

# DETERMINING AN ESSENTIAL HEALTH SERVICES PACKAGE FOR PRIMARY HEALTH CARE IN GHANA



## Objectives:

- Contribute to development of an essential health services package for primary health care in Ghana.
- Highlight concerns around comprehensiveness, equity, access (including financial and geographical access) and consider specificities of gender, children, income levels and various vulnerable groups.
- Link essential health services package for primary health care to other social investments and the gains to be obtained through equity in coverage and access to quality health care.



## Principal Questions:

1. How does the Ministry of Health and the Ghana Health Service determine the priority health conditions and therefore the services needed?
2. How does the Ministry of Health and The Ghana Health Service decide the scope to be covered by an essential health services package?
3. Should an essential health services package be standard for every part of the country?
4. How can geographical and economic differences and contexts affect “essential packages”? (e.g., urban, peri-urban and various rural communities?)
5. How will the essential health services package be financed?
6. How are costs and efficiencies determined for prioritizing essential packages for health services? (Who's cost, who's efficiency is most important?)
7. Does “primary health care” include district, sub-district and community services or are there limits about the level of care allowed in the essential health services package?
8. What governance arrangements would ensure that health and social sector managers adhere to the essential health services package and are accountable for the results?
9. What mechanisms would best monitor and ensure that the PHC objectives are met from delivering an essential package.



## Key Principles

- Address the main causes of disease and ill-health as well as other **determinants of health**
- Include specific health needs of vulnerable persons, not just the general population, taking in consideration vulnerability due to age, gender, disability, social status, culture, geography, genetics, income, among others
- Take into consideration geography social, economic and cultural issues instead of developing a “one size fits all” essential health services package.
- Complement an essential health services package with policies that address social, environmental and economic determinants of health.
- Promote equity of access, effective norms/standards and quality of services for all persons at all locations.
- Recognize future trends likely to impact health (e.g., NCDs, social change) and incorporate actions that can mitigate future ill-health ( e.g., environment, climate change, economic shifts etc)
- Essential health needs will change over time and through the life course (birth to old age) and each stage shall have essential needs that must be anticipated and incorporated into an essential health services package.



Health and well-being are components of the SDGs with Universal Health Coverage as an underpinning target for SDG3. UHC is based on principles of ensuring (i) adequate coverage/access, to (ii) services addressing as wide a scope as possible of disease conditions affecting the populace (the essential package); and (iii) and obtaining health from i & ii at costs that prevent impoverishment or catastrophic consequences to individuals or families. The “leave no one behind” principle aims at ensuring that having good coverage statistics does not hide disproportionate burdens on small population groups that are vulnerable for various reasons

### **An Essential Health Services Package**

Essential health services package should be informed by an assessment of the burden of diseases to determine health needs, including influencing factors such as lifestyle and habits, water and sanitation situation, diets, and livelihood. A listing can be generated of the health conditions affecting the population, and what the priorities are: e.g.,

- What health conditions affects most of the population?
- What causes the most harm to their wellbeing, economic activity?
- What causes the most harm to the most vulnerable etc?;
- What health conditions are most costly to livelihoods;
- What is most likely to spread and harm the rest of the population?

The responses to these types of questions and the data generated will therefore determine the essential health services that are needed to mitigate harm to people and promote their health and well-being.

An approach is needed that covers the **“life-course”**, as health issues will affect various age cohorts differently and therefore priorities may be different for each age group.

It is important to consider the essential health services package as **a package for primary health care (and not just primary level of clinical care)** and to embrace as broad a scope covering health needs as much as possible. A comprehensive and sustainable essential health services package must cover certain broad service elements -

- Promotion of health and healthy lifestyles, and creating awareness on health risks through wellness clinics, exercise promotion, alcohol and tobacco education, etc.
- Interventions to **prevent** ill-health and sustain healthy lifestyles (immunizations; prophylaxes; exercise gyms; nutrition; sanitation; water etc)
- Clinical and facility based care, including diagnosis, treatment, referrals and recovery,
- Rehabilitation, including home based care and wellness services
- Terminal care, hospice and transition services\*
- Health security and preparedness, alerts systems and response to outbreaks and disasters

In resource limited setting such as Ghana, essential health services package should also be designed to have a “foundation” package as well as an “aspirational” one. The “foundation” package tries to marry current heaviest disease burdens with financial resources and will necessarily be limited in scope. It is therefore important to have “aspirational” services to work toward achieving over time.



