production and consumption of bio-fortified foods	High
340	Nutrition multi-sector: with agriculture and livestock sector	Promote post-harvest management	High
341	Nutrition multi-sector: with agriculture and livestock sector	Promote technologies for post-harvest food processing, handling, preservation and preparation	High
342	Nutrition multi-sector: with agriculture and livestock sector	Promote assets building interventions	High
343	Nutrition multi-sector: with agriculture and livestock sector	Target vulnerable households (malnourished children and PLW)	High
344	Nutrition multi-sector: with agriculture and livestock sector	Improve nutritional value of PSNP food basket	High
345	Nutrition multi-sector: with agriculture and livestock sector	Implement soft conditionality's for HHs with vulnerable households (malnourished children and PLW)	High
346	Nutrition multi-sector: with agriculture and livestock sector	Promote women labour and time saving technologies	High
347	Nutrition multi-sector: with agriculture and livestock sector	Promote small-scale, high-tech irrigation for priority areas for better nutrition outcomes	High
348	Nutrition multi-sector: with agriculture and livestock sector	Promote nutrition sensitive agriculture and livestock knowledge and practice among farmers and AEWs	High
349	Nutrition multi-sector: with agriculture and livestock sector	Promote climate-smart and nutrition-sensitive agriculture	High
350	Nutrition multi-sector: with agriculture and livestock sector	Promote wild and endogenous food	High

IC	Sub-programme	Essential multi-sectoral nutritional interventions	Priority
351	Nutrition multi-sector: with education sector	Promote school feeding programme	High
352	Nutrition multi-sector: with education sector	Promote school gardening	High
353	Nutrition multi-sector: with education sector	Promote school wash	High
354	Nutrition multi-sector: with education sector	Promote nutrition clubs in schools	High
355	Nutrition multi-sector: with education sector	Celebrate nutrition days in schools	High
356	Nutrition multi-sector: with education sector	Establish school mini-medias	High
357	Nutrition multi-sector: with education sector	School deworming	High
358	Nutrition multi-sector: with education sector	Weekly intermittent IFA supplementation	High
359	Nutrition multi-sector: with education sector	Strengthen community-based nutrition service provision by higher education institutes	High
360	Nutrition multi-sector: with education sector	Mainstream nutrition in school curriculum	High
361	Nutrition multi-sector: with education sector	Train nutrition professionals in higher education	High
362	Nutrition multi-sector: with water supply sector	Promote access to safe and clean water	High
363	Nutrition multi-sector: with water supply sector	Promote access to high-tech small- and large-scale irrigation for better nutrition outcomes	High
364	Nutrition multi-sector: with water supply sector	Strengthen fluorosis mitigation interventions through nutritional interventions	High
365	Nutrition multi-sector: with industry sector	Produce and distribute fortified food	High
366	Nutrition multi-sector: with industry sector	Create awareness on nutrition-related requirements and standards for locally manufactured food items	High
367	Nutrition multi-sector: with industry sector	Strengthen the capacity of food producers and millers to produce fortified foods	High
368	Nutrition multi-sector: with industry sector	Support in availing industrial inputs (pre-mix, equipments, raw materials) for food fortification	High
369	Nutrition multi-sector: with industry sector	Ensure quality and safety of locally produced foods	High
370	Nutrition multi-sector: with trade sector	Ensure the quality and safety of imported food items as per national standard	High
371	Nutrition multi-sector: with trade sector	Regulate the quality and safety of locally produced foods	High
372	Nutrition multi-sector: with trade sector	Promote the use of safe, fortified foods	High
373	Nutrition multi-sector: with trade sector	Ensure safety and quality of street foods	High
374	Nutrition multi-sector: with trade sector	Create awareness in public and private sectors on nutrition-related requirements and standards for improved food items	High
375	Nutrition multi-sector: with trade sector	Support importation of fortified foods	High

IC	Sub-programme	Essential multi-sectoral nutritional interventions	Priority
376	Nutrition multi-sector: with trade sector	Ensure access to and supply chain for food and food items	High
377	Nutrition multi-sector: with social protection sector	Ensure targeting of vulnerable HHs by PSNP	High
378	Nutrition multi-sector: with social protection sector	Implement conditional support for malnourished PLW and children under two through PSNP	High
379	Nutrition multi-sector: with social protection sector	Integrate nutrition practices and services in PSNP	High
380	Nutrition multi-sector: with social protection sector	Promote income generating activities for improved access to nutritious food	High
381	Nutrition multi-sector: with social protection sector	Employ fee waiver scheme for the management of acute malnutrition	High
382	Nutrition multi-sector: with social protection sector	Promote nutrition services for elderly and person with disability	High
383	Nutrition multi-sector: with disaster risk management sector	Strengthen and scale-up an early warning system for food and nutrition information	High
384	Nutrition multi-sector: with disaster risk management sector	Support nutrition emergency response and recovery through participatory risk assessment and preparedness planning	High
385	Nutrition multi-sector: with disaster risk management sector	Promote SBCC strategies to impart information about resilience to nutrition-related shocks	High
386	Nutrition multi-sector: with food and drug authority sector	Certify competent food and nutrition product manufacturers, importers, exporters, distributors and quality control laboratories	High
387	Nutrition multi-sector: with food and drug authority sector	Control the quality and safety of food products by developing directives, standards, legislations and manuals	High
388	Nutrition multi-sector: with food and drug authority sector	Enforce and regulate food manufacturers, importers and distributors	High
389	Nutrition multi-sector: with food and drug authority sector	Ensure the quality and safety of infant formulas, complementary foods, fortified foods, food fortificants and pre-mix, therapeutic and supplementary foods	High
390	Nutrition multi-sector: with food and drug authority sector	Register and issue market authorisation for nutritious food products	High
391	Nutrition multi-sector: with food and drug authority sector	Ensure safety and quality of public and bottled water and food products used up to standard	High
392	Nutrition multi-sector: with gender sector	Ensure gender responsive nutrition implementation and reporting	High
393	Nutrition multi-sector: with gender sector	Ensure gender integration in sector nutrition implementation strategies, guidelines and programmes	High
394	Nutrition multi-sector: with gender sector	Mobilise women's groups in nutrition advocacy and skill transfer	High
395	Nutrition multi-sector: with gender sector	Ensure women economic empowerment	High
396	Nutrition multi-sector: with gender sector	Promote women empowerment and child protection interventions	High

IC	Sub-programme	Essential multi-sectoral nutritional interventions	Priority
397	Nutrition multi-sector: with gender sector	Create awareness on HTPs that affect the nutritional status of women and children	High

# Chapter 5: Implementation strategies of the package

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The ESHP for Ethiopia serves as a management tool that will help the health system to focus and act on priority health interventions. The implementation of the EHSP starts with laying out the key strategic priorities for the implementation within the health system of Ethiopia. Thus, to effectively implement the EHSP, a detailed implementation guide that will describe the situational analysis, planning, implementation, monitoring and evaluation will be presented in a separate document. This chapter only presents a brief account of the key strategic areas and a set of intertwined strategic priorities that need to exist for the effective implementation of the EHSP. This chapter also proposes an institutional arrangement and the roles and responsibilities of various stakeholders for the sound implementation of the package in a sustainable and efficient manner.

## 5.1. Key and strategic priority areas

The implementation of Ethiopia's EHSP requires a sound implementation strategy that enables proper planning, accurate measurement of performance and tracking the progress as well as impact of the EHSP. Accordingly, the following 10 key strategic priority areas are proposed.

- (i) Enhance community participation in the planning, implementation, monitoring and evaluation of the EHSP
- (ii) Enhance stakeholder engagement
- (iii) Improve health service delivery
- (iv) Improve the availability, competency and capacity of human resources for health (HRH)
- (v) Ensure sustainable health financing and a clear and viable payment mechanism
- (vi) Strengthen the logistics and supply chain management system to ensure access to essential medicines and equipment
- (vii) Improve data utilisation for decision-making at all levels of the health system
- (viii) Continue improvement of leadership and management
- (ix) Enhance partnership and coordination with other sectors
- (x) Create interface and integration with other national strategies, initiatives and strategic priorities (such as the Woreda Transformation Agenda, HSTP and Public–Private Partnership (PPP))

**(i) Enhance community participation in the planning, implementation, monitoring and evaluation of the EHSP**

Community participation includes individual or community members taking greater responsibility and showing higher involvement at different stages of decision-making in issues such as identifying priorities, monitoring and evaluation. The effective implementation of the EHSP requires active community participation and awareness about the interventions and engagement of the community in the planning and implementation process of the EHSP. In addition, the community needs to be aware of the interventions included in the EHSP, be knowledgeable about the entitlement to the approved interventions and services, request for its provision, and take responsibility for the sound implementation of the package. The awareness of the community/customers about the EHSP should be communicated through existing and other newly developed channels of communication.

**Strategic actions**

- Engage the existing community-level structures in the planning, implementation and monitoring of EHSP implementation.
- Develop systematic community engagement strategies (including approaches by the Health Development Army structure or other alternative community mobilisation strategies).
- Create community ownership and partnership by implementing the already in-use community score card mechanism and other similar community engagement strategies.
- Strengthen the engagement of the community representatives in the decision-making process regarding the planning and implementation of the EHSP.

**(ii) Enhance stakeholder engagement**

Enhancing stakeholder engagement in the planning and implementation of the package is very important. All relevant stakeholders with a key stake in the implementation of the package (such as RHBs, zonal health offices, Woreda health offices and health service providers) should be trained on the package content and its implementation process. In addition, professional associations, patient associations, development partners, NGOs and other civil society organisation needs to be actively involved in the planning, implementation, monitoring and

evaluation of the EHSP by harmonising with their strategic priority and organisational core businesses. Situational analysis and capacity gaps assessments will need to be continually conducted or integrated with other initiatives to learn about the situation and gaps of the current health system in implementing the package. This should be conducted in tandem with the implementation process and other health sector activities.

### **Strategic actions**

- Map and identify stakeholders (their interests, roles and responsibilities) in relation to the implementation of the re-defined EHSP.
- Create stakeholder engagement mechanisms and platforms for the effective engagement of all relevant stakeholders.
- Harmonise the plans and budget and monitor and evaluate the systems of the health sector stakeholders.
- Understand and analyse the expectations of stakeholders and create and/or use existing forums to discuss and develop joint planning.
- Use EHSP as the main health sector performance measure and ensure that all health sector stakeholders clearly understand the EHSP.
- Encourage all health sector stakeholders to use the EHSP document as a planning and management tool.

### **(iii) Improve health service delivery**

Improving the health service delivery by focusing on the appropriate mix of health interventions at all service delivery points will improve the efficient delivery of the service provision. When planning and implementing the EHSP of Ethiopia, attention is needed on the following.

### **Strategic actions**

- Develop (update and review) interventions and clinical guidelines for the high-priority services included in this EHSP.
- Develop referral guidelines and implement the functional referral system and gate-keeping mechanism for high-priority services.
- Review staffing requirements, qualifications and ‘standards’ to ensure the proper implementation of the EHSP of Ethiopia.



- Conduct training needs assessment and ensure that the staff is trained in such a way that the on-the-job training topics are linked to the EHSP.
- Train all health worker and mainly the medical staff (physicians, nurses and laboratory professionals) on the delivery and standards of the ESHP.
- Train back-office public health managers and officers (FMOH, RHBs, Woreda health management staff, HC CEO/managers and hospital managers) on the standards of the EHSP.
- Re-orient the facility-level ‘quality improvement team’ on the standards of the EHSP for continued quality improvement of the EHSP service delivery.
- Monitor whether the services provided in the facilities meet the specified quality requirements/standards. This may include developing explicit organisational standards and accreditation mechanisms and the standardisation and measurement of performance against set standards for EHSP.

#### **(iv) Enhance the competency and capacity of HRH**

To provide the EHSP services, health service providers at different levels need to be resourced with the required health professionals and supervisory staff, facilities, equipment and supplies. The delivery of the EHSP of Ethiopia requires trained, equipped and responsive health workforce to achieve the best health outcomes, given the available resources and circumstances. The health workforce planning requires a sufficient, fairly distributed, competent, responsive and productive health workforce.

##### **Strategic actions**

- Improve the quality of the health workforce by focusing on the quality of the pre-service training.
- Increase specialty and sub-specialty programmes to expand the access and coverage of the interventions included in the package.
- Ensure the implementation of continued professional development (CPD) to improve the continued technical capacity of the health professionals and health service quality.
- Institutionalisation of CPD training and HRH development plan.
- Improve HRIS to ensure the efficient and effective management of HRH through the use of information and communication technology.

**(v) Sustainable health financing and a clear and viable payment mechanism**

The implementation of Ethiopia's EHSP requires a sustainable health financing system with adequate financing in ways that also ensure adequate FRP. Health financing systems that achieve universal coverage also encourage the provision and use of an effective and efficient mix of payment modality at the point of service.

The payment arrangement, from the patient/client's perspective, for the EHSP is illustrated in Figure 3. The three layers represent the total number of health services that should be provided by a health facility or at a population level. Some of the essential health services should be provided free of charge (i.e. exempted services) (e.g. immunisation, TB, family planning, and delivery at primary health care facilities). Some of the essential health services can be provided on a cost-recovery basis (commonly referred to as high-cost services). The middle layer represents the part of the EHSP that is offered on a cost-sharing basis. A proposed payment mechanism for each of the health services is presented in Annex 1.

However, from providers' perspective, a clear and viable financing arrangement shall be established for all services to enable health facilities to provide quality health services without financial constraints. Therefore, a cost-of-service database should be established and regularly updated and an appropriate combination of reimbursement methods (i.e. capitation, fee-for-service and diagnosis related groupings) should be applied.

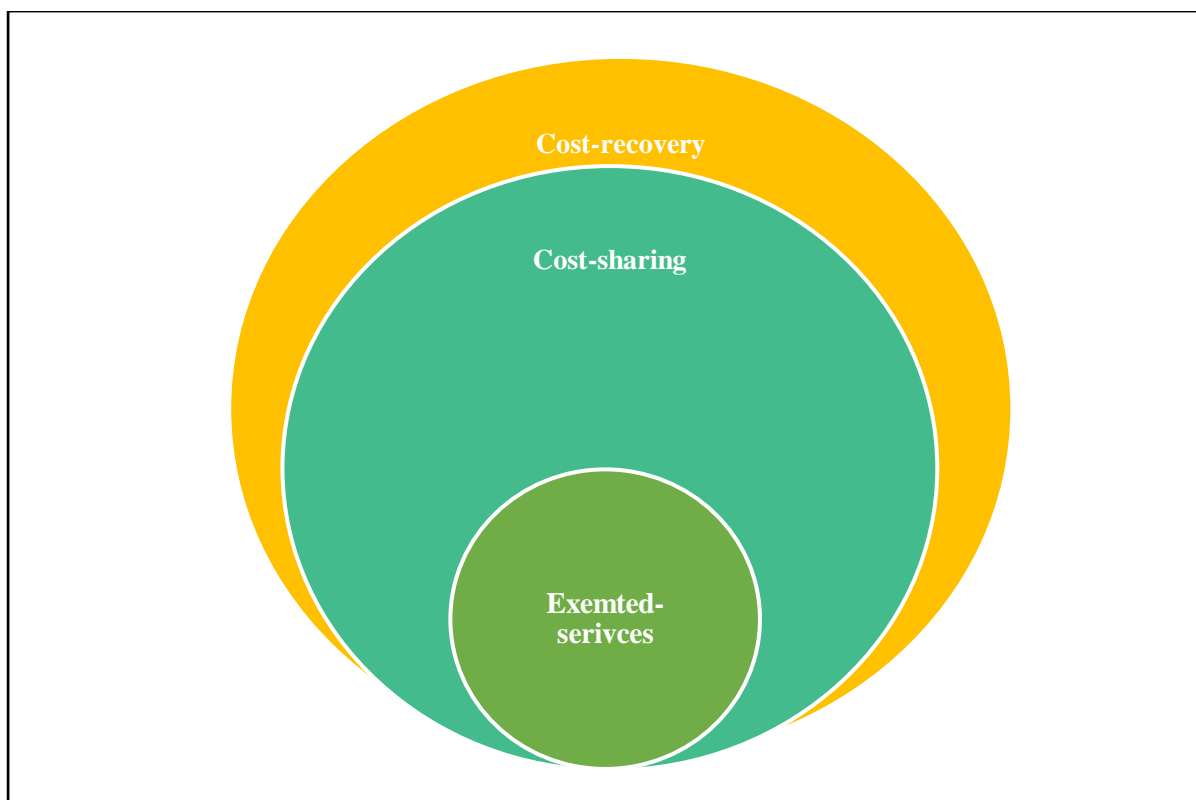


Figure 3: Financial arrangement for Ethiopia's EHSP

### Strategic actions

- Ensure the full implementation of the health insurance system to reduce OOP payments as a means of FRP.
- Ensure effective and efficient utilisation of the health insurance fund.
- Improve the quality of the health facilities to mobilise finance and motivate clients to enrol into the health insurance system.
- Clearly define the linkage between the health insurance benefit package and the services and interventions included in the EHSP.
- Identify and implement second and third generation health financing reform strategies.
- Develop and implement domestic and innovative health financing mechanisms.
- Introduce and implement performance-based financing by directing incentives to service providers and purely financial awards based on the achievement of certain pre-established verified performance indicators. Payments could be conditional on performance, often defined in terms of process or output indicators, adjusted by some measures of quality.

- Reduce reliance on OOP payments by strengthening pre-payment mechanisms and the Ethiopian Health Insurance Agency and moving toward pre-payment systems.
- Implement ‘waiver mechanism’ by ensuring that the poor have access to the needed essential health services and that paying for services does not result into catastrophic health expenditures.
- Improving generation of data on the health financing mechanism.

**(vi) Improve logistics and supply chain management systems**

The effective delivery of EHSP and the health interventions included in the package requires a functioning health system that ensures equitable access to diagnostic facilities and supportive services, essential medicines, vaccines and technologies. The essential medicines/drugs list by type of facility will need to be identified and updated based on the finally approved package. To facilitate the delivery of EHSP, adequate diagnostic facilities and supportive services that ensure the delivery of the package at service delivery points are required.

Laboratory services, radiology and other image services and medical equipment are critical for the provision of the ESHP for Ethiopia. The laboratory services include haematology, serology, clinical chemistry, bacteriology, parasitology and cytology. Radiology and other imaging services include X-ray (chest, abdomen and skeletal), ultrasound and ECG. Radiology and other imaging services by type of facility are annexed to this document. Medical equipment includes imaging, laboratory, dental unit and EPI (immunisation) as well as labour and delivery unit, consultation room and minor OR (minor surgery). The medical equipment by type of facility is annexed to this document.

**Strategic actions**

- Revise the essential medicine list and develop essential equipment list.
- Procurement and development of distribution systems to ensure equitable access to essential medical products, vaccines and technologies should be strengthened.
- Ensure rational use of essential medicines, commodities and equipment by developing appropriate guidelines and strategies in such a way that the EHSP is taken into account.
- Promote equitable access to quality products, vaccines and technologies by strengthening the supply chain management system.

- Strengthen local production of essential drugs and medical equipment by initiating and supporting PPP initiatives to improve the supply of medicines and improve the logistics system.
- Monitor the quality and safety of medical products, vaccines and technologies by analysing their use to ensure the effective delivery of the package using data.

**(vii) Improve HMIS and data utilisation for decision-making**

The generation and strategic use of data and information is an integral part of the leadership and governance function of the health system. Hence, HMIS is a key component for the sound implementation of the EHSP.

**Strategic actions**

- Generate population and facility-based data: from censuses, household surveys, civil registration data, public health surveillance, medical records, data on health services and health system resources (e.g. human resources, health infrastructure and financing).
- Develop capacity to detect, investigate, communicate and contain events that threaten public health security at the place they occur and as soon as they occur.
- Develop capacity to synthesise information and promote the availability and application of this knowledge.
- Support improved population- and facility-based information systems.
- Establish a set of core and additional health system metrics to track the progress and performance in relation to the implementation of the EHSP.

**(viii) Strengthen institutional capacity and the role of leadership and management**

Leadership and governance involve ensuring the development and existence of strategic policy frameworks combined with effective oversight, capacity building, regulation and enacting accountability. Leadership should strengthen the supportive supervision system, enhance the use of data for decision-making and quality improvement and enact accountability for the implementation of the package. In addition, leadership should strengthen the institutional capacity.

