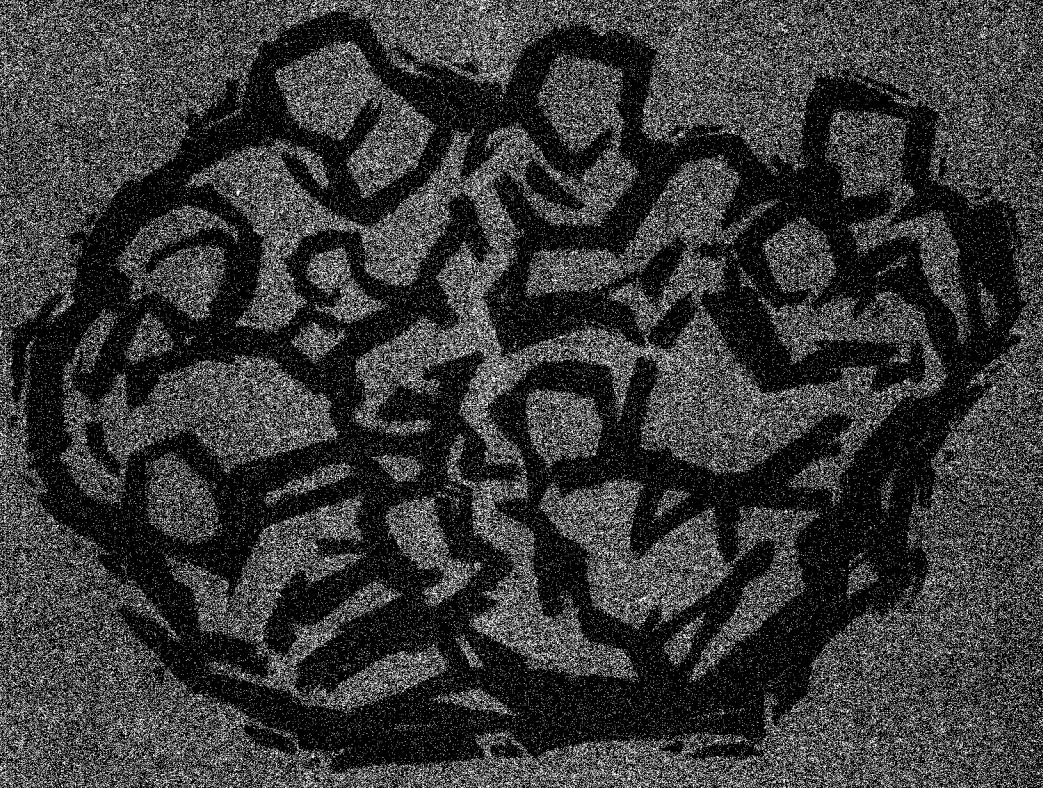
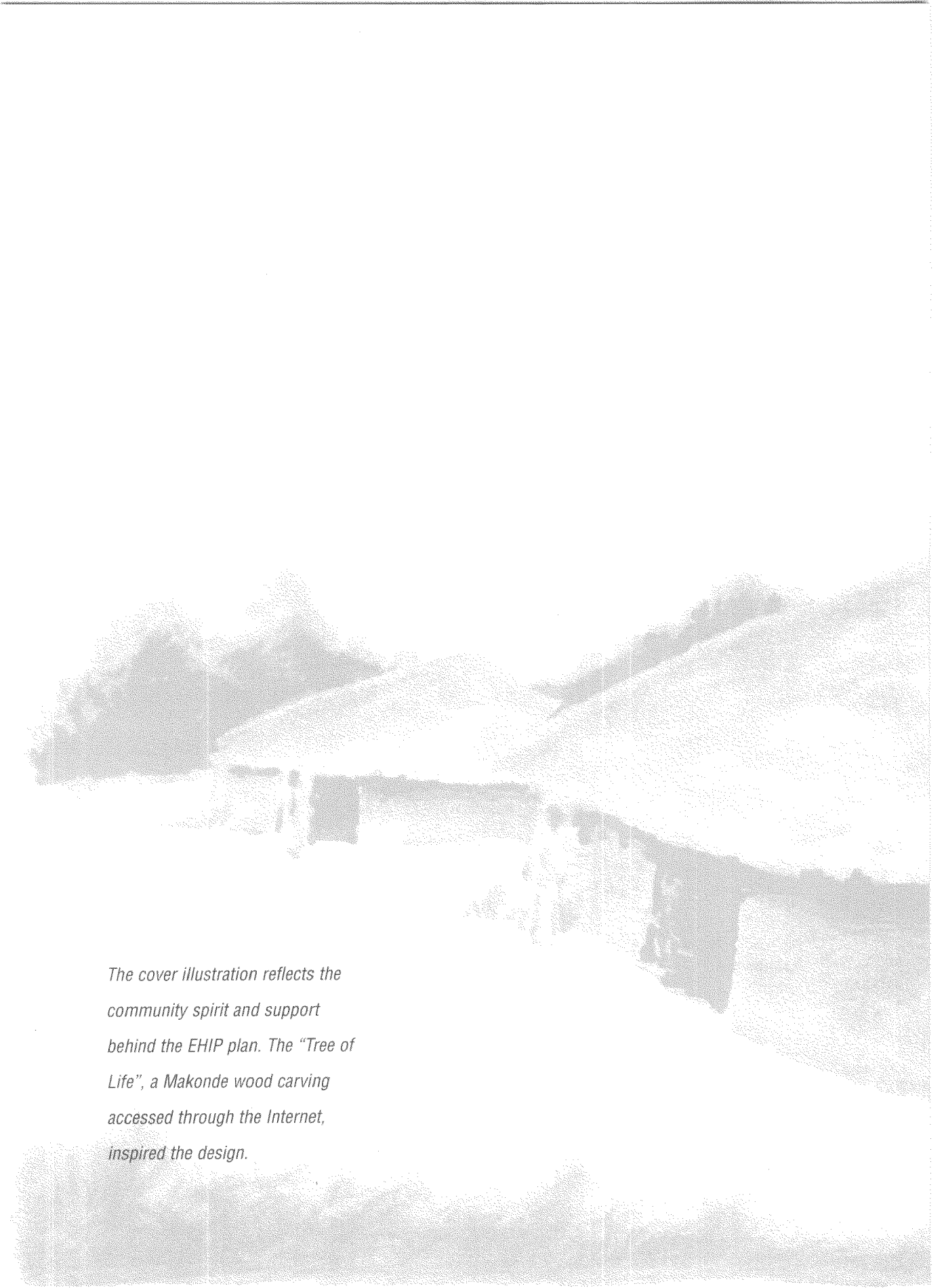
STRENGTHENING INVESTMENTS IN HEALTH