Deciding what essential health services package fits a given population involves thinking through how to efficiently use available resources and to make innovations that maximize health gain and enhances resource efficiencies. An important factor after establishing an essential health services package is ensure that there is a strategy in place to anticipate and meet future needs for expansions of scope, access and coverage and to monitor these regularly.

It is also important to note that a population's health needs and indeed their contexts will evolve over time and therefore it is important that service packages do not remain rigid constructs that are static over long periods. For example, the rising NCDs burden in both adult and younger populations in Africa is a concern as (along with increasing RTAs and violence contribution to the burden of disease) and may now constitute over 50% of the disease burden. This means that a system should exist to constantly monitor the data and that essential packages are tweaked to reflect the reality on the ground.

International health goals and targets can also skew how essential health services package are designed. It is important to ensure that local needs and priorities are well articulated and do not become simply derived from external resources only.

### **So what essential health services should be covered in the package?**

Determining the specific components of an essential health services package requires detailed studies, data and analytics. While the health and disease conditions to be covered may be well-known, the scope of the service and what is available at a service delivery point will necessarily differ depending on the level (i.e., community level, sub-district, district etc.,). The MCH care at district hospital level will definitely have a wider scope than at CHPS zone level. In general the areas of services along a life course shall include the following

- Maternal, Neonatal and child care package
- Older child and adolescent health package
- Communicable and infectious diseases care
- Non-Communicable diseases, injuries and trauma care; Adult medicine;
- Health security – epidemics, outbreaks and disaster preparedness and response services
- Physical therapy, ancillary care, follow ups
- Psychological therapy/Mental health care
- Disability reduction, rehabilitation,
- End of life care/hospice type systems

Each of these areas would duly include health promotion, disease and illhealth prevention and treatment as well as rehabilitation and palliation.

In addition, consideration must be given for services that address **the social, economic and environmental determinants of health** which often require Intersectoral effort. Some of these are indicated below ...

1. Nutrition and diets
2. Tobacco & Alcohol use
3. Exercise and physical therapy availability
4. Access to Water and Sanitation for the population
5. Housing and safe waste disposal systems
6. Health Education/School Health

## A suggested framework for approaching essential health packages

Age Cohort/ Genders <sup>1</sup> <i>(use the national age cohorts)</i>	Core Essential Services	Context related priority services/options <sup>2</sup>	Indices, monitoring of implementation
0– 5 yrs (M/F)	<ul style="list-style-type: none"> <li>• Maternal, Neonatal and child care package</li> <li>• Communicable and infectious diseases care</li> <li>• Non-Communicable diseases, violence and trauma care</li> <li>• Physical therapy, ancillary care, follow ups</li> <li>• Disability reduction, rehabilitation,</li> </ul>		
5– 15 yrs (M/F)	<ul style="list-style-type: none"> <li>• Older child and adolescent health package</li> <li>• Communicable and infectious diseases care</li> <li>• Non-Communicable diseases, violence and trauma care</li> <li>• Health security – epidemics, outbreaks and disaster preparedness and response services</li> <li>• Physical therapy, ancillary care, follow ups</li> <li>• Disability reduction, rehabilitation,</li> </ul>		
15– 49 yrs (M/F)	<ul style="list-style-type: none"> <li>• Maternal care package</li> <li>• Communicable and infectious diseases care</li> <li>• Non-Communicable diseases, violence and trauma care</li> <li>• Health security – epidemics, outbreaks and disaster preparedness and response services</li> <li>• Physical therapy, ancillary care, follow ups</li> <li>• Disability reduction, rehabilitation,</li> <li>• End of life care/hospice type systems</li> </ul>		
50 – 70 yrs (M/F)	<ul style="list-style-type: none"> <li>• Communicable and infectious diseases care</li> <li>• Non-Communicable diseases, violence and trauma care</li> <li>• Health security – epidemics, outbreaks and disaster preparedness and response services</li> <li>• Physical therapy, ancillary care, follow ups</li> <li>• Disability reduction, rehabilitation,</li> <li>• End of life care/hospice type systems</li> </ul>		
Above 70 (M/F)	<ul style="list-style-type: none"> <li>• Communicable and infectious diseases care</li> <li>• Non-Communicable diseases, violence and trauma care</li> <li>• Health security – epidemics, outbreaks and disaster preparedness and response services</li> <li>• Physical therapy, ancillary care, follow ups</li> <li>• Disability reduction, rehabilitation,</li> <li>• End of life care/hospice type systems</li> </ul>		

<sup>1</sup> Age cohorts as defined by national Statistical Services – these are just placeholders!

<sup>2</sup> Aimed at considering local priorities not reflected nationally – e.g., snake bites in farming areas; malnutrition in drought prone areas;