Health Benefits Package Advisory Panel

National UHC meeting , Nyeri

12th September 2018

AGENDA

- Background
- What is UHC?
- What is a Health Benefits Package?

- Defining selection criteria: - what the Panel has done

- Defining the Benefits Package:- what the Panel is doing

- Enablers:- What else will need to be considered

Background

His Excellency President Uhuru Kenyatta has identified the provision of Universal Health Coverage (UHC) as the part of the Big 4 Agenda.

This Agenda also aligns with Kenya's commitment to the attainment of Sustainable Development Goal 3.

As part of the implementation of this Agenda, the UHC Health Benefits Package Advisory Panel was formed by the Cabinet Secretary on 8th June 2018 through a notice in the Kenya Gazette (No.5627)

Deliverables the Panel is working on

1. Standard criteria for assessing inclusion and exclusion of services, procedures, drugs, medical supplies and technologies in UHC-EBP

2. A portfolio of services and procedures that are properly costed using the best quality evidence including actuarially-informed estimates of supply and demand, based on realistic projections of current and future utilization;

Deliverables the Panel is working on

3. A list of medical products and health technologies that are properly costed, based on realistic projections of current and future supply and demand; Emerging technologies should be considered for inclusion provided that their cost-effectiveness and benefits to the people are justified

4. A periodic work plan of activities based on assignments issued by the Cabinet Secretary

What is Universal Health coverage (UHC) ?

- What is it?-Means everyone can access the quality (= “STEEEP”) health services they need without financial hardship
- Who is covered? All people, including the poorest and most vulnerable
- What is covered? Full range of essential health services including prevention, treatment, hospital /chronic care

Universal Health coverage

- How is this achieved? Cost shared among entire population through pre-payment and risk pooling, rather than shouldered by the sick. Access based on need NOT ability to pay

Universal Health Coverage-Why invest in it?

- UHC is critical because 1 billion people lack access to basic healthcare, and another 100 million fall into poverty every year trying to access it
- Nearly one third of households in Africa and South East Asia have to borrow money or sell assets to pay for healthcare

Universal Health Coverage-Why invest in it?

- Return on investment: Health improvements was responsible for one quarter of full income growth in developing countries between 2000 and 2011. At this rate of return, every US$ 1 invested in health would produce US$9-20 of growth in full income over the next 20 years

Core tenets of UHC

- Prioritize the poorest
- Increase health financing(resource generation , allocation and efficient use of resources);
- Reduce/eliminate out-of-pocket spending-one of the reasons people fall into poverty when accessing care or choose to forgo care(alternatives people take: buy cheapest care; miss early diagnosis)

Core tenets of UHC

Prioritize the poorest

- UHC efforts, first and foremost should ensure coverage of the poor and vulnerable

- Health inequities are widening. For example, in the past 2 decades , measles vaccination rates in Africa jumped to 75% among the richest fifth of the population , but stagnated at 33-36% among the poorest fifth. UHC can help to close the gap

Core tenets of UHC

Increase reliance on public funding

- Public financing is essential for UHC to cover people who cannot contribute financially. This involves a) increased government resource allocation to health, and b) more efficient spending

- In Abuja (2001) African governments pledged to allocate 15% of public spending on health

Core tenets of UHC

Reduce, if not Eliminate, OOP spending

- High OOP spending is one of the biggest reasons why people fall into poverty when accessing care

- In Thailand, the proportion of people facing catastrophic healthcare costs in the lowest income group dropped from 4% in 2000 to 0.9 % in 2006 through UHC

Core tenets of UHC

Develop the Health System

- UHC is not just about health financing. If the other pillars of the Health System are under-performing, it is difficult to move towards UHC.

Universal Health Coverage-Why invest in it?

- Return on investment: Health improvements was responsible for one quarter of full income growth in developing countries between 2000 and 2011. At this rate of return, every US$ 1 invested in health would produce US$9-20 of growth in full income over the next 20 years

So how should Kenya approach UHC?

- To achieve UHC, Kenya needs to work within its current resource basket and progressively move towards the target of UHC as more resources become available and the use of such resources becomes more efficient.

- Global evidence shows that **countries which have made progress towards UHC began by definition of a Health Benefits Package**.

What is a Health Benefits Package?

- A Health Benefits Package (HBP) is a group of health services including medicines, procedures and health technologies that are guaranteed to those who are eligible to receive them.

- The Health Benefits Package can then be accessed by all Kenyans at service delivery points.

What is a Health Benefits Package?

- The Health Benefits Package can be paid for in a variety of ways including through an Insurance Scheme or through public finances.