Essential Health Intervention Project

EHIP



The cover illustration reflects the community spirit and support behind the EHIP plan. The "Tree of Life", a Makonde wood carving accessed through the Internet, inspired the design.

Introducing EHIP

There is a critical need for improving health in most areas of the world. However, with many governments and international aid agencies forced to tighten spending in recent years, funding for essential health activities is in short supply.

The challenge is to improve the health delivery systems — to ensure sustainable allocation of limited health resources and improved health status among all people.

The Essential Health Interventions Project (EHIP) is a response to this challenge. EHIP is a health research and development initiative designed to generate new knowledge in support of the planning and delivery of essential public and clinical health services.

"Burden of disease is the total amount of healthy life lost, to all causes, whether from premature mortality or from some degree of disability over some period of time. These disabilities can be physical, such as crippling or blindness, or mental such as retardation or mental illness."

(Musgrove P, "Cost-Effectiveness and Health Sector Reform", World Bank HRO Working Paper # 48 January 1994)

"Cost-effectiveness seeks to determine the costs and effectiveness of an activity, or to compare similar alternative activities to determine the relative degree to which they will obtain the desired objectives or outcomes. The preferred action or alternative is one that requires the least cost to produce a given level of effectiveness, or provides the greatest effectiveness for a given level of cost. In the health care field, outcomes are measured in terms of health status."

(Last, John, "A Dictionary of Epidemiology", Oxford University Press)

EHIP will work in collaboration with a country's Ministry of Health to test the hypothesis that more rational and efficient decisions on health allocations can be made on the basis of information obtained at a district level.

The project will examine the feasibility of institutionalizing an evidence-based approach to planning using burden of disease and cost-effectiveness measurements as tools for setting priorities and allocating health resources. This approach will involve the selection of essential clinical and public health interventions at the district level — generally the lowest level of the health system with authority for planning and resource allocation.

What Inspired EHIP?

EHIP has its roots in the 1993 World Development Report (WDR '93), *Investing in Health* and the subsequent 1993 conference in Ottawa, *Future Partnerships for the Acceleration of Health Development.*

The WDR '93 presented a global premise that "equitable access to an integrated package of minimum essential public and clinical health interventions could significantly reduce overall burden of disease in low-income countries".

WDR argued that while it would not necessarily be easy to establish health service priorities based on this analytical approach, governments could realize greater benefits from their existing health resources. The report, however, focussed at a global rather than a district level.

