

## Ministry of Health

Republic of Liberia

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# Essential Package of Health Services for Universal Health Coverage

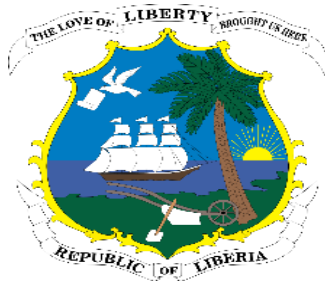
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Liberia, 2022

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## Foreword

We have completed updating the Essential Package of Health Services (EPHS) and produced the EPHS-II. This EPHS for Universal Health Coverage (EPHS4UHC) is a prioritized version of the EPHS-II based on available fiscal space. The fiscal space analysis considered resources accessible to the health sector from all sources including government annual budgetary appropriations and donors' contribution, using historical cost and the IMF growth projection for Liberia over the next five years. The fiscal space analysis clearly suggests that the MOH cannot provide the Full package of the EPHS-II at once due to limited resources.

Considering this harsh reality, the MOH was left with no option but to embark on prioritizations of key health interventions. This means, moving key health interventions with the greatest impact to the fore to get funded first. This further means, the MOH will provide the EPHS-II incrementally, starting with the EPHS for UHC package and increase gradually as the resource's envelope.

This EPHS4UHC was developed based on rigorous analysis of available data. It started with analyzing each intervention in the EPHS to determine the burden of disease it can avert using Adjusted Disability Life Year (DALYs), the cost-effectiveness of the intervention, its feasibility of implementation, budget impact among other criteria. The health fiscal space was estimated using IMF projection for the next five years and the trends of resource allocation to the health sector to estimate the fiscal space and used it as the basis for prioritizing the EPHS to determine what is affordable to the government and her partners over the next five years.

This EPHS for UHC with its core package heavily primary health care focused, which is the prioritized version of the EPHS-II will be the starting point for the gradual incremental implementation of the EPHS-II. Government and her development partners will start aligning their resources behind the EPHS4UHC beginning with the Core package which shall be offered at no cost to the service users except for medicines which shall be provided through the Revolving Drugs Funds. Medicines provided by partners will be given free of charge to end users once they are in adequate quantity to cover the entire population. If inadequate, same will be reserved for the poorest and vulnerable population in line with the government pro-poor agenda, and her quest to achieve universal health coverage. Services at the secondary level will be provided on a cost sharing basis with those working and earning income contributing to their own health while the government meets them halfway and at the same time cater for the poor and vulnerable with support for development partners.

Many thanks to all our development partners, and all other stakeholders who participated in the rigorous process led by the Disease Control Priority (DCP3) country translation project. It took almost a year to arrive at this prioritized package of health services. I am extremely grateful to all for their dedications to producing this package.

Wilhelmina S. Jallah, MD, MPH, CHES, FWACP  
Minister of Health

## Preface and acknowledgements

I am greatly excited to present this prioritized packaged of Health Services for Universal Health Coverage. It represents the collective efforts of all actors in the health sector, and I want to thank all of you for the commitment demonstrated on making this a reality.

This prioritized UHC package contains two sub-packages- the Core Package which is predominantly primary health care- the focus of the government for the attainment of UHC and the Complimentary Package which include secondary care that is expected to be co-funded through cost sharing between the government and partners on one hand, and the public on the other. There will be social protection mechanisms for the poor and vulnerable population to ensure the population does not suffer catastrophic health expenditure. That is, people are not pushed or perpetuated into poverty due to high cost of health expenditure.

I want to appreciate the commitment of the health workers from the facilities, district health teams, county health team and all the units and programs in the Ministry of Health, the National Public Health Institute of Liberia (NPHIL), the University of Liberia School of Health Sciences, the boards and regulatory authorities, our donor partners, NGOs, civil society organizations, other government ministries and agencies including the Ministry of Finance and Development Planning, the Liberia Revenue Authority, the Ministry of Gender Children and Social Protection, The National Social Security and Welfare Corporation, and the private sector for their full participation in the many consultations and workshops that resulted into this package.

Many thanks go to the Disease Control Priority (DCP3) based at the London School of Hygiene and Tropical Medicine led by Prof. Ala Alwan, Who led the analysis works and developed the prioritized Essential Package with generous financial support from the Bill and Malina Gate Foundation. Special thanks go to Hon. George P. Jacobs who led the Disease Control Priority Country Translation Project national secretariat for his outstanding leadership in making this package a reality. My appreciation to every member of the team including Dr. Gorbee Logan, Assistant Minister and Deputy Chief Medical Officer for Curative Services, Mrs. Joyce D. Sherman, Assistant Minister and Deputy Chief Medical Officer for Preventive Services, Mr. Ernest Gonyon, Acting Health Financing Director, Mr. G. Martin Dumoe, Director for Policy and Planning, Mrs. Diana T. Sarteh, Chief Nursing and Midwifery Officer/RL, Mr. J. Mike Mulbah, M&E Director, Mr. Carlton Kpahn, Assistant Policy and Planning Director, Mrs. Christine Brooks-Jarrett, Policy Advisor to the Minister of Health, Dr. Charles Ocan, WHO Health System Strengthening Advisor and Mrs. Linda Jasper Kokolo, Administrative Assistant in the office of the Deputy Chief Medical Officer for their delegation in make this a reality.

Dr. Francis Kateh  
Deputy Minister of Health & Chief Medical Officer

## Acronyms and Abbreviations

DALYs	Disability-adjusted life years
DCP3	Disease Control Priorities 3
EPHS	Essential Package of Health Services
EPR	Emergency preparedness and response
EUHC	Essential UHC model package
HCC	Health Coordination Committee
HIPtool	Health Interventions and Prioritization Tool
HSCC	Health System Coordination Committee
IHME	Institute for Health Metrics and Evaluation
MOF	Ministry of Finance
MOH	Ministry of Health
NCDs	Non-communicable diseases
NHSSP	National Health Sector Strategic Plan
NHP	National Health Policy
NHSWPP	National Health and Social Welfare Policy and Plan
LHEF	Liberia Health Equity Fund
OOP	Out of pocket
PHC	Primary health care
PFM	Public financial management
RMNCAH	Reproductive, maternal, newborn, child, and adolescent health
SDGs	Sustainable Development Goals
TB	Tuberculosis
TWGs	Technical working groups
UHC	Universal Health Coverage
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
WHO	World Health Organization

## Introduction

The Government of Liberia is committed to achieving Universal Health Coverage (UHC) as a means of improving access to quality health care. In alignment with the target 3.8 of the Sustainable Development Goals (SDGs) and the Political Declaration of the High-level Meeting on UHC, the need to progress towards UHC has been acknowledged in national health and development policies. Integral national policies, including the Investment Plan for Building a Resilient Health System (2016-2021)<sup>1</sup> and the Pro-Poor Agenda for Prosperity and Development (2018-2023)<sup>2</sup>, have UHC as a central goal.

The development of the Essential Package of Health Services (EPHS) for UHC is an important step towards achieving UHC. The package defines a set of interventions to be delivered at primary, secondary and tertiary care levels, and it is expected to address a major share of the burden of disease affecting the Liberia population, particularly the most vulnerable. The EPHS for UHC seeks to respond to the three dimensions of UHC: expanding health service coverage to include all population groups, providing access to a broader range of priority services, and protecting the population against financial risk by reducing out-of-pocket (OOP) expenditure. By improving access to essential health services, progress towards other SDG targets related to poverty alleviation, quality education, gender equality, women's empowerment, and increasing economic growth can also be accelerated.

The process of developing the EPHS for UHC was initiated in November 2021 as part of the Ministry of Health (MOH) collaboration with the Disease Control Priorities (DCP3) Country Translation project<sup>3</sup>, based at the London School of Hygiene and Tropical Medicine. DCP3 provided technical assistance and capacity building in the areas of priority setting and decision making on resource allocation, and development of an EPHS that supports key principles of UHC. The DCP3 evidence and model UHC packages were used to guide the development of an evidence-informed package of high-impact interventions, which is feasible and implementable within the available fiscal space.

The package was developed through a participatory process that included MOH staff, county health representatives, DCP3 experts, UN agencies, development partners, and non-governmental organizations. Frequent appraisal and feedback from all parties was sought, with the active involvement and deliberation of all stakeholders helping to shape the prioritization process and the content of the final package.

## Health policy context

The EPHS for UHC has been formulated at a critical juncture of the UHC reforms in Liberia, when a number of other national health policies were due to be updated. The EPHS for UHC is part of the 2022-2026 National Health Sector Strategic Plan (UHC roadmap) (NHSSP 2022-2026)<sup>4</sup>, the 2022-2031 National Health Policy (NHP)<sup>5</sup>, and the 2022-2031 National Health Financing Strategy (NHFS)<sup>6</sup>, which are being launched



this year. These policies built on the gains made on the previous National Health and Social Welfare Policy and Plan (NHSWPP) 2011-2021<sup>7</sup> and the Essential Package of Health Services 2011-2021,<sup>8</sup> now referred to as EPHS I.

The 2022-2031 National Health Policy<sup>6</sup>, like its predecessor - the NHSWPP 2011-2021<sup>7</sup>, reaffirms primary health care (PHC) as the foundation of the health system and a model for enhancing healthcare delivery. The NHSWPP 2011-2021 was operationalized by the EPHS I, which led the path for devolving management functions to County Health Teams and rebuilding of local healthcare delivery systems. The EPHS for UHC thus continues to place a greater focus on PHC, by providing largely publicly financed essential health services at the community and clinic levels.

Liberia's health financing is characterized by multiple funding pools reflecting government and donor resources, with un-pooled funds from out-of-pocket household health spending. Following the termination of the 2008-2019 Health Sector Pool Fund<sup>9</sup>, the MOH is currently establishing the Liberia Health Equity Fund (LHEF) for income and risk pooling, as well as devising a cost-sharing program with minimum user fees at the point of use to recover part of the costs of health services. These developments were taken into account in designing the EPHS for UHC.

## **Health situational analysis**

Liberia's investment in health care over the past two decades has resulted in significant improvements in the health condition of its population. Despite the progress, many challenges remain to be addressed. The 2014-2016 Ebola outbreak and the COVID-19 pandemic have had a devastating impact on the country's health system, reversing years of hard-won gains. Liberia remains among the countries with the highest maternal mortality rates in the world, despite a significant drop from 1,072 maternal deaths in 2013 to 742 deaths per 100,000 live births in 2019-2020<sup>5</sup>. Infant and neonatal mortality have increased from 54 and 27 deaths per 1,000 live births in 2013 to 63 and 37 deaths per 1,000 live births in 2019-2020, respectively.<sup>5</sup> Under-5 mortality fell marginally from 94 deaths per 1,000 live births in 2013 to 93 in 2019/2020.<sup>5</sup> Childhood immunization rates remain low, with only 51% of children receiving all basic vaccines. In addition, chronic malnutrition and stunting continue to be of serious concern; 30% of children under five are estimated to be stunted and 10% severely stunted.<sup>5</sup> The majority of childhood illnesses and deaths are due to preventable and treatable causes such as malaria, acute respiratory tract infections and diarrhea.