- The contents of the HBP also depends on the resources that are currently available. (money, health workers, health facilities, and medical equipment)

- **This is where the Health Benefits Package Advisory Panel (HBAP) comes in.**

Who are the Health Benefits Package Advisory Panel?

- **Prof. Gilbert Kokwaro** (Chair),
- Prof. Joseph Wangombe (member),
- Dr. Edwine Barasa (member),
- Dr. Julius Kipkemoi Korir (member),
- Mr. Chrisostim Wafula (member),
- Dr. Gerald N. Macharia (member),
- Dr. Elly Nyaim Opot (member),
- Dr. Mercy Mugo (member),
- Dr. Grace Githemo (member),
- Mr. John Paul Omollo (member),
- Mr. Meshack Ndolo (member),

PART 1:DEFINING SELECTION CRITERIA

DELIVERABLE 1

Systematic Approach Adopted by the Panel

1. Identify Goals of the Benefit Package
2. Define and Operationalise Criteria
3. Select Areas for Further Analysis
4. Gather and Generate Evidence
5. Undertake Appraisal and Budget Impact Assessment
6. Deliberate around evidence
7. Make Recommendation and Decisions
8. Translate Decisions into Resource Allocation and Use
9. Manage and Implement HBP
10. Review, Learn and Revise

Framework for Priority Setting Criteria

What SHOULD the Kenyan health system do?

GAP/BARRIER

What CAN the Kenyan health system do?

health systems outcomes

- To Improve the Level of health
- To improve Distribution of health
- To improve Responsiveness
- To offer Financial risk protection
- To improve Efficient use of resources

Criteria that consider feasibility of intervention delivery [INPUTS]

- Service requirements
- Human resource requirements
- Information requirements
- Medical commodities and technology requirements
- Financing requirements
- Governance requirements

Criteria Selection and Weighting Process

Agreed set of priority setting *criteria* and their *weights*

Modified Nominal Group Technique

1. **Step 1:** Deliberate on menu of criteria (add/subtract)
   Output – Agreed menu of criteria
2. **Step 2:** Individually reflect and rank each criteria
   Output – List of ranked criteria (1 highest)
3. **Step 3:** Computing and deliberation of criteria rank
   Output – 10 criteria ranked in order of priority
4. **Step 4:** Panelists weight criteria
   Output – List of weighted criteria
5. **Step 5:** Computing and deliberation of criteria weights
   Output – Criteria weights

Deliverable 1: Criteria selected

Effectiveness and safety
Service, Health Products & Technology requirements
Equity
Catastrophic health expenditure
Health workforce requirements
Burden of disease
Affordability
Cost effectiveness
Severity of disease
Congruence with existing priorities

Criteria Definitions

Criteria	
Effectiveness and safety	Whether the service delivers an improvement in health status and is safe for use
Feasibility: Health workforce requirements	Whether the service can be provided to Kenyans based on existing health system capacity in terms of human resources
Feasibility: Service and Health Products & Medical Technology requirements	Whether the service can be provided to Kenyans based on existing health system capacity in terms of medicines, drugs, and other service provision requirements.
Catastrophic health expenditure	Whether including the service in the health benefits package reduces the risk of being made poor because of paying for it.
Burden of disease	Whether the service addresses a condition/disease that affects many Kenyans

Criteria Definitions

Criteria	
Affordability	Whether the country can pay for the health service with current and future resources
Cost effectiveness	Whether the service reflects the best of use of available resources to deliver health gains to Kenyans
Severity of disease	Whether the service addresses the most debilitating forms of a disease to an individual
Congruence with existing priorities	Whether the service is in line with constitution, prevailing laws and prevailing health sector policies and priorities as further investments and policies are made.
Equity	Whether the service addresses the disparities in access and utilisation of needed health services and health status of Kenyans

Standing Committees

Committee	Members	What they are doing
Operations	Professor Gilbert Kokwaro Professor Joseph Wangombe	❖ Coordination ❖ Planning ❖ Communication
Effectiveness and Safety	Dr Elly Nyaim Opot Dr Gerald Macharia Dr Andrew Mulwa	❖ Terms of reference finalized ❖ Workplan developed ❖ Guidelines collated
Burden & Severity of Disease; Congruence with existing policy and Feasibility	Dr Teresa Kinyari Mr John Paul Omollo Dr Grace Githemo Mr Meshack Ndolo	❖ Terms of reference finalized and adopted ❖ Workplan developed ❖ Focus Areas Identified and data collection in progress

Standing Committees (contd….)

