



ESSENTIAL HEALTH CARE PACKAGE FOR UHC ZIMBABWE

3rd edition



ESSENTIAL HEALTH CARE
PACKAGE FOR UHC
ZIMBABWE

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Foreword

It is my profound honour to present the Essential Health Services Package (EHSP), which affirms the government commitment to advancing Universal Health Coverage (UHC). This EHSP incorporates Primary Health Care principles as a basis of health service delivery in the country. Zimbabwe has long been a proponent of the Primary Health Care (PHC) approach, a strategy for health that emphasizes universally accessible care, community engagement, intersectoral coordination, and cost-effective healthcare interventions. This approach is rooted in the belief that health is a fundamental human right and that it is the responsibility of the State to provide equitable access to essential health services as mandated by the Constitution.

The EHSP includes a comprehensive set of services that are critical to improving health outcomes and moving Zimbabwe towards UHC. Our commitment to this package is a testament to our dedication to improving the health and well-being of every Zimbabwean. In our pursuit of UHC, Zimbabwe has made commendable progress on the UHC Index, which measures the coverage of essential health services. Our nation's efforts have seen us advance as others in the region, reflecting our dedication to enhancing the health sector and ensuring that our citizens receive the care they deserve.

It is imperative to note that the Government is committed to ensuring access to all the services included in the Essential Health Services Package through a gradual process which consider available resources and the most pressing health challenges affecting the population. Therefore, as start, the Government through MOHCC and in consultation with all stakeholders is developing a costed Health Benefits Package (HBP as subset of this Essential Health Services Package, tailored to available resources in the short to medium term and the most pressing public health challenges. This approach allows us to maximize the impact of our health expenditures, ensuring that we provide the best possible care with the resources at our disposal universally, in the spirit of 'leaving no one behind'. The Health Benefit Package will be progressively expanded as more