Participants at the Ottawa conference concluded that the WDR '93 thesis held enough potential in such a crucial area of need that an investigation of its feasibility should not be delayed.

> ...reaching 80% of the population could result in 32% reduction in the burden of disease in low-income countries and 15% in middle-income countries... [at a global level].
>
> *(World Development Report '93)*

EHIP is not about finding a "formula" for efficient health care planning and resource allocation that can be universally applied. It is about testing certain principles of "process" — which if found workable, could very well have applications in a variety of developing countries.

The conference participants also agreed upon the need to strengthen the relevance, quality, and contribution of health research to health reform. Suggested approaches included the development and testing of nationally defined health intervention packages in anticipation that any lessons learned would prove applicable to other countries.

IDRC undertook to test whether one of the basic WDR hypotheses — pertaining to the health resource allocations — was feasible at a district level in low-income countries.

In the process of testing the hypothesis, significant field experience and information will be gained on implementation issues, real costs, and most importantly, the health impact.

What are the Core Questions for EHIP?

The core questions will guide the overall design. They take into account the current decentralization of health planning and priority setting, placing greater emphasis at the district level. They also reflect the fact that **EHIP is about testing a process of planning and priority setting.**

The three core questions for EHIP are:

- In the context of decentralization, how, and to what extent, can District Health Management Teams (DHMTs) establish priorities and plan the allocation of resources according to local estimates of burden of disease and knowledge of the cost-effectiveness of relevant interventions?
- How, and to what extent, are these District Health Plans translated into the delivery of and use of the essential health interventions?
- How, to what extent, and at what cost, does this have an impact on burden of disease?

What Sustainable Outcomes Will EHIP Leave?

While assessing the impact on the health status of people living in the participating districts, it is anticipated that EHIP will contribute to the development of:

- an improved understanding of the factors that influence the allocation of health care funds;
- improved capacity to analyze disease burden at the district level;
- improved capacity to measure the cost-effectiveness of health interventions at the district level;
- improved understanding of how districts can reconcile community preferences with technically defined health care priorities;
- operational capacity to develop and implement planning and management guidelines for the delivery of services;
- guidelines for strengthening health information systems in support of the analysis of disease burden as well as cost-effectiveness;
- experience in financing and measuring health services utilization at a district level; and
- improved analytical capacity in southern and eastern Africa to set priorities in the health sector.

What Interventions Will Be Used?

The EHIP interventions have not been pre-determined. They will be identified by the participating district on the basis of burden of disease, cost-effectiveness, community preferences and capacity of the health system.

District health plans will identify the public and clinical health interventions, including some currently in place, to be implemented. A limited number of "essential health packages" for the delivery of these interventions will be designed.

EHIP cannot accomplish its ends by operating as a separate entity. The project will proceed using the existing district planning framework.

Where is EHIP Happening?

Tanzania is the first partnership country for EHIP. There, the project is known as TEHIP, the Tanzania Essential Health Intervention Project or in Kiswahili — Mradi wa Uimarishaji wa Huduma Muhimu za Afya (MUHUMA).

The TEHIP coordination unit is under the direction of the Principal Secretary of Tanzania's Ministry of Health.

Initially, two districts — Rufiji District and Morogoro (Rural) District — are participating in TEHIP.

What is EHIP'S Time Frame?

EHIP will operate in conjunction with the planning cycle in Tanzania. The first year will focus on the development of district health plans, including data collection and analysis, training and related preparatory work.

Planning in the first year (beginning July 1995) will rely upon existing data sources, but over the course of the year measures will be developed to gather further information on the operations of the health system. Additionally, information will be collected on the health status, health beliefs, values and attitudes of people living in the participating districts.