Committee	Members	What they are doing
Cost effectiveness, Affordability and Equity	Dr Mercy Mugo Dr Edwine Barasa Mr James Ndwiga Mr Chrisostim Wafula Dr Julius Korir	❖ Terms of Reference finalized and adopted ❖ Workplan developed ❖ Data Analysis Plan developed

PART 2: PROCESS OF DEFINING THE SHAPE OF THE PACKAGE

DELIVERABLE 2

Deliverables

1. Standard criteria for assessing inclusion and exclusion of services, procedures, drugs, medical supplies and technologies in UHC-EBP
2. **A portfolio of services and procedures that are properly costed using the best quality evidence including actuarially-informed estimates of supply and demand, based on realistic projections of current and future utilization;**
3. A list of medical products and health technologies that are properly costed, based on realistic projections of current and future supply and demand; Emerging technologies should be considered for inclusion provided that their cost-effectiveness and benefits to the people are justified
4. A periodic work plan of activities based on assignments issued by the Cabinet Secretary

Defining the Shape of the Benefit Package

1. Explicit or Implicit?: Decided to be as **Explicit as much as possible**

2. De novo (from scratch) or building from existing packages?: Decided to **Build from existing packages**

3. Where should the emphasis be?: **An emphasis on PHC**

Audit of Packages and Cross Comparison

Panel reviewed contents of benefit packages and service entitlement in KEPH, NHIF (National Scheme - Supa Cover), delivered through vertical programs and through county governments

KEPH the foundation of vertical programs and other services offered including NHIF National Scheme - Supa Cover

Similarities between NHIF and KEPH

KEPH has more services that target preventive and promotive care

Summary of results of cross comparison of existing packages

- Summary of services stated both in the KEPH and NHIF Benefit Package
- KEPH has more services that target preventive and promotive care
- Services in the KEPH but provided by vertical programs
- Services in KEPH but population level services
- Services in KEPH only

Choosing The Menu of Services (1/7)

- **KEPH is the Universe of Services** i.e. an aspiration to which Kenya is striving towards

Panel developed a menu of services that consists of:

1. A list of services that have a high likelihood of inclusion in the UHC-EBP dubbed "**Essential Health Services**". Will be subject to limited appraisal

2. A list of other services that will be subjected to the full appraisal process

Choosing The Menu of Services (2/7)

- **Which services are “Essential Health Services”?**

  By description in literature

  “an integrated collection of cost-effective interventions that address the main diseases, injuries and risk factors, plus diagnostic and health care services to satisfy the demand for common symptoms and illnesses of the population to be served (Bobadilla et al., 1994)”

Choosing The Menu of Services (3/7)

- **Which services are “Essential Health Services”?**

  As part of the PHC “package”

  Elements of Essential Health Care include health education, maternal and child health care including family planning, immunization, appropriate treatment of common diseases and injuries and provision of essential drugs

Choosing The Menu of Services (4/7)

- **Which services are “Essential Health Services”?**

  Based on level of Provision

  Essential Health Packages tend to be those provided at primary and/or secondary level of care

Refining the Menu (5/7)

1. Identified those services that are effective and cost-effective that address the main diseases, injuries and risk factors experienced by Kenyans: **listed in KEPH**

2. Identified those services that are provided through a PHC approach: **community, primary and secondary care (Level 1 -4)**

3. Evaluated extent of **Explicitness of Service Description** in KEPH as part of the goals of the Panel

Refining the Menu (6/7)

1. Identified those services that are effective and cost-effective: listed in KEPH:

   About 190 services

   ***Note: excludes diagnostics and medications and assumes that these are addressed in the service delivery description and draw from EML, ESL and EDL**

2. Identified those services that are provided through a PHC approach: community, primary and secondary care (Level 1 -4):