Challenges persist in addressing malaria, tuberculosis (TB), and HIV/AIDS. Malaria continues to be the leading cause of morbidity and mortality in the country, accounting for 34% of outpatient consultations and 48% of all inpatient cases.<sup>5</sup> The most vulnerable populations are children under five and pregnant women. With an estimated 35,000 people living with HIV in Liberia and a national prevalence of 2.1%,<sup>5</sup> the HIV epidemic is both generalized in the wider population at a low level and concentrated among key populations. Only 65% of women over the age of 15 and 37% of men living with HIV are estimated to be on antiretroviral therapy. At the same time, TB remains a major public health concern. Between 2001 to 2020, the

prevalence of TB has increased from 245 to 314 cases per 100,000 people<sup>5</sup>. There is a 58% case detection rate. TB was responsible for 3.9% of all deaths in 2020.

Liberia is experiencing a double burden of communicable and non-communicable diseases (NCDs). NCDs account for 43% of all deaths.<sup>4,5</sup> Additionally, the prevalence of visual impairment is rising, particularly of cataract blindness and uncorrected refractive errors.

Overall, estimates suggest that about 1.98 million disability-adjusted life years (DALYs) were lost in 2019, 61% of which were due to communicable, maternal, child, and nutritional conditions, 33% to NCDs, and 5.6% to injuries.<sup>10</sup>

The UHC service coverage index, which measures the coverage of 14 tracer indicators of essential health services, was 42 in 2019,<sup>11</sup> lower than the regional average of 46. Service availability and readiness of the health facilities to provide general health services are suboptimal. The average general service readiness of 701 health facilities in Liberia was estimated at 59% in 2018, with lower scores for availability of essential medicines (44%) and diagnostics (42%).<sup>12</sup> The health workforce density is estimated at 12.8 skilled health workers per 10,000 population, well below the WHO recommendation of 23 health workers/10,000 population and the new projection for UHC at 54.5 per 10,000 population.<sup>4,5</sup>

OOP payments account for 53% of the total current health expenditure. The number of people incurring impoverishing health spending remains high. In 2016, OOP expenses for health pushed 2% of the Liberian population below the extreme poverty line, with an additional 37% pushed further into poverty.<sup>13</sup>

## **EPHS for UHC objectives and scope**

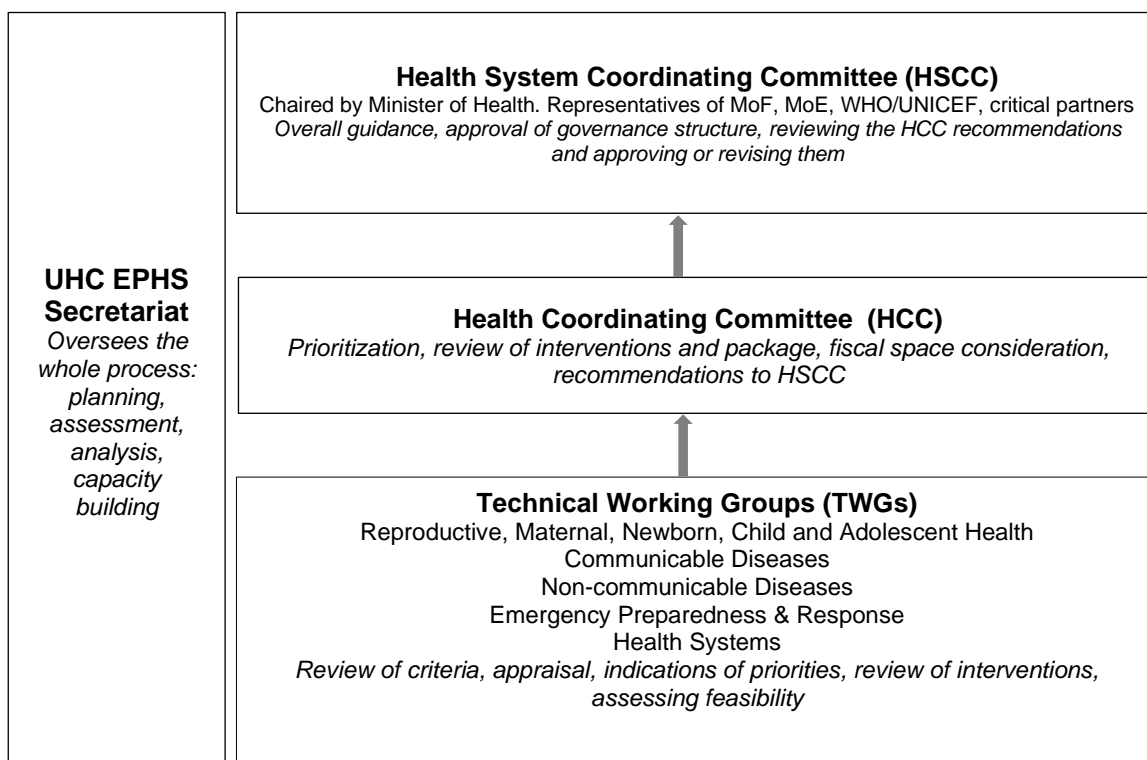
The development of the EPHS for UHC was motivated by the strategic emphasis on UHC and the need to develop an affordable, feasible and sustainable package that targets high-burden conditions and supports a progressive realization along the UHC timeline. The package thus aims to reduce the high burden of disease in Liberia by availing affordable high priority interventions, promoting equitable access to health services, and reducing the risk of catastrophic health expenditures. The EPHS for UHC outlines the high priority services to be delivered to the population within the framework of the existing health financing. The package is expected to be delivered for the next five years (2023–2027), with subsequent regular updates.

## **Process of developing the EPHS for UHC**

### **Governance Structure**

The EPHS for UHC was developed through a transparent and participatory approach, with frequent appraisal and feedback before decision-making. An operational plan, adopted by the MOH and development partners during the inception workshop in January 2022, guided and informed the overall package development and prioritization process.<sup>14</sup>

A UHC EPHS Secretariat was established within the MOH's Policy and Planning Division to oversee the package design process, with technical support from DCP3 experts. The decision-making forums were built on existing structures and included (a) five technical working groups (TWGs) on reproductive, maternal, neonatal, child and adolescent health (RMNCAH), communicable diseases, NCDs, health systems, and emergency, preparedness, and response (EPR), with membership representing a wide range of public health, health system, and clinical professions; (b) the Health Coordination Committee (HCC), and (c) the Health System Coordination Committee (HSCC). The list of members of the UHC EPHS Secretariat, DCP3 team and TWGs is in Annex 1.



### Guiding principles for Liberia's EPHS for UHC

The following key principles underpinned the development of the EPHS for UHC:

- country ownership and execution;
- inclusive stakeholder engagement, including planning and finance, UN agencies, and development partners;
- transparent and evidence-based decision-making, based on clearly defined criteria;
- focus on feasibility and affordability;
- linkage to robust financing mechanisms.

### Prioritization process

Based on the approved operational plan, the prioritization and package development process followed a number of steps:<sup>14</sup>

## **1. Assessing the fiscal space for health**

An assessment of the fiscal space for health was conducted by the MOH and the DCP3 experts, to clarify the feasible levels of government spending for UHC and the potential for expanding public expenditure on health.<sup>14</sup> Data from the International Monetary Fund 2021 World Economic Outlook Database, MOH, and Ministry of Finance was used in this exercise. The assessment concluded that the government allocates 14% of its budget to health, with a per capita spending estimated at US\$16. Since 2006, the average execution rate of the budget is 84%, which translates into a loss of US\$2-3 of per capita spending. The gaps in implementing the full allocated budget are mainly related to challenges in the current public financial management (PFM), which cause delays in approval and disbursement of funds.

The per capita government health budget is projected to increase from the current level of US\$16 to US\$21 in 2026, while trends suggest that donor funding will decrease from US\$21 in 2020 to US\$5 in 2026. Total public funding, which is the sum of per capita government and partner/donor funding, is therefore projected to decrease from US\$37 per capita in 2020 to US\$27 per capita in 2026. A level of US\$12-14 in government funding was thus considered when designing the contents and implementation scenarios of the UHC package, taking into account current budget execution rates, management support requirements, and other critical health system priorities.

The most promising options for the government to increase health resource allocation include macroeconomic growth resulting in increasing the fiscal space for health, achieving efficiency gains with implementation of the UHC package, and generating new health sector specific resources through earmarked taxation. Other options are to reprioritize government budget to meet the Abuja declaration of allocating at least 15% of national budgets each year to health and increasing development assistance. An in-depth assessment of new opportunities for development assistance and possibilities for slowing down the decline of existing support would be important to consider.

## **2. Mapping of existing health services**

A mapping of existing services was conducted on 28-29 March against the DCP3 Essential UHC model package (EUHC) of 218 interventions<sup>15</sup> to identify the health services currently provided by the health system and define the DCP3 interventions that are most relevant to the national context. The DCP3 model package, designed for lower-middle income countries, provides a start for country-specific analysis of priorities considering their epidemiological needs, health priorities, and available financing. The mapping against the DCP3 model interventions ensured that all health areas across different delivery platforms are explicitly considered.

Based on the experience and views of the TWGs, the mapping revealed that that 151 of the 218 DCP3 interventions were being implemented in Liberia, with 52% (72) provided at low coverage (1-50%), 23% (35) at medium coverage (51-75%), and 25% (25) at high coverage (75%-100%).<sup>14</sup> The mapping demonstrated significant gaps in

the service coverage levels at the community and tertiary care levels, including limited availability of RMNCAH and NCD interventions. During the mapping workshop, the TWG selected 200 DCP3 interventions and proposed two new EPR interventions for inclusion in the list for prioritization.

Furthermore, a detailed analysis of the interventions included in the draft EPHS II identified an additional 38 interventions considered as a priority in Liberia, following removal of duplications. As a result of the mapping workshop and analysis, the TWGs selected a universal list of 240 interventions for the prioritization process.<sup>14</sup>

### **3. Training on resource optimization**

With support from DCP3 team, a comprehensive training was conducted from 25-27 April for senior MOH officials on resource optimization analyses and the use of the Health Interventions and Prioritization Tool (HIPtool). Participants reviewed the 240 interventions identified during the mapping exercises, existing data and additional data needs, and defined populations in need for each intervention. Based on this information, participants ran a preliminary analysis and generated a ranking/league table of interventions based on cost-effectiveness. The results of the preliminary HIPtool analysis were discussed at the prioritization workshop.