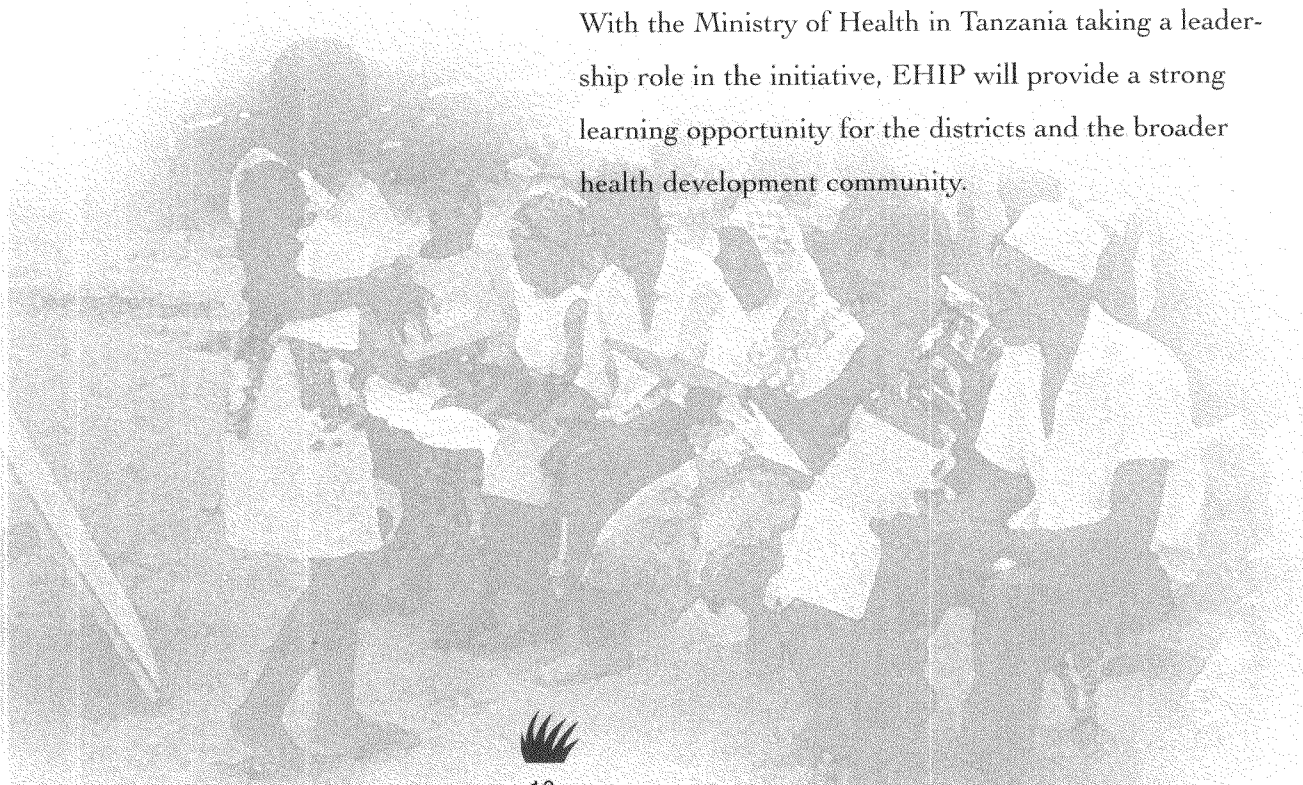
Implementation of the new District plans will begin in the second year (July 1996), coinciding with the beginning of Tanzania's fiscal year. Funds are in place to continue EHIP activities to the end of June 1999. Given the "demonstration" nature of the project, it is anticipated that subsequent planning cycles will build upon additional data gathered and the lessons learned in previous years.

How Does EHIP Fit Into Tanzania's Plans For Health Reform?

The Tanzanian Ministry of Health has been developing a number of tools and instruments to strengthen the health planning and service delivery capacity at a district level.

EHIP is regarded as an excellent opportunity both to build on the existing health system and the changes proposed by Tanzania's Health Sector Reform process, and to test selected proposals in the field. EHIP will not form a parallel system, but will be based on the existing health system and operate within it.

With the Ministry of Health in Tanzania taking a leadership role in the initiative, EHIP will provide a strong learning opportunity for the districts and the broader health development community.



The EHIP Partners:

Who Are They?

The EHIP partners work together on a Steering Committee, chaired by IDRC, to provide overall policy guidance in the development and implementation of EHIP.

The Government of Tanzania is responsible for the in-country management of the project, including project design, the development of integrated packages, project planning at the district level, and service delivery. It will provide overall policy advice in relation to the Health Reform Process currently under way in the country. Central Tanzanian Ministries and the District Health Management Teams of the participating districts will be involved in the project.

The International Development Research Centre (IDRC) is the overall project manager. It funds the initiative (with resources from other partners and IDRC), manages the financial administration, and is responsible for the research and evaluation components of the project.

The World Health Organization (WHO) will provide policy advice and technical expertise with respect to the project design and implementation, coordinated through its TEHIP Support Unit located in its Country Office in Dar es Salaam.