   About 170 services

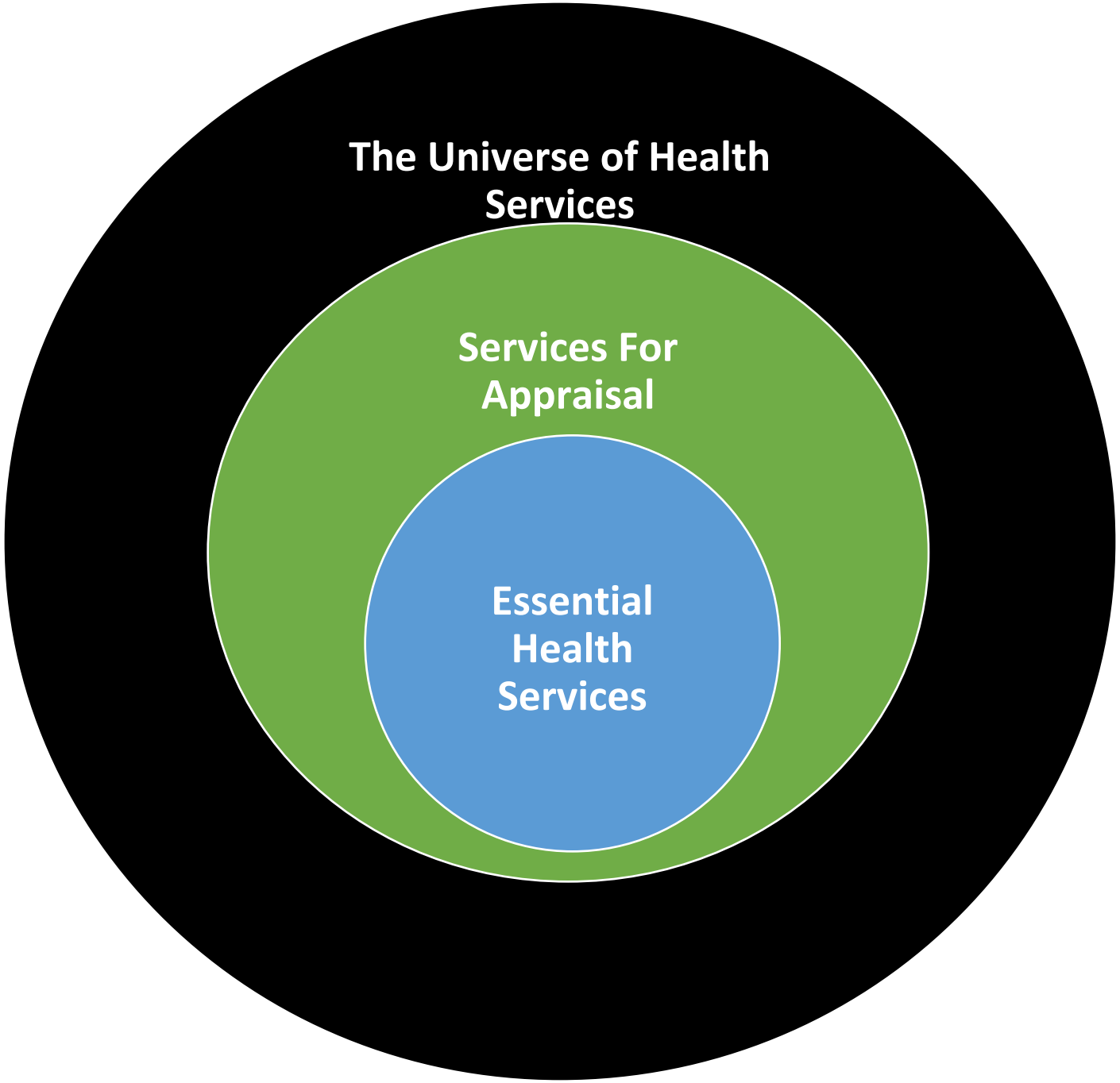
Refining the Menu (7/7)

3. Extent of Explicitness of Service Description in KEPH list:

   Panel resolved that the benefit package **should be explicit, meaning:**

   Each "Essential Health Service" linked to service requirements from provider: in this case clinical guidelines, protocols or clinical pathways

   Will then be possible to communicate this as a **guarantee to service users**


The Universe of Health Services
Services For Appraisal
Essential Health Services

Next Steps

1. **“Essential Health Services”**

   Undertook rapid (limited) appraisal for:

   - Affordability: resource estimation and financial management arrangements
   - Feasibility to deliver services: in view of pilot county context
   - Effectiveness: to reassess guidelines suitability and organise list by level, cohort, personal or population, and by source of funds

Next Steps

2. Services for Appraisal

Stakeholders to nominated interventions from this list

Some services from nominated list to full appraisal in the immediate term

Service Nomination Process

Modified Nominal Group Technique

1. **Step 1:** Deliberate on menu of services (add/subtract)
   Output – Agreed menu of services
2. **Step 2:** Groups nominate services for appraisal
   Output – List of nominated services
3. **Step 3:** Consolidation and deliberation of nominated services
4. **Step 4:** Deliberation and ranking of nominated services
   Output – Ranked list of nominated services
5. **Step 5:** Computing and deliberation of ranking results
   Output – Selected set of services for appraisal