### **4. Setting and gathering evidence on prioritization criteria**

Key decision criteria were explicitly selected for the prioritization process, based on the review of the National Health Policy and relevant strategic documents of the health sector. During a prioritization workshop held on 28 April, the TWGs identified eight decision criteria and ranked them in the following order of importance: (1) burden of disease; (2) targeting vulnerable populations; (3) quality of evidence; (4) cost-effectiveness; (5) feasibility; (6) effectiveness; (7) financial risk protection; and (8) budget impact. The TWGs also agreed as to the operational definition of these decision criteria, namely:

- a. Burden of disease: the total health loss from a disease at the population level, expressed in DALYs lost;
- b. Selected vulnerable groups: pregnant and lactating women, children under 5, and people with disabilities (visually, physically, or mentally impaired);
- c. Quality of evidence: the degree to which analysts are confident that the evidence reflects reality, taking into account the quality of the study design and relevance to the setting (poor: largely reliant on expert opinion; moderate: largely based on interpretations from data from non-African regions; good: largely based on highly valid studies conducted within the African Region);
- d. Cost-effectiveness: value-for-money of interventions, expressed in US\$ per DALY gained;
- e. Feasibility: the time period in which the intervention can be implemented assuming all required service resources are captured in the unit costs, and that health system strengthening is in place. This criterion also includes political acceptability;

- f. Effectiveness: the total health gains of the intervention for the population, expressed in DALYs averted;
- g. Financial risk protection: the extent to which people can afford the cost of interventions and are protected from catastrophic health expenditure. Interventions were rated based on i) their cost; ii) whether they require hospitalization; and iii) their impact on productivity loss.

Evidence on the eight decision criteria for the 240 interventions was collated and validated.<sup>14</sup> Individual evidence sheets were developed for each intervention, incorporating color-coded evidence on six of the eight criteria agreed upon by the TWGs (burden of disease, quality of evidence, cost-effectiveness, financial risk protection, budget impact, effectiveness). No evidence was systematically available for the other two criteria of targeting vulnerable groups and feasibility.

Data required to inform the evidence sheets used in the prioritization deliberations were collated from local, regional, and global secondary sources. Local expert opinion was used where data was not available. For evidence on *burden of disease*, data on DALYS, mortality, incidence and prevalence were sourced from the Institute for Health Metrics and Evaluation (IHME) 2019 Global Burden of Disease.<sup>10</sup> Evidence on *intervention coverage levels* were collated from the Liberia/MoH health information system, national surveys such as the Demographic and Health Survey, UN estimates for Liberia such as from UNAIDS or WHO, and peer-reviewed literature. For evidence on *intervention unit cost*, USAID activity-based costing estimates were used to inform the unit cost of 46 services.<sup>16</sup> The remainder were informed by adjusting DCP3 LMIC unit cost estimates based on health-worker salaries in Liberia. Evidence on *cost-effectiveness* mainly derived from DCP3 data,<sup>17,18</sup> as well as from local, regional, and global peer-reviewed literature. *Financial risk protection* scores were based on DCP3 data.<sup>18</sup> The HIPTool was used to analyze and optimize health interventions, and visualize the results.

## 5. Deliberation process

A deliberation workshop was conducted on 16 May with the TWGs to prioritize the 240 selected interventions based on the evidence-based decision criteria.<sup>14</sup> Out of 240 interventions, the TWGs assessed 132 interventions as 'high priority', 54 as 'medium priority', 44 as 'low priority', and 10 were not considered after further deliberation (Annex 2). This stage established unconstrained priorities which, when costed, were well above the fiscal space for public expenditure on health. The initial shortlist of 132 high priority interventions was thus recommended for further assessment, taking into account the available public expenditure for health. At this stage, the MOH and partners also validated the high priority interventions, giving particular attention to the estimated target population, current coverage, and delivery platforms.

A second round of prioritization was conducted on 11-14 July to review the high priority interventions and develop a package that could immediately be implemented given Liberia's current resource envelope. Further refinement with key MOH experts resulted in a final list of 128 high-priority interventions. The list served as a basis for the development of four scenarios to inform decision-making on package content and

financing.<sup>14</sup> The assumptions used in developing the scenarios were based on the data on population in need, current coverage, and cost gathered during the prioritization process, the assessment of the available fiscal space for package financing of US\$12-14, the assessment of the level of current partner/donor funding, and MOH's cost-sharing program.

The scenarios were critically reviewed during a ministerial retreat on 18 August. Intensive discussions were held on policy harmonization and alignment with the EPHS package and financing mechanisms. Based on the government's decision to prioritize PHC interventions and the best estimates of the funding available to the government, a primary health care package was selected as the final EPHS for UHC. The selected package ensures that the greatest possible health benefits are achieved within the budget constraint. The ministerial retreat also set up key priorities for package finalization.

### **Contents of the EPHS for UHC**

The EPHS for UHC prioritized cost-effective services that are likely to have the greatest impact on major health challenges in Liberia. The package consolidates the previously achieved health gains, while extending the core sub-package to as many people as possible with protection from financial hardship.

The EPHS has a core and a complementary sub-package (Annex 3). The interventions are organized into five clusters:

- (1) reproductive, maternal, newborn, child, and adolescent health;
- (2) communicable diseases;
- (3) non-communicable diseases;
- (4) health system; and
- (5) emergency preparedness and response.

The high priority interventions are delivered across six platforms:

- population level
- community level
- health clinics
- health centers
- district and county hospitals
- tertiary hospitals

The **core sub-package** includes 78 interventions provided free at point of use. It contains 10 interventions at the population level (13%), 18 (23%) at the community level, and 48 (62%) at health clinics, with two health centre interventions (2%) added because they were either part of a clinic intervention requiring patient stabilisation at the health centre level or were already supported by development partners and concerned conditions directly related to poverty. The bulk of core interventions relate to RMNCAH and communicable diseases, which account for the major burden of disease in the country and remain a top priority for the Ministry of Health.

The **complementary sub-package** includes 50 interventions funded through the cost-

sharing programme. Out of 50 interventions, 14 interventions (28%) are delivered at health centres, 27 (54%) at district and county hospitals, and 9 (18%) at tertiary hospitals. The majority of complementary interventions relate to health systems and RMNCAH.

The package cost estimates suggested a total cost of the full package for the government of US\$12.28 per capita. The estimated cost includes partner/donor funding for interventions that are currently being fully or partially funded by them and 50% cost-sharing for the complementary sub-package.

When implemented, the package is expected to avert 1.2 million DALYs. Considering the estimates of 1.98 million DALYs being lost in 2019, implementing the EPHS for UHC will help Liberia avert a large burden of disease.

Platforms	# Interventions	Total cost per capita	Cost per capita covered by partner funding	Cost sharing*	Total cost per capita to government	DALYS averted
<b>Core</b>	<b>78</b>	<b>14.18</b>	<b>7.25</b>	-	<b>6.93</b>	<b>874,359</b>
Population-Based	10	0.27	0.08	-	0.19	6,551
Community	18	1.80	0.54	-	1.26	147,402
Clinic	48	12.01	6.6	-	5.41	705,895
Health Centre	2	0.10	0.03	-	0.07	14,510
<b>Complementary</b>	<b>50</b>	<b>13.82</b>	<b>3.12</b>	<b>5.35</b>	<b>5.35</b>	<b>297,910</b>
Health Centre	14	3.68	1.00	1.34	1.34	73,387
District and County Hospitals	27	9.70	2.1	3.80	3.80	213,260
Tertiary Hospitals	9	0.44	0.01	0.21	0.21	11,264
<b>Total</b>	<b>128</b>	<b>28.00</b>	<b>10.37</b>	<b>5.35</b>	<b>12.28</b>	<b>1,172,269</b>

Note: The cost of the core package was calculated by removing the cost of fully funded interventions and 30% of the total cost of the interventions that are currently partially funded by development partners and donors. \*The cost-sharing program was provisionally calculated in this exercise as 50% but the amount shared by people is currently under consideration by the government during the final stages of the development of the cost-sharing program and may be significantly reduced to minimize the financial risk.

Clusters	# Interventions	Total cost per capita	Cost per capita covered by partner funding	Cost sharing	Total cost per capita to government	DALYS averted
<b>Core</b>	<b>78</b>	<b>14.18</b>	<b>7.25</b>	-	<b>6.93</b>	<b>874,359</b>
RMNCAH	33	9.17	5.79	-	3.38	632,736
Communicable	27	4.29	1.27	-	3.02	221,553



NCDs	9	0.62	0.18	-	0.44	18,094
Health System	2	0.09	-	-	0.09	1,977
EPR	7	-	-	-	-	-
<b>Complementary</b>	<b>50</b>	<b>13.82</b>	<b>3.12</b>	<b>5.35</b>	<b>5.35</b>	<b>297,910</b>
RMNCAH	12	8.78	2.26	3.26	3.26	148,004
Communicable	9	2.99	0.85	1.07	1.07	52,012
NCDs	11	1.05	-	0.525	0.525	23,845
Health System	18	1.00	0.01	0.495	0.495	74,049
<b>Total</b>	<b>128</b>	<b>28.00</b>	<b>10.37</b>	<b>5.35</b>	<b>12.28</b>	<b>1,172,269</b>

## Implementation considerations

Effective implementation of the EPHS for UHC calls for setting key strategic priorities. First, the preliminary costing estimates made during the prioritisation of interventions will be followed by a more reliable costing process, which is necessary for budgeting and financial planning and management. The support of partners is essential in this process. USAID has already conducted a detailed costing of a significant number of primary health services that are part of the package and UNICEF committed to support the costing of the full package. The outcome of the detailed costing will result in further adjustments of the core and complementary sub-packages.

A major pre-requisite for EPHS rollout is finalisation and government endorsement of the cost-sharing programme and the LHEF. Ongoing work on these initiatives needs to be accelerated and given higher priority. In constructing the overall cost of the package, assumptions of a co-payment of 50% for the interventions in the complementary sub-package were made. However, the government might decide to reduce user fees and implement it in ways that reduce the financial risk to users.

The successful transition from package design to rollout requires a sound multi-year operational plan for health system strengthening and EPHS implementation. The health system gaps will be thoroughly reviewed based on the National Health Policy, which includes a wide range of recommendations for addressing health system constraints. A comprehensive action to respond to these recommendations will require considerable time, efforts and resources, which cannot be met within the short timeframe required to initiate implementation of the EPHS for UHC. A short- and medium-term operational plan will be prepared by the Ministry and partners to tackle these gaps and to reinforce the health service delivery system.