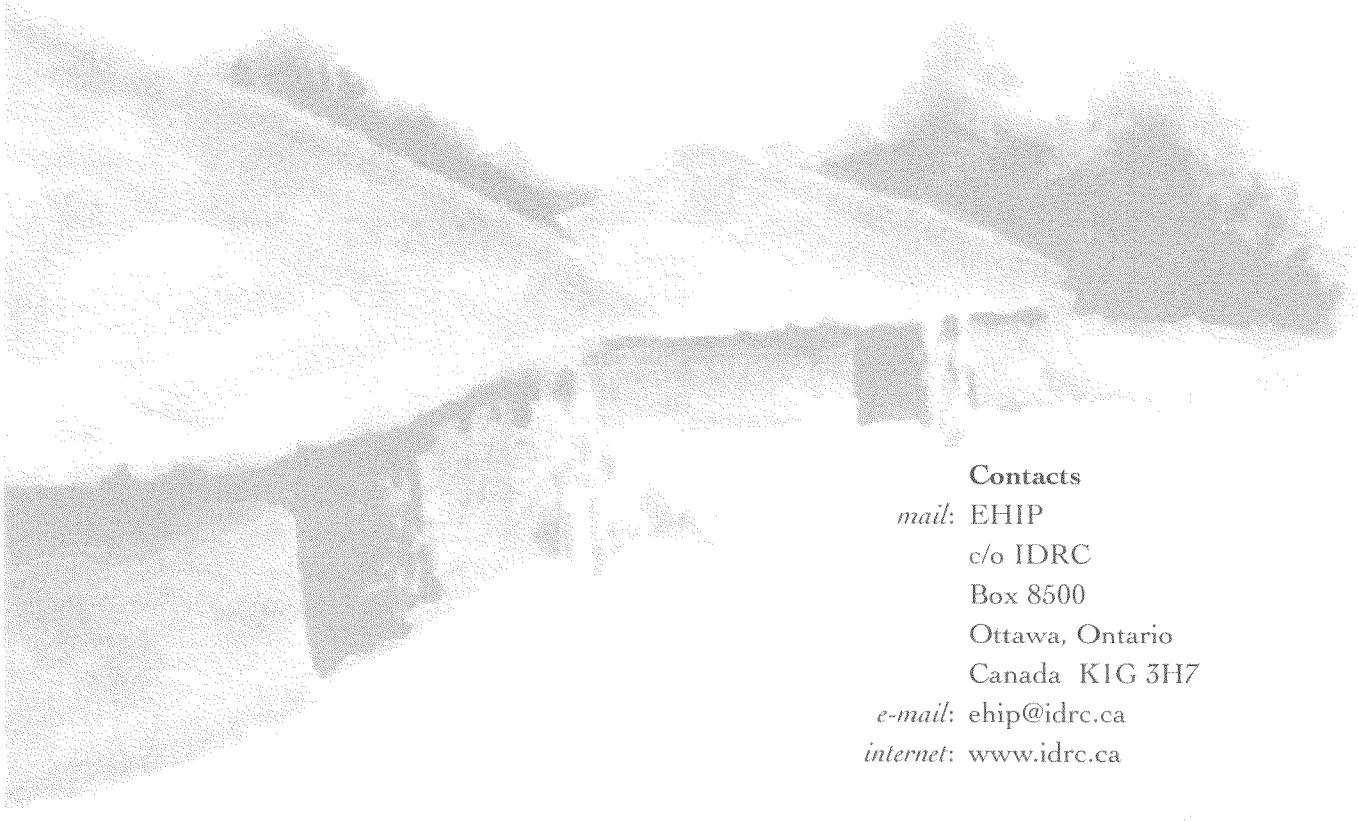
Consistent with IDRC's long-standing philosophy, EHIP will be run as a full intellectual partnership between donors and recipients. Plans and priorities will be jointly defined. Most project research will be carried out by Tanzanians, and Tanzanian initiatives will be encouraged within the agreed objectives of the project.

The World Bank's Human Development Department (WB) will provide technical expertise in the areas of project design, implementation and evaluation in relation to the WDR '93. The World Bank will also contribute to the capacity building component of the project through its Special Grants Program.

UNICEF will contribute its experience in policy development and technical assistance in the delivery of national health programs in developing countries, at both the district and community levels.

The Edna McConnell Clark Foundation will provide policy guidance in the development and implementation of the project.

The Canadian International Development Agency (CIDA) will contribute overall policy guidance, practical advice and support to the project's development and implementation. The Agency provided essential financial support to initiate EHIP.



Contacts

mail: EHIP
c/o IDRC
Box 8500
Ottawa, Ontario
Canada K1G 3H7

e-mail: ehip@idrc.ca

internet: www.idrc.ca

The International Development Research Centre (IDRC) is committed to building a sustainable and equitable world. IDRC funds developing world research, thus enabling the people of the South to find their own solutions to their own problems. IDRC also maintains information networks and forges linkages that allow Canadians and their developing world partners to benefit equally from a global sharing of knowledge. Through its actions, IDRC is helping others to help themselves.