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MINISTRY OF HEALTH - ETHIOPIA

Essential Health Services Package of Ethiopia

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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.



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Minister of Health
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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

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 2005¹ 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].

¹ 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 ² |
| ANC 4+ coverage (Percentage) | 72 | HMIS |
| Deliveries attended by skilled health personnel (Percentage) | 66 | HMIS |
| Early postnatal coverage (Percentage) | 77 | HMIS |

² 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 |
|---|---------------|---------------------------|
| HIV-related indicators | | |
| 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 ³ | 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 |

³ 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).

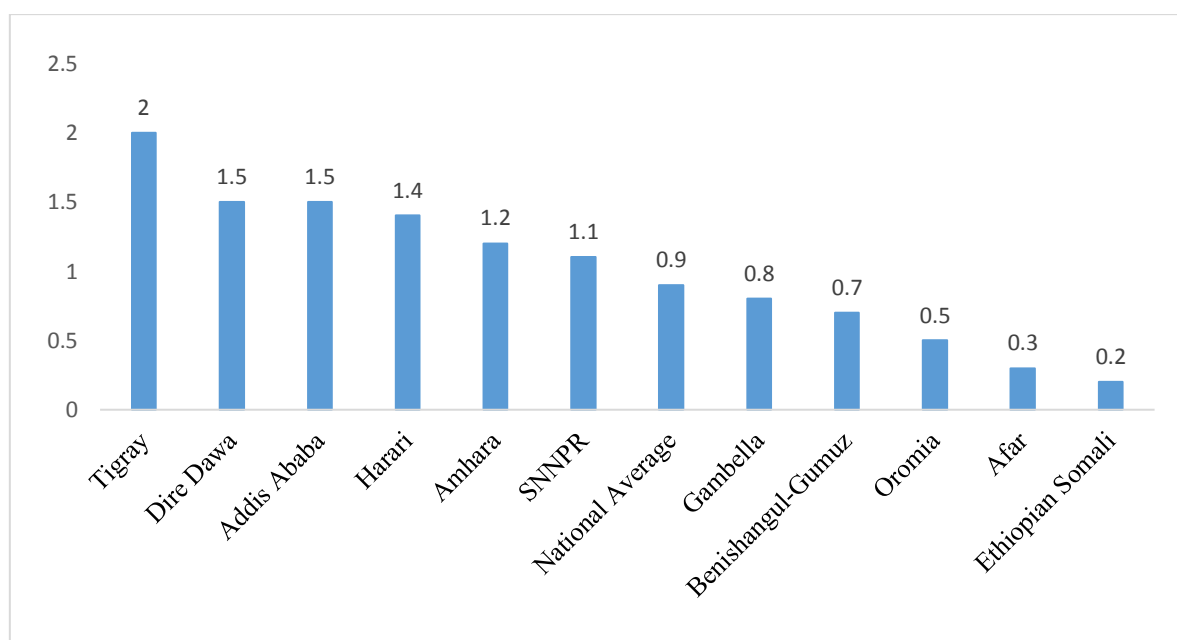


Figure 1: Outpatient department visit per capita by region in 2010 EC (Source: HMIS).

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).