A key area of health system reform is on package financing and budgeting. Reviewing existing health financing mechanisms and public financing management will thus be critical for package rollout. For an effective outcome, the MOH will ensure full engagement of the Ministry of Finance and Development Planning, Liberia Revenue Authority, key relevant development partners, and Parliament. Adequate public spending on essential health services is central to UHC; the increasing population coverage levels along the UHC timeline and the concomitant rise in cost beyond what

is currently available, calls for approaches for progressive increase in health allocations between now and 2030.

The MOH recognizes the critical importance of buy-in and strategic partnerships of all key stakeholders, including other Ministries and government agencies, UN agencies, partners and donors, academia, non-governmental organizations, civil society organizations, and private health providers. These strong partnerships will be leveraged to support the implementation of the EPHS for UHC. An advocacy and engagement plan will be developed for this purpose.

Key partners were involved in the different stages of the development of the UHC package. The proposed package has been presented and discussed with development partners and other stakeholders. Continued dialogue is important for ensuring the buy-in and support of development partners and donors, including continued contribution in funding the interventions they are currently supporting and alignment of partner resources within the package.

An advocacy and engagement plan will be drafted and discussed in consultation with stakeholders and development partners. A communication strategy will also be jointly prepared for the launch and dissemination of the EPHS for UHC and the updated National Health Sector Strategy and Plan.

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## **Annex 1: List of members of the UHC EPHS Secretariat and TWGs**

### **UHC EPHS Secretariat**

#### **Ministry of Health**

George Jacobs, Assistant Minister for Policy and Planning (Chair)  
Gorbee G. Logan, Deputy Chief Medical Officer/Assistant Minister for Curative Services  
Joyce Sherman, Deputy Chief Medical Officer/ Assistant Minister for Preventative Services  
Ernest M. Gonyon, Director Health Financing  
G. Martin Dumoe, Director Policy & Planning  
Diana T. Sarteh, Chief Nursing Officer  
J. Mike Mulbah, Director Monitoring & Evaluation  
Christine Brooks-Jarret, Policy Advisor to the Minister of Health  
Carlton Kpahn, Assistant Planning Director  
Linda Jasper Kokolo, Administrative Assistant, Health Services

#### **DCP3 Team**

Ala Alwan, Professor, Global Health and Principal Investigator, DCP3 Country Translation Project, London School of Hygiene & Tropical Medicine  
Rob Baltussen, Professor Global Health Economics, Radboud University Medical Centre  
Manuel Carballo, Executive Director, International Centre for Migration, Health and Development  
AJ Climpson-Stewart, Project Manager, DCP3 Country Translation Project, London School of Hygiene & Tropical Medicine  
Ina Gudumac, Project Assistant, DCP3 Country Translation Project  
Hassan Haghparast-Bidgoli, Associate Professor of Economics, University College London  
Gerard Joseph Abou Jaoude, Research Fellow, University College London  
Ngashi Ngongo, Health System Specialist, International Center for Health System Strengthening  
Jolene Skordis, Professor of Economics, University College London

### **Technical Working Groups**

#### **RMNCAH Technical Working Group**

Bentoe Tehoungue, Family Health Program (Chair)  
Sametta D. George, Family Health Program  
Cathrine Gbozee, Last Mile Health  
Woseh Gobeh, UNFPA  
Mbalu Jusu, MNH TA

Maybe Livingstone, UNFPA  
Josephine Wachekwa, UNFPA  
Jethro Saye Zawolo, Jhpiego/ USAID-STaip Project

### **Communicable Diseases Technical Working Group**

Joyce Sherman, MOH (Chair)  
Louis Ako Egbe, WHO  
Wokie Cole, PLHIV/ROC  
Toomey Garbo, MOH/ National AIDS Program  
Prince P. Gbondin, MOH Diagnostic Division  
Hawah Gboyah, MOH/ National Malaria Program  
Keith Gray, MOH/ National AIDS Program  
Ralph Jetoh, NPHIL  
Jessica Kafuko, USAID  
Linda Ethel Nsahtime-Akondeng, UNICEF  
Charles Ocan, WHO  
Philderald Prat, UNFPA  
Benjamin Quenneh, MOH/ National TB Program  
Esther H. Tiawroh, Lab MOH  
Sonnie Ziama-Gbewo, NTD MOH Division  
Yah Zolia, USAID

### **Non-communicable Diseases Technical Working Group**

Anthony Tucker, MOH (Chair)  
Angie Tarr Nyankon, MOH (Co-chair)  
Barbara Brillint, Mother Patern College of Health Sciences  
Robert Dolo, New Sight Eye Center  
Pay-bayee Daintowon Domah, National Commission on Disabilities (NCD1)  
Barkon Dwah, WHO  
Andrew Hyeroba, AMP Health  
Moses Kerkula Jeuronlon, WHO  
Joseph Kerkulah, MOH  
Jemmah Larbelee, Redemption Hospital  
Moses Massaquoi, Clinton Health Access Initiative (CHAI)  
Klubo Mulbah, E.S. Grant Mental Hospital

### **Health System Technical Working Group**

G. Martin Dumoe, MOH/ Policy and Planning (Chair)  
Ngumbu Jusu Ballah, MOH/ QMU  
Luke Bawo, MOH/ HMER  
James Beyan, MOH/ HRH  
Adolphus Clarke, MOH/GAVI-Focal Person  
Musu Julie Duworko, WHO  
Matthew T.K. Flomo, MOH/ World Bank-PIU  
Ernest Gonyon, MOH/Health Financing  
John T. Harris, MOH/ Pharmaceutical Section  
Jessica Healey, USAID/HSS

Paulina Doe Hilton, MOH/ Global Fund-PCU  
T. Henry Kohar, MOH/Diagnostics  
Steven Korvah, UNICEF  
Justin Korvayan, MOH/GDU  
J. Mike Mulbah, MOH/ Monitoring and Evaluation  
Vera Musa, MOH/Performance Based Financing  
Maxwell Mussa, MOH/OFM  
Nee-Alah Varpilah, GIZ  
Jacob Wapoe, MOH/Procurement  
S. Olasford Wiah, CHP  
Julius Matthews, Policy and Planning/MOH

### **Emergency Preparedness and Response Technical Working Group**

Nathaniel K. Dovillie, National Public Health Institute (NPHIL)  
Mercy Dahn, GIZ  
Eddie Fahngalo, Ministry of Agriculture (MOA)  
Samuel Ford, Liberia National Police (LNP)  
Geraldine George, MOH  
Julius Gileyeneh, National Public Health Institute (NPHIL)  
Augustine Kollie, National Disaster Management Agency  
Augustine Koryon, GIZ  
Maj. Joseph Kowo, Armed Forces of Liberia (AFL)  
Abraham Nyansuah, National Public Health Institute (NPHIL)  
Jimmy K. Parker, Forestry Development Authority (FDA)  
Levi Piah, Environmental Protection Agency (EPA)

### **Additional participants?**

Angela Benson, Benson Hospital  
Saluo Donzo, Ministry of Finance and Development Planning  
James Gilayeneh, Ministry of Finance and Development Planning  
Prince Nelson, Ministry of Finance and Development Planning  
Marion Suah, Last Mile Health  
Nyane Wratto, Liberia Revenue Authority  
Halima Abdu, Unicef Liberia

## Annex 2: List of TWG prioritized interventions

### Interventions voted as high priority

#	Intervention Code	Intervention full name	Cluster	Platform
1.	C1	Antenatal and postpartum education on family planning	RMNCAH	Community
2.	C10	Education on handwashing and safe disposal of stools	RMNCAH	Community
3.	C11	Pneumococcus vaccination	RMNCAH	Community
4.	C12	Rotavirus vaccination	RMNCAH	Community
5.	C13	Provision of cotrimoxazole to children born to HIV-positive mothers	Communicable Disease	Health Center
6.	C14	Provision of vitamin A and zinc supplementation to children according to WHO guidelines	RMNCAH	Community
7.	C16	Childhood vaccination series (diphtheria, pertussis, tetanus, polio, BCG, measles, hepatitis B, Hib, rubella)	RMNCAH	Community
8.	C2	Counseling of mothers on providing thermal care for preterm newborns (delayed bath and skin-to-skin contact)	RMNCAH	Community
9.	C20	School based HPV vaccination for girls	RMNCAH	Community
10.	C21	Mass drug administration for lymphatic filariasis, onchocerciasis, schistosomiasis, soil-transmitted helminthiases, yaws, trachoma, and foodborne trematode infections	Communicable Disease	Community
11.	C25	Education campaigns for the prevention of gender-based violence	RMNCAH	Community
12.	C3	Management of labor and delivery in low-risk women by skilled attendants, including basic neonatal resuscitation following delivery	RMNCAH	Clinic
13.	C30	Provision of condoms to key populations, including sex workers, men who have sex with men, people who inject drugs, transgender populations, and prisoners	Communicable Disease	Community



14.	C32	Routine contact tracing to identify individuals exposed to TB and link them to care	Communicable Disease	Community
15.	C35	In all malaria-endemic countries, diagnosis with rapid test or microscopy (including speciation) followed by treatment with ACTs (or current first-line combination)	Communicable Disease	Community
16.	C4	Promotion of exclusive breastfeeding and complementary feeding by community health workers	RMNCAH	Community
17.	C42	Management of lymphedema	Communicable Disease	Community
18.	C43	Early detection and treatment of Chagas disease, human African trypanosomiasis, leprosy, and leishmaniasis	Communicable Disease	Community
19.	C44	Total treatment for yaws	Communicable Disease	Community
20.	C45	Identify and refer patients with high risk including pregnant women, young children, and those with underlying medical conditions	Communicable Disease	Community
21.	C46	In the context of an emerging infectious outbreak, provide advice and guidance on how to recognize early symptoms and signs and when to seek medical attention	Communicable Disease	Community
22.	C6	HIV education and counseling for pregnant women, sex workers, people who inject drugs, men who have sex with men, and transgender individuals, and PLHIV and their partners	Communicable Disease	Community
23.	C7	In high malaria transmission settings, intermittent preventive treatment in pregnancy	Communicable Disease	Health Center
24.	C8	Detection of malnourished children and referral to appropriate level of care	RMNCAH	Community
25.	C9	Detection and treatment of childhood infections (iCCM), including referral of danger signs	RMNCAH	Community
26.	EPHS11	IEC/BCC on immunization	Communicable Disease	Community
27.	EPHS12	Surveillance and case reporting of immunizable diseases	Communicable Disease	Health Center
28.	EPHS13	Ear infection	Communicable Disease	Health Center