**Strategic actions**

- Build the capacity of the health sector leaders and managers by establishing leadership incubation centres.
- Work with academic institutions to coordinate trainings and capacity building initiatives.
- Create a reward system for high performing leaders.
- Develop a health sector leadership development strategy.
- Cultivate the culture of accountability by developing management and setting standards and expected deliverables at all levels.

**(ix) Partnership and coordination with other sectors**

The implementation of the inter-sectoral interventions in the package requires the involvement of other sectors. The major sectors include agriculture, education, water and mass media. The working modalities will be clearly defined in the implementation plan for the EHSP that will be developed separately.

**Strategic actions**

- Create an EHSP steering committee involving all relevant stakeholders.
- Develop memorandums of understanding regarding the joint implementation of the EHSP.
- Integrate the planning, budgeting and monitoring and evaluation system.
- Work with media to ensure that the media plays a supportive role by providing valid information and awareness about the EHSP of Ethiopia.
- Develop clear inter-sectoral collaboration mechanisms and structures with other sectors in the planning and implementation of the EHSP.

**(x) Integrate with other national existing initiatives and strategic priorities**

Integrate with other national existing initiatives and strategic priorities such as the Woreda Transformation Agenda, HSTP and PPP.

**Strategic actions**

- Engage appropriate individuals, directorates and agencies to ensure the alignment of their respective plans, budget and monitoring system with the EHSP implementation.
- Integrate, plan and evaluate.

- Harmonise all strategies with the implementation of the ESHP.
- Use EHSP as a minimum and an entry point when developing other health sector strategies and plans.
- Assign a relevant directorate (with dedicated staff for EHSP) that is responsible for the planning, implementation, monitoring and evaluation of the EHSP.

## **5.2. Institutional arrangement**

The key actors involved in the implementation of EHSP will be the FMOH, RHBs, zonal health department, Woreda health office, Kebele administration and community-level groups (community groups). The key actors also include the EHPI and EHIA<sup>5</sup>.

The implementation of EHSP requires institutional arrangements with defined roles and responsibilities of the institutions involved in the planning, implementation, monitoring and evaluation. In this section, issues including administrative arrangements, human resources, infrastructure and diagnostic requirements as well as the role of each level of the management and financing arrangements will be discussed.

### **Roles and responsibilities**

#### **Federal Ministry of Health:**

- Provides guidance regarding what is expected of the regions, Woredas and health facilities to plan and implement the EHSP of Ethiopia.
- The FMOH issues policy and guidelines for the implementation of the EHSP.
- Monitors the effect, relevance and appropriateness of the EHSP in addressing the basic needs of the society from time to time nationally and gives guidance on areas for improvement.
- Secures the funds and support needed to deliver EHSP.
- Performs various assessments to measure the performance and coverage of the EHSP on a regular basis and monitor coverage figures.
- Revises the EHSP on a regular basis and/or evaluates new services to be included through systematic health technology assessment.

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<sup>5</sup> The roles of EPHI and EHIA will be defined in the due process/towards the final phase of developing the package.

**Regional health bureaus:**

The RHBs will adapt the national EHSP to their regional context by supplementing their own priorities. They also give guidance on the appropriate resource allocation for the implementation of the EHSP. The responsibilities of the RHBs are as follows:

- Provide training and orientation to the appropriate regional and Woreda authorities on the content, planning, implementation and quality improvement of the EHSP.
- Perform the planning process based on the EHSP as well as the assessment and performance of the system at various levels.
- Monitor and evaluate the application of EHSP.
- Produce and monitor coverage figures regularly for the region, facilities and Woreda and communicate these figures to the regional and district authorities and the FMOH.
- Ensure supportive supervision to sample facilities at each stage of the referral level and provide feedback accordingly.
- Keep records of available staffing (HRIS) and resource/logistics pattern as well as the availability and functionality of various inputs at all levels in the region with respect to the needs of the EHSP and ensure equitable distribution of human and other resources among districts.

**Woreda health offices:**

The Woreda health offices ensure the following:

- Every health facility is delivering the EHSP for its level; there is strong linkage and support between the various levels.
- Guidance and support in planning; in their annual plans, each health facility sets appropriate targets in relation to each of the components of the EHSP; the faculty sets make appropriate efforts to achieve their targets.
- Each facility gets appropriate resources to achieve their agreed-upon targets.

**Kebele administration:**

At the community level, the HP will serve as the centre of service as well as coordination for delivering the EHSP. The Kebele administration will perform the following:

- Plan for the regular supplies and resources required to deliver the EHSP.



- Review and monitor the effectiveness of the planned interventions as well as the satisfaction of the community with the EHSP.
- Provide feedback at the Woreda level.
- Make sure that all the records and copies of reports are kept properly.
- Enhance inter-sectoral collaboration and action by bringing together the various stakeholders at the Kebele level.

### **Diagnostic and supportive services**

To facilitate the delivery of EHSP, selected diagnostic facilities and supportive services will be required. The HP level will address the major problems based on clinical diagnoses. However, the other level of the service delivery points needs diagnostic facilities.

## Chapter 6: Monitoring and evaluation framework

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To track the implementation, effectiveness and efficiency of the EHSP, the presence of a sound monitoring and evaluation framework will be critical. This framework is based on the objectives and expected results of the EHSP (Figure 4) and is generally expected to be harmonised and aligned with HMIS- and population-based surveys that exist in the health system. The existing monitoring and evaluation system components will be reviewed and adjusted to accommodate the changes made in the priority promotive, preventive, curative and rehabilitative health interventions at various levels of the health system and to serve the purpose of monitoring and evaluation of the delivery of EHSP.

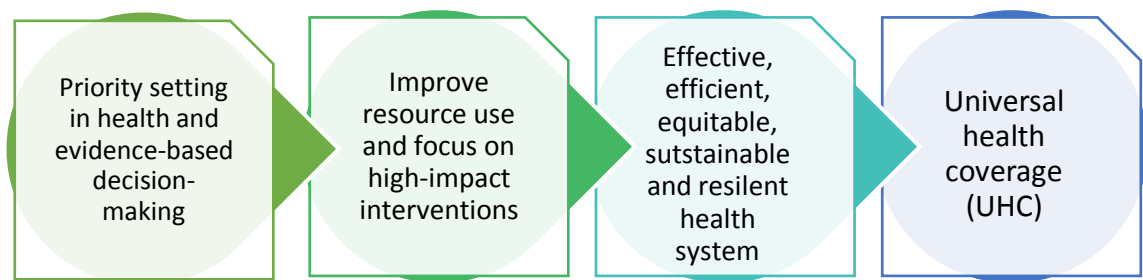


Figure 4: Theory of change for the monitoring and evaluation of the EHSP.

### 6.1. Monitoring

The monitoring of ESHP encompasses key mechanisms such as recording and reporting through the established system, review meetings, supervisions and regular assessments. The system will track aggregate data of both health services and disease/morbidities, where the latter is captured using the ‘event capture’ feature or application of second version of District Health Information System (DHIS2). All mechanisms of monitoring to track the implementation status, challenges and lessons regarding the planning and implementation of the EHSP will be harmonised and integrated with the existing monitoring mechanisms. The priority promotive, preventive, curative and rehabilitative health interventions will be recorded using the existing HMIS tools at various levels of the health system with possible modification

as deemed necessary. The health facilities and health administrative units are expected to report the priority clinical and public health interventions based on the predefined monthly, quarterly and annual schedule. Disease report based on NCOD is monthly reportable. Following the adoption and deployment of the DHIS2 to the Ethiopian HMIS, which is a flexible, open-source web-based system with an off-line feature, both service and disease reports are expected using this system.

Tracking of the implementation status, challenges and successes regarding the planning and implementation status of the EHSP will be integrated with the sector-wide and programme-specific review meetings and supervisions such integrated supportive supervision (ISS). Standardised assessments such as service availability and readiness assessments (SARA), service provision assessment (SPA) and EmONC should be revisited while taking the changes made in the revised EHSP into account.

## **6.2. Evaluation**

To evaluate the progress in achieving the ESHP objectives and its impact, existing population-based surveys will be utilised. These periodic evaluations will also help assess the relevance, efficiency and sustainability of the EHSP implementation. The existing population-based surveys such as Demographic and Surveys (DHS), Civil Registration and Vital Statistics (CRVS), Malaria Indicator Surveys (MIS) and other disease and behavioural surveillance and special surveys will be utilised to determine the extent of the achievement of the EHSP objectives and measure the status of the indicators.

## **6.3. Indicators to measure the progress of ESHP**

The progress in the availability of EHSP can be monitored and evaluated using selected key indicators that can be tracked using the routine health information system and surveys. The core indicators are grouped into three: service coverage indicators, FRP indicators (Table 16a) and mortality and morbidity (Table 17b) impact indicators (Table 17a).

Table 17a. Improvement/change in BoD will be tracked by Age-standardised death rate and DALYs

Rank	Causes of death or injury (GBD level - 2)	2019		2021		2023		2025		Data Sources
		Death	DALY	Death	DALY	Death	DALY	Death	DALY	
1	Maternal and neonatal disorders									HMIS/GBD
2	Respiratory infections and tuberculosis									HMIS/GBD
3	Enteric infections									HMIS/GBD
4	Other infectious diseases									HMIS/GBD
5	Other NCDs									HMIS/GBD
6	Nutritional deficiencies									HMIS/GBD
7	HIV/AIDS and sexually transmitted infections									HMIS/GBD
8	Cardiovascular diseases									HMIS/GBD
9	Neoplasms									HMIS/GBD
10	Mental disorders									HMIS/GBD
11	Unintentional injuries									HMIS/GBD
12	Digestive diseases									HMIS/GBD
13	Neurological disorders									HMIS/GBD
14	Self-harm and interpersonal violence									HMIS/GBD
15	Musculoskeletal disorders									HMIS/GBD
16	Diabetes and kidney diseases									HMIS/GBD
17	NTDs and malaria									HMIS/GBD
18	Skin and subcutaneous diseases									HMIS/GBD
19	Sense organ diseases									HMIS/GBD
20	Transport injuries									HMIS/GBD
21	Chronic respiratory diseases									HMIS/GBD
22	Substance-use disorders									HMIS/GBD

Table 17b: Change in quality UHC service for monitoring and evaluation of EHSP

S.NO	Major group	Tracer indicator	Description	Data source
1	RMNCH	Family planning	Demand satisfied with modern method among women aged 15–49 years who are married or in a union	EDHS
2	RMNCH	Pregnancy care	Average coverage of four or more antenatal visits and skilled birth attendance	EDHS
3	RMNCH	Full child immunisation	One-year-old children who have received three doses of vaccine containing diphtheria, tetanus and pertussis	EDHS
4	RMNCH	Child treatment	Care-seeking behaviour for children with suspected pneumonia	EDHS
5	Infectious diseases	TB treatment	TB cases detected and cured	WHO
6	Infectious diseases	HIV treatment	People living with HIV receiving ART	HMIS
7	Infectious diseases	Malaria prevention	Population at risk sleeping under insecticide-treated bed nets	MIS
8	Infectious diseases	Improved water and sanitation	Average coverage of households with access to improved water and sanitation	EDHS
9	NCDs	Treatment of CVD	Prevalence of raised blood pressure	STEPs
10	NCDs	Management of DM	Prevalence of raised blood glucose	STEPs
11	NCDs	Cervical cancer screening	Cervical cancer screening among women aged 30–49 years	STEPs
12	NCDs	Tobacco control	Adults aged $\geq 15$ years not smoking tobacco in the last 30 days	STEPs
13	Service capacity and access	Hospital access	In-patient admissions per capita	HMIS
14	Service capacity and access	Health worker density	Health professionals per capita physicians, psychiatrists and surgeons	HMIS
15	Service capacity and access	Access to essential medicines	Average proportion of WHO-recommended core list of essential medicines present in health facilities	SPA
16	Service capacity and access	Health security	International Health Regulations core capacity index	FMOH

Table 17c. Change in FRP core indicators for monitoring and evaluation of EHSP.

S.NO	Tracer indicator	Description	Data source
1	Proportion catastrophic OOP expenditure	Proportion of households with catastrophic OOP health expenditure exceeding 40% of non-food total expenditure	NHA
2	Incidence of medical impoverishment		NHA
3	Proportion of households enrolled in community-based health insurance	Number of households in the district enrolled in the CBHI scheme in the year divided by the total number of households in the district	EHIA

## Annexes

### Annex I: Costs and fiscal space for EHSP implementation

#### Costs of EHSP implementation

The total estimated costs of EHSP implementation depend on several factors, including the scope and number of services included, the assumption for the costs related to each service, and the target coverage. In order to assess variation in projected resource needs, three cost scenarios were developed, labelled ‘low’, ‘medium’ and ‘high’. Here, the only difference between the scenarios is the difference set in coverage rate, while the service package and the cost assumptions remain the same across the three.

To calculate the projected cost for the low scenario, 30% target coverage for most of NCD interventions and 80% target coverage for most of RMNCH and infectious disease interventions was taken (target coverage refers to year 2030, with coverage scaled up over time from current baseline). The medium scenario is more ambitious, with costs calculated based on 50% target coverage for NCD interventions and 95% target coverage for RMNCH and infectious disease interventions. Finally, cost for the high scenario was calculated based on target coverage of 80% for NCD interventions and 100% for most RMNCH and infectious disease interventions) for all included services by 2030 (figure 5).

In order to implement EHSP within the next 10 year (2020 – 2030), for instance based on medium coverage variant, a total of about USD 95.1 Billion is needed. In 2020, about US\$ 3.56, US\$ 4.24, or USD 4.88 Billion is needed based on low, medium or high coverage variant assumptions respectively. Majority of costs will be for total medicines, commodities.

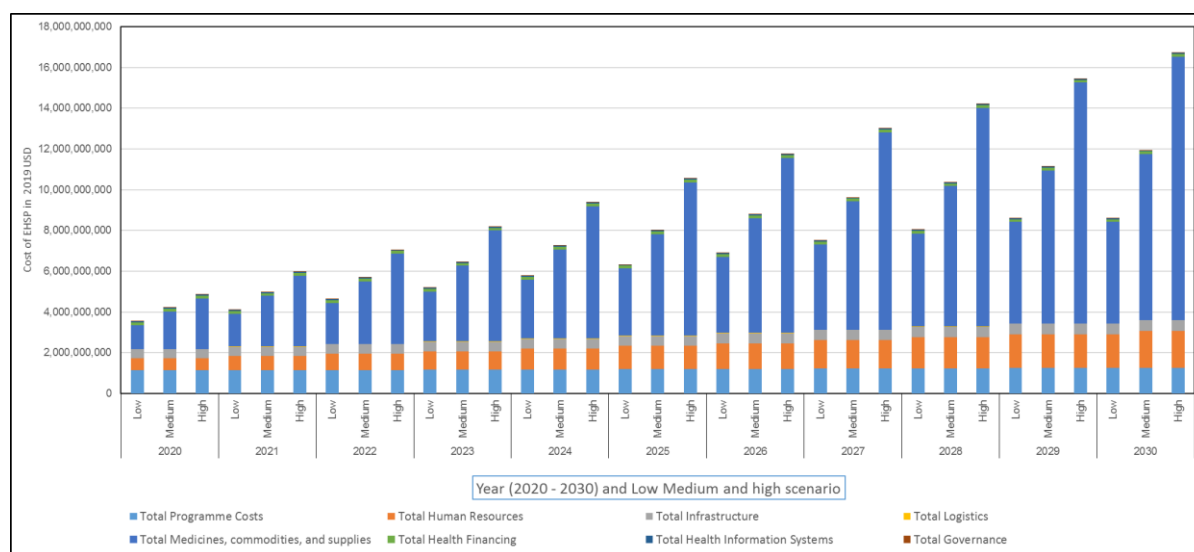


Figure 5. Required resources for the implementation the EHSP over (2020-2030)

Figure 6 shows the same cost projections in per capita terms (adjusting for population growth in the period 2020-2030, UNDP medium projections). Observe that these are the full cost, without taking into account the funding source, needed for implementing the EHSP. The findings align well with global projections for the estimated minimum health expenditure for essential services for a low-income country by the year 2030: around USD100-120 per capita [35].

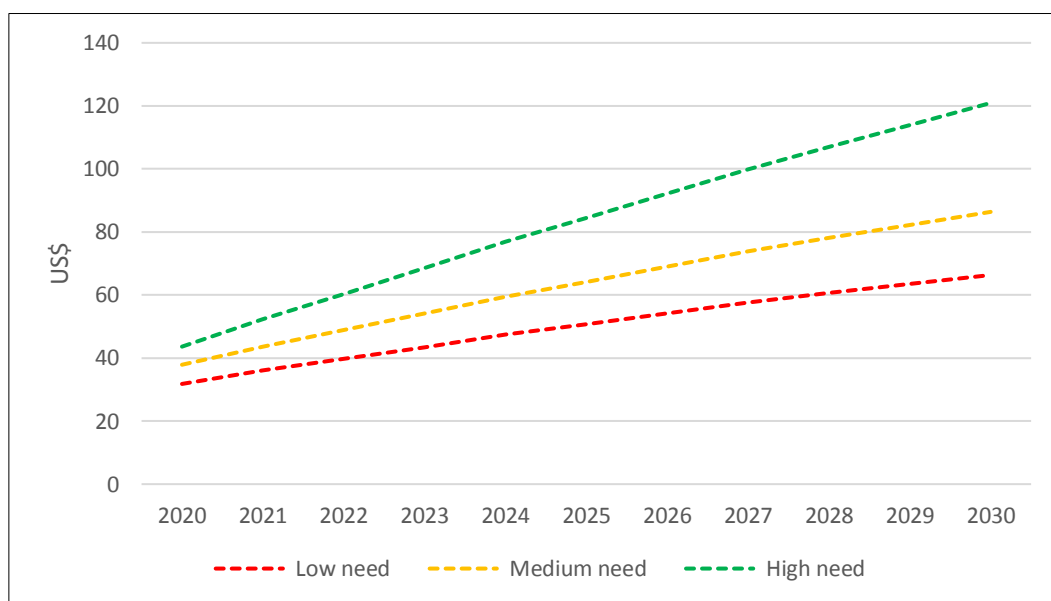


Figure 6. Required resource needs (USD per capita) for implementation of the EHSP (over 2020-2030) (low, medium and high coverage variant)

### **Budgetary room for EHSP implementation**

Recognizing the low national overall health sector spending, Ethiopia’s FMOH is committed to increase government expenditure on health and on other social services to achieve universal health coverage (UHC) with provision of financial risk protection [18, 36]. The government of Ethiopia also recognizes the obligation to devote the maximum available domestic resources to health, and to not merely rely on international assistance and donor aid, in order to achieve the progressive realization of UHC [37].

Fiscal space can be simply understood as the “budgetary room” that would allow the Ethiopian government to devote resources to specific services or activities without jeopardizing the



sustainability of the government’s finances [38]. The budgetary room is largely determined by three factors: economic growth, the level of total government expenditure and the percentage of total government expenditure devoted to health (or percent of gross domestic product (GDP) spent on health). In addition, total health expenditure is also a function of household direct expenditures (i.e. out-of-pocket (OOP) expenditures), other private expenditures (from employers, NGOs and others), and of external resources for health (i.e. development aid). By defining reasonable assumptions and defining realistic targets, projections for the available fiscal space into the future can be made.

This report provides three possible scenarios for budget expansion for the EHSP; they are labeled: ‘low available’, ‘medium available’, and ‘high available’ (i.e. an aspirational scenario). These three variants for possible budget expansion paths for total health expenditures towards UHC are illustrated in Figure 7.

