

Background & lessons learned from 2009 EPHS and next steps

- Somalia had an EPHS since 2009. Its development was less participatory for a variety of reasons.
- The rollout of the 2009 EPHS faced coordination and financial challenges.
- Its implementation was inconsistent in terms of content and coverage across the country.
- Some components of the package were not implemented and scarce resources were expended to implement other services that were not part of the EPHS.

Background & lessons learned 2009 EPHS *cont....*

- A desk review conducted in 2018 and 2020 encountered significant data gaps, making it hard to assess the health outcomes or impact of 2009 EPHS.
- The Somali Health and Demographic Survey (SHDS) of April 2020 revealed the dire health indicators of the country.

Background & lessons learned 2009 EPHS *cont....*

- the review identified the following gaps:
 - Programmatic limitations in high-burden health areas, including family planning, nutrition, non-communicable diseases (E.g. mental health and injury);
 - Lack of services associated with the core continuity of care and coordination functions of primary health care

Background & lessons learned 2009 EPHS *cont....*

- lack of inter-sectoral interventions;
- Package organization inadequate to support coordinated referral and movement across the health system;
- Although outpatient services improved in selected EPHS facilities, demand and uptake of health services remained low (0.23 visits/person/year).

Background & lessons learned 2009 EPHS *cont....*

- Lack of implementation strategy.
- Inadequate monitoring and evaluation mechanism
- Lack of national procurement, supply chain management and regulatory system, resulting in substandard & falsified medicines

Next steps EPHS implementation

Develop the EPHS implementation strategy.

January-March 2021, along UHC principles Country and all partners have committed to.

- **A phased approach**, expanding the coverage of most essential services to a broader population, then increasing the number of services.
- **Clear roles and responsibilities**
- **Funding arrangements.** On-budget, possible pooling domestic and external funding under an agreed mechanism
- **Service delivery model** consisting of a mix of public and private service providers

Criteria for phasing should include

- Equity, to reach underserved and vulnerable populations
- Feasibility, through consideration of what already in place, that can be developed
- Responsiveness, to build trust by responding to perceived and expressed health needs of the people.
- Engagement, building upon communities' will and responsibility, including the relevant local actors (local government and non-state actors)
- Impact on health outcomes, measurable in the medium term.
- Flexibility, to be embedded to adjust implementation along the way.

Roles and responsibilities:

- normative and regulatory role
- service purchasing
- service provision (this may include private service providers)
- systems maintenance and development
- monitoring (this may include independent third party monitoring)

Funding arrangements

- On budget: The budget for EPHS to be included in the Federal Government / State budget. This would reflect and direct the use of funds provided by domestic and all external resources, without necessarily pooling resources in one government account (not "on treasury").
- Explore pooling arrangements, governed jointly by national authorities and partners.
- Establish a fully transparent system with broad dissemination of all records and reports, for shared accountability.

Service delivery models

- (a) public sector to mainly focus on policy and regulatory functions, formulation of policies and strategies and public health functions such as disease surveillance, monitoring and evaluation, outbreak alert and response health research and knowledge management etc.
- (b) advance the implementation of the newly developed national strategy on public private partnership using the pay for performance (P4 P) option where the MOH will serve as the purchaser of services and the private sector as service provide-

Next Steps cont...

- Harmonized and integrated monitoring mechanism – Joint Appraisal, Third Party Monitoring (TPM)
- Harmonized supply procurement and management systems with the objective of building the technical and managerial capacity of MOH in supply chain management (SCM)
- Coordinated technical assistances to advance health systems strengthening .

Next steps-EPHS implementation cont...

- **Governance and leadership**
- Establish and train District Health Management Teams to be in charge of the EPHS implementation at the district level
- Establish MOH Project Coordination and Implementation unit(PCIU) at Federal level and Project Management Teams at the state level(PMT) to oversee the EPHS implementation
- **Health workforce**
- Conduct rapid workforce assessment building on the ongoing HR study.
- Develop a Human Resources for Health Investment Plan to support the delivery of the EPHS (standard list of health workforce and skill mix assigned to each delivery platform)
- **Essential Medicines and supply**
- develop a plan for supply chain management based on the needs of the EPHS
- Use of the national essential drug policy , the essential drug list and Somali treatment guidelines.

Next steps-EPHS implementation cont...

- **Financing**
- Explore the establishment of pooled funding mechanism-strategic purchasing fund.
- Develop adequate contractual arrangements at the PCIU in the FMOH
- Establish health financing unit and a system of National Health Accounts(NHA)

Next steps-EPHS implementation cont...

Service delivery

- Adopt a service delivery model based on public-private partnership and develop policies guiding its institutionalization.
- Advance the implementation of the national strategy on public private partnership using the pay for performance(P4 P) option where the MOH will serve as the purchaser of services and the private sector as service provider.
- Redefine and advance the policy debate around the role of the the public sector (areas for consideration could include policy and regulatory functions, formulation of policies and strategies and public health functions such as disease surveillance, monitoring and evaluation, outbreak alert and response health research and knowledge management etc)

Next steps-EPHS implementation

Information system

- M&E implementation plan of the EPHS using TPM
- Revision and integration of information system to provide surveillance data for action on EPHS services including NCDs, mental health services.
- Surveys and studies such the conduct of SARA survey, the NHA etc

Thank you