29.	EPHS17	DOTS and defaulters tracing	Communicable Disease	Community
30.	EPHS2	Management of anemia before and during pregnancy	RMNCAH	Clinic
31.	EPHS20	IEC/BCC on preventing malaria transmission	Communicable Disease	Health Center
32.	EPHS21	Diagnosis and treatment of typhoid	Communicable Disease	Health Center
33.	EPHS22	Early detection and response for yellow fever	Communicable Disease	Health Center
34.	EPHS23	Management of hemorrhagic fevers	Communicable Disease	Tertiary Hospital
35.	EPHS25	IEC/BCC on spread of filariasis, symptoms and case management	Communicable Disease	Community
36.	EPHS29	Case reporting and management of bites and rabies	Communicable Disease	Community
37.	EPHS3	Encouraging 8 or more ANC contacts at the facility with support from the community	RMNCAH	Health Center
38.	EPHS30	Management of head injury	Health System	Tertiary Hospital
39.	EPHS34	Early detection and treatment of eye infection	Communicable Disease	Community
40.	EPHS35	Management of pneumothorax and hemothorax	NCD	District and County Hospitals
41.	EPHS36	First aid management of eye injury	NCD	Community
42.	EPHS38	Mass drug distribution, administration for NTDs	Communicable Disease	Community
43.	EPHS39	Focused use of vaccines for epidemic infections, such as COVID-19, meningococcus, Lassa fever, and others	EPR	Population-Based
44.	EPHS4	Antepartum hemorrhage	RMNCAH	District and County Hospitals
45.	EPHS5	Give postpartum vitamin A	RMNCAH	Clinic

46.	EPHS6	Treat skin pustules or cord infection	RMNCAH	Clinic
47.	EPHS7	Treat neonatal tetanus	RMNCAH	Health Center
48.	EPHS8	Deworming of children	RMNCAH	Community
49.	FLH1	Detection and management of fetal growth restriction	RMNCAH	District and County Hospitals
50.	FLH11	Full supportive care for severe childhood infections with danger signs	RMNCAH	District and County Hospitals
51.	FLH12	Management of severe acute malnutrition	RMNCAH	District and County Hospitals
52.	FLH13	Early detection and treatment of early-stage cervical cancer	RMNCAH	Health Center
53.	FLH17	Referral of cases of treatment failure for drug susceptibility testing; enrollment of those with MDR-TB for treatment per WHO guidelines (either short or long regimen)	Communicable Disease	District and County Hospitals
54.	FLH18	Evaluation and management of fever in clinically unstable individuals using WHO IMAI guidelines, including empiric parenteral antimicrobials and antimalarials and resuscitative measures for septic shock	Communicable Disease	District and County Hospitals
55.	FLH19	Management of severe malaria, including early detection and provision of rectal artesunate in community settings followed by parenteral artesunate and full-course of ACT	Communicable Disease	District and County Hospitals
56.	FLH23	Medical management of acute heart failure	NCD	District and County Hospitals
57.	FLH24	Management of bowel obstruction	NCD	District and County Hospitals
58.	FLH27	In settings where sickle cell disease is a public health concern, universal newborn screening followed by standard prophylaxis against bacterial infections and malaria	NCD	District and County Hospitals

59.	FLH3	Jaundice management with phototherapy	RMNCAH	District and County Hospitals
60.	FLH31	Appendectomy	Health System	District and County Hospitals
61.	FLH36	Fracture reduction and placement of external fixator and use of traction for fractures	Health System	District and County Hospitals
62.	FLH37	Hernia repair including emergency surgery	Health System	District and County Hospitals
63.	FLH39	Irrigation and debridement of open fractures	Health System	District and County Hospitals
64.	FLH4	Management of eclampsia with magnesium sulfate, including initial stabilization at Health Center	RMNCAH	District and County Hospitals
65.	FLH42	Relief of urinary obstruction by catheterization or suprapubic cystostomy	Health System	District and County Hospitals
66.	FLH44	Repair of perforations (for example, perforated peptic ulcer, typhoid ileal perforation)	Health System	District and County Hospitals
67.	FLH45	Resuscitation with advanced life support measures, including surgical airway	Health System	District and County Hospitals
68.	FLH47	Surgery for filarial hydrocele	Health System	District and County Hospitals
69.	FLH48	Trauma laparotomy	Health System	District and County Hospitals
70.	FLH49	Trauma-related amputations	Health System	District and County

				Hospitals
71.	FLH5	Management of maternal sepsis, including early detection at health center	RMNCAH	District and County Hospitals
72.	FLH50	Tube thoracostomy	Health System	District and County Hospitals
73.	FLH55	Initial assessment, and prescription, and provision of individualized interventions for musculoskeletal, cardiopulmonary, neurological, speech and communication, and cognitive deficits, including training in preparation for discharge	Health System	District and County Hospitals
74.	FLH56	Mobilization activities following acute injury or illness	Health System	District and County Hospitals
75.	FLH57	Prevention and relief of refractory suffering and of acute pain related to surgery, serious injury, or other serious, complex or life-limiting health problems	Health System	Tertiary Hospital
76.	FLH6	Management of newborn complications, neonatal meningitis, and other very serious infections requiring continuous supportive care (IV fluids, oxygen, etc.)	RMNCAH	District and County Hospitals
77.	FLH7	Management of preterm labor with corticosteroids, including early detection at health centers	RMNCAH	District and County Hospitals
78.	FLH8	Management of complications of labor, including operative delivery (CEmNOC)	RMNCAH	District and County Hospitals
79.	FLH9	Surgery for ectopic pregnancy	RMNCAH	District and County Hospitals
80.	HC1	Early detection and treatment of neonatal pneumonia with oral antibiotics	RMNCAH	Clinic
81.	HC10	Screening and management of diabetes in pregnancy (gestational diabetes or preexisting type II diabetes)	RMNCAH	Health Center
82.	HC11	Management of labor and delivery in low-risk women	RMNCAH	Health Center

		(BEmNOC), including initial treatment of obstetric or delivery complications prior to transfer		
83.	HC12	Detection and treatment of childhood infections with danger signs (IMCI)	RMNCAH	Health Center
84.	HC13	Among all individuals who are known to be HIV positive, immediate ART initiation with regular monitoring of viral load for adherence and development of resistance	RMNCAH	Health Center
85.	HC14	Psychological treatment for mood, anxiety, ADHD, and disruptive behavior disorders in adolescents	RMNCAH	Health Center
86.	HC16	Post gender-based violence care, including counseling, provision of emergency contraception, and rape-response referral (medical, psychosocial and judicial)	RMNCAH	Health Center
87.	HC17	Syndromic management of common sexual and reproductive tract infections (for example urethral discharge, genital ulcer, and others) according to WHO guidelines	RMNCAH	Health Center
88.	HC2	Management of miscarriage or incomplete abortion and post abortion care	RMNCAH	Health Center
89.	HC21	Partner notification and expedited treatment for common STIs, including HIV	Communicable Disease	Health Center
90.	HC22	PrEP for discordant couples and others at high risk of infection such as commercial sex workers (in high prevalence settings)	Communicable Disease	Health Center
91.	HC26	For PLHIV and children under five who are close contacts or household members of individuals with active TB, perform symptom screening and chest radiograph; if there is no active TB, provide isoniazid preventive therapy according to current WHO guidelines	Communicable Disease	Health Center
92.	HC27	Diagnosis of TB, including assessment of rifampicin resistance using rapid molecular diagnostics (UltraXpert), and initiation of first-line treatment per current WHO guidelines for drug-susceptible TB; referral for confirmation, further assessment of drug resistance, and treatment of drug-resistant TB	Communicable Disease	Health Center
93.	HC28	Screening for HIV in all individuals with a diagnosis of active TB; if HIV infection is present, start (or refer for) ARV treatment and HIV care	Communicable Disease	Health Center

94.	HC3	Management of preterm premature rupture of membranes, including administration of antibiotics	RMNCAH	Health Center
95.	HC30	Evaluation and management of fever in clinically stable individuals using WHO IMAI guidelines, with referral of unstable individuals to first-level hospital care	Communicable Disease	Health Center
96.	HC32	Provision of insecticide-treated nets to children and pregnant women attending Health Center	Communicable Disease	Health Center
97.	HC33	Identify and refer to higher levels of health care patients with signs of progressive illness	Communicable Disease	Health Center
98.	HC37	Low-dose inhaled corticosteroids and bronchodilators for asthma and for selected patients with COPD	NCD	Health Center
99.	HC38	Provision of aspirin for all cases of suspected acute myocardial infarction	NCD	Clinic
100.	HC40	Screening and management of diabetes among at-risk adults, including glycemic control, management of blood pressure and lipids, and consistent foot care	NCD	District and County Hospitals
101.	HC42	Treatment of acute pharyngitis in children to prevent rheumatic fever	NCD	Health Center
102.	HC43	Long term management of ischemic heart disease, stroke, and peripheral vascular disease with aspirin, beta blockers, ACEi, and statins (as indicated) to reduce risk of further events	NCD	Health Center
103.	HC45	Opportunistic screening for hypertension for all adults and initiation of treatment among individuals with severe hypertension and/or multiple risk factors	NCD	Community
104.	HC47	Essential palliative care and pain control measures, including oral immediate release morphine and medicines for associated symptoms	NCD	District and County Hospitals
105.	HC49	Management of bipolar disorder using generic mood-stabilizing medications and psychosocial treatment	NCD	Clinic
106.	HC50	Management of depression and anxiety disorders with psychological and generic antidepressant therapy	NCD	Clinic
107.	HC51	Management of epilepsy, including acute stabilization and long-term management with generic anti-epileptics	NCD	Clinic
108.	HC52	Management of schizophrenia using generic anti-psychotic medications and psychosocial treatment	NCD	Health Center