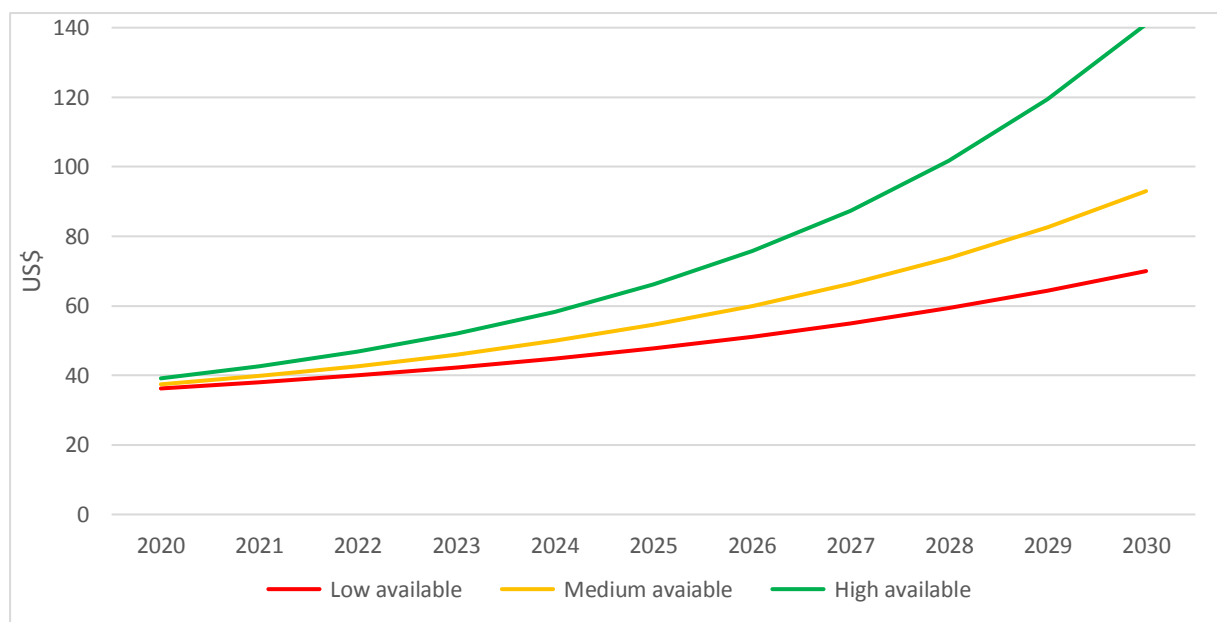


Figure 7. Per capita total health expenditure projections, 2020-2030 (low, medium, and high available scenario).

Data for Ethiopia from WHO’s Global Health Observatory on health expenditures as baseline was used for the projections, and scenarios were simulated up to the year 2030 [39]. The underlying assumptions for these projections are as follows:

- *Economic growth (GDP) per year: 7.6 – 8.6 – 9.7%*. Although Ethiopia in the last decade has had higher economic growth (around 10% annual) [40], only a few countries were found to have been able to sustain such growth over time.

- *Increase in actual government health expenditure to 3-4-5 % of GDP.* This is in line with international recommendations .[41, 42] In their analysis of the relationship between government spending on health and a range of indicators related to UHC goals, McIntyre et al. recommend a target of domestic government spending on health of at least 5% of GDP. Assumption was taken that this target to be met by 2030 in the high variant, while 3% is used in the low variant, and 4% is used in the medium variant.
- *External funding for health.* Relatively stable external funding for health was assumed, i.e. no change in absolute figures, but with a relative decrease. Development partners recognize the need to sustain the substantial health improvement seen in Ethiopia since the early 1990s. Although this support is likely to continue in the years ahead, Ethiopia’s transition towards a middle-income country implies a decreased relative proportion of external funding for health.
- *Out-of-pocket expenditure.* We assumed unchanged OOP. An assumption of 20% OOP is in line with WHO recommendations [43]. According to Ethiopia’s National Health Accounts (NHA VII, 2019), household OOP expenditures comprised 33% of total health expenditures [44]. OOP does not directly affect government spending, but would likely go down in relative terms when government spending for health goes up.

*No change in other private health expenditures (CBHI and SHI)* was assumed. Neither did any change in efficiency gains was assumed. This is a conservative assumption. Table 18 summarizes main assumptions.

Table 18. Assumptions for simplified budget expansion scenarios

Assumptions (targets, by 2030)	Low	Medium	High
GDP growth per year	7.6 %	8.6 %	9.7 %
Government total health expenditure target, as % of GDP	3.0 %	4.0 %	5.0 %
External funding for health	Fixed*	Fixed*	Fixed*
Out-of-pocket expenditure	Fixed*	Fixed*	Fixed*
Other private health expenditures	Fixed*	Fixed*	Fixed*

\* Fixed at 2018 level.

Note: GDP growth assumptions from Ministry of Finance

Disaggregated health expenditure projections for the low, medium and high variants are shown in Figure 8. Two major and uncertain drivers are economic growth and government spending on health as percent of GDP. A target of domestic government spending of 5% is in line with current national health care financing strategic document [37], although current government spending is much lower [44].

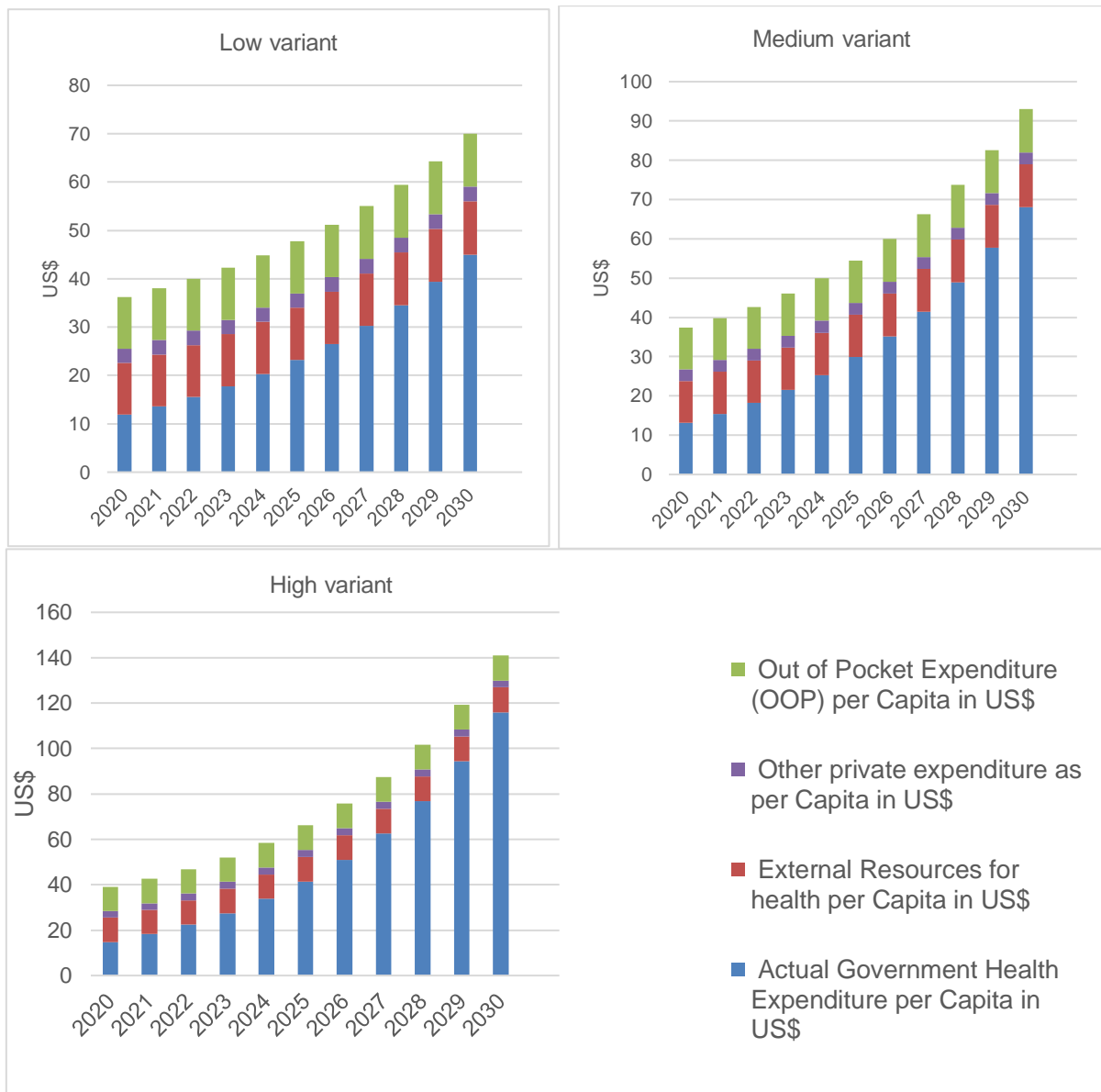


Figure 8. Total Health Expenditure (USD per capita) projected with low, medium, and high variant scenarios

## Comparison of resource needs and projected available resources

Needed resources mapped to projected available resources are shown in Figure 9. We see from the figure that the required resources would map well projected available resources by the year 2030. However, sustained economic growth and substantial political commitment will be required to achieve the medium and high coverage scenarios.



Figure 9: Required resources compared with expected available resources for EHSP implementation, per capita USD (2020-2030)

Further analytic work is needed to align resource needs with a realistic and feasible budget expansion path for each year. If the assumed budget expansion path are unfeasible, another option for scaling up the EHSP is to only scale up a limited number of the highest priority services.

## Resource generation and mobilization

Whether economic growth slows down or not, other ways to increase fiscal space will be critical. These include increased mobilization of domestic resources, intersectoral reallocations

and reprioritizations, and efficiency gains. As for increased mobilization of domestic resources, one particularly important option for low- and middle-income countries to consider is increased taxation of tobacco and alcohol products. Such an increase is likely not only to increase revenue, but also to improve population health. Improved systems for tax collection are also crucial.

With respect to intersectoral reallocations, a related strategy is to reduce or eliminate energy subsidies and other unwarranted subsidies. This can, among other things, increase the fiscal space for public spending on high-priority health services.

As for efficiency gains, there are many promising strategies to be pursued. The 2010 World Health Report lists ten leading causes of inefficiencies that could be addressed: underuse of generic drugs (instead of brand-name drugs) and higher than necessary prices for medicines; use of substandard and counterfeit medicines; inappropriate and ineffective use of medicines; overuse or supply of equipment, investigations, and procedures; inappropriate or costly staff mix and unmotivated workers; inappropriate hospital admissions and length of stay; inappropriate hospital size (low use of infrastructure); medical errors and suboptimal quality of care; waste, corruption, and fraud; and inefficient mix or inappropriate level of strategies [43].

## Annex II: Interventions by level of delivery and payment mechanisms

Table 19: Components of the ESHP for Ethiopia by program area, level of delivery, and payment mechanisms

(IC= Intervention Codes, HP = Health Posts, HC=Health Centres, PH=Primary Hospitals, GH=General Hospitals, TH= Tertiary Hospitals).

IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
<b>RMNCH</b>									
1	Family Planning	Outreach Family planning services						X	Free
2	Family Planning	Counselling on family planning	X	X	X	X	X	X	Free
3	Family Planning	Provision of male condoms	X	X	X	X	X	X	Free
4	Family Planning	Provision of female condoms	X	X	X	X	X		Free
5	Family Planning	Provision of oral contraceptive	X	X	X	X	X	X	Free
6	Family Planning	Provision of injectable contraceptives	X	X	X	X	X	X	Free
7	Family Planning	Provision of emergency contraception	X	X	X	X	X	X	Free
8	Family Planning	Provision of implants	X	X	X	X	X		Free
9	Family Planning	Provision of intrauterine devices (IUD)	X	X	X	X	X		Free
10	Family Planning	Female sterilization service		X	X	X	X		Free
11	Family Planning	Male sterilization service		X	X	X	X		Free
12	Family Planning	Provision of monthly vaginal ring or patch		X	X	X	X		Free
13	Family Planning	Diaphragm	X	X	X	X	X		Free
14	Family Planning	Lactational amenorrhea	X	X	X	X	X	X	Free
15	Family Planning	Provision of postpartum family planning	X	X	X	X	X	X	Free
16	Infertility management	Identification and management of infertility		X	X	X	X		Recovery
17	Infertility management	Psycho social counselling for individuals and a couple	X	X	X	X	X		free
18	Comprehensive abortion care	Safe abortion services (included medication abortion, MVA, D&C)		X	X	X	X		Free
20	Comprehensive abortion care	Post abortion case management (management of unsafe abortion complications including E&C, sepsis management, etc)		X	X	X	X		Free
21	Comprehensive abortion care	Post abortion follow up	X	X	X	X	X	X	Free
22	Comprehensive abortion care	Ectopic pregnancy case management		X	X	X	X		Free

IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
23	Prevention and treatment of gynaecological problem	Education on menstrual hygiene and cycle	X	X	X			X	Free
24	Prevention and treatment of gynaecological problem	Treatment of menstrual problems and irregularities	X	X	X	X		X	Free
25	Prevention and treatment of gynaecological problem	Cervical cancer screening		X	X	X			Free
26	Prevention and treatment of gynaecological problem	Clinical breast examination	X	X	X	X	X	X	Free
27	Prevention and treatment of gynaecological problem	Diagnosis and treatment of syphilis		X	X	X	X		Sharing
28	Prevention and treatment of gynaecological problem	Diagnosis and treatment of gonorrhoea		X	X	X	X		Sharing
29	Prevention and treatment of gynaecological problem	Diagnosis and treatment of chlamydia		X	X	X	X		Sharing
30	Prevention and treatment of gynaecological problem	Diagnosis and treatment of trichomoniasis		X	X	X	X		Sharing
31	Prevention and treatment of gynaecological problem	Diagnosis and treatment of Pelvic inflammatory disease (PID)		X	X	X	X		Sharing
32	Prevention and treatment of gynaecological problem	Diagnosis and treatment of Urinary tract infection (UTI)		X	X	X	X		recovery
33	Prevention and treatment of gynaecological problem	Provision of HPV vaccine	X	X	X	X	X	X	Free
34	Sexual health issues	Comprehensive sexual health education	X	X	X	X	X	X	Free
35	Sexual health issues	Adolescent sexual and reproductive health	X	X	X			X	Free
36	Sexual health issues	Age appropriate comprehensive sex education	X	X	X			X	Free
37	Sexual health issues	Provide adolescent friendly contraceptive services	X	X	X			X	Free
38	Sexual health issues	Expand access to and promotion of the use of condoms and other contraceptives	X	X				X	Free

IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
49	Gender based violence	Comprehensive health education about GBV	X	X	X			X	free
40	Gender based violence	Conduct community dialogue about GBV	X	X	X			X	free
41	Gender based violence	Investigation, diagnosis, and reporting of GBV		X	X	X	X		Sharing
42	Gender based violence	Pregnancy test (HCG) for GBV	X	X	X			X	Sharing
43	Gender based violence	HTC at least 3 times (initial 6 weeks and 6 months)	X	X	X	X	X		free
44	Gender based violence	Emergency treatment of life threatening condition due to GBV	X	X	X	X	X	X	Sharing
45	Gender based violence	Surgical treatment for physical trauma		X	X	X	X		Sharing
46	Gender based violence	Treatment for burn due to GBV		X	X	X	X		Sharing
47	Gender based violence	Medical treatment for infection due to GBV		X	X	X	X		Sharing
48	Gender based violence	Medical treatment for pain due to GBV	X	X	X	X	X		Sharing
59	Gender based violence	Tetanus anti-toxoids		X	X	X	X		Sharing
50	Gender based violence	Hepatitis B vaccination for GBV victims		X	X	X	X		Sharing
51	Gender based violence	Comprehensive abortion care		X	X	X	X		Free
52	Gender based violence	Provision of psychiatric treatment for GBV victims		X	X	X	X		Free
53	Gender based violence	Provision of psychosocial support for GBV victims	X	X	X	X	X	X	Free
54	Gender based violence	Post exposure prophylaxis for HIV with repeat testing		X	X	X	X		Free
55	Harmful traditional practice (HTP)	Health education and community advocacy against HTP	X	X				X	Free
56	Harmful traditional practice (HTP)	Family planning for child marriage	X	X	X	X	X	X	Free
57	Harmful traditional practice (HTP)	Special care for teen pregnancy	X	X	X	X	X	X	Free
58	Harmful traditional practice (HTP)	Psychiatric treatment for abduction		X	X	X	X		Free
59	Harmful traditional practice (HTP)	Counselling and management of female genital mutilation victims		X	X	X	X		Free
60	Harmful traditional practice (HTP)	Diinfibulation and surgical correction for female genital mutilation victims				X	X		Free
61	Prenatal care	Folic acid supplementation/fortification	X	X	X	X	X	X	Free
62	Antenatal care	Comprehensive health education about early ANC, skilled delivery, postpartum care, family planning, nutrition, maternal waiting services	X	X	X			X	Free
63	Antenatal care	Focused ANC follow up		X	X	X	X		Free



IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
64	Antenatal care	Antenatal corticosteroids for for preterm labour		X	X	X	X		Free
65	Antenatal care	Detection and management of fetal growth restriction		X	X	X	X		Free
66	Antenatal care	Gestational diabetes case management		X	X	X	X		Free
67	Antenatal care	Antibiotics for pre-mature rupture of membrane (PRoM)		X	X	X	X		Free
68	Antenatal care	Management of pre-eclampsia (antihypertensives, induction of labour, ultrasound to asses fetal growth)		X	X	X	X		Free
69	Antenatal care	Management of eclampsia (MgSO4)		X	X	X	X		Free
70	Antenatal care	Hypertensive disorder case management		X	X	X	X		Free
71	Skilled delivery care	Labour and Delivery Management		X	X	X	X		Free
72	Skilled delivery care	Induction of labour for pregnancies lasting 41+ weeks		X	X	X	X		Free
73	Skilled delivery care	Active management of the third stage of labour		X	X	X	X		Free
74	Skilled delivery care	Basic emergency obstetric and newborn care (BEmONC)		X	X	X	X		Free
75	Skilled delivery care	Comprehensive emergency obstetric and newborn Care (CEmONC)		X	X	X	X		Free
76	Skilled delivery care	Pre-referral management of labour complications	X	X	X	X			Free
77	Postnatal care	Maternal sepsis case management		X	X	X	X		Free
78	Postnatal care	Clean postnatal practices	X	X	X	X	X		Free
79	Postnatal care	Mastitis management		X	X	X	X		Free
80	Postnatal care	Treatment of postpartum haemorrhage		X	X	X	X		Free
81	Postnatal care	Chlorhexidine application to the cord		X	X	X	X		Free
82	Neonatal care	Comprehensive new born care	X	X	X	X	X		Free
83	Neonatal care	Detection and management of congenital anomalies (cleft lip, palate, imperforate anus, club foot, meningocele, spina bifida, dysmorphism, microcephaly)	X	X	X	X	X		Free
84	Neonatal care	Screening for congenital hypothyroidism and management		X	X	X	X		Free
85	Neonatal care	Screening for congenital heart diseases and management			X	X	X		Free
86	Neonatal care	Parental chromosomal screening: amniocentesis (antenatal) for chromosomal screening			X	X	X		Free

IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
87	Neonatal care	Screening for retinoblastoma			X	X	X		Free
88	Neonatal care	Kangaroo mother care	X	X	X	X	X		Free
89	Neonatal care	Voluntary Neonatal male surgical circumcision		X	X	X			Sharing
90	Neonatal care	Early infant diagnosis for HIV (DBS)		X	X	X	X		Free
91	Intensive neonatal care (specialized neonatal care)	Essential new born care			X	X	X		Free
92	Intensive neonatal care (specialized neonatal care)	Identification and treatment of Neonatal sepsis			X	X	X		Free
93	Intensive neonatal care (specialized neonatal care)	Prevention of neonatal infections			X	X	X		Free
94	Intensive neonatal care (specialized neonatal care)	Premature sick Neonatal care: incubator and nutritional			X	X	X		Free
95	Intensive neonatal care (specialized neonatal care)	Phototherapy and exchange transfusion			X	X	X		Free
96	Intensive neonatal care (specialized neonatal care)	Prolonged intravenous antibiotics for sever neonatal infection			X	X	X		Free
97	Intensive neonatal care (specialized neonatal care)	Treatment of birth trauma			X	X	X		Free
98	Intensive neonatal care (specialized neonatal care)	Management of perinatal asphyxia			X	X	X		Free
99	Intensive neonatal care (specialized neonatal care)	Management of thermoregulation: radiant warmer therapy			X	X	X		Free
100	Intensive neonatal care (specialized neonatal care)	Nutrition: breastfeeding and feeding other than breast milk			X	X	X		Free
101	Intensive neonatal care (specialized neonatal care)	Management of neonatal tetanus			X	X	X		Free
102	Intensive neonatal care (specialized neonatal care)	Management of NEC			X	X	X		Free

IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
103	Intensive neonatal care (specialized neonatal care)	Management of neonatal jaundice			X	X	X		Free
104	Intensive neonatal care (specialized neonatal care)	Management of metabolic disorder			X	X	X		Free
105	Intensive neonatal care (specialized neonatal care)	Management of meconium aspiration syndrome			X	X	X		Free
106	Intensive neonatal care (specialized neonatal care)	Management of neonatal seizure			X	X	X		Free
107	Intensive neonatal care (specialized neonatal care)	Management of neonatal hematologic problems			X	X	X		Free
108	Intensive neonatal care (specialized neonatal care)	Management of birth trauma			X	X	X		Free
109	Intensive neonatal care (specialized neonatal care)	Management of fluid and electronic imbalance			X	X	X		Free
110	Intensive neonatal care (specialized neonatal care)	Management of shock in neonates			X	X	X		Free
111	Intensive neonatal care (specialized neonatal care)	Internal feeding for premature babies			X	X	X		Free
112	Intensive neonatal care (specialized neonatal care)	Management of neonatal acute emergency surgical conditions			X	X	X		Free
113	Intensive neonatal care (specialized neonatal care)	Prevention of respiratory distress syndrome in neonates using surfactants			X	X	X		Free
114	Intensive neonatal care (specialized neonatal care)	Management of neonatal respiratory distress with continuous positive airway pressure (CPAP)			X	X	X		Free
115	Intensive neonatal care (specialized neonatal care)	Early developmental stimulation			X	X	X		Free
116	Immunization and vaccinations	Promotion and counselling on immunization	X	X	X			X	Free
117	Immunization and vaccinations	Provision of HBV: at birth	X	X	X	X	X		Free

IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
118	Immunization and vaccinations	Provision of BCG: at birth	X	X	X	X	X		Free
119	Immunization and vaccinations	Provision of OPV: at birth, 6, 10, 14 weeks	X	X	X	X	X		Free
120	Immunization and vaccinations	Provision of PCV: at 6, 10, 14 weeks	X	X	X	X	X		Free
121	Immunization and vaccinations	Provision of Rota Virus Vaccine: at 6 and 10 week	X	X	X	X	X		Free
122	Immunization and vaccinations	Provision of HepB: at Birth	X	X	X	X	X		Free
123	Immunization and vaccinations	Provision of DPT-HepB-Hib (Pentavalent): at 6, 10, 14 weeks	X	X	X	X	X		Free
124	Immunization and vaccinations	Provision of 1st dose of measles vaccine at 9 month	X	X	X	X	X		Free
125	Immunization and vaccinations	Provision of 2nd dose of measles vaccine: at 15-18 months or first contact after 15 months	X	X	X	X	X		Free
126	Immunization and vaccinations	Provision of Tetanus Toxoid (TT) Vaccine	X	X	X	X	X		Free
127	Immunization and vaccinations	Provision of 1st doses of IPV	X	X	X	X	X		Free
128	Child health: iCCM	Integrated community case management of Neonatal & childhood illness (iCCM)	X	X	X				Free
129	Child health: IMNCI	Vitamin A for treatment of measles		X	X	X	X		Free
130	Child health: IMNCI	Treatment of severe measles		X	X	X	X		Free
131	Child health: IMNCI	Vitamin A Supplementation for treatment of xerophthalmia		X	X	X	X		Free
132	Child health: IMNCI	ORS - oral rehydration solution	X	X	X	X	X		Free
133	Child health: IMNCI	Treatment of severe diarrhoea (children)		X	X	X	X		Free
134	Child health: IMNCI	Antibiotics for treatment of dysentery		X	X	X	X		Free
135	Child health: IMNCI	Zinc for treatment of diarrhoea		X	X	X	X		Free
136	Child health: IMNCI	Oral antibiotics for pneumonia		X	X	X	X		Free
137	Child health: IMNCI	Treatment of severe pneumonia		X	X	X	X		Free
138	Child health: IMNCI	ACTs - Artemisinin compounds for treatment of malaria		X	X	X	X		Free
139	Child health: IMNCI	Treatment of severe malaria		X	X	X	X		Free
140	Child health: IMNCI	SAM - treatment for severe acute malnutrition		X	X	X	X		Free
141	Child health: IMNCI	MAM - treatment for moderate acute malnutrition		X	X	X	X		Free
142	Child health: Deworming	Deworming every 6 months	X	X				X	Free

IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
143	Vitamin A supplementation	Provision of Vitamin A every 6 months	X	X				X	Free
144	Child health: curative care	Paediatric HIV care and treatment Services		X	X	X	X		Free
145	Child health: curative care	Paediatric Palliative care	X	X	X	X	X	X	Free
146	Child health: curative care	Paediatric end of life care & support	X	X	X	X	X	X	Free
147	Child health: curative care	Management of Pharyngitis/Tonsillitis/Sinusitis		X	X	X	X		recovery
148	Child health: curative care	Management of eye infections: trachoma,		X	X	X	X		recovery
149	Child health: curative care	Management of ear infections: Otitis media		X	X	X	X		recovery
150	Child health: curative care	Management of Croup Syndrome (laryngitis, tracheitis, epiglottitis)		X	X	X	X		recovery
151	Child health: curative care	Management of Paediatric asthma		X	X	X	X		recovery
152	Child health: curative care	Management of Paediatrics bronchiolitis		X	X	X	X		recovery
153	Child health: curative care	Management of aspiration syndrome: foreign body, near drowning		X	X	X	X		recovery
154	Child health: curative care	Management of Congenital Heart Diseases in Paediatrics			X	X	X		recovery
155	Child health: curative care	Management of infective endocarditis			X	X	X		recovery
156	Child health: curative care	Management of rheumatic fever/ Rheumatic heart diseases			X	X	X		recovery
157	Child health: curative care	Management of congestive heart failure			X	X	X		recovery
158	Child health: curative care	Management of shock in Paediatrics		X	X	X	X		recovery
159	Child health: curative care	Management of Hypertension in Paediatrics			X	X	X		recovery
160	Child health: curative care	Management of Hepatitis/Jaundice in Paediatrics			X	X	X		recovery
161	Child health: curative care	Management of Liver failure in Paediatrics			X	X	X		recovery
162	Child health: curative care	Management of ascites			X	X	X		recovery
163	Child health: curative care	Management of malabsorption				X	X		recovery
164	Child health: curative care	Management of gastro intestinal bleeding				X	X		recovery
165	Child health: curative care	Management of acute abdomen			X	X	X		recovery
166	Child health: curative care	Management of Haemolytic-Uraemia Syndrome				X	X		recovery
167	Child health: curative care	Management of Nephritis		X	X	X	X		recovery
168	Child health: curative care	Management of Nephrotic syndrome		X	X	X	X		recovery
169	Child health: curative care	Management of Renal Failure				X	X		recovery

IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
170	Child health: curative care	Management of Urinary Tract Infections (Lower)		X	X	X	X		recovery
171	Child health: curative care	Management of Pyelonephritis		X	X	X	X		recovery
172	Child health: curative care	Management of Wilms' Tumour (Nephroblastoma)				X	X		recovery
173	Child health: curative care	Management of Ambiguous Genitalia				X	X		recovery
174	Child health: curative care	Management of Pyomyositis			X	X	X		recovery
175	Child health: curative care	Management of Septic arthritis		X	X	X	X		recovery
176	Child health: curative care	Management of Osteomyelitis		X	X	X	X		recovery
177	Child health: curative care	Management of juvenile rheumatoid arthritis		X	X	X	X		recovery
178	Child health: curative care	Management of Impetigo		X	X	X			recovery
179	Child health: curative care	Management of Dermatitis/Eczema		X	X	X	X		recovery
180	Child health: curative care	Management of Scabies	X	X	X			X	recovery
181	Child health: curative care	Management of Fungal skin infections (ringworms)		X	X	X	X		recovery
182	Child health: curative care	Management of Meningitis		X	X	X	X		recovery
183	Child health: curative care	Management of Encephalitis				X	X		recovery
184	Child health: curative care	Management of Seizure disorders		X	X	X	X		recovery
185	Child health: curative care	Management of Cerebral palsy				X	X		recovery
186	Child health: curative care	Management of raised intracranial pressure				X	X		recovery
187	Child health: curative care	Coma Management		X	X	X	X		recovery
188	Child health: curative care	Management of Poisoning		X	X	X	X		recovery
189	Child health: curative care	Management of Diabetes Mellitus		X	X	X	X		recovery
190	Child health: curative care	Management of Hypothyroidism			X	X	X		recovery
191	Child health: curative care	Management of Hyperthyroidism			X	X	X		recovery
192	Child health: curative care	Management of Anaemia		X	X	X	X		sharing
193	Child health: curative care	Management of Septicaemia		X	X	X	X		sharing
194	Child health: curative care	Management of Haemophilia				X	X		recovery
195	Child health: curative care	Management of Idiopathic Thrombocytopenic Purpura (ITP)			X	X	X		recovery
196	Child health: curative care	Management of Leukaemia				X	X		recovery

IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
197	Child health: curative care	Management of Lymphoma				X	X		recovery
198	Child health: curative care	Prevention and management of Child Abuse	X	X	X	X		X	recovery
199	Child health: curative care	Paediatric social services	X	X	X	X		X	recovery
200	Child health: curative care	Management of Chromosomal anomalies in Paediatrics				X	X		recovery
201	Child health: curative care	Management of Down's Syndrome in Paediatrics				X	X		recovery
202	Child health: curative care	Management of Edward's Syndrome in Paediatrics				X	X		recovery
203	Child health: curative care	Management of autism	X	X	X	X	X	X	recovery
204	Nutrition: Pregnant women	Promote one extra meal and rest during pregnancy	X	X	X			X	Free
205	Nutrition: Pregnant women	Promote on healthy eating, diversified meal	X	X	X			X	Free
206	Nutrition: Pregnant women	Promote ITN use for malaria endemic areas	X	X	X			X	Free
207	Nutrition: Pregnant women	Promote early initiation ( colostrum feeding) and exclusive breast feeding	X	X	X			X	Free
208	Nutrition: Pregnant women	Nutritional screening and weight gain monitoring during pregnancy	X	X	X			X	Free
209	Nutrition: Pregnant women	Link pregnancy mothers to supplementary feeding program (Productive Safety Net Program (PSNP) and other programs)	X	X	X			X	Free
210	Nutrition: Pregnant women	Treat malnourished pregnant mothers with therapeutic foods	X	X	X			X	Free
211	Nutrition: Pregnant women	Iron-folic acid supplementation	X	X	X			X	Free
212	Nutrition: Pregnant women	De-worming during pregnancy (2nd trimester)	X	X	X			X	Free
213	Nutrition: Pregnant women	Promote family members (husband, grandparents and other HH members) involvement to provide nutritional care for pregnancy women	X	X	X			X	Free
214	Nutrition: Pregnant women	Behaviour change communication on maternal nutrition (	X	X	X			X	Free
215	Nutrition: Pregnant women	Promote use of iodized salt	X	X	X			X	Free
216	Nutrition: Pregnant women	Promote use of fortified foods	X	X	X			X	Free
217	Nutrition: Pregnant women	Promote personal hygiene, environmental sanitation and infection prevention measures	X	X	X			X	Free
218	Nutrition: Pregnant women	Provide outreach nutrition services	X	X	X			X	Free

IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
219	Nutrition: Pregnant women	Promote use of time and labour saving technologies	X	X	X			X	Free
220	Nutrition: Pregnant women	Promote use of reproductive health services after delivery	X	X	X			X	Free
221	Nutrition: Pregnant women	Promote gender equity and economic empowerment	X	X	X			X	Free
222	Nutrition: Pregnant women	Calcium supplementation for prevention and treatment of pre-eclampsia and eclampsia	X	X	X			X	Free
223	Nutrition: Pregnant women	Nutritional care and support for HIV+ pregnant women	X	X	X			X	Free
224	Nutrition: Pregnant women	Anaemia diagnosis and treatment	X	X	X			X	Free
225	Nutrition: Breastfeeding mothers	Counsel on two extra meals and rest during lactation	X	X	X			X	Free
226	Nutrition: Breastfeeding mothers	Counsel on optimal breast feeding practices on, proper positioning and attachment, exclusive breast feeding and feeding on demand)	X	X	X			X	Free
227	Nutrition: Breastfeeding mothers	Promote healthy eating, diversified diet during lactation	X	X	X			X	Free
228	Nutrition: Breastfeeding mothers	Nutritional screening and counselling during lactation	X	X	X			X	Free
229	Nutrition: Breastfeeding mothers	Counsel on exposing infants to sun light	X	X	X			X	Free
230	Nutrition: Breastfeeding mothers	Promote continued use of iron folate (to complete 90 tabs)	X	X	X			X	Free
231	Nutrition: Breastfeeding mothers	Measure birth weight, length and head circumference in the first 1 hour	X	X	X			X	Free
232	Nutrition: Breastfeeding mothers	Link Breastfeeding mothers to supplementary feeding program (PSNP and other programs)	X	X	X			X	Free
233	Nutrition: Breastfeeding mothers	Treat malnourished Breastfeeding mothers with therapeutic foods	X	X	X			X	Free
234	Nutrition: Breastfeeding mothers	Promote family members (husband, grandparents and other HH members) involvement to provide nutritional care for Breastfeeding women	X	X	X			X	Free
235	Nutrition: Breastfeeding mothers	Promote shift in food taboos using religious leaders and influential community members	X	X	X			X	Free
236	Nutrition: Breastfeeding mothers	Promote access to reproductive health services	X	X	X			X	Free
237	Nutrition: Breastfeeding mothers	Strengthen women economic control and equitable decision making role to improve nutrition	X	X	X			X	Free



IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
238	Nutrition: Breastfeeding mothers	Nutritional care and support (HIV+ pregnant and Breastfeeding women)	X	X	X			X	Free
239	Nutrition: Non-pregnant and non-Breastfeeding women	Promote adequate intake of diversified food	X	X	X			X	Free
240	Nutrition: Non-pregnant and non-Breastfeeding women	Nutritional care and support for HIV+ women	X	X	X			X	Free
241	Nutrition: Neonatal and infants (0-5 months)	Early initiation of breast feeding within one hour	X	X	X			X	Free
242	Nutrition: Neonatal and infants (0-5 months)	Feeding of colostrum	X	X	X			X	Free
243	Nutrition: Neonatal and infants (0-5 months)	Avoidance of pre-lacteal feeding	X	X	X			X	Free
244	Nutrition: Neonatal and infants (0-5 months)	Promote exclusive breast feeding up to 6 months (Breast feeding on demand and day and night and empty one breast at a time)	X	X	X			X	Free
245	Nutrition: Neonatal and infants (0-5 months)	Demonstrate proper positioning and attachment	X	X	X			X	Free
246	Nutrition: Neonatal and infants (0-5 months)	Promote appropriate feeding options for infants born to HIV infected mothers	X	X	X			X	Free
247	Nutrition: Neonatal and infants (0-5 months)	Promote Kangaroo mother care for pre-term and LBW infants	X	X	X			X	Free
248	Nutrition: Neonatal and infants (0-5 months)	Monthly growth monitoring and promotion (measure weight and age, record, interpret and counsel accordingly)	X	X	X			X	Free
249	Nutrition: Neonatal and infants (0-5 months)	Continued breast feeding during illness and recovery	X	X	X			X	Free
250	Nutrition: Neonatal and infants (0-5 months)	Zinc and ORS for diarrheal treatment	X	X	X			X	Free
251	Nutrition: Neonatal and infants (0-5 months)	Early detection and management of acute malnutrition	X	X	X			X	Free
252	Nutrition: Neonatal and infants (0-5 months)	Establish BFHF Initiative in all public and private health facilities	X	X	X			X	Free
253	Nutrition: Neonatal and infants (0-5 months)	Enforce international code of marketing for breast milk substitutes	X	X	X			X	Free
254	Nutrition: Neonatal and infants (0-5 months)	Promote enactment of maternity leave according to international labour organization convention No. 183	X	X	X			X	Free
255	Nutrition: Neonatal and infants (0-5 months)	Promote designated breast feeding rooms in all service providing institutions	X	X	X			X	Free
256	Nutrition: Neonatal and infants (0-5 months)	Support breast feeding working mothers to breast feed until 6 months	X	X	X			X	Free

IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
257	Nutrition: Neonatal and infants (0-5 months)	Provide age appropriate immunization services	X	X	X			X	Free
258	Nutrition: Infant and young child nutrition (6-23)	Nutrition screening and counselling in health facility and community	X	X	X			X	Free
259	Nutrition: Infant and young child nutrition (6-23)	Counsel on optimal complementary feeding practices (age appropriate amount, frequency and diversity of feeding, responsive feeding)	X	X	X			X	Free
260	Nutrition: Infant and young child nutrition (6-23)	Timely initiation of complementary feeding at 6 months	X	X	X			X	Free
261	Nutrition: Infant and young child nutrition (6-23)	Continued breast feeding until 24 months and beyond	X	X	X			X	Free
262	Nutrition: Infant and young child nutrition (6-23)	Promote feeding of sick child during illness and recovery	X	X	X			X	Free
263	Nutrition: Infant and young child nutrition (6-23)	Zinc and ORS for diarrhoeal treatment	X	X	X			X	Free
264	Nutrition: Infant and young child nutrition (6-23)	Vitamin A supplementation biannually	X	X	X			X	Free
265	Nutrition: Infant and young child nutrition (6-23)	Zinc supplementation	X	X	X			X	Free
266	Nutrition: Infant and young child nutrition (6-23)	Detect and manage Acute Malnutrition	X	X	X			X	Free
267	Nutrition: Infant and young child nutrition (6-23)	Link malnourished children to supplementary food support (B/TSFP, PSNP,	X	X	X			X	Free
268	Nutrition: Infant and young child nutrition (6-23)	Promote micronutrient powder in areas where iron deficiency is > 20%	X	X	X			X	Free
269	Nutrition: Infant and young child nutrition (6-23)	Promote enforcement of minimum standard nutritional services for young children in special situations (refugee camps, orphanage, day care centres, PSNP public work sites etc)	X	X	X			X	Free
270	Nutrition: Infant and young child nutrition (6-23)	Promote local production of enriched complementary foods	X	X	X			X	Free

IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
271	Nutrition: Infant and young child nutrition (6-23)	Demonstrate preparation and utilization of diversified complementary foods	X	X	X			X	Free
272	Nutrition: Infant and young child nutrition (6-23)	Promote key actions for diversification and utilization of complementary foods at household levels	X	X	X			X	Free
273	Nutrition: Infant and young child nutrition (6-23)	Promote production and utilization of bio fortified foods	X	X	X			X	Free
274	Nutrition: Infant and young child nutrition (6-23)	Promote food technologies (powder meat, etc)	X	X	X			X	Free
275	Nutrition: Infant and young child nutrition (6-23)	Identify and treat anaemia	X	X	X				Free
276	Nutrition: Infant and young child nutrition (6-23)	Support local food processing factories to participate in production of ready to use therapeutic food and supplementary food	X	X	X				Free
277	Nutrition: Infant and young child nutrition (6-23)	Provide free medical treatment to malnourished children	X	X	X				Free
278	Nutrition: Infant and young child nutrition (6-23)	Support food for care takers whose children admitted to Stabilization Centre	X	X	X				Free
279	Nutrition: Infant and young child nutrition (6-23)	Promote hygiene and sanitation and access to safe and clean water	X	X				X	Free
280	Nutrition: Infant and young child nutrition (6-23)	Promote hand washing at critical times with soap	X	X				X	Free
281	Nutrition: Infant and young child nutrition (6-23)	Promote use of household water treatment practices	X					X	Free
282	Nutrition: Infant and young child nutrition (6-23)	Promote safe and hygienic preparation, storage and handling of food	X					X	Free
283	Nutrition: Infant and young child nutrition (6-23)	Promote safe and clean household environment (in relation to poultry, small remnants, household waste management, etc)	X					X	Free
284	Nutrition: Infant and young child nutrition (6-23)	Promote construction and use of household latrine	X	X				X	Free

IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
285	Nutrition: Infant and young child nutrition (6-23)	Link food insecure households with children under two to social protection services and nutrition sensitive livelihood and economic opportunities	X	X				X	Free
286	Nutrition: Infant and young child nutrition (6-23)	Integrate early childhood care and development stimulation with existing community and facility based nutrition programs	X	X	X			X	Free
287	Nutrition: Infant and young child nutrition (6-23)	Promote use of ITN	X	X	X			X	Free
288	Nutrition: Infant and young child nutrition (6-23)	Promote prevention of food taboos and mal-feeding practices	X	X				X	Free
289	Nutrition: Infant and young child nutrition (6-23)	Promote family members involvement during child feeding practices	X	X				X	Free
290	Nutrition: Child nutrition (24 - 59 months)	De-worming on biannual basis	X	X				X	Free
291	Nutrition: Child nutrition (24 - 59 months)	Promote enforcement of minimum standard nutritional services for young children in special situations (refugee camps, orphanage, day care centres, chronic infections, PSNP public work sites etc)	X	X				X	Free
292	Nutrition: Child nutrition (24 - 59 months)	Demonstrate preparation and utilization of diversified foods	X	X				X	Free
293	Nutrition: Child nutrition (24 - 59 months)	Promote key actions for diversification and utilization of diversified foods at household levels	X	X				X	Free
294	Nutrition: Child nutrition (24 - 59 months)	Promote home or kitchen gardening and small scale food production that support a diverse range of nutrient dense foods (small animals, cows,	X	X				X	Free
295	Nutrition: For school age children (5-10 years)	Promote nutrition education for young children	X	X				X	Free
296	Nutrition: For school age children (5-10 years)	Promote nutrition in schools using teachers and parents association and schools nutrition clubs	X	X				X	Free
297	Nutrition: For school age children (5-10 years)	Demonstrate and promote food diversification through school gardening nutrition clubs	X	X				X	Free
298	Nutrition: For school age children (5-10 years)	Initiate home grown school feeding program for school age children	X	X				X	Free

IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
299	Nutrition: For school age children (5-10 years)	Promote access to safe potable water and sanitation in schools and at home	X	X				X	Free
300	Nutrition: For school age children (5-10 years)	Promote proper disposal of human, animal and environmental waste	X	X				X	Free
301	Nutrition: For school age children (5-10 years)	Provide school based de-worming service	X	X				X	Free
302	Nutrition: For school age children (5-10 years)	Promote healthy eating and exercise to prevent childhood obesity	X	X				X	Free
303	Nutrition: For school age children (5-10 years)	Detect and treat anaemia	X	X	X	X		X	Free
304	Nutrition: For school age children (5-10 years)	Detect and treat acute malnutrition	X	X	X	X		X	Free
305	Nutrition: Adolescent (10 - 19 years)	Intermittent weekly iron-folic acid supplementation in HFs and schools	X	X	X			X	Free
306	Nutrition: Adolescent (10 - 19 years)	Nutritional assessment, education and counselling	X	X				X	Free
307	Nutrition: Adolescent (10 - 19 years)	De-worming for school and out of school children	X	X				X	Free
308	Nutrition: Adolescent (10 - 19 years)	School feeding program for vulnerable adolescents	X	X				X	Free
309	Nutrition: Adolescent (10 - 19 years)	Promotion of iodized salt use	X	X				X	Free
310	Nutrition: Adolescent (10 - 19 years)	Promote physical exercise and healthy eating in youth centres	X	X				X	Free
311	Nutrition: Adolescent (10 - 19 years)	Socio-behavioural change communication to prevent HTP (food taboos, diversified food intake,)	X	X				X	Free
312	Nutrition: Adolescent (10 - 19 years)	Promote delay in early marriage	x					x	Free
313	Nutrition: Adolescent (10 - 19 years)	Nutrition for adolescent girls in special situation (HIV, emergency, obesity, eating disorder)	X	X				X	Free
314	Nutrition: Adolescent (10 - 19 years)	Management of acute malnutrition in adolescents	X	X				X	Free
315	Nutrition: Adolescent (10 - 19 years)	Promote adolescent RH services	X	X	X			X	Free
316	Nutrition: Adolescent (10 - 19 years)	Promote establishment of nutrition clubs in schools						x	NA
317	Nutrition: Adolescent (10 - 19 years)	Promote establishment of school gardening program						x	NA
318	Nutrition: Adolescent (10 - 19 years)	Promote school nutrition demonstration program						x	NA
319	Nutrition: Productive work force (19-65 yrs): Communicable and NCD	Nutrition assessment, counselling and support for HIV+, TB and other infectious diseases	X	X	X			X	Free
320	Nutrition: Productive work force (19-65 yrs): Communicable and NCD	Promote healthy dietary behaviours and exercise to prevent obesity/reduce risk of NCDs	X	X				X	Free

IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
321	Nutrition: Productive work force (19-65 yrs): Communicable and NCD	Promote salt, alcohol, cigarettes, chat and sugar restrictions	X	X				X	Free
322	Nutrition: Productive work force (19-65 yrs): Communicable and NCD	Enforce taxation of alcohol, cigarette, chat and sugary beverages	X	X				X	Free
323	Nutrition: Productive work force (19-65 yrs): Communicable and NCD	Utilize tax recovery to support nutrition	X	X				X	Free
324	Nutrition: Productive work force (19-65 yrs): Communicable and NCD	Link HIV+ and TB clients with IGAs and other nutrition sensitive interventions	X	X	X			X	Free
325	Nutrition: Productive work force (19-65 yrs): Communicable and NCD	Promote local food processing factories to produce RUTF and RUSF for HIV+ and TB	X	X				X	Free
326	Nutrition: Productive work force (19-65 yrs): Communicable and NCD	Promote nutrition education for improve nutrition behaviour and practices	X	X				X	Free
327	Nutrition: Productive work force (19-65 yrs): Communicable and NCD	promote nutrition education, healthy eating and Exercises at industry parks	X	X				X	Free
328	Nutrition: Productive work force (19-65 yrs): Communicable and NCD	promote and ensure food safety and quality to the general population	X	X				X	Free
329	Nutrition: Productive work force (19-65 yrs): Communicable and NCD	Promote production and consumption of organic foods	X	X				X	Free
330	Nutrition: Elderly (>65 yrs)	Nutrition assessment, counselling and support to elderly people	X	X				X	Free
331	Nutrition: Elderly (>65 yrs)	Promote healthy eating and exercise to prevent obesity/reduce risk of NCDs	X	X				X	Free
332	Nutrition: Elderly (>65 yrs)	Strengthen community care and support for the elderly	X	X				X	Free
333	Nutrition: Elderly (>65 yrs)	Extended nutrition intervention in older hospitalized patients	X	X				X	Free
<b>Multi-sectoral nutrition interventions</b>									
334	Nutrition multisector: With agriculture and Livestock sector	Promote production and consumption of fruits and vegetables						X	Free
335	Nutrition multisector: With agriculture and Livestock sector	Promote production and consumption of nutrient dese cereals and pulses						X	Free

IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
336	Nutrition multisector: With agriculture and Livestock sector	Promote production and consumption of animal source foods (meat, milk, fish and egg)						X	Free
337	Nutrition multisector: With agriculture and Livestock sector	Promote homestead and school gardening						X	Free
338	Nutrition multisector: With agriculture and Livestock sector	Promote and support urban agriculture						X	Free
339	Nutrition multisector: With agriculture and Livestock sector	Promote production and consumption of bio fortified foods						X	Free
340	Nutrition multisector: With agriculture and Livestock sector	Promote post-harvest management						X	Free
341	Nutrition multisector: With agriculture and Livestock sector	Promote technologies for post-harvest food processing, handling, preservation and preparation						X	Free
342	Nutrition multisector: With agriculture and Livestock sector	Promote assets building interventions						X	Free
343	Nutrition multisector: With agriculture and Livestock sector	Target vulnerable households (malnourished children and PLW)						X	Free
344	Nutrition multisector: With agriculture and Livestock sector	Improve nutritional value of PSNP food basket						X	Free
345	Nutrition multisector: With agriculture and Livestock sector	Implement soft conditionality for HHs with vulnerable households (malnourished children and PLW)						X	Free
346	Nutrition multisector: With agriculture and Livestock sector	Promote women labour and time saving technologies						X	Free
347	Nutrition multisector: With agriculture and Livestock sector	Promote small scale high tech irrigation for priority areas for better nutrition outcomes						X	Free
348	Nutrition multisector: With agriculture and Livestock sector	Promote nutrition sensitive agriculture and livestock knowledge and practice among farmers and AEWs						X	Free
349	Nutrition multisector: With agriculture and Livestock sector	Promote climate smart and nutrition sensitive agriculture						X	Free

IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
350	Nutrition multisector: With agriculture and Livestock sector	Promote wild and indigenous foods						X	Free
351	Nutrition multisector: With Education sector	Promote school feeding program						X	Free
352	Nutrition multisector: With Education sector	Promote school gardening						X	Free
353	Nutrition multisector: With Education sector	Promote school WASH						X	Free
354	Nutrition multisector: With Education sector	Promote nutrition clubs in schools						X	Free
355	Nutrition multisector: With Education sector	Celebrate nutrition days in schools						X	Free
356	Nutrition multisector: With Education sector	Establish school mini-medias						X	Free
357	Nutrition multisector: With Education sector	School deworming						X	Free
358	Nutrition multisector: With Education sector	Weekly Intermittent IFA supplementation						X	Free
359	Nutrition multisector: With Education sector	Strengthen community based nutrition service provision by higher education institutes						X	Free
360	Nutrition multisector: With Education sector	Mainstream nutrition in school curriculum						X	Free
361	Nutrition multisector: With Education sector	Train nutrition professionals in higher education						X	Free
362	Nutrition multisector: With Water supply sector	Promote access to safe and clean water						X	Free
363	Nutrition multisector: With Water supply sector	Promote access to high tech small and large scale irrigation for better nutrition outcomes						X	Free
364	Nutrition multisector: With Water supply sector	Strengthen florosis mitigation interventions through nutritional interventions						X	Free
365	Nutrition multisector: With Industry sector	Produce and distribute fortified food						X	Free
366	Nutrition multisector: With Industry sector	Conduct awareness creation on nutrition related requirements and standards for locally manufactured food items						X	Free
367	Nutrition multisector: With Industry sector	Strengthen food producers and millers capacity to produce fortified foods						X	Free
368	Nutrition multisector: With Industry sector	Support in availing industrial inputs (pre-mix, equipment, raw materials) for food fortification						X	Free



IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
369	Nutrition multisector: With Industry sector	Ensure quality and safety of locally produced foods						X	Free
370	Nutrition multisector: With Trade sector	Ensure the quality and safety of imported food items as per national standard						X	Free
371	Nutrition multisector: With Trade sector	Regulate the quality and safety of locally produced foods						X	Free
372	Nutrition multisector: With Trade sector	Promote the use of safe fortified foods						X	Free
373	Nutrition multisector: With Trade sector	Ensure safety and quality of street foods						X	Free
374	Nutrition multisector: With Trade sector	Create awareness to public and private sectors on nutrition related requirements and standards for improved food items						X	Free
375	Nutrition multisector: With Trade sector	Support importation of fortified foods						X	Free
376	Nutrition multisector: With Trade sector	Ensure access to and supply chain for food and food items						X	Free
377	Nutrition multisector: With Social Protection sector	Ensure targeting of vulnerable HHs by PSNP						X	Free
378	Nutrition multisector: With Social Protection sector	Implement conditional support for malnourished PLW and children under two through PSNP						X	Free
379	Nutrition multisector: With Social Protection sector	Integrate nutrition practices and services in PSNP						X	Free
380	Nutrition multisector: With Social Protection sector	Promote income generating activities for improved access to nutritious food						X	Free
381	Nutrition multisector: With Social Protection sector	Employ fee waiver scheme for management of acute malnutrition						X	Free
382	Nutrition multisector: With Social Protection sector	Promote nutrition services for elderly and person with disability,						X	Free
383	Nutrition multisector: With Disaster Risk Management sector	Strengthen and scale up early warning system for food and nutrition information						X	Free
384	Nutrition multisector: With Disaster Risk Management sector	Support nutrition emergency response and recovery through participatory risk assessment and preparedness planning						X	Free
385	Nutrition multisector: With Disaster Risk Management sector	Promote SBCC strategies to impart information about resilience to nutrition related shocks						X	Free

IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
386	Nutrition multisector: With Food and Drug Authority sector	Certify competent food and nutrition product manufacturers, importers, exporters, distributors, quality control laboratories,						X	Free
387	Nutrition multisector: With Food and Drug Authority sector	Control the quality and safety of food products by developing directives, standards, legislations and manuals						X	Free
388	Nutrition multisector: With Food and Drug Authority sector	Enforce and regulate food manufacturers, importers and distributors						X	Free
389	Nutrition multisector: With Food and Drug Authority sector	Ensure the quality and safety of infant formulas, complementary foods, fortified foods, food fortificants, pre-mix, therapeutic and supplementary foods						X	Free
390	Nutrition multisector: With Food and Drug Authority sector	Register and issue market authorization for nutritious food products						X	Free
391	Nutrition multisector: With Food and Drug Authority sector	Ensure safety and quality of public and bottled water and food products used up to standard						X	Free
392	Nutrition multisector: with Gender sector	Ensure gender responsive nutrition implementation and reporting						X	Free
393	Nutrition multisector: with Gender sector	Ensure gender integration in sector nutrition implementation strategy, guidelines and programs						X	Free
394	Nutrition multisector: with Gender sector	Mobilize women groups in nutrition advocacy and skill transfer						X	Free
395	Nutrition multisector: with Gender sector	Ensure women economic empowerment						X	Free
396	Nutrition multisector: with Gender sector	Promote women empowerment and child protection interventions						X	Free
397	Nutrition multisector: with Gender sector	Create awareness on HTPs that affect the nutritional status of women and children						X	Free
HIV/AIDS, TB, and Malaria									
398	HIV/AIDS: prevention	Targeted BCC for the most at risk population and vulnerable groups	X	X				X	Free
399	HIV/AIDS: prevention	HIV/AIDS BCC for the general populations	X	X	X			X	Free
400	HIV/AIDS: prevention	Condom distribution for the most at risk population and vulnerable groups	X	X	X	X	X	X	Free
401	HIV/AIDS: prevention	Prevention and treatment of STI in the context of HIV prevention		X	X	X	X		Free

IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
402	HIV/AIDS: prevention	Targeted quality assured HIV testing and counselling services: self-testing	X	X				X	Free
403	HIV/AIDS: prevention	Targeted quality assured HIV testing and counselling services: VCT	X	X	X	X	X	X	Free
404	HIV/AIDS: prevention	Targeted quality assured HIV testing and counselling services: PITC	X	X	X	X	X		Free
405	HIV/AIDS: prevention	PMTCT		X	X	X			Free
406	HIV/AIDS: prevention	Voluntary medical male circumcisions		X	X				Free
407	HIV/AIDS: prevention	Post exposure prophylaxis (PEP) for occupational exposure and sexual assault victims		X	X	X	X		Free
408	HIV/AIDS: prevention	Pre-Exposure prophylaxis (PrEP) for FSWs and sero-discordant HIV negative partner		X	X	X	X		Free
409	HIV/AIDS: prevention	Ensuring quality assured testing of all donated load for transfusion transmissible infections (TTIs)_HIV,HBV,HCV & Syphilis			X	X	X		Free
410	HIV/AIDS: care and treatment	ART (First-Line Treatment) for adults		X	X	X	X		Free
411	HIV/AIDS: care and treatment	ART (Second-Line Treatment) for adults		X	X	X	X		
412	HIV/AIDS: care and treatment	ART (Third-line treatment) for adults				X	X		Free
413	HIV/AIDS: care and treatment	Cotrimoxazole for children		X	X	X	X		Free
414	HIV/AIDS: care and treatment	Paediatric ART		X	X	X	X		Free
415	HIV/AIDS: care and treatment	Additional ART for TB patients		X	X	X	X		Free
416	HIV/AIDS: care and treatment	Management of opportunistic infections associated with HIV/AIDS		X	X	X	X		Free
417	HIV/AIDS: care and treatment	Nutrition supplements in first 6 months for HIV/AIDS cases		X	X	X	X		Free
418	HIV/AIDS: care and treatment	Collaborative HIV/AIDS and TB interventions		X	X	X	X		Free
419	HIV/AIDS: care and treatment	Screen HIV+ cases for TB		X	X	X	X		Free
420	HIV/AIDS: care and treatment	ART (+CPT) for TB HIV+ patients		X	X	X	X		Free
421	HIV/AIDS: care and treatment	HIV prevention for TB patients	X	X	X	X	X	X	Free
422	STI: prevention	BCC on safer sexual behaviour	X	X				X	Free
423	STI: prevention	Partner notification and treatment		X	X	X	X		Free
424	STI: prevention	Provision of condoms to key and priority populations	X	X	X	X	X	X	Free

IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
425	STI: prevention	HIV testing in STI patients	X	X	X	X	X	X	sharing
426	STI: prevention	Provide Human Papilloma Virus (HPV) vaccination	X	X	X	X	X	X	sharing
427	STI: prevention	Hepatitis B Virus Vaccination		X	X	X	X		sharing
428	STI: treatment	Syndromic case management		X	X	X	X	X	sharing
429	STI: treatment	Aeitologic case management			X	X	X		sharing
430	STI: treatment	Provide STI clinical services and outreach to female sex workers and their male clients		X	X				Free
431	STI: treatment	Screening and Treatment for Syphilis in Pregnancy		X	X	X	X		Free
432	STI: treatment	Adolescent friendly STI services (provision of condom, STI screening and treatment) with in schools or health facilities		X	X	X			Free
433	Tuberculosis: diagnosis	Treatment+Detection (smear + Xpert) +Drug Sensitivity analysis		X	X	X	X		Free
434	Tuberculosis: diagnosis	Treatment+Detection (smear + Xpert) +Drug Sensitivity analysis & ART Prioritization for TB cases		X	X	X	X		Free
435	Tuberculosis: diagnosis	Treatment+Detection (smear + Xpert) +Drug Sensitivity analysis & ART Prioritization for TB cases & Preventive therapy&Preventive therapy for children		X	X	X	X		Free
436	Tuberculosis: diagnosis	Treatment+Detection (smear + Xpert) +Drug Sensitivity analysis & Preventive therapy		X	X	X	X		Free
437	Tuberculosis: diagnosis	Treatment+Detection (smear + Xpert) +Drug Sensitivity analysis & Preventive therapy for children		X	X	X	X		Free
438	Tuberculosis: diagnosis	Treatment+Detection (smear generally and culture for MDR) +Drug Sensitivity analysis			X	X	X		Free
439	Tuberculosis: diagnosis	Treatment+Detection (smear generally and culture for MDR) +Drug Sensitivity analysis & ART Prioritization for TB cases			X	X	X		Free
440	Tuberculosis: diagnosis	Treatment+Detection (smear generally and culture for MDR) +Drug Sensitivity analysis & ART Prioritization for TB cases & Preventive therapy&Preventive therapy for children			X	X	X		Free

IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
441	Tuberculosis: diagnosis	Treatment+Detection (smear generally and culture for MDR) +Drug Sensitivity analysis & Preventive therapy			X	X	X		Free
442	Tuberculosis: diagnosis	Treatment+Detection (smear generally and culture for MDR) +Drug Sensitivity analysis & Preventive therapy for children			X	X	X		Free
443	Leprosy: Elimination	[Detection] and treatment of leprosy		X	X	X	X		Free
444	Leprosy: Elimination	Treatment of drug resistant leprosy				X	X		Free
445	Leprosy: Elimination	Chemoprophylaxis for contacts of leprosy cases		X	X	X	X		Free
446	Leprosy: Elimination	Detection and management of disability due to leprosy		X	X	X	X		Free
457	Malaria: Prevention	Long Lasting Insecticide-Treated Nets (LLIN)	X	X				X	Free
458	Malaria: Prevention	Indoor residual spraying with propoxure	X					X	free
459	Malaria: Prevention	Other vector control: Mosquito repellent	X					X	free
450	Malaria: Prevention	Other vector control: window screening	X					X	free
451	Malaria: Prevention	Other vector control: Larviciding	X					X	free
452	Malaria: Prevention	Other vector control: drainage of breeding swampy and marshy sites/irrigation canals						X	free
453	Malaria: Prevention	Intermittent preventive treatments (pregnant women)		X	X	X	X		free
454	Malaria: Prevention	Active surveillance of cases	X	X				X	NA
455	Malaria: case management	Detection [RDT] and treatment of uncomplicated malaria	X	X				X	Sharing
456	Malaria: case management	Detection [Microscopy] and treatment of uncomplicated		X	X				Sharing
457	Malaria: case management	Detection [RDT] and treatment of severe malaria		X	X	X	X		Sharing
458	Malaria: case management	Detection [Microscopy] and treatment of severe malaria		X	X	X	X		Sharing
459	Malaria: case management	G6PD testing and radical cure treatment for vivax			X	X	X		Free
<b>NTD</b>									
460	NTD: Lymphatic filariasis elimination	BCC for targeted areas	X	X	X	X	X	X	Free
461	NTD: Lymphatic filariasis elimination	Mass drug administration for lymphatic filariasis						X	Free
462	NTD: Lymphatic filariasis elimination	Vector control using IRS, house screening, LLITN, larvicides, and environmental management						X	Free

IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
463	NTD: Lymphatic filariasis elimination	Screening and management of scrotal swelling (hydrocelectomy)		X	X	X	X		Sharing
464	NTD: Lymphatic filariasis elimination	Lymphedema morbidity management		X	X	X	X		Sharing
465	NTD: Lymphatic filariasis elimination	Management of acute attack dermato-lymphangioadenitis with appropriate antibiotics		X	X	X			Sharing
466	NTD: Lymphatic filariasis elimination	Avail custom-made shoes for those with lymphedema						X	Free
467	NTD: Onchocerciasis elimination	Mass drug administration						X	Free
468	NTD: Onchocerciasis elimination	Vector control using ground larviciding using environmentally safe insecticides						X	Free
469	NTD: Onchocerciasis elimination	Treatment with Ivermectin		X	X	X	X		Free
470	NTD: Trachoma elimination	BCC (face washing, Open defecation free environment, etc)	X					X	Free
471	NTD: Trachoma elimination	Early diagnosis and treatment active trachoma		X	X	X	X		Sharing
472	NTD: Trachoma elimination	Screening and diagnosis of TT cases (TT surgery)		X	X	X	X		Sharing
473	NTD: Trachoma elimination	Post-operative Azithromycin		X	X	X	X		Sharing
474	NTD: Schistosomiasis control	BCC for targeted areas (avoid swimming in fresh water, promotion of use of toilets, hygiene and sanitation)	X					X	Free
475	NTD: Schistosomiasis control	Snail control for schistosomiasis Molluscicides (Niclosamide)						X	Free
476	NTD: Schistosomiasis control	Urine filtration for S. haematobium eggs		x	X	X	X		Sharing
477	NTD: Schistosomiasis control	Case management using praziquantel		X	X	X	X		Sharing
478	NTD: Soil Transmitted Helminths control	BCC for targeted areas (Promotion of use of toilets, hygiene and sanitation, Footwear use)	X	x	x			X	Free
479	NTD: Soil Transmitted Helminths control	Mass drug administration for PreSAC, SAC and women in reproductive age group						X	Free
480	NTD: Soil Transmitted Helminths control	Treatment of pregnant mothers		X	X	X	X		Free
481	NTD: Soil Transmitted Helminths control	Case management Soil Transmitted Helminths using Mebendazole and Albendazole		X	X	X	X		Sharing
482	NTD: Scabies control	Preventive chemotherapy via mass drug administration						X	Free

IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
483	NTD: Scabies control	Case management of scabies using scabicides (Permethrin, BBL, Ivermectin Sulphur)		X	X	X	X		Sharing
484	NTD: Leishmaniasis control	Early diagnosis and management of VL (Rapid test, DAT test, Splenic Aspirate, Lymph node aspirate)				X	X		Free
485	NTD: Leishmaniasis control	Early diagnosis and management of CL (clinical examination and skin snip)				X	X		Free
486	NTD: Guinea Worm Disease cases control	Management of Guinea Worm disease		X	X	X	x		Free
487	NTD: Guinea Worm Disease cases control	Treat unsafe water sources with ABATE						X	Free
488	NTD: Guinea Worm Disease cases control	Controlled immersion and bandaging for Guinea Worm Disease cases.	X	X	X				Free
489	NTD: Podoconiosis elimination	BCC for targeted areas (promotion of footwear use, hygiene)	X	x				X	Free
490	NTD: Podoconiosis elimination	Preventing episodes of dermato lymphangioadenitis among lymphedema or elephantiasis cases		X	X	X	x		Sharing
491	NTD: Podoconiosis elimination	Screening of patients with lower leg swelling		X	X	X			Sharing
492	NTD: Podoconiosis elimination	Lymphedema morbidity managemen		X	X	X	X		Sharing
493	NTD: Podoconiosis elimination	Management of dermato-lymphangioadenitis with appropriate antibiotics		X	X	X	x		Sharing
494	NTD: Podoconiosis elimination	Surgical nodulectomy for people with nodules		X	X	X	X		Sharing
NCD									
495	All NCDs: BCC and policy interventions	Physical activity + obesity reduction						X	Free
496	All NCDs: BCC and policy interventions	Tobacco: Protect people from tobacco smoke						X	NA
497	All NCDs: BCC and policy interventions	Tobacco: Warn about danger: Warning labels						X	NA
498	All NCDs: BCC and policy interventions	Tobacco: Warn about danger: Mass media campaign						X	NA
499	All NCDs: BCC and policy interventions	Tobacco: Enforce bans on tobacco advertising						X	NA
500	All NCDs: BCC and policy interventions	Tobacco: Enforce youth access restriction						X	NA
501	All NCDs: BCC and policy interventions	Raise taxes on all tobacco products						X	NA
502	All NCDs: BCC and policy interventions	Hazardous alcohol use: Enforce restrictions on availability of retailed alcohol						X	NA

IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
503	All NCDs: BCC and policy interventions	Hazardous alcohol use: Enforce restrictions on alcohol advertising						X	NA
504	All NCDs: BCC and policy interventions	Physical inactivity: Awareness campaigns to encourage increased physical activity						X	Free
505	All NCDs: BCC and policy interventions	Raise taxes on alcoholic beverages						X	NA
506	All NCDs: BCC and policy interventions	Sodium: Harness industry for reformulation						X	NA
507	All NCDs: BCC and policy interventions	Sodium: Adopt standards: Front of pack labelling						X	NA
508	All NCDs: BCC and policy interventions	Sodium: Knowledge: Education and communication						X	Free
509	All NCDs: BCC and policy interventions	Sodium: Environment: Salt reduction strategies in community-based eating spaces						X	Free
510	All NCDs: BCC and policy interventions	Offer to help quit tobacco use: Brief intervention					X		Sharing
511	All NCDs: BCC and policy interventions	Screening and brief intervention for hazardous and harmful alcohol use				X	X		Sharing
512	All NCDs: BCC and policy interventions	Physical inactivity: Brief advice as part of routine care	X	X	X	X	X	X	Free
513	All NCDs: BCC and policy interventions	Restrictions on retail and use of <i>khat</i> and other substances						X	NA
514	All NCDs: BCC and policy interventions	Implement large graphic health warnings on all tobacco packages						X	NA
515	All NCDs: BCC and policy interventions	Nutritional labelling (reduce salt, sugar and fat intake through the implementation of front-of pack labelling)						X	NA
516	All NCDs: BCC and policy interventions	Health and age warnings on alcohol products						X	Free
527	All NCDs: BCC and policy interventions	Implement community-wide mass sporting, education and awareness campaign for physical activity						X	Free
518	All NCDs: BCC and policy interventions	Enact policies on design of buildings and roads which encourage physical activity (play grounds parks, sidewalks, bicycle tracks, work place exercise corners)						X	Free
519	All NCDs: BCC and policy interventions	Enact and enforce restrictions on the physical availability of retailed alcohol (via reduced hours and age of sale)						X	NA
520	All NCDs: BCC and policy interventions	Provide brief psychosocial intervention for persons with hazardous and harmful alcohol use				X	X		Sharing



IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
521	All NCDs: BCC and policy interventions	Setting of target levels for the amount of salt in foods and meals						X	NA
522	All NCDs: BCC and policy interventions	Encourage production and/or importation of healthy (mon and poly unsaturated) fats						X	NA
523	All NCDs: BCC and policy interventions	Eliminate industrial trans-fats through the development of legislation to ban their use in food chain						X	NA
524	All NCDs: BCC and policy interventions	Increase access to electricity and low emission energy efficient cooking stoves						X	recovery
525	All NCDs: BCC and policy interventions	Raise tax on <i>Khat</i>						X	NA
526	All NCDs: BCC and policy interventions	Screening for <i>Khat</i> use and brief intervention				X	X		Sharing
527	All NCDs: BCC and policy interventions	Management of <i>khat</i> intoxication and withdrawal				X	X		Sharing
528	All cancers	Basic palliative care for cancer at home, community and health facility based	X	X	X	X	X	X	Sharing
529	All cancers	Awareness raising on risk factors of cancers	X	X	X	X	X	X	Free
530	All cancers	Early detection/screening of most common cancers	X	X	X	X	X		Sharing
531	Breast cancer	Basic breast cancer awareness education and education on self-examination	X	X	X	X	X	X	Free
532	Breast cancer	Screening: Clinical breast exam		X	X	X	X	X	Free
533	Breast cancer	Screening: Mammography					X		Sharing
534	Breast cancer	Breast cancer treatment: Stage 1			X	X	X		Sharing
535	Breast cancer	Breast cancer treatment: Stage 2			X	X	X		Sharing
536	Breast cancer	Breast cancer treatment: Stage 3				X	X		Sharing
537	Breast cancer	Breast cancer treatment: Stage 4					X		Sharing
538	Breast cancer	Basic palliative care for breast cancer	X	X	X	X	X	X	Free
539	Breast cancer	Extended palliative care for breast cancer		X	X	X	X	X	Free
540	Cervical cancer	Vaccination against HPV of ages 9-14 old girls						X	Free
541	Cervical cancer	Cervical conization /Loop Electro-surgical Excision Procedure (LEEP)			X	X	X		Sharing
542	Cervical cancer	HPV DNA and Cryotherapy			X	X	X		Sharing

IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
543	Cervical cancer	VIA and cryotherapy			X	X	X		Sharing
544	Cervical cancer	PAP smear and Cryotherapy				X	X		Sharing
545	Cervical cancer	HPV DNA test					X		recovery
546	Cervical cancer	Visual inspection with acetic acid (VIA)		X	X	X			Free
547	Cervical cancer	Papanicolaou test (Pap smear)				X	X		Sharing
548	Cervical cancer	HPV DNA + VIA					X		recovery
549	Cervical cancer	HPV DNA + Pap smear					X		recovery
550	Cervical cancer	Cryotherapy			X	X	X		Sharing
551	Cervical cancer	Loop Electrosurgical Excision Procedure (LEEP)			X	X	X		Sharing
552	Cervical cancer	Cervical cancer treatment: Stage I			X	X	X		Sharing
553	Cervical cancer	Cervical cancer treatment: Stage II			X	X	X		Sharing
554	Cervical cancer	Cervical cancer treatment: Stage III				X	X		Sharing
555	Cervical cancer	Cervical cancer treatment: Stage IV					X		Sharing
556	Cervical cancer	Basic palliative care for cervical cancer	X	X	X	X	X	X	Free
557	Cervical cancer	Extended palliative care for cervical cancer		X	X	X	X	X	Free
558	Ovarian Cancer	Diagnosis and Management of Ovarian Cancer (Surgery)			X	X	X		Sharing
559	Thyroid Cancer	Diagnosis and Management of Thyroid Cancer			X	X	X		Sharing
560	Colorectal cancer	Screening: Fecal occult blood testing			X	X	X		Sharing
561	Colorectal cancer	Screening: Sigmoidoscopy				X	X		Sharing
562	Colorectal cancer	Screening: Colonoscopy				X	X		Sharing
563	Colorectal cancer	Colorectal cancer treatment: Stage I			X	X	X		Sharing
564	Colorectal cancer	Colorectal cancer treatment: Stage II			X	X	X		Sharing
565	Colorectal cancer	Colorectal cancer treatment: Stage III				X	X		Sharing
566	Colorectal cancer	Colorectal cancer treatment: Stage IV					X		Sharing
567	Colorectal cancer	Basic palliative care for colorectal cancer	X	X	X	X	X	X	Free
568	Colorectal cancer	Extended palliative care for colorectal cancer		X	X	X	X	X	Free
569	Esophageal cancer	Diagnosis with endoscopy, biopsy/pathology,					X		Sharing

IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
570	Esophageal cancer	Treatment with chemotherapy, surgery, radiotherapy					X		Sharing
571	Lip and oral cancer	Lip and oral cancer treatment: Surgery+chemotherapy					X		Sharing
572	Lip and oral cancer	Lip and oral cancer treatment radiotherapy+chemothrapy					X		Sharing
573	Lip and oral cancer	Treatment with Chemo/hormonal therapy					X		Sharing
574	Nasopharynx cancer	Nasopharynx cancer treatment: Surgery+chemotherapy					X		Sharing
575	Nasopharynx cancer	Nasopharynx cancer treatment: radiotherapy+chemothrapy					X		Sharing
576	Liver cancer (hepatoma)	Diagnosis: Blood tests, ultrasound/fine needle aspiration, pathology				X	X		Sharing
577	Liver cancer (hepatoma)	Treatment of hepatitis C				X	X		Sharing
578	Liver cancer (hepatoma)	Biopsy, surgery, chemotherapy				X	X		Sharing
579	Liver cancer (hepatoma)	Treat late stage liver cancer					X		Sharing
580	Liver cancer (hepatoma)	Viral Hepatitis Surveillance	X	X	X	X	X		NA
581	Liver cancer (hepatoma)	Screening blood transfusion for hepatitis B and C			X	X	X		Free
582	Liver cancer (hepatoma)	Hepatitis B vaccination (including birth dose)		X	X	X	X		Free
583	Liver cancer (hepatoma)	Vaccination of health care workers	X	X	X	X	X		Free
584	Liver cancer (hepatoma)	Diagnosis and Treatment of HBV			X	X	X		Sharing
585	Liver cancer (hepatoma)	Diagnosis and Treatment of HCV			X	X	X		Sharing
586	Liver cancer (hepatoma)	Treatment of decompensated cirrhosis			X	X	X		Sharing
587	Prostate cancer	Diagnosis of prostate cancer: PSA, blood tests, rectal examination			X	X	X		Sharing
588	Prostate cancer	Treatment of prostate cancer: surgery, chemotherapy, radiotherapy				X	X		Sharing
589	Hodgkin lymphoma	Diagnosis of Hodgkin lymphoma cancer				X	X		Sharing
590	Childhood cancers	Diagnosis and treatment of childhood leukemias				X	X		Sharing
591	Childhood cancers	Diagnosis and treatment of childhood Non Hodgkin's Lymphomas				X	X		Sharing
592	Childhood cancers	Diagnosis and treatment of Wilm's Tumor					X		Sharing
593	Childhood cancers	Diagnosis and treatment of Retinoblastoma					X		Sharing
594	Childhood cancers	Diagnosis and treatment of childhood Hodgkin's Lymphomas				X	X		Sharing
595	Childhood cancers	Diagnosis and management childhood Bone and Cartilage cancers					X		Sharing
596	Hypertension	Targeted screening for hypertension	X	X	X	X	X	X	Free

IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
597	Hypertension	Management of Hypertension (pharmacologic and life style modifications)		X	X	X	X		Sharing
598	Hypertension	Healthy Life Style Counselling for management of hypertension(tobacco cessation, brief interventions for problematic alcohol use, unhealthy diet and physical inactivity)	X	X	X	X	X	X	Free
599	Hypertension	Management of hypertensive crisis		X	X	X	X		Sharing
600	Ischemic heart disease, stroke, and peripheral artery diseases	Screening for risk of CVD		X	X	X	X	X	Free
601	Ischemic heart disease, stroke, and peripheral artery diseases	Follow-up care for those at low to moderate risk of CVD (absolute risk: 10-30%)		X	X	X	X		Sharing
602	Ischemic heart disease, stroke, and peripheral artery diseases	Treatment for those with high absolute risk of CVD (>30%) with combination of drugs		X	X	X	X		Sharing
603	Ischemic heart disease, stroke, and peripheral artery diseases	Treatment for those with high blood pressure but low absolute risk of CVD (< 20%)		X	X	X	X		Sharing
604	Ischemic heart disease, stroke, and peripheral artery diseases	Treatment for those with absolute risk of CVD 20-30%		X	X	X	X		Sharing
605	Ischemic heart disease, stroke, and peripheral artery diseases	Treatment for those with high absolute risk of CVD (>30%)		X	X	X	X		Sharing
606	Ischemic heart disease, stroke, and peripheral artery diseases	Treatment adherence counselling		X	X	X	X		Sharing
607	Ischemic heart disease, stroke, and peripheral artery diseases	Palliative care to ischemic heart disease, stroke, PAD with amputation	X	X	X	X	X		Sharing
608	Acute myocardial infarction (AMI)	Treatment of new cases of acute myocardial infarction (AMI) with aspirin			X	X	X		Sharing
609	Acute myocardial infarction (AMI)	Follow up of AMI cases			X	X	X		Sharing
610	Acute myocardial infarction (AMI)	Management of acute coronary syndrome			X	X	X		Sharing
611	Acute myocardial infarction (AMI)	Treatment of cases with established ischemic heart disease (IHD)			X	X	X		Sharing

IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
612	Acute myocardial infarction (AMI)	Prehospital and emergency care for suspected Acute Myocardial Infarction	X	X	X	X	X	X	Sharing
613	Acute myocardial infarction (AMI)	Treatment of new cases of MI with primary Percutaneous Coronary Intervention					X		Sharing
614	Acute myocardial infarction (AMI)	Treatment of cases with MI with Coronary artery bypass graft					X		Sharing
615	Acute myocardial infarction (AMI)	Treatment of cases with MI with Percutaneous Coronary Intervention					X		Sharing
616	Acute myocardial infarction (AMI)	Prehospital and emergency care for suspected stroke (CVA)	X	X	X	X	X	X	Sharing
617	Acute myocardial infarction (AMI)	Treatment of acute ischemic stroke with intravenous thrombolytic therapy					X		Sharing
618	Acute myocardial infarction (AMI)	Treatment for those with established cerebrovascular disease and post stroke			X	X	X		Sharing
619	Peripheral artery diseases	Management for acute critical limb ischemia with unfractionated heparin and revascularization if available, with amputation as a last resort					X		Sharing
620	Rheumatic heart disease	Treatment of acute suspected bacterial tonsilopharyngitis to prevent rheumatic fever		X	X	X	X		Sharing
621	Rheumatic heart disease	Treatment of cases with rheumatic heart disease (with benzathine penicillin)			X	X	X		Sharing
622	Rheumatic heart disease	Management of Rheumatic Heart Disease complications (Heart failure, anticoagulation, Surgical Interventions)			X	X	X		Sharing
623	Heart Failure	Medical management of heart failure with diuretics, beta-blockers ACE inhibitors, and mineralocorticoid antagonists		X	X	X	X		Sharing
624	Asthma	Asthma: Inhaled short acting beta agonist for intermittent asthma		X	X	X	X		Sharing
625	Asthma	Asthma: Low dose inhaled beclometasone + SABA		X	X	X	X		Sharing
626	Asthma	Asthma: High dose inhaled beclometasone + SABA		X	X	X	X		Sharing
627	Asthma	Asthma: Theophylline + High dose inhaled beclometasone + SABA		X	X	X	X		Sharing
628	Asthma	Asthma: Oral Prednisolone + Theophylline + High dose inhaled beclometasone + SABA		X	X	X	X		Sharing

IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
629	Chronic respiratory disorders	COPD: Smoking cessation	X	X	X	X	X	X	Free
630	Chronic respiratory disorders	COPD: Inhaled salbutamol		X	X	X	X		Sharing
631	Chronic respiratory disorders	COPD: Low-dose oral theophylline		X	X	X	X		Sharing
632	Chronic respiratory disorders	COPD: Ipratropium inhaler				X	X		Sharing
633	Chronic respiratory disorders	COPD: Exacerbation treatment with antibiotics		X	X	X	X		Sharing
634	Chronic respiratory disorders	COPD: Exacerbation treatment with oral prednisolone		X	X	X	X		Sharing
635	Chronic respiratory disorders	COPD: Exacerbation treatment with oxygen		X	X	X	X		Sharing
636	Bronchiectasis	Diagnosis, Management including rehabilitation for bronchiectasis (with Antibiotics, rehabilitative, preventive)			X	X	X		Sharing
637	Occupational Lung Diseases	Diagnosis, management and prevention of occupational lung diseases			X	X	X		Sharing
638	Diabetes mellitus treatment	Targeted screening for type 2 diabetes	X	X	X	X	X	X	Sharing
639	Diabetes mellitus treatment	Healthy Life Style Counselling for management of diabetes (tobacco cessation, brief interventions for problematic alcohol use, unhealthy diet and physical inactivity)	X	X	X	X	X	X	Free
640	Diabetes mellitus treatment	Comprehensive Management of Type 2 DM		X	X	X	X		Sharing
641	Diabetes mellitus treatment	Diagnosis and Comprehensive Management of Type 1 DM		X	X	X	X		Sharing
642	Diabetes mellitus treatment	Screening of people with diabetes for microvascular complications(retinopathy, nephropathy, neuropathy) at the time of diagnosis for type 2 DM and 5years after diagnosis of type 1 DM		X	X	X	X		Sharing
643	Diabetes mellitus treatment	Screening of people with diabetes for macrovascular complications (Coronary artery disease, Peripheral arterial disease and Cerebro-vascular disease) at the time of diagnosis for type 2 DM		X	X	X	X		Sharing
644	Acute renal failure	Dialysis for acute, reversible kidney injury					X		sharing
645	Chronic Kidney Diseases	Haemodialysis for chronic kidney failure					X		sharing
646	Chronic Kidney Diseases	Peritoneal dialysis for chronic kidney failure					X		sharing
647	Chronic Kidney Diseases	Screening for chronic kidney disease in high risk groups		X	X	X	X		Sharing

IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
648	Chronic Kidney Diseases	Diagnosis and treatment of CKD; treat comorbid conditions; slow progression of CKD			X	X	X		Sharing
649	Chronic Kidney Diseases	Treatment of hypertension in kidney disease		X	X	X	X		Sharing
650	Chronic Kidney Diseases	Management of Complications of CKD			X	X	X		Sharing
651	Chronic Kidney Diseases	Kidney transplantation					X		Sharing
652	Cataract	Awareness creation and Screening for cataract						X	Free
653	Cataract	Cataract surgery			x	X	X		Sharing
654	Refractive error	Awareness creation of RE and Importance of eye glasses						X	Free
655	Refractive error	School screening						X	Free
656	Refractive error	Opportunistic screening for refractive errors in Adults in health facilities		X	X	X	X		Free
657	Refractive error	Correction of Refractive error with eye glass					X	X	Sharing
658	Glaucoma	Awareness creation on glaucoma and screening for glaucoma for selected population groups						X	Free
659	Glaucoma	Medical and surgical treatment of glaucoma					X	X	Sharing
Mental, Neurological and substance use disorders									
660	MNSD: BCC and policy interventions	BCC and awareness creation program on all MNSD	X	X	X	X	X	X	Free
661	MNSD: BCC and policy interventions	Enact mental health legislation						X	NA
662	MNSD: BCC and policy interventions	Workplace stress reduction programs- physical exercise and cognitive and behavioural approaches such as problem-solving techniques, meditation, and relaxation training						X	Free
663	MNSD: BCC and policy interventions	In school -mental health awareness among school children and structured physical activity, programs that advance positive thinking, stress reduction programs, psychological and educational counselling						X	Free
664	Depressive disorders	Basic psychosocial treatment for mild depression		X	X	X	X		Free
665	Depressive disorders	Basic psychosocial treatment and anti-depressant medication of first episode moderate-severe cases		X	X	X	X		Free

IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
666	Depressive disorders	Intensive psychosocial treatment and anti-depressant medication of first episode moderate-severe cases					X		Free
667	Depressive disorders	Intensive psychosocial treatment and anti-depressant medication of recurrent moderate-severe cases on an episodic basis					X		Free
668	Depressive disorders	Intensive psychosocial treatment and anti-depressant medication of recurrent moderate-severe cases on a maintenance basis					X		Free
669	Depressive disorders	Psychosocial care for peri-natal depression		X	X	X	X		Free
670	Psychotic disorders	Diagnosis and management of psychosis with first generation and second generation antipsychotics and CBT		X	X	X	X		Free
671	Psychotic disorders	Basic psychosocial support and anti-psychotic medication		X	X	X	X		Free
672	Psychotic disorders	CBT as adjunctive treatment for positive symptoms. Cognitive remediation therapies, in early stages of the disorder. Psychoeducation reduces relapse, readmission, and length of hospital stay while encouraging medication compliance		X	X	X	X		Free
673	Psychotic disorders	Basic psychosocial support and anti-psychotic medication		X	X	X	X		Free
674	Psychotic disorders	Psychosocial interventions to reducing the need for antipsychotic medications		X	X	X	X		Free
675	Psychotic disorders	Intensive psychosocial support and anti-psychotic medication					X		Free
676	Psychotic disorders	Continuing care of schizophrenia		X	X	X	X		Free
677	Psychotic disorders	Management of refractory psychosis with clozapine					X		Free
678	Bipolar disorder	Basic psychosocial treatment, advice, and follow-up for bipolar disorder, plus mood-stabilizing medication					X		Free
679	Bipolar disorder	Intensive psychosocial intervention for bipolar disorder, plus mood-stabilizing medication					X		Free
680	Anxiety disorders	Basic psychosocial treatment for anxiety disorders (mild cases)		X	X	X	X		Free
681	Anxiety disorders	Basic psychosocial treatment and anti-depressant medication for anxiety disorders (moderate-severe cases)			X	X	X		Free



IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
682	Anxiety disorders	Intensive psychosocial treatment and anti-depressant medication for anxiety disorders (moderate-severe cases)					X		Free
683	Stress related disorders (PTSD)	Non-trauma focused CBT and eye movement desensitization and reprocessing ,CBT (particularly trauma-focused CBT)					X		Free
684	Epilepsy	Diagnosis and management of epilepsy		X	X	X	X		Free
685	Epilepsy	Epilepsy: Basic psychosocial support, advice, and follow-up, plus anti-epileptic medication		X	X	X	X		Free
686	Dementia	Diagnosis and management of dementia		X	X	X	X		Free
687	Dementia	Opportunistic screening for detection of dementia		X	X	X	X		Free
688	Childhood and adolescent mental, behavioural & developmental disorders	Parenting programs in infancy to promote early child development						X	Free
689	Childhood and adolescent mental, behavioural & developmental disorders	Improve the quality of antenatal and perinatal care to reduce risk factors associated with intellectual disability		X	X	X	X		Free
690	Childhood and adolescent mental, behavioural & developmental disorders	Screening for congenital hypothyroidism among infants					X		Free
691	Developmental Disorders	Family psychoeducation		X	X	X	X		Free
692	Behavioural Disorders	Psychosocial interventions for treatment of behavioural disorders		X	X	X	X		Free
693	ADHD	Diagnosis and treatment of ADHD including Methylphenidate				X	X		Free
694	ADHD	Family psychoeducation (ADHD)	X	X	X	X	X		Free
695	Common Childhood Mental disorders	Identification of children with MNS disorders in schools						X	Free
696	Emotional Disorders	Psychosocial interventions, treatment of emotional disorders		X	X	X	X		Free
697	Depression in Older children and adolescents	Antidepressants among adolescents with moderate-severe depressive disorder for whom psychosocial interventions have proven ineffective		X	X	X	X		Free
698	Childhood and adolescent mental, behavioural & developmental disorders	Anxiety, post-traumatic stress disorder-Cognitive and behavioural therapy		X	X	X	X		sharing
699	Alcohol use disorders	Screening and brief interventions for alcohol use disorders		X	X	X	X		sharing

IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
700	Alcohol use disorders	Management of alcohol withdrawal			X	X	X		sharing
701	Alcohol use disorders	Relapse prevention medication for alcohol use/dependence					X		sharing
702	Opioid Use Disorder	Opioid substitution therapy (methadone and buprenorphine) for opioid dependence					X		sharing
703	Others drug use disorders (illicit, cannabis, <i>Khat</i> , tobacco and others)	Identification and assessment of new cases of drug use/dependence							sharing
704	Others drug use disorders (illicit, cannabis, <i>Khat</i> , tobacco and others)	Brief interventions and follow-up for drug use/dependence		X	X	X	X		sharing
705	Others drug use disorders (illicit, cannabis, <i>Khat</i> , tobacco and others)	Management of drug withdrawal		X	X	X			sharing
706	Others drug use disorders (illicit, cannabis, <i>Khat</i> , tobacco and others)	Management of tobacco (Nicotine) dependence						X	sharing
707	Suicide and self-harm	Assess and care for person with self-harm		X	X	X	X		sharing
708	Suicide and self-harm	Basic psychosocial treatment, advice, and follow-up for self-harm/suicide		X	X	X	X		sharing
709	Suicide and self-harm	Safer storage of pesticides in the community and farming households						X	sharing
710	Suicide and self-harm	Emergency management of poisoning		X	X	X	X		sharing
711	Suicide and self-harm	Planned follow-up and monitoring of suicide attempters*		X	X	X	X	X	sharing
712	Suicide and self-harm	Treatment of comorbid mood and substance use disorder*		X	X	X	X		sharing
Surgical, emergency, and critical care									
713	Surgical care: Gynaecology and obstetrics conditions	Caesarean section		X	X	X	X		Free
714	Surgical care: Gynaecology and obstetrics conditions	Abdominal hysterectomy			X	X	X		Free
715	Surgical care: Gynaecology and obstetrics conditions	Repair of uterine perforation and rupture			X	X	X		Free

IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
716	Surgical care: Gynaecology and obstetrics conditions	Surgical management of pelvic organ prolapse			X	X	X		Sharing
717	Surgical care: Gynaecology and obstetrics conditions	Conservative management of pelvic organ prolapse		X	X	X			Sharing
718	Surgical care: Gynaecology and obstetrics conditions	Repair of obstetric fistula				X	X		Free
719	Surgical care: Gynaecology and obstetrics conditions	Cervical biopsy			X	X	X		Free
720	Surgical care: Gynaecology and obstetrics conditions	Endometrial biopsy				X	X		Free
721	Surgical care: Gynaecology and obstetrics conditions	Surgical management of major benign gynaecological conditions			X	X	X		Sharing
722	Surgical care: Gynaecology and obstetrics conditions	Surgical management of major malignant gynaecological conditions				X	X		Sharing
723	Surgical care: Gynaecology and obstetrics conditions	Female genital anomalies surgeries				X	X		Sharing
724	Surgical care: Gynaecology and obstetrics conditions	Salpingo-ophorectomy				X	X		Sharing
725	Surgical care: Gynaecology and obstetrics conditions	Colposcopy			X	X	X		Sharing
726	Surgical care: Gynaecology and obstetrics conditions	Hystero-salpingography			X	X	X		Sharing
727	Surgical care: Gynaecology and obstetrics conditions	Ectopic pregnancy laparotomy			X	X	X		Free
728	Surgical care: Gynaecology and obstetrics conditions	Destructive delivery		X	X	X	X		Free
729	Surgical care: Gynaecology and obstetrics conditions	Laparotomy for gynaecologic emergency			X	X	X		Free

IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
730	Surgical care: Gynaecology and obstetrics conditions	Diagnostic and therapeutic laparoscopy			X	X	X		Sharing
731	Surgical care: Trauma and injury	Laceration repair and wound care		X	X	X			Sharing
732	Surgical care: Trauma and injury	Air way procedures including Tracheostomy and crico-thyroideotomy			X	X	X		Sharing
733	Surgical care: Trauma and injury	Tube thoracotomy for air or fluid collection in the pleura			X	X	X		Sharing
734	Surgical care: Trauma and injury	Focused assessment of sonography for trauma (FAST)			X	X	X		Sharing
735	Surgical care: Trauma and injury	Explorative laparotomy for trauma			X	X	X		Sharing
736	Surgical care: Trauma and injury	Emergency thoracotomy for severe chest injury			X	X	X		Sharing
737	Surgical care: Trauma and injury	Vascular exploration and repair/anastomosis for trauma			X	X	X		Sharing
738	Surgical care: Trauma and injury	Neck exploration for severe neck injuries		X	X	X	X		Sharing
739	Surgical care: Trauma and injury	Cut down for vascular access			X	X	X		Sharing
740	Surgical care: Trauma and injury	Non operative management of fracture and dislocation (pain management, immobilization, POP application, traction, dislocation reduction)	X	X	X	X			Sharing
741	Surgical care: Trauma and injury	Operative management of fractures(internal and external fixations)			X	X	X		Sharing
742	Surgical care: Trauma and injury	Non operative burns management ( resuscitation, oxygen delivering, pain management and wound care)		X	X	X			Sharing
743	Surgical care: Trauma and injury	Burn management: Escharotomy and Fasciotomy			X	X	X		Sharing
744	Surgical care: Trauma and injury	Skin graft and flap			x	X	X		Sharing
745	Surgical care: Trauma and injury	Management of acute hand trauma (tendon and neurovascular)			X	X	X		Sharing
746	Surgical care: Trauma and injury	Trauma related amputation			X	X	X		Sharing
747	Surgical care: Trauma and injury	Basic wound management including wound toilet, debridement repair of lacerations and splinting of fractures		x	X	X	X		Sharing
748	Surgical care: Trauma and injury	Burr-hole and elevation of depressed skull fracture for head injuries				X	X		Sharing
749	Surgical care: Trauma and injury	Comprehensive intracranial pressure management/monitoring				X	X		Sharing
750	Surgical care: Trauma and injury	Cervical and back protection		X	X	X	X		Sharing
751	Surgical care: Trauma and injury	Post trauma extremity rehabilitation			X	X	X		Sharing

IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
752	Surgical care: Non-trauma surgical conditions	Draining superficial abscesses		X	X	X	X		Sharing
753	Surgical care: Non-trauma surgical conditions	Excision of small soft tissue tumours: cysts, lipoma and ganglion		X	X	X			recovery
754	Surgical care: Non-trauma surgical conditions	Male circumcision		X	X	X			recovery
755	Surgical care: Non-trauma surgical conditions	Hydrocelectomy			X	X	X		Sharing
756	Surgical care: Non-trauma surgical conditions	Relieving acute urinary retention by catheterization, closed supra-pubic cystectomy		X	X	X			Sharing
757	Surgical care: Non-trauma surgical conditions	Orchidopexy			X	X	X		Sharing
758	Surgical care: Non-trauma surgical conditions	Trans vesical prostatectomy (TVP)			X	X	X		Sharing
759	Surgical care: Non-trauma surgical conditions	Trans urethral removal of bladder tumour (TURBT)				X	X		Sharing
760	Surgical care: Non-trauma surgical conditions	Cysto-lithotomy			X	X	X		Sharing
761	Surgical care: Non-trauma surgical conditions	Rectal tube deflation for sigmoid volvulus		X	X	X	X		Sharing
762	Surgical care: Non-trauma surgical conditions	Management of intussusception			X	X	X		Sharing
763	Surgical care: Non-trauma surgical conditions	Colostomy for ano-rectal malformation				X	X		Sharing
764	Surgical care: Non-trauma surgical conditions	Management of foreign body swallowing/aspiration	X	X	X	X	X		Sharing
765	Surgical care: Non-trauma surgical conditions	Explorative laparotomy for acute abdomen (acute appendicitis, ectopic pregnancy, ovarian torsion, perforation and trauma)		X	X	X	X		Sharing
766	Surgical care: Non-trauma surgical conditions	Laparoscopy Cholecystectomy and appendectomy				X	X		Sharing
767	Surgical care: Non-trauma surgical conditions	Biliary bypass procedures and T-tube insertion for hepato-biliary pathologies				X	X		Sharing
768	Surgical care: Non-trauma surgical conditions	Repair of hernias: tissue repair and mesh repair			X	X	X		Sharing
769	Surgical care: Non-trauma surgical conditions	Colostomy construction and reversal			X	X	X		Sharing
770	Surgical care: Non-trauma surgical conditions	Hemicolectomies				X	X		Sharing
771	Surgical care: Non-trauma surgical conditions	Surgical management of peri-anal conditions: Haemorrhoids, fistula in anos, Anal fissures, peri-anal abscess)			X	X	X		Sharing
772	Surgical care: Non-trauma surgical conditions	Repair of cleft lip and palate				X	X		Sharing
773	Surgical care: Non-trauma surgical conditions	Shunt for hydrocephalus				X	X		Sharing
774	Surgical care: Non-trauma surgical conditions	Cardiac surgery for congenital heart disease					X		Sharing

IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
775	Surgical care: Non-trauma surgical conditions	Repair of neural tube defects					X		Sharing
776	Surgical care: Non-trauma surgical conditions	Modified radical mastectomy				X	X		Sharing
777	Surgical care: Non-trauma surgical conditions	Thyroidectomy (all forms): STT, NTT, and TT				X	X		Sharing
778	Surgical care: Non-trauma surgical conditions	Gastrectomy				X	X		Sharing
779	Surgical care: Non-trauma surgical conditions	Esophactemies				X	X		Sharing
780	Surgical care: Non-trauma surgical conditions	Pulmonary resections and mediastinal procedures for chest pathologies					X		Sharing
781	Surgical care: Non-trauma surgical conditions	Tenotomy for club foot and ponsetti cast for club foot				X	X		Sharing
782	Surgical care: Non-trauma surgical conditions	Surgical management of Septic Arthritis,			X	X	X		Sharing
783	Surgical care: Non-trauma surgical conditions	Surgical management of Osteomyelitis,				X	X		Sharing
784	Surgical care: Non-trauma surgical conditions	Surgical management of Pyomyositis		X	X	X	X		Sharing
785	Surgical care: Non-trauma surgical conditions	Surgical management of hand infection			X	X	X		Sharing
786	Surgical care: Non-trauma surgical conditions	Complex orthopaedic trauma care including hemi arthroplasty, intra-articular fractures, spine and pelvic fracture management)				X	X		Sharing
787	Surgical care: Non-trauma surgical conditions	Cardiac surgery for valvular heart disease					X		Sharing
788	Surgical care: Non-trauma surgical conditions	Skin grafting			x	X	X		Sharing
789	Surgical care: Non-trauma surgical conditions	Splenectomy				X	X		Sharing
790	Surgical care: Non-trauma surgical conditions	Pancreatic pseudo cyst operation				X	X		Sharing
791	Surgical care: Non-trauma surgical conditions	Cystocele repair				X	X		Sharing
792	Surgical care: Non-trauma surgical conditions	Diaphragmatic hernia repair				X	X		Sharing
793	Surgical care: Non-trauma surgical conditions	Antrectomy with vagotomy				X	X		Sharing
794	Surgical care: Non-trauma surgical conditions	Fistulectomy				X	X		Sharing
795	Surgical care: Non-trauma surgical conditions	Abdominal dehiscence repair				X	X		Sharing
796	Surgical care: Non-trauma surgical conditions	Small intestinal resection/ E-Anastomosis				X	X		Sharing
797	Surgical care: Non-trauma surgical conditions	Intestinal derotation			X	X	X		Sharing
798	Surgical care: Non-trauma surgical conditions	Anterior resection				X	X		Sharing
799	Surgical care: Non-trauma surgical conditions	Abdominal perineal resection (APR)				X	X		Sharing

IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
800	Surgical care: Non-trauma surgical conditions	Colectomy right or left				X	X		Sharing
801	Surgical care: Non-trauma surgical conditions	Total colectomy				X	X		Sharing
802	Surgical care: Non-trauma surgical conditions	Anal sphincterotomy				X	X		Sharing
803	Surgical care: Non-trauma surgical conditions	Fistiulectomy				x	X		Free
804	Surgical care: Non-trauma surgical conditions	Cystic hygroma excision			X	X	X		Sharing
805	Surgical care: Non-trauma surgical conditions	Mesenteric mass excision				X	X		Sharing
806	Surgical care: Non-trauma surgical conditions	Excision of retroperitoneal tumour				X	X		Sharing
807	Surgical care: Non-trauma surgical conditions	Meatotomy				X	X		Sharing
808	Surgical care: Non-trauma surgical conditions	Breast lump removal			X	X	X		Sharing
809	Surgical care: Non-trauma surgical conditions	Gastroscopy with biopsy: UGIE				X	X		Sharing
810	Surgical care: Non-trauma surgical conditions	Pyelolithotomy				X	X		Sharing
811	Surgical care: Non-trauma surgical conditions	Ureterolithotomy				X	X		Sharing
812	Surgical care: Non-trauma surgical conditions	Nephrectomy				X	X		Sharing
813	Surgical care: Non-trauma surgical conditions	Urethroplasty				X	X		Sharing
814	Surgical care: Non-trauma surgical conditions	Thoracotomy				X	X		Sharing
815	Surgical care: Non-trauma surgical conditions	Pneumonectomy				X	X		Sharing
816	Surgical care: Non-trauma surgical conditions	Lobar pneumonectomy				X	X		Sharing
817	Surgical care: Non-trauma surgical conditions	Parotidectomy				X	X		Sharing
818	Surgical care: Non-trauma surgical conditions	Neck dissection for head and neck cancers				X	X		Sharing
819	Surgical care: Non-trauma surgical conditions	Uretroscopy				X	X		Sharing
820	Surgical care: Non-trauma surgical conditions	Trans urethral resection				X	X		Sharing
821	Surgical care: Non-trauma surgical conditions	Urinary diversion				X	X		Sharing
822	Surgical care: Non-trauma surgical conditions	Whipple's procedure					X		Sharing
823	Surgical care: Non-trauma surgical conditions	Radical cystectomy				X	X		Sharing
824	Surgical care: Non-trauma surgical conditions	Decortication				X	X		Sharing
825	Surgical care: Non-trauma surgical conditions	Pyeloplasty				X	X		Sharing
826	Surgical care: Non-trauma surgical conditions	Hellers myotomy				X	X		Sharing

IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
827	Surgical care: Non-trauma surgical conditions	Nissen's fundoplication				X	X		Sharing
828	Surgical care: Non-trauma surgical conditions	Inguinal orchidectomy				X	X		Sharing
829	Surgical care: Non-trauma surgical conditions	Bronchoscopy with GA				X	X		Sharing
830	Surgical care: Non-trauma surgical conditions	UGIE and biopsy				X	X		Sharing
831	Surgical care: Non-trauma surgical conditions	Pericardial window				X	X		Sharing
832	Surgical care: Non-trauma surgical conditions	Pericardiectomy					X		Sharing
833	Surgical care: Non-trauma surgical conditions	Kidney transplant surgery					X		Sharing
834	Surgical care: Non-trauma surgical conditions	Pull through , pyloromyotomy, Paediatrics procedures				X	X		Sharing
835	Surgical care: Dermatology procedures	Dermatological curetting and electrosurgery				X	X		Sharing
836	Surgical care: Dermatology procedures	Crayotherapy			X	X	X		Sharing
837	Surgical care: Dermatology procedures	Skin biopsy examination (punch, incisional or shave)				X	X		Sharing
838	Surgical care: Dermatology procedures	Patch test				X	X		Sharing
839	Surgical care: Dermatology procedures	Laser therapy				X	X		Sharing
840	Surgical care: Dermatology procedures	Narrow band UVB photo therapy				X	X		Sharing
841	Surgical care: Dermatology procedures	Slit skin smear for leishmaniasis			X	X	X		Sharing
842	Surgical care: Dermatology procedures	Complex skin biopsy excision and repair				X	X		Sharing
843	Surgical care: Dermatology procedures	Electro cauterization		X	X	X	X		Sharing
844	Surgical care: Dermatology procedures	Punch biopsy				X	X		Sharing
845	Surgical care: Dermatology procedures	Skin snip for microfilaria		X	X	X			Sharing
846	Surgical care: Dermatology procedures	Interalesional steroid injection				X	X		Sharing
847	Surgical care: Oral and Dental procedures	Extraction of primary and permanent tooth		X	X	X	X		Sharing
848	Surgical care: Oral and Dental procedures	Periodontal and dental abscess incision and drainage		X	X	X	X		Sharing
849	Surgical care: Oral and Dental procedures	Dental caries treatments and scaling		X	X	X	X		Sharing
850	Surgical care: Oral and Dental procedures	Management facial bone fractures and/or dislocation and injury to dentition (inter-dental wiring, arch bar, IMF and open reduction)				X	X		Sharing
851	Surgical care: Oral and Dental procedures	Management of oro-facial infection		X	X	X	X		Sharing



IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
852	Surgical care: Oral and Dental procedures	Management of common benign tumours and cyst of oral & maxillofacial regions				X	X		Sharing
853	Surgical care: Oral and Dental procedures	Management of common malignant tumours and cyst of oral & maxillofacial regions				X	X		Sharing
854	Surgical care: Oral and Dental procedures	Dental trauma care		X	X	X	X		Sharing
855	Surgical care: Ophthalmic procedures	Cataract extraction and insertion of intraocular lens			X	X	X		Sharing
856	Surgical care: Ophthalmic procedures	Eyelid surgery for trachoma (Tarsotomy)		X	X	X	X		Sharing
857	Surgical care: Ophthalmic procedures	Glaucoma surgery (Canaloplasty)				X	X		Sharing
858	Surgical care: Ophthalmic procedures	Corneal surgery				X	X		Sharing
859	Surgical care: Ophthalmic procedures	Corneal transplant					X		Sharing
860	Surgical care: Ophthalmic procedures	Oculoplastic surgery					X		Sharing
871	Surgical care: Ophthalmic procedures	Strabismus surgery				X	X		Sharing
862	Surgical care: Ophthalmic procedures	Retinal detachment repair				X	X		Sharing
863	Surgical care: Ophthalmic procedures	Vitreotomy				X	X		Sharing
864	Surgical care: Ophthalmic procedures	Eye enucleation				X	X		Sharing
865	Surgical care: Ophthalmic procedures	Eye irrigation		X	X	X			Sharing
866	Surgical care: Ophthalmic procedures	Lasertherapy				X	X		Sharing
867	Surgical care: ENT procedure	Ear irrigation		X	X	X			Sharing
868	Surgical care: ENT procedure	Hearing aid placement(including audiometry)				X	X		Sharing
869	Surgical care: ENT procedure	Myringotomy for otitis media				X	X		Sharing
870	Surgical care: ENT procedure	Management of nasal and ear obstruction (foreign body removal from nose and ears)		X	X	X	X		Sharing
871	Surgical care: ENT procedure	polypectomy (Nose)				X	X		Sharing
872	Surgical care: ENT procedure	Tonsillectomy				X	X		Sharing
873	Surgical care: ENT procedure	Sleep disorder surgery					X		Sharing
874	Surgical care: ENT procedure	Corrective breathing surgery					X		Sharing
875	Surgical care: ENT procedure	Sinus surgery				X	X		Sharing

IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
876	Surgical care: ENT procedure	Mastoidectomy and drainage				X	X		Sharing
877	Surgical care: ENT procedure	Laryngeal polyp excision				X	X		Sharing
878	Surgical care: ENT procedure	Thympanoplasty				X	X		Sharing
879	Anaesthesia and critical care	Local Anaesthesia		X	X	X	X		Sharing
880	Anaesthesia and critical care	General Anaesthesia with LMA; with intubation ETT (video or glydoscope)				X	X		Sharing
881	Anaesthesia and critical care	Difficult intubation (Bugie, Stylet, Fibro, video/Glydoscope)				X	X		Sharing
882	Anaesthesia and critical care	Lumbar puncture			X	X	X		Sharing
883	Anaesthesia and critical care	Spinal Anaesthesia			X	X	X		Sharing
884	Anaesthesia and critical care	Caudal Anaesthesia/analgesia				X	X		Sharing
885	Anaesthesia and critical care	Epidural Anaesthesia/analgesia				X	X		Sharing
886	Anaesthesia and critical care	Peripheral nerve blocks				X	X		Sharing
887	Anaesthesia and critical care	Procedural sedation				X	X		Sharing
888	Anaesthesia and critical care	Central venous catheter insertion				X	X		Sharing
889	Anaesthesia and critical care	Arterial catheter insertion					X		Sharing
890	Anaesthesia and critical care	Blood transfusion (including exchange)			X	X	X		Sharing
891	Anaesthesia and critical care	Intubation/ Extubation (single and double lumen)			X	X	X		Sharing
892	Anaesthesia and critical care	Fiberoptic bronchoscopy				X	X		Sharing
893	Anaesthesia and critical care	Mechanical ventilation non invasive - CPAP			X	X	X		Sharing
894	Anaesthesia and critical care	Mechanical ventilation invasive				X	X		Sharing
Emergency and critical care									
895	Pre-hospital emergency care	Initial syndrome-based management at scene and during transport for difficulties in breathing, shock and altered mental status		X	X	X	X		Sharing
896	Pre-hospital emergency care	Initial syndrome-based management at scene and during transport for polytrauma		X	X	X	X		Sharing

IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
897	Pre-hospital emergency care	Basic initial assessment and management at scene and during transport of labour, precipitous childbirth and complications of pregnancy and childbirth		X	X	X	X		Sharing
898	Pre-hospital emergency care	Ambulance transport with direct provider monitoring and management during transport (in procedures – structured handover to hospital personnel)				X	X		Sharing
899	Pre-hospital emergency care	User-activated dispatch of basic ambulance services		X	X	X	X		Sharing
900	Pre-hospital emergency care	Basic initial assessment and management of acute pain (use existing interventions)				X	X		Sharing
901	Pre-hospital emergency care	Advanced pre-hospital care			X	X	X		Sharing
902	Pre-hospital emergency care	Community-based first aid delivery				X	X		Sharing
903	Basic emergency care services	Initial assessment and management of acute difficulties in breathing, shock and altered mental status				X	X		Sharing
904	Basic emergency care services	Basic initial assessment and management of acute injury (BTLS, ATLS)		X	X	X	X		Sharing
905	Advanced emergency care services	Initial advanced assessment and management of acute difficulty in breathing, shock and altered mental status			X	X	X		Sharing
906	Advanced emergency care services	Initial assessment and management of wounds (including burns)				X	X		Sharing
907	Advanced emergency care services	Initial assessment and management of acute head injury			X	X	X		Sharing
908	Advanced emergency care services	Initial assessment and management of acute thoracic injury		X	X	X	X		Sharing
909	Advanced emergency care services	Initial assessment and management of acute intra-abdominal injury (non-bony)			X	X	X		Sharing
910	Advanced emergency care services	Initial assessment and management of acute musculoskeletal injury (including fracture/dislocations)	X	X	X	X	X		Sharing
911	Advanced emergency care services	Initial assessment and management of acute neurologic injury			X	X	X		Sharing
912	Advanced emergency care services	Initial management of cardiovascular emergencies (ischemia, failure, arrhythmia, critical limb ischemia and stroke) including defibrillation, pacing and synchronised cardioversion		X	X	X	X		Sharing

IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
913	Advanced emergency care services	Initial management of gastrointestinal emergencies (including obstruction, bleeding and peritonitis)		X	X	X	X		Sharing
914	Advanced emergency care services	Initial management of metabolic emergencies (glucose, thyroid, potassium, calcium and sodium)			X	x	x		Sharing
915	Advanced emergency care services	Advanced management of sepsis			X	x	x		Sharing
916	Advanced emergency care services	Advanced management of acute pain			X	x	x		Sharing
917	Advanced emergency care services	Management of acute toxic ingestions/exposures		x	x	x	X		Sharing
918	Advanced emergency care services	Management of ocular emergencies		x	x	x	x		Sharing
919	Advanced emergency care services	Management of urgent soft tissue conditions		x	x	x	x		Sharing
920	Advanced emergency care services	Management of ENT emergencies		x	x	x	X		Sharing
921	Advanced emergency care services	Management of acute urinary obstruction		x	x	x	x		Sharing
922	Advanced emergency care services	Management of acute infectious exposures (including sexual exposures, needle stick, rabies and tetanus)		x	x	x	X		Sharing
923	Advanced emergency care services	Management of snake bite (in-procedures include wound care, pressure dressing and anti-venin)		x	x	x	x		Sharing
924	Advanced emergency care services	Management of acute psychosis		x	x	x	x		Sharing
925	Advanced emergency care services	Acute management of dental emergencies		x	x	x	X		Sharing
926	Advanced emergency care services	Advanced management of post-partum haemorrhage		x	x	x	x		Sharing
927	Advanced emergency care services	Management of ectopic pregnancy			x	x	x		Sharing
928	Advanced emergency care services	Management of precipitous delivery			x	x	X		Sharing
929	Emergency and critical care: all	Establish acuity based triage clinical checklist implementation		x	x	x	x		NA
930	Emergency and critical care: all	Establish rapid surge of service delivery capacity		x	x	x	x		NA
931	Emergency and critical care: all	Establish case based syndrome surveillance and reporting of emerging and infectious diseases		x	x	x	x		NA
932	Emergency and critical care: all	Establish protocol for management of mass casualty and emerging infectious disease surveillance	x	x	x	x	x	x	NA

IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
933	Emergency and critical care: all	Mass casualty management (protocol-based) for rapid surge of service delivery capacity	X	X	X	X	X	X	NA
Multi-sectoral environmental health and Hygiene									
934	HEH: Sanitation	Promote proper/improved latrine construction in all households	X	X				X	Free
935	HEH: Sanitation	Promote construction of hand washing facilities near/in the latrine	X	X				X	Free
936	HEH: Sanitation	Construct communal latrines						X	NA
937	HEH: Sanitation	Avail proper liquid waste collection and disposal mechanism	X	X	X	X	X	X	Free
938	HEH: Sanitation	Avail proper domestic solid waste collection and disposal services	X	X				X	Free
939	HEH: Personal hygiene	Promote appropriate personal hygiene practice	X	X	X	X	X	X	Free
940	HEH: Personal hygiene	Create awareness on menstrual hygiene management	X	X				X	Free
941	HEH: Personal hygiene	Avail communal cloth washing facilities	X	X	X	X	X	X	Free
942	HEH: Personal hygiene	Create awareness on proper face washing with soap	X	X	X	X	X	X	Free
943	HEH: Personal hygiene	Create awareness on proper oral hygiene practice	X	X	X	X	X	X	Free
944	HEH: Water supply	Promote proper water management at household level as per water safety plan	X	X				X	Free
945	HEH: Water supply	Avail improved adequate and potable water within the standard distance (30 min to 1 hr.)						X	Sharing
946	HEH: Water supply	Conduct water quality sanitary surveillance	X	X				X	Free
947	HEH: Water supply	Household disinfection and storage for people living with HIV	X					X	Free
948	HEH: Water supply	Point use of water filter for HIV infected Adult	X					X	Free
949	HEH: Water supply	Point use of water filter						X	Free
950	HEH: Water supply	Centralized water treatment system						X	Free
951	HEH: Water supply	Source based protection OF Water supply						X	Free
952	HEH: Water supply	Household chlorination						X	Free
953	HEH: Water supply	Household filtration						X	Free
954	HEH: Water supply	Household Solar disinfection						X	Free
955	HEH: Water supply	Household flocculation						X	Free

IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
956	HEH: Water supply	Household connection with water supply						X	Sharing
957	HEH: Sanitation	Sanitation promotion only	X					X	Free
958	HEH: Sanitation	Safe Sanitation facilities	X	X	X	X	X	X	Free
959	HEH: Sanitation	Wet pit latrine	X	X	X	X	X	X	Free
960	HEH: Sanitation	Social marketing and education on Hygiene alone	X	X				X	recovery
961	HEH: Sanitation	Social marketing and education on top of existing hardware	X	X				X	recovery
962	HEH: Sanitation	Social marketing and education, and hardware together	X	X				X	recovery
<b>Health Education and Promotion</b>									
963	HEP: RMNCH/FP	Family planning demand creation: IEC, BCC, advocacy, community dialogue, conduct counselling about family planning at household level	X	X				X	Free
964	HEP: RMNCH/FP	Develop tailored SBCC materials on FP	X	X	X				Free
965	HEP: RMNCH/FP	Demonstrate FP methods	X	X	X			X	Free
966	HEP: RMNCH/FP	Conduct mass awareness on FP	X	X				X	Free
967	HEP: RMNCH/FP	Conduct community mobilization on FP	X					X	Free
968	HEP: Fertility	Provision of counselling on fertility	X	X	X	X	X	X	Free
969	HEP: Fertility	Conduct community awareness creation against fertility related stigma and discrimination	X	X				X	Free
970	HEP: Sexual and Reproductive Health	Promote adolescent life skill interventions (in-schools, out-of schools, community)	X	X	X			X	Free
971	HEP: Sexual and Reproductive Health	Create awareness on impacts of unsafe abortion	X	X	X			X	Free
972	HEP: Sexual and Reproductive Health	Strengthen AYSRH promotional services (in-schools, out-of schools, community)	X	X	X			X	Free
973	HEP: Sexual and Reproductive Health	Promote provision of user friendly services	X	X	X	X	X		Free
974	HEP: Sexual and Reproductive Health	Facilitate post-abortion counselling services		X	X	X	X		Free
975	HEP: Cervical & Breast Cancer	Promote cervical cancer screening	X	X	X	X	X	X	Free
976	HEP: Cervical & Breast Cancer	Promote cervical cancer vaccination	X	X	X	X	X	X	Free

IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
977	HEP: Cervical & Breast Cancer	Promote self-examination and routine medical check-up for breast cancer	X	X	X	X	X	X	Free
978	HEP: Gender based violence	Promote the impact of positive gender norms on health	X	X	X	X	X	X	Free
979	HEP: Gender based violence	promote life skill interventions on prevention gender based violence	X	X	X	X	X	X	Free
980	HEP: Gender based violence	create awareness on impact of gender based violence on health	X	X	X	X	X	X	Free
981	HEP: Gender based violence	Promote/strengthen psychosocial support for victims of GBV (one window service, hotlines)			x	X	X		Free
982	HEP: Harmful traditional practices	awareness creation on impacts of HTP	X	X	X			X	Free
983	HEP: Harmful traditional practices	conduct community dialogue and mobilization on HTP	X	X	X			X	Free
984	HEP: Harmful traditional practices	provide psychosocial support to victims of HTPs				x	x		Free
985	HEP: Harmful traditional practices	promote testimonials of HT practioners on the health impacts of HTP	X	X				X	Free
986	HEP: Prenatal care (pre-pregnancy)	promote early ANC	X	X	X			X	Free
987	HEP: Prenatal care (pre-pregnancy)	Promote pregnancy readiness services	X	X	X	X			Free
988	HEP: Antenatal care	Promote the use of optimal ANC	X	X	X	X		X	Free
989	HEP: Skilled delivery	Promote the use of delivery at health facilities	X	X	X			X	Free
990	HEP: Postnatal care	Provide postnatal counselling to create awareness on postnatal danger signs		X	X	X	X		Free
991	HEP: Postnatal care	Conduct home visit to promote health services to Neonatal	X	X	X			X	Free
992	HEP: Community based Neonatal care	Create awareness on proper Neonatal care (washing, KMC, Exclusive breast feeding)	X	X	X			X	Free
993	HEP: Community based Neonatal care	Conduct home visit to promote the impact of HTPs	X	X	X			X	Free
994	HEP: Community based Neonatal care	Create awareness on danger signs of Neonatal and measures to be taken	X	X	X			X	Free
995	HEP: Community based Neonatal care	demonstrate Neonatal care (washing, KMC, Exclusive breast feeding)	X	X	X	X			Free
996	HEP: Immunization	Promote the importance of immunization	X	X	X			X	Free
997	HEP: IMNCI	Create awareness on signs and symptoms of childhood illness	X	X	X			X	Free
998	HEP: IMNCI	Promote early visit of health facilities	X	X	X			X	Free

IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
999	HEP: IMNCI	Promote adherence to medical recommendations (treatment and advices)	X	X	X			X	Free
1000	HEP: IMNCI	Promote supplementary feeding practices	X	X	X			X	Free
1001	HEP: IMNCI	Promote visit of U5 children to facilities for GMP , deworming , Vitamin A supplementation and screening programs	X	X	X			X	Free
1002	HEP: IMNCI	Promote good feeding practice ( balanced diet, hygienic practice)	X	X	X			X	Free
1003	HEP: IMNCI	Conduct food demonstration for children with Severe Acute Malnutrition (SAM)		X	X	X	X		Free
1004	HEP: IMNCI	Create awareness on the type of services provide at health facilities for U5 children	X	X	X			X	Free
1005	HEP: IMNCI	Promote child care including personal hygiene (proper baby WASH)	X	X	X			X	Free
1006	HEP: IMNCI	Create awareness on prevention of childhood accidents, injuries	X	X	X			X	Free
1007	HEP: IMNCI	Create awareness on the reduction of HTPs	X	X	X			X	Free
1008	HEP: Adolescent health and pre-conception nutrition	Awareness creation on balanced diet	X	X	X			X	Free
1009	HEP: Adolescent health and pre-conception nutrition	Promote healthy and hygienic feeding practices	X	X	X			X	Free
1010	HEP: Pregnant and Breastfeeding women nutrition	Promote balanced diet and intake of micronutrients	X	X	X			X	Free
1011	HEP: Micronutrient supplementation and fortification	Promote use of fortified products	X	X	X			X	Free
1012	HEP: all CVD, CRD, DM and RD	Promote adherence to medications	X	X	X			X	Free
1013	HEP: all CVD, CRD, DM and RD	Promote healthy life style including physical exercise, feeding habits	X	X	X			X	Free
1014	HEP: all CVD, CRD, DM and RD	Promote reduction of use of Alcohol, tobacco, sweetened beverages	X	X	X			X	Free
1015	HEP: all CVD, CRD, DM and RD	Create awareness on impacts of saturated fat products	X	X	X			X	Free
1016	HEP: all CVD, CRD, DM and RD	Promote the use of unsaturated fat products	X	X	X			X	Free
1017	HEP: all CVD, CRD, DM and RD	Promote regular medical check-ups	X	X	X			X	Free



IC	Sub- programs	Interventions	Level of delivery						Payment mechanism
			HP	HC	PH	GH	TH	Co	
1018	HEP: all CVD, CRD, DM and RD	Promote establishment of support groups for substance abusers, chronic patients	X	X	X	X	X	X	Free
1019	HEP: all CVD, CRD, DM and RD	Advocate for proper standards and protocols of products during advertisement	X	X	X	X	X	X	Free

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