Examples of National and County Stakeholders Engagements

Engagement Parliamentary Health Committees

Engagement with COG Health Team

Engagement with Pilot Counties:

- With CEC-Health
- Through CEC-Health with:
  - County Department of Health and Health Service Providers
  - County Assemblies
  - Organised groups

Continuous Public and Media Engagement

PART 3: ENABLING FACTORS TO BE CONSIDERED WHEN DEVELOPING THE UHC BENEFITS PACKAGE

Political, Social and technological factors supporting health systems

Political and historical commitment to health as a social goal	**•Legislation (e.g. Amendment of the Public Finance Act to allow Health Facilities to retain part of revenue to improve facilities)** **•Government expenditure on health:- Need to support matters on budget to ensure health gets adequate funding** **•Pending amendments-should support UHC implementation** **•Historical and cultural influences**
Social welfare orientation to development	•Preventive orientation •Support for basic necessities •Educational programmes •Land reform
Participation in political process	•Universal franchise and political engagement • Strengthening of devolution of health •Community involvement
Equity-oriented services	•Health, education and nutrition status of women, minorities, etc

Political, Social and technological factors supporting health systems (contd….)

Use of technology	•E-health platforms •M-health platforms •Electronic records
Intersectoral linkages (Health is cross-cutting issue)	•Mechanisms to ensure linkages •Incentives to ensure linkages •Recognition that health is socially determined

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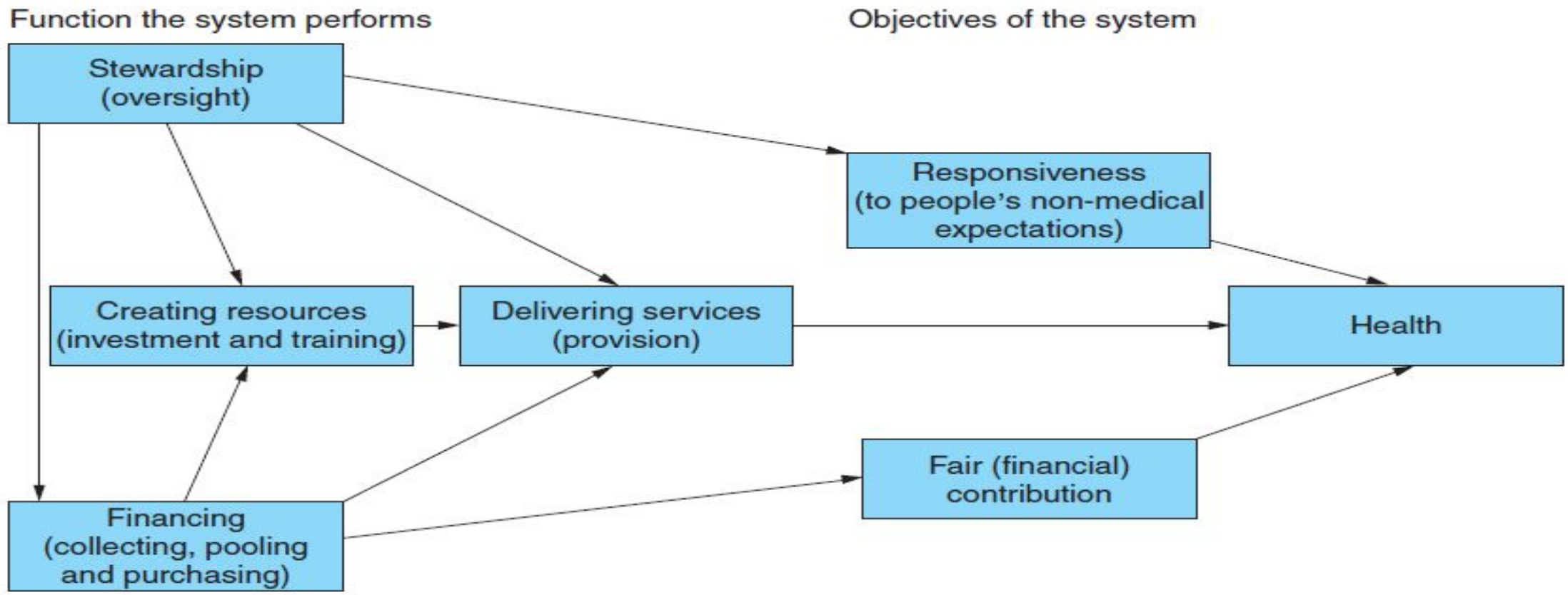
Stewardship is key to success of UHC



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THANK YOU