109.	HC57	Dental extraction	Health System	Health Center
110.	HC6	Management of neonatal sepsis, pneumonia, and meningitis using injectable and oral antibiotics	RMNCAH	Health Center
111.	HC60	Management of non-displaced fractures	Health System	Health Center
112.	HC61	Resuscitation with basic life support measures	Health System	Health Center
113.	HC62	Suturing laceration	Health System	Health Center
114.	HC66	Psychosocial support and counseling services for individuals with serious, complex, or life-limiting health problems and their caregivers	NCD	Clinic
115.	HC67	Expanded palliative care and pain control measures, including prevention and relief of all physical and psychological symptoms of suffering	Health System	District and County Hospitals
116.	HC8	PMTCT of HIV (Option B+) and syphilis	RMNCAH	Health Center
117.	HC9	Screening and management of hypertensive disorders in pregnancy	RMNCAH	Health Center
118.	P10	Develop and implement a plan to ensure surge capacity in hospital beds, stockpiles of disinfectants, equipment for supportive care, and personal protective equipment	Health System	Population-Based
119.	P11	Develop plans and legal standards for curtailing interactions between infected persons and uninfected population and implement and evaluate infection control measures in health facilities	Communicable Disease	Population-Based
120.	P2	Mass media messages concerning healthy eating and exercise	NCD	Population-Based
121.	P3	Mass media messages concerning substance abuse	NCD	Population-Based
122.	P7	Conduct a comprehensive assessment of International Health Regulations (IHR) competencies using the Joint External Evaluation tool and develop, cost, finance and implement an action plan to address gaps in preparedness and response	Communicable Disease	Population-Based
123.	P8	Conduct simulation exercises and health worker training for outbreak events including outbreak investigation, contact tracing	Communicable Disease	Population-Based



		and emergency response		
124.	P9	Decentralize stocks of antiviral medications in order to reach at-risk groups and disadvantaged populations	Communicable Disease	Population-Based
125.	RH1	Full supportive care for preterm newborns	RMNCAH	Tertiary Hospital
126.	RH11	Urgent, definitive surgical management of orthopedic injuries (for example, by open reduction and internal fixation)	NCD	District and County Hospitals
127.	RH13	Repair of club foot	NCD	District and County Hospitals
128.	RH14	Cataract extraction and insertion of intraocular lens	Health System	Tertiary Hospital
129.	RH2	Specialized TB services, including management of MDR- and XDR-TB treatment failure and surgery for TB	Communicable Disease	Tertiary Hospital
130.	RH3	Management of refractory febrile illness including etiologic diagnosis at reference microbiological laboratory	Communicable Disease	Tertiary Hospital
131.	RH7	Treatment of early-stage breast cancer with appropriate multimodal approaches (including generic chemotherapy), with curative intent, for cases that are detected by clinical examination at Health Center	NCD	Tertiary Hospital
132.	RH9	Treatment of early-stage childhood cancers (such as Burkitt and Hodgkin lymphoma, acute lymphoblastic leukemia, retinoblastoma, and Wilms tumor) with curative intent in pediatric cancer units or hospitals	NCD	Tertiary Hospital

### Interventions voted as medium priority

	<b>Intervention code</b>	<b>Intervention full name</b>	<b>Cluster</b>	<b>Platform</b>
1.	C5	Tetanus toxoid immunization among schoolchildren and among women attending antenatal care	RMNCAH	Community
2.	C51	WASH behavior change interventions, such as community-led total sanitation	NCD	Community
3.	C54	Functional interventions for self-care for individuals with disabilities	Health System	Community
4.	C57	Provision and training in the use of basic assistive products (such as canes, braille displays, and other aides) and compensatory strategies needed to communicate and perform activities of daily living	Health System	Community
5.	EPHS1	Monitor mother's weight gain (BMI)	RMNCAH	Health Center
6.	EPHS9	Counselling on informed choice and early marriage	RMNCAH	N/A
7.	EPHS15	Treatment of opportunistic infections	Communicable Disease	Health Center
8.	EPHS16	RPR test for syphilis	Communicable Disease	Health Center
9.	EPHS18	IEC/BCC on malaria case recognition and management	Communicable Disease	N/A
10.	EPHS31	Epistaxis	Health System	Clinic
11.	EPHS33	Eye injuries not managed by first aid	NCD	Health Center
12.	FLH14	Insertion and removal of long-lasting contraceptives	RMNCAH	District and County Hospitals
13.	FLH2	Induction of labor post-term	RMNCAH	District and County Hospitals
14.	FLH22	Management of acute exacerbations of asthma and COPD using systemic steroids, inhaled beta-agonists, and, if indicated, oral antibiotics and oxygen therapy	NCD	District and County Hospitals

15.	FLH26	Combination therapy, including low-dose corticosteroids and generic disease-modifying antirheumatic drugs (including methotrexate), for individuals with moderate to severe rheumatoid arthritis	NCD	District and County Hospitals
16.	FLH30	Management of intoxication/poisoning syndromes using widely available agents; e.g., activated charcoal, naloxone, bicarbonate, antivenin	NCD	District and County Hospitals
17.	FLH32	Assisted vaginal delivery using vacuum extraction or forceps	Health System	District and County Hospitals
18.	FLH33	Burr hole to relieve acute elevated intracranial pressure	Health System	Tertiary Hospital
19.	FLH34	Colostomy	Health System	District and County Hospitals
20.	FLH38	Hysterectomy for uterine rupture or intractable postpartum hemorrhage	Health System	District and County Hospitals
21.	FLH40	Initial management of osteomyelitis and referral of complicated cases	Health System	District and County Hospitals
22.	FLH41	Management of septic arthritis	Health System	District and County Hospitals
23.	FLH43	Removal of gallbladder including emergency surgery	Health System	Tertiary Hospital
24.	FLH46	Basic skin grafting	Health System	District and County Hospitals
25.	HC18	Opportunistic screening for cervical cancer using visual inspection or HPV DNA testing and treatment of precancerous lesions with cryotherapy	NCD	Health Center
26.	HC19	For individuals testing positive for hepatitis B and C, assessment of treatment eligibility by trained providers followed by initiation and monitoring of antiviral treatment when indicated	Communicable Disease	Health Center
27.	HC20	Hepatitis B and C testing of individuals identified in the national testing policy (based on endemicity and risk level), with appropriate referral of positive individuals to trained providers	Communicable Disease	Health Center
28.	HC23	Provider-initiated testing and counseling for HIV, STIs, and hepatitis, for all in contact with health system in high-prevalence settings, including prenatal care with appropriate	Communicable Disease	Health Center

		referral or linkage to care including immediate ART initiation for those testing positive for HIV		
29.	HC24	As resources permit, hepatitis B vaccination of high-risk populations, including healthcare workers, PWID, MSM, household contacts, and persons with multiple sex partners	Communicable Disease	Health Center
30.	HC31	Focused use of vaccines for endemic infections, such as dengue, JEV, typhoid, meningococcus, and others	Communicable Disease	Health Center
31.	HC36	Long-term combination therapy for persons in low-resource settings using non-lab-based tools to assess overall CVD risk	NCD	Health Center
32.	HC4	Provision of condoms and hormonal contraceptives, including emergency contraceptives	RMNCAH	Health Center
33.	HC44	Medical management of heart failure with diuretics, beta-blockers, ACEi, and mineralocorticoid antagonists	NCD	District and County Hospitals
34.	HC5	Counseling of mothers on providing kangaroo care for newborns	RMNCAH	Health Center
35.	HC54	Exercise programs for upper extremity injuries and disorders	NCD	Health Center
36.	HC56	Targeted screening for congenital hearing loss in high-risk children using otoacoustic emissions testing	NCD	District and County Hospitals
37.	HC58	Drainage of dental abscess	Health System	Health Center
38.	HC59	Drainage of superficial abscess	Health System	Health Center
39.	HC65	Review of prosthetics, orthotics, and splints, with referral to hospital if indicated	Health System	Health Center
40.	P1	Mass media messages concerning sexual and reproductive health and mental health for adolescents	RMNCAH	Population-based
41.	P13	Mass media messages concerning awareness on handwashing and health effects of household air pollution	Health System	Population-based
42.	P5	Systematic identification of individuals with TB symptoms among high-risk groups and linkage to care (“active case finding”)	Communicable Disease	Population-based
43.	RH12	Repair of cleft lip and cleft palate	NCD	Tertiary Hospital
44.	RH15	Repair of anorectal malformations and Hirschsprung's Disease	Health System	Tertiary Hospital
45.	RH16	Repair of obstetric fistula	Health System	Tertiary Hospital

46.	RH17	Insertion of shunt for hydrocephalus	Health System	Tertiary Hospital
47.	RH4	Management of acute ventilatory failure due to acute exacerbations of asthma and COPD; in COPD use of bilevel positive airway pressure preferred	NCD	Tertiary Hospital
48.	RH5	Retinopathy screening via telemedicine, followed by treatment using laser photocoagulation	NCD	Tertiary Hospital
49.	RH8	Treatment of early stage colorectal cancer with appropriate multimodal approaches (including generic chemotherapy), with curative intent, for cases referred	NCD	Tertiary Hospital

### Interventions voted as low priority

#	Intervention code	Intervention full name	Cluster	Platform
1.	C15	Mass social marketing of insecticide treated nets	Communicable Disease	Community
2.	C17	In high malaria transmission settings, indoor residual spraying (IRS) in selected areas with high transmission and entomologic data on IRS susceptibility	RMNCAH	Community
3.	C18	Education of schoolchildren on oral health	RMNCAH	Community
4.	C19	Vision prescreening by community health workers and partner NGO; vision tests and provision of ready-made glasses on-site by eye specialists	RMNCAH	Community
5.	C24	Life skills training in schools to build social and emotional competencies	RMNCAH	Community
6.	C26	In countries where it is a public health concern, prevention of FGM (may be for daughters of women of reproductive age)	RMNCAH	Community
7.	C29	Household HIV testing and counseling in high-prevalence settings, with appropriate referral or linkage to care and immediate initiation of lifelong ART	Communicable Disease	Community
8.	C31	Provision of harm reduction services such as safe injection equipment and opioid substitution therapy to people who inject drugs	NCD	Community
9.	C36	In high malaria transmission settings where rapid tests and microscopy are unavailable, presumptive treatment of febrile illness with ACTs (non-severe cases) or ACTs plus antibiotics (severe cases)	Communicable Disease	Health Center
10.	C37	In high malaria transmission settings, intermittent preventive treatment in infancy (except where seasonal malaria chemoprophylaxis is being provided)	Communicable Disease	Health Center
11.	C47	Exercise-based pulmonary rehabilitation for patients with	NCD	Community

		obstructive lung disease		
12.	C50	Parent training for high-risk families, including nurse home visitation for child maltreatment	NCD	Community
13.	C52	Cardiac and pulmonary rehabilitation programs	Health System	Clinic
14.	C53	Early childhood development rehabilitation interventions, including motor, sensory, and language stimulation	Health System	Clinic
15.	C55	Individualized environmental modifications (for example, adaptations to a house)	Health System	Community
16.	C56	Pressure area prevention and supportive seating interventions for wheelchair users	Health System	Community
17.	EPHS10	Infertility counseling	RMNCAH	N/A
18.	EPHS24	Acute flaccid paralysis	Communicable Disease	Population-Based
19.	EPHS28	Screening and assessment for suicide	NCD	Community
20.	EPHS32	Foreign body in ear or nose	Health System	Clinic
21.	FLH10	Surgical termination of pregnancy by manual vacuum aspiration and dilation and curettage	RMNCAH	District and County Hospitals
22.	FLH15	Tubal ligation	RMNCAH	District and County Hospitals
23.	FLH16	Vasectomy	RMNCAH	District and County Hospitals
24.	FLH20	Management of acute coronary syndromes with aspirin, unfractionated heparin, and generic thrombolytics (when indicated)	NCD	District and County Hospitals
25.	FLH25	Calcium and vitamin D supplementation for secondary prevention of osteoporosis	NCD	Health Center
26.	FLH35	Escharotomy or fasciotomy	Health System	District and County Hospitals