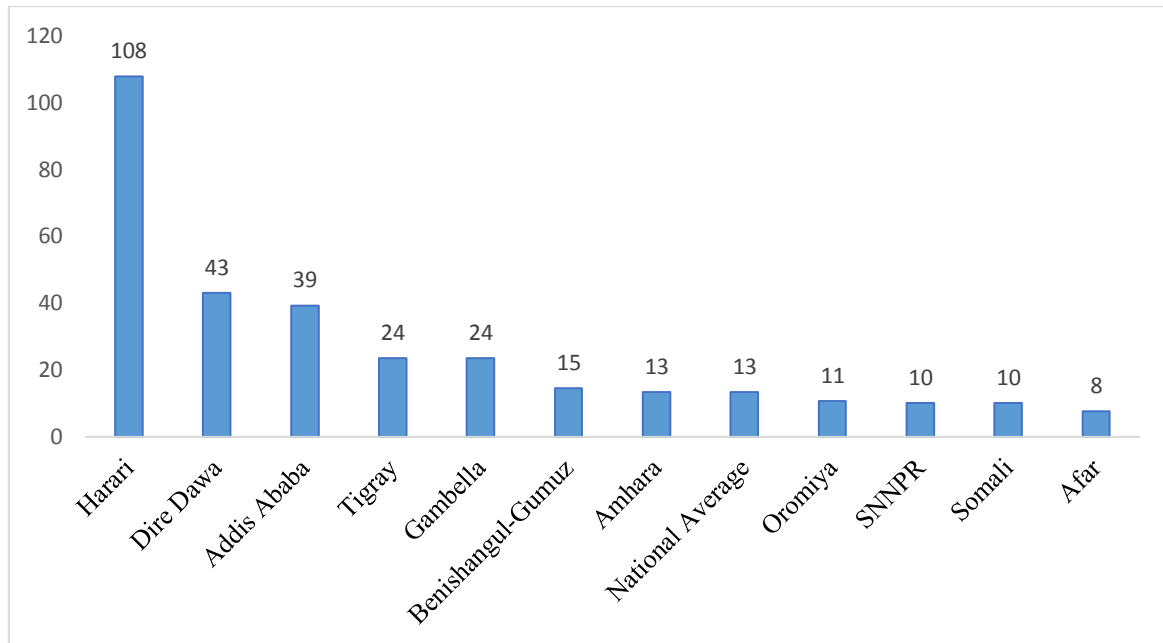


Figure 2: Admission rate per 1,000 population by region in 2010 EC (Source: HMIS).

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 6th 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 2010⁴

| 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.

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

Chapter 2: Rationale, objectives and scope

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

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 3rd edition (DCP3, 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 | Interalesional 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 | Vitrectomy | 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

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.

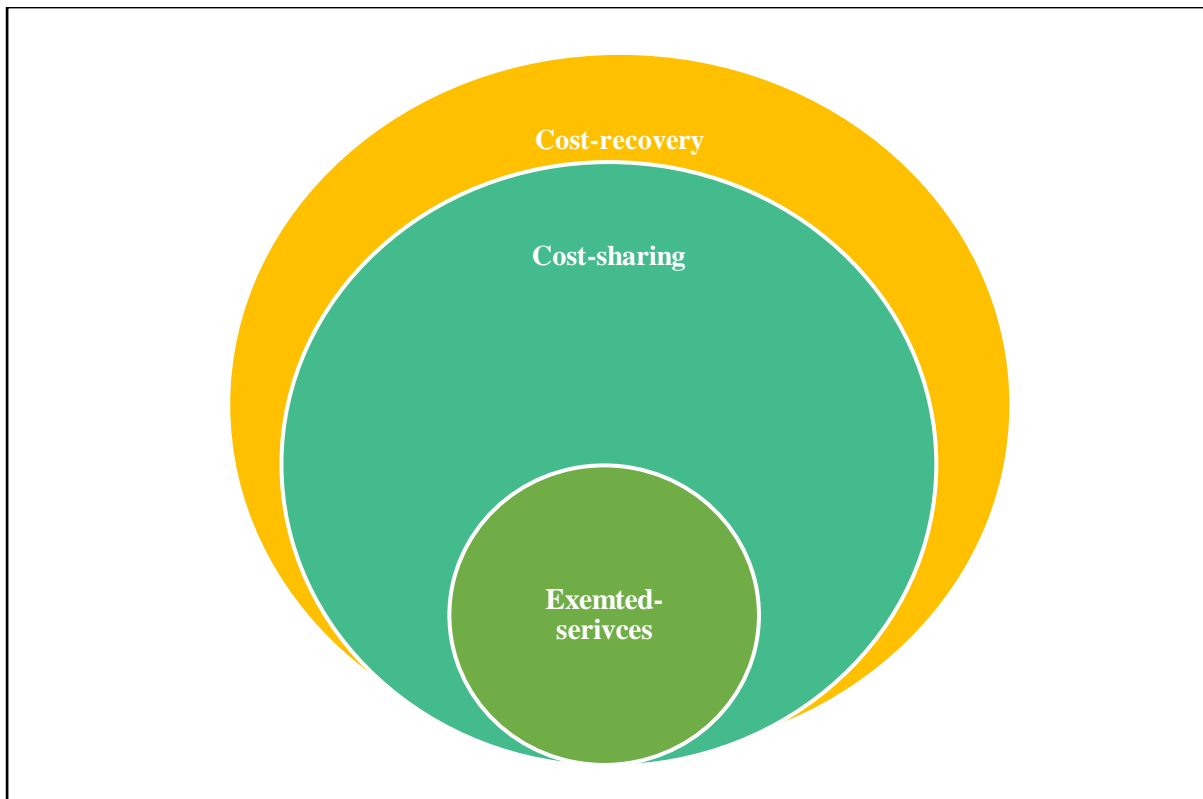


Figure 3: Financial arrangement for Ethiopia's EHSP

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 EHIA⁵.

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.

⁵ 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

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.

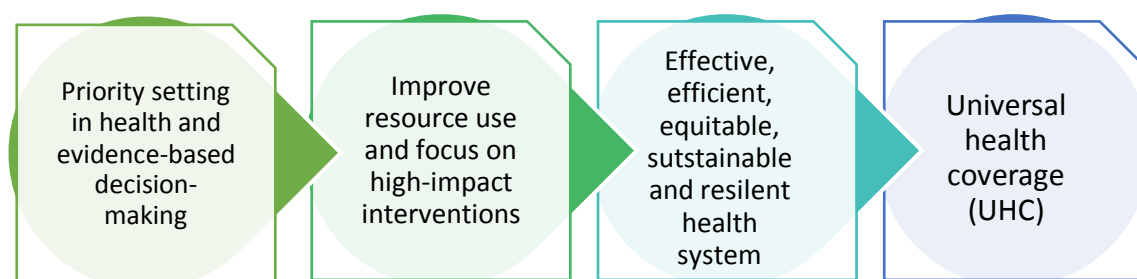


Figure 4: Theory of change for the monitoring and evaluation of the EHSP.

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 ≥ 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.

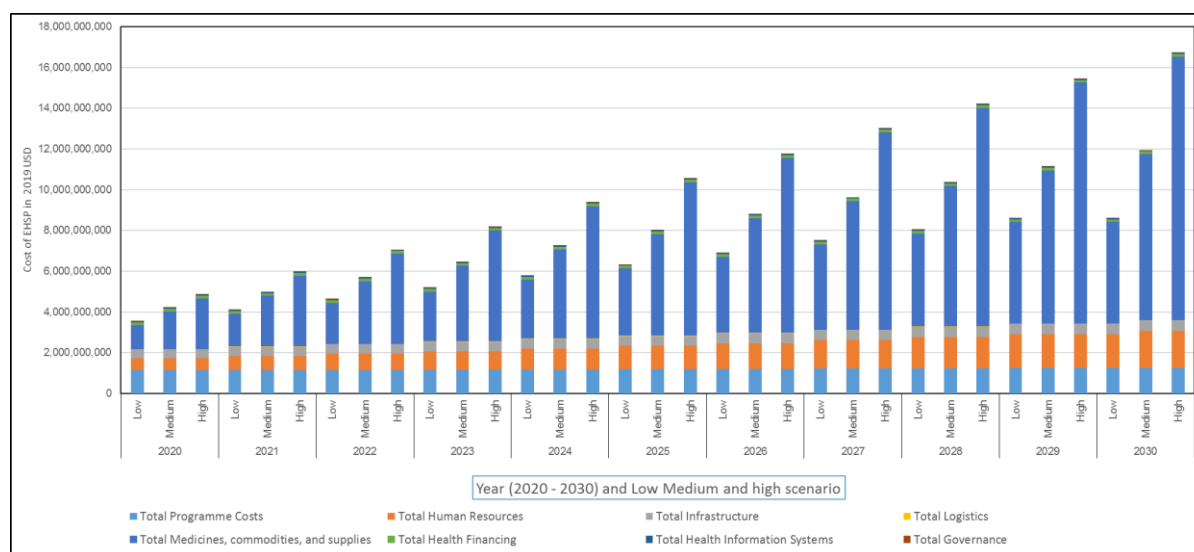


Figure 5. Required resources for the implementation the EHSP over (2020-2030)

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].

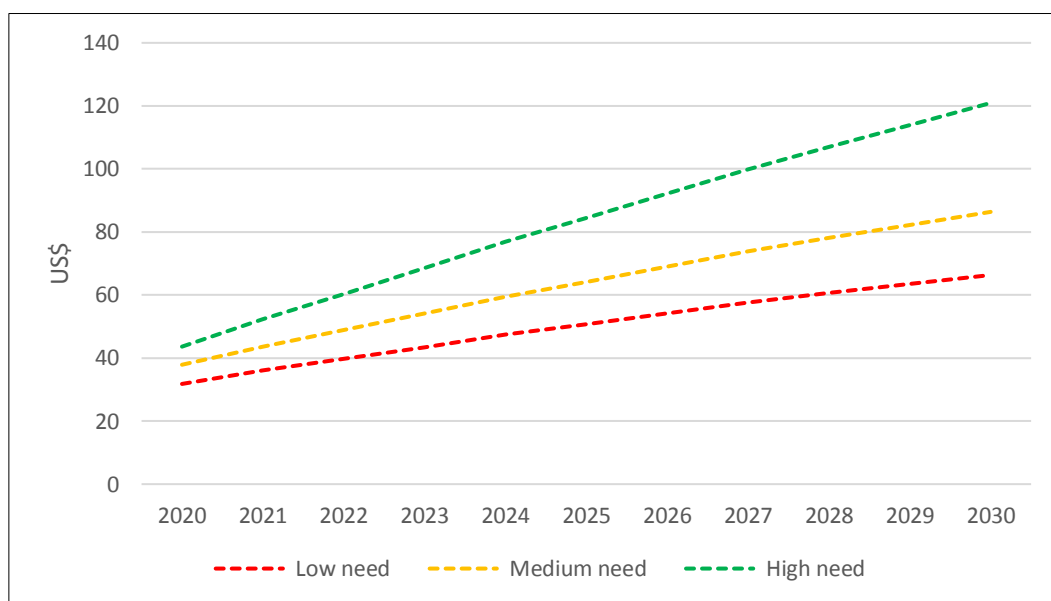


Figure 6. Required resource needs (USD per capita) for implementation of the EHSP (over 2020-2030) (low, medium and high coverage variant)

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.

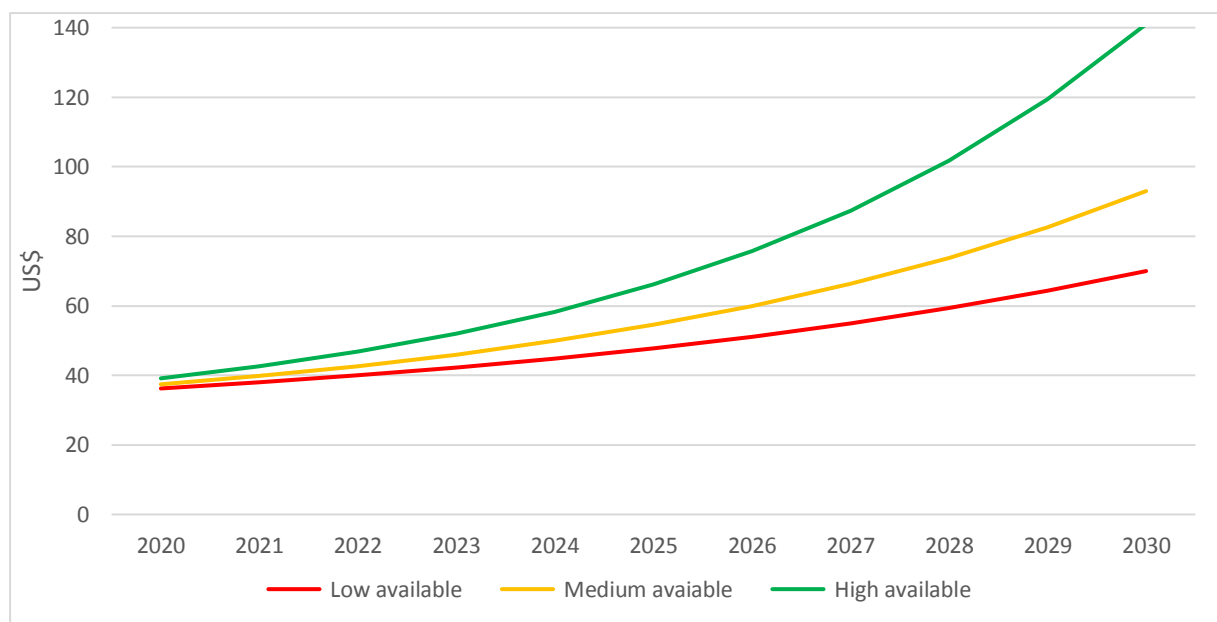


Figure 7. Per capita total health expenditure projections, 2020-2030 (low, medium, and high available scenario).

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].

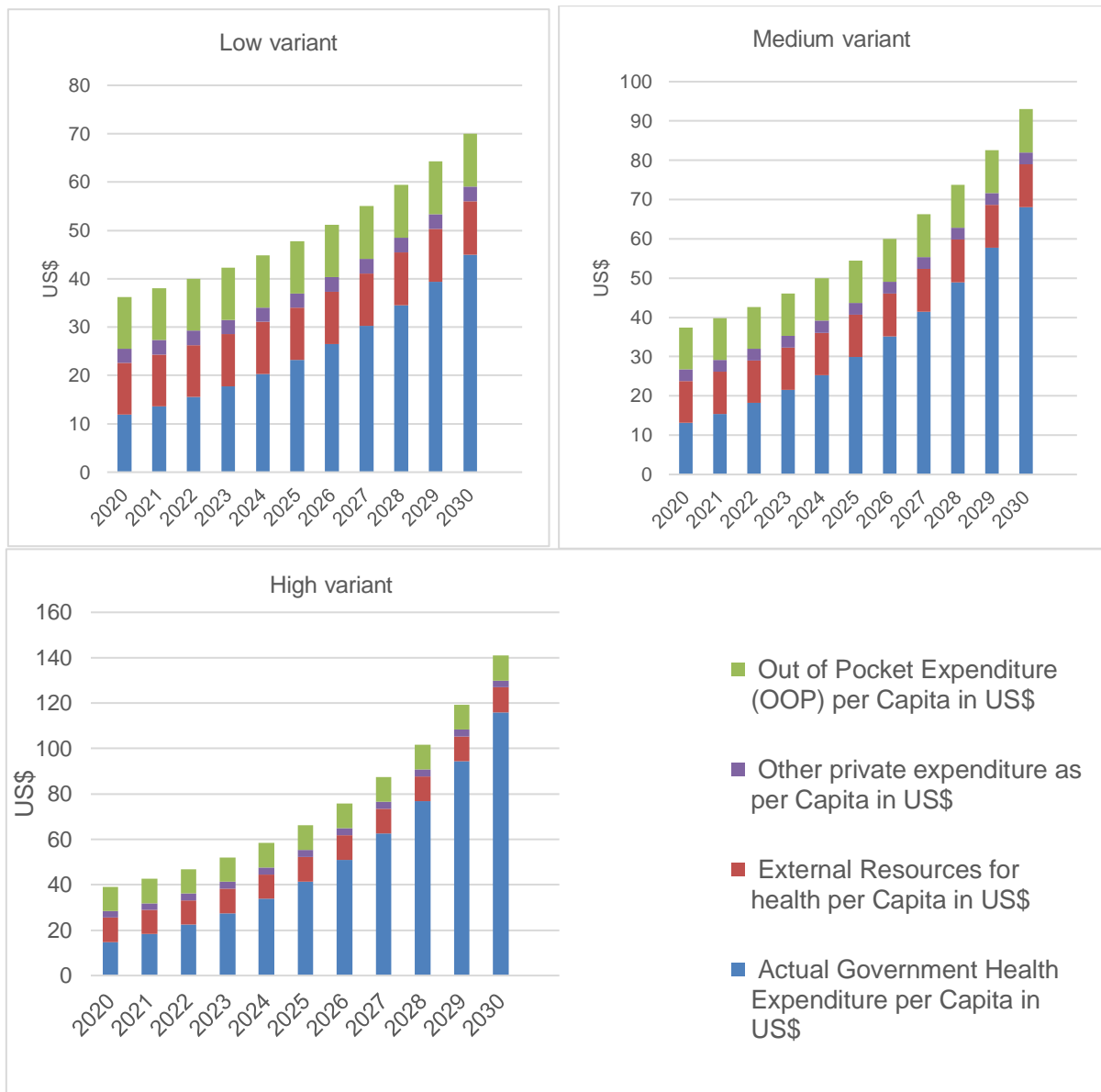


Figure 8. Total Health Expenditure (USD per capita) projected with low, medium, and high variant scenarios

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.

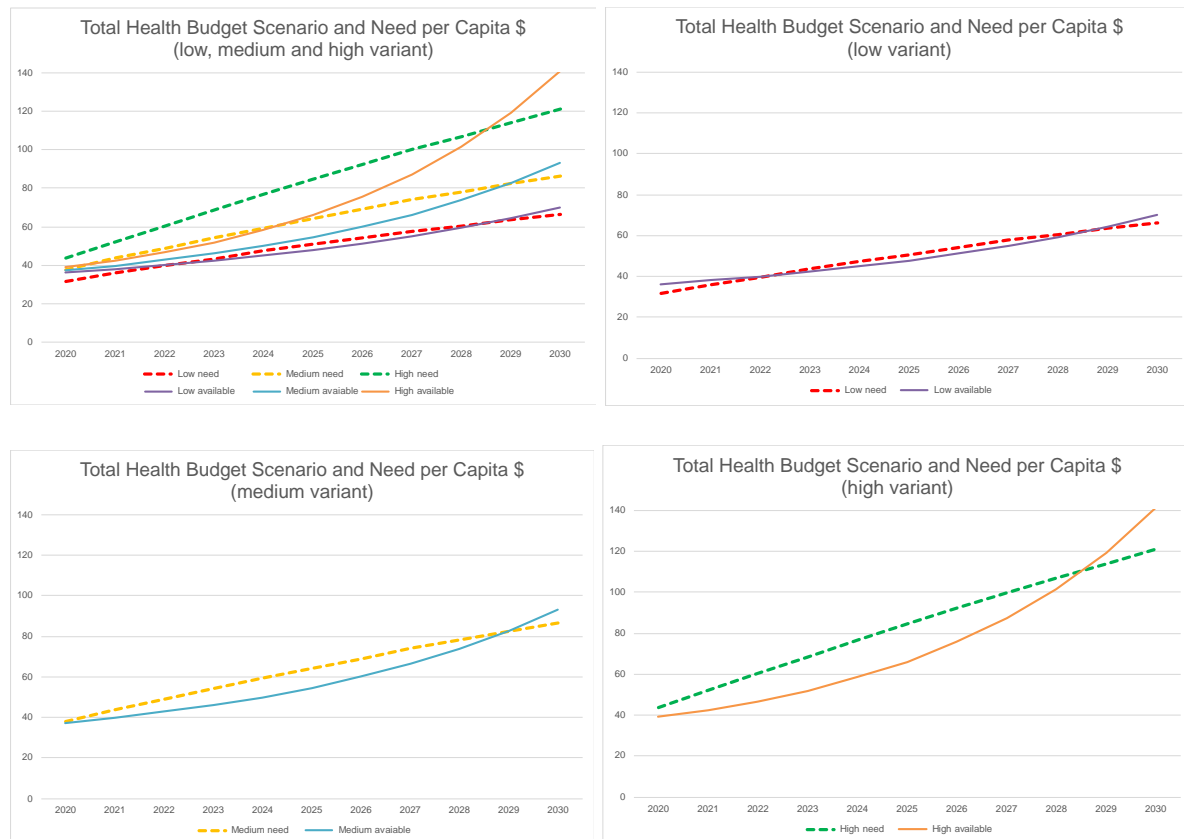


Figure 9: Required resources compared with expected available resources for EHSP implementation, per capita USD (2020-2030)

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 | |
| RMNCH | | | | | | | | | |
| 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 |
| Multi-sectoral nutrition interventions | | | | | | | | | |
| 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 |

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|-----|--|---|-------------------|----|----|----|----|----|-------------------|
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| 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 |

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|-----|-------------------------|---|-------------------|----|----|----|----|----|-------------------|
| | | | 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 |
| NTD | | | | | | | | | |
| 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 |

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|-----|--|--|-------------------|----|----|----|----|----|-------------------|
| | | | 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 |

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|-----|--|--|-------------------|----|----|----|----|----|-------------------|
| | | | 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 |

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| | | | 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 |

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| 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 |

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|-----|---|---|-------------------|----|----|----|----|----|-------------------|
| | | | 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 |

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|-----|---|---|-------------------|----|----|----|----|----|-------------------|
| | | | 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 |

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|-----|---|---|-------------------|----|----|----|----|----|-------------------|
| | | | 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 |

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| | | | 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 |
| Health Education and Promotion | | | | | | | | | |
| 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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