27.	FLH51	Assessment, provision and training in the use of assistive products, including assistive devices for hearing	Health System	District and County Hospitals
28.	FLH52	Compression therapy for amputations, burns, and vascular or lymphatic disorders	Health System	District and County Hospitals
29.	FLH53	Evaluation and acute management of swallowing dysfunction	Health System	District and County Hospitals
30.	HC15	Management of complications following FGM	RMNCAH	Health Center
31.	HC25	Provision of voluntary medical male circumcision service in settings with high prevalence of HIV	Communicable Disease	Health Center
32.	HC29	Screening for latent TB infection following a new diagnosis of HIV, followed by yearly screening among PLHIV at high risk of TB exposure; initiation of isoniazid preventive therapy among all individuals who screen positive but do not have evidence of active TB	Communicable Disease	Health Center
33.	HC34	Stockpile and consider treating early high-risk patients with antiviral medications according to nationally endorsed guidelines	Communicable Disease	Health Center
34.	HC39	Screening and management of albuminuric kidney disease with ACEi or ARBs, including targeted screening among people with diabetes	NCD	Health Center
35.	HC41	Secondary prophylaxis with penicillin for rheumatic fever or established rheumatic heart disease	NCD	Clinic
36.	HC46	Tobacco cessation counseling, and use of nicotine replacement therapy in certain circumstances	NCD	Clinic
37.	HC48	Interventions to support caregivers of patients with dementia	NCD	Community
38.	HC53	Screening and brief intervention for alcohol use disorders	NCD	Clinic
39.	HC55	Calcium and vitamin D supplementation for primary prevention of osteoporosis in high-risk individuals	NCD	Health Center
40.	HC63	Treatment of caries	Health System	Health Center



41.	HC7	Pharmacological termination of pregnancy	RMNCAH	Health Center
42.	RH10	Elective surgical repair of common orthopedic injuries (for example, meniscal and ligamentous tears) in individuals with severe functional limitation	NCD	Tertiary Hospital
43.	RH18	Surgery for trachomatous trichiasis	Health System	Tertiary Hospital
44.	RH6	Use of percutaneous coronary intervention for acute myocardial infarction where resources permit	NCD	Tertiary Hospital

### Interventions not considered

	Intervention Code	Intervention full name	Cluster	Platform
1.	EPHS14	Management of diarrhea	Infectious Disease	
2.	EPHS19	Recognize malaria treatment failure and give second line (quinine)	Infectious Disease	
3.	EPHS26	Management of lymphatic filariasis acute attacks	Infectious Disease	
4.	EPHS27	Active leprosy case detection among contacts	Infectious Disease	
5.	EPHS37	Referral of eye cases	NCD	
6.	EPHS40	Sustained vector management for Lassa fever	EPR	
7.	FLH58	First-level hospital pathology services	Health Services	District and County Hospitals
8.	HC68	Health center pathology services	Health Services	Health Center
9.	RH19	Referral-level hospital pathology services	Health Services	Tertiary Hospitals

10.	RH20	Specialty pathology services	Health Services	Tertiary Hospitals
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### Annex 3: List of EPHS for UHC Interventions

Code	Intervention Title	Delivery Platform	Cluster	Donor/ partner funding	Cost per capita	Core/ Complementary
EPHS11	IEC/BCC on immunization	Population-Based	Communicable Disease	Partial	0.1	Core
EPHS20	IEC/BCC on preventing malaria transmission	Population-Based	Communicable Disease	Partial	0.07	Core
EPHS25	IEC/BCC on spread of filariasis, symptoms and case management	Population-Based	Communicable Disease	Partial	0.1	Core
P2	Mass media messages concerning healthy eating and exercise	Population-Based	NCD	Partial	0.01	Core
P3	Mass media messages concerning substance abuse	Population-Based	NCD	Partial	0.003	Core
P7	Conduct a comprehensive assessment of International Health Regulations (IHR) competencies using the Joint External Evaluation tool and develop, cost, finance and implement an action plan to address gaps in preparedness and response	Population-Based	EPR	No	-	Core
P8	Conduct simulation exercises and health worker training for outbreak events including outbreak investigation, contact tracing and emergency response	Population-Based	EPR	No	-	Core
P9	Decentralize stocks of antiviral medications in order to reach at-risk groups and disadvantaged populations	Population-Based	EPR	No	-	Core
P10	Develop and implement a plan to ensure surge capacity in hospital beds, stockpiles of disinfectants, equipment for supportive care, and personal protective equipment	Population-Based	EPR	No	-	Core

P11	Develop plans and legal standards for curtailing interactions between infected persons and uninfected population and implement and evaluate infection control measures in health facilities	Population-Based	EPR	No	-	Core
C4	Promotion of exclusive breastfeeding and complementary feeding by community health workers	Community	RMNCAH	Partial	0.01	Core
C8	Detection of malnourished children and referral to appropriate level of care	Community	RMNCAH	Partial	0.06	Core
C9	Detection and treatment of childhood infections (iCCM), including referral of danger signs	Community	RMNCAH	Partial	0.57	Core
C10	Education on handwashing and safe disposal of stools	Community	RMNCAH	Partial	0.01	Core
C14	Provision of vitamin A and zinc supplementation to children according to WHO guidelines	Community	RMNCAH	Partial	0.04	Core
EPHS8	Deworming of children	Community	RMNCAH	Partial	0.04	Core
C20	School based HPV vaccination for girls	Community	RMNCAH	Partial	0.11	Core
C21	Mass drug administration for lymphatic filariasis, onchocerciasis, schistosomiasis, soil-transmitted helminthiases, yaws, trachoma, and foodborne trematode infections	Community	Communicable Disease	Partial	0.46	Core
C25	Education campaigns for the prevention of gender-based violence	Community	RMNCAH	Partial	0.19	Core
C30	Provision of condoms to key populations, including sex workers, men who have sex with men, people who inject drugs, transgender populations, and prisoners	Community	Communicable Disease	Partial	0.22	Core
C32	Routine contact tracing to identify individuals exposed to TB and link them to care	Community	Communicable Disease	Partial	0.04	Core

EPHS17	DOTS and defaulters tracing	Community	Communicable Disease	Partial	-	Core
EPHS38	Mass drug distribution, administration for NTDs	Community	Communicable Disease	Partial	0.04	Core
C43	Early detection and treatment of human African trypanosomiasis and leprosy	Community	Communicable Disease	Partial	0.02	Core
C44	Total treatment for yaws	Community	Communicable Disease	Partial	0.001	Core
C45	Identify and refer patients with high risk including pregnant women, young children, and those with underlying medical conditions	Community	Communicable Disease	No	-	Core
C46	In the context of an emerging infectious outbreak, provide advice and guidance on how to recognize early symptoms and signs and when to seek medical attention	Community	EPR	No	-	Core
EPHS39	Focused use of vaccines for epidemic infections, such as COVID-19, meningococcus, Lassa fever, and others	Community	EPR	Partial	-	Core
C1	Antenatal and postpartum education on family planning	Clinic	RMNCAH	Partial	0.02	Core
EPHS3	Encouraging 8 or more ANC contacts at the facility with support from the community	Clinic	RMNCAH	Partial	0.02	Core
HC2	Management of miscarriage or incomplete abortion and post abortion care	Clinic	RMNCAH	Partial	0.0001	Core
EPHS2	Management of anemia before and during pregnancy	Clinic	RMNCAH	Partial	0.02	Core

HC9	Screening and management of hypertensive disorders in pregnancy	Clinic	RMNCAH	Partial	0.01	Core
HC10	Screening and management of diabetes in pregnancy (gestational diabetes or pre-existing type II diabetes)	Clinic	RMNCAH	Partial	0.02	Core
FLH1	Detection and management of fetal growth restriction	Clinic	RMNCAH	Partial	0.25	Core
HC3	Management of preterm premature rupture of membranes, including administration of antibiotics	Clinic	RMNCAH	Partial	0.02	Core
HC11	Management of labor and delivery in low-risk women (BEmNOC), including initial treatment of obstetric or delivery complications prior to transfer	Clinic	RMNCAH	Partial	0.48	Core
C2	Counseling of mothers on providing thermal care for preterm newborns (delayed bath and skin-to-skin contact)	Clinic	RMNCAH	Partial	0.01	Core
C3	Management of labor and delivery in low-risk women by skilled attendants, including basic neonatal resuscitation following delivery	Clinic	RMNCAH	Partial	0.28	Core
EPHS5	Provision of vitamin A supplementation to postpartum women	Clinic	RMNCAH	Partial	0.05	Core
C6	HIV education and counseling for pregnant women, sex workers, people who inject drugs, men who have sex with men, and transgender individuals, and PLHIV and their partners	Clinic	Communicable Disease	Partial	0.01	Core
HC8	PMTCT of HIV (Option B+) and syphilis	Clinic	RMNCAH	Full	0.22	Core
C7	In high malaria transmission settings, intermittent preventive treatment in pregnancy	Clinic	Communicable Disease	Partial	0.03	Core

HC32	Provision of insecticide-treated nets to children and pregnant women attending health centers	Clinic	Communicable Disease	Partial	0.18	Core
FLH19	Management of severe malaria, including early detection and provision of rectal artesunate in community settings followed by parenteral artesunate and full-course of ACT	Clinic	Communicable Disease	Partial	0.76	Core
C11	Pneumococcus vaccination	Clinic	RMNCAH	Full	1.33	Core
C12	Rotavirus vaccination	Clinic	RMNCAH	Full	0.78	Core
C13	Provision of cotrimoxazole to children born to HIV-positive mothers	Clinic	Communicable Disease	Partial	0.07	Core
EPHS6	Treatment of skin pustules or cord infection	Clinic	RMNCAH	Partial	0.0034	Core
HC1	Early detection and treatment of neonatal pneumonia with oral antibiotics	Clinic	RMNCAH	Partial	0.00018	Core
EPHS7	Treatment of neonatal tetanus	Clinic	RMNCAH	Partial	0.00003	Core
FLH3	Jaundice management with phototherapy	Clinic	RMNCAH	No	0.001	Core
C16	Childhood vaccination series (diphtheria, pertussis, tetanus, polio, BCG, measles, hepatitis B, Hib, rubella)	Clinic	RMNCAH	Full	2.03	Core
HC12	Detection and treatment of childhood infections with danger signs (IMCI)	Clinic	RMNCAH	Partial	1.07	Core
C35	In all malaria-endemic countries, diagnosis with rapid test or microscopy (including speciation) followed by treatment with ACTs (or current first-line combination)	Clinic	Communicable Disease	Partial	0.15	Core
EPHS22	Early detection and response for yellow fever	Clinic	Communicable Disease	Partial	0.0003	Core

HC30	Evaluation and management of fever in clinically stable individuals using WHO IMAI guidelines, with referral of unstable individuals to first-level hospital care	Clinic	Communicable Disease	Partial	0.93	Core
EPHS21	Diagnosis and treatment of typhoid	Clinic	Communicable Disease	No	0.02	Core
C42	Management of lymphedema	Clinic	Communicable Disease	Partial	0.79	Core
EPHS29	Case reporting and management of bites and rabies	Clinic	Communicable Disease	Partial	0.1	Core
HC16	Post gender-based violence care, including counseling, provision of emergency contraception, and rape-response referral (medical, psychosocial and judicial)	Clinic	RMNCAH	Partial	1.04	Core
HC17	Syndromic management of common sexual and reproductive tract infections (for example urethral discharge, genital ulcer, and others) according to WHO guidelines	Clinic	RMNCAH	Partial	0.4	Core
HC21	Partner notification and expedited treatment for common STIs, including HIV	Clinic	Communicable Disease	Partial	0.02	Core
HC22	PrEP for discordant couples and others at high risk of infection such as commercial sex workers (in high prevalence settings)	Clinic	Communicable Disease	Partial	0.16	Core
HC28	Screening for HIV in all individuals with a diagnosis of active TB; if HIV infection is present, start (or refer for) ARV treatment and HIV care	Clinic	Communicable Disease	Partial	0.001	Core
HC38	Provision of aspirin for all cases of suspected acute myocardial infarction	Clinic	NCD	No	0.0001	Core



HC40	Screening and management of diabetes among at-risk adults, including glycemic control, management of blood pressure and lipids, and consistent foot care	Clinic	NCD	Partial	0.3	Core
HC42	Treatment of acute pharyngitis in children to prevent rheumatic fever	Clinic	NCD	No	0.0001	Core
HC45	Opportunistic screening for hypertension for all adults and initiation of treatment among individuals with severe hypertension and/or multiple risk factors	Clinic	NCD	Partial	0.001	Core
HC50	Management of depression and anxiety disorders with psychological and generic antidepressant therapy	Clinic	NCD	Partial	0.28	Core
HC51	Management of epilepsy, including acute stabilization and long-term management with generic anti-epileptics	Clinic	NCD	No	0.03	Core
HC61	Resuscitation with basic life support measures	Clinic	Health System	No	0.04	Core
HC62	Suturing laceration	Clinic	Health System	No	0.05	Core
EPHS34	Early detection and treatment of eye infection	Clinic	Communicable Disease	Partial	0.02	Core
EPHS36	First aid management of eye injury	Clinic	NCD	Partial	0.001	Core
EPHS13	Management of ear infection	Clinic	Communicable Disease	No	0.02	Core
FLH12	Management of severe acute malnutrition	Health Centre	RMNCAH	Partial	0.06	Core
FLH4	Management of eclampsia with magnesium sulfate, including initial stabilization at health center	Health Centre	RMNCAH	Partial	0.03	Core
FLH5	Management of maternal sepsis, including early detection at Health Center	Health Centre	RMNCAH	Partial	0.05	Compl.

FLH7	Management of preterm labor with corticosteroids, including early detection at health centers	Health Centre	RMNCAH	Partial	0.21	Compl.
HC6	Management of neonatal sepsis, pneumonia, and meningitis using injectable and oral antibiotics	Health Centre	RMNCAH	Partial	0.004	Compl.
EPHS12	Surveillance and case reporting of immunizable diseases	Health Centre	Communicable Disease	Partial	-	Compl.
HC13	Among all individuals who are known to be HIV positive, immediate ART initiation with regular monitoring of viral load for adherence and development of resistance	Health Centre	RMNCAH	Partial	1.59	Compl.
HC26	For PLHIV and children under five who are close contacts or household members of individuals with active TB, perform symptom screening and chest radiograph; if there is no active TB, provide isoniazid preventive therapy according to current WHO guidelines	Health Centre	Communicable Disease	Partial	0.19	Compl.
HC27	Diagnosis of TB, including assessment of rifampicin resistance using rapid molecular diagnostics (UltraXpert), and initiation of first-line treatment per current WHO guidelines for drug-susceptible TB; referral for confirmation, further assessment of drug resistance, and treatment of drug-resistant TB	Health Centre	Communicable Disease	Partial	0.49	Compl.
HC33	Identify and refer to higher levels of health care patients with signs of progressive illness	Health Centre	Communicable Disease	No	-	Compl.
HC37	Low-dose inhaled corticosteroids and bronchodilators for asthma and for selected patients with COPD	Health Centre	NCD	No	0.001	Compl.
HC14	Psychological treatment for mood, anxiety, ADHD, and disruptive behavior disorders in adolescents	Health Centre	RMNCAH	Partial	0.83	Compl.
HC52	Management of schizophrenia using generic anti-psychotic medications and psychosocial treatment	Health Centre	NCD	No	0.04	Compl.
HC57	Dental extraction	Health Centre	Health System	No	0.19	Compl.

HC60	Management of non-displaced fractures	Health Centre	Health System	No	0.05	Compl.
FLH42	Relief of urinary obstruction by catheterization or suprapubic cystostomy	Health Centre	Health System	No	0.04	Compl.
FLH9	Surgery for ectopic pregnancy	District and County Hospitals	RMNCAH	Partial	0.003	Compl.
EPHS4	Management of antepartum hemorrhage	District and County Hospitals	RMNCAH	Partial	1.49	Compl.
FLH8	Management of complications of labor, including operative delivery (CEmNOC)	District and County Hospitals	RMNCAH	Partial	0.85	Compl.
FLH6	Management of newborn complications, neonatal meningitis, and other very serious infections requiring continuous supportive care (IV fluids, oxygen, etc.)	District and County Hospitals	RMNCAH	Partial	0.01	Compl.
RH1	Full supportive care for severe preterm newborns	District and County Hospitals	RMNCAH	Partial	0.01	Compl.
FLH11	Full supportive care for severe childhood infections with danger signs	District and County Hospitals	RMNCAH	Partial	2.51	Compl.
FLH13	Early detection and treatment of early-stage cervical cancer	District and County Hospitals	RMNCAH	No	1.23	Compl.
HC47	Essential palliative care and pain control measures, including oral immediate release morphine and medicines for associated symptoms	District and County Hospitals	NCD	No	-	Compl.
HC67	Expanded palliative care and pain control measures, including prevention and relief of all physical and psychological symptoms of suffering	District and County Hospitals	Health System	No	0.004	Compl.

FLH17	Referral of cases of treatment failure for drug susceptibility testing; enrollment of those with MDR-TB for treatment per WHO guidelines (either short or long regimen)	District and County Hospitals	Communicable Disease	Partial	0.05	Compl.
FLH18	Evaluation and management of fever in clinically unstable individuals using WHO IMAI guidelines, including empiric parenteral antimicrobials and antimalarials and resuscitative measures for septic shock	District and County Hospitals	Communicable Disease	Partial	2.09	Compl.
EPHS23	Management of hemorrhagic fevers	District and County Hospitals	Communicable Disease	No	0.001	Compl.
FLH23	Medical management of acute heart failure	District and County Hospitals	NCD	No	0.05	Compl.
HC43	Long term management of ischemic heart disease, stroke, and peripheral vascular disease with aspirin, beta blockers, ACEi, and statins (as indicated) to reduce risk of further events	District and County Hospitals	NCD	No	0.71	Compl.
FLH24	Management of bowel obstruction	District and County Hospitals	NCD	No	0.004	Compl.
EPHS30	Management of head injury	District and County Hospitals	Health System	No	0.04	Compl.
FLH31	Appendectomy	District and County Hospitals	Health System	No	0.002	Compl.
FLH36	Fracture reduction and placement of external fixator and use of traction for fractures	District and County Hospitals	Health System	No	0.05	Compl.
FLH37	Hernia repair including emergency surgery	District and County Hospitals	Health System	No	0.03	Compl.
FLH39	Irrigation and debridement of open fractures	District and County Hospitals	Health System	No	0.05	Compl.

FLH44	Repair of perforations (for example, perforated peptic ulcer, typhoid ileal perforation)	District and County Hospitals	Health System	No	0.05	Compl.
FLH45	Resuscitation with advanced life support measures, including surgical airway	District and County Hospitals	Health System	No	0.02	Compl.
FLH47	Surgery for filarial hydrocele	District and County Hospitals	Health System	No	0.01	Compl.
FLH48	Trauma laparotomy	District and County Hospitals	Health System	No	0.11	Compl.
FLH49	Trauma-related amputations	District and County Hospitals	Health System	No	0.1	Compl.
FLH50	Tube thoracostomy	District and County Hospitals	Health System	No	0.03	Compl.
FLH55	Initial assessment, and prescription, and provision of individualized interventions for musculoskeletal, cardiopulmonary, neurological, speech and communication, and cognitive deficits, including training in preparation for discharge	District and County Hospitals	Health System	No	0.21	Compl.
EPHS35	Management of pneumothorax and hemothorax	Tertiary Hospital	NCD	No	0.11	Compl.
RH2	Specialized TB services, including management of MDR- and XDR-TB treatment failure and surgery for TB	Tertiary Hospital	Communicable Disease	Partial	0.01	Compl.
RH3	Management of refractory febrile illness including etiologic diagnosis at reference microbiological laboratory	Tertiary Hospital	Communicable Disease	No	0.16	Compl.

RH7	Treatment of early-stage breast cancer with appropriate multimodal approaches (including generic chemotherapy), with curative intent, for cases that are detected by clinical examination at health center	Tertiary Hospital	NCD	Partial	0.004	Compl.
RH9	Treatment of early-stage childhood cancers (such as Burkitt and Hodgkin lymphoma, acute lymphoblastic leukemia, retinoblastoma, and Wilms tumor) with curative intent in pediatric cancer units or hospitals	Tertiary Hospital	NCD	No	0.02	Compl.
RH11	Urgent, definitive surgical management of orthopedic injuries (for example, by open reduction and internal fixation)	Tertiary Hospital	NCD	No	0.06	Compl.
RH13	Repair of club foot	Tertiary Hospital	NCD	No	0.04	Compl.
RH14	Cataract extraction and insertion of intraocular lens	Tertiary Hospital	Health System	Partial	0.04	Compl.
FLH57	Prevention and relief of refractory suffering and of acute pain related to surgery, serious injury, or other serious, complex or life-limiting health problems	Tertiary Hospital	Health System	No	0.0002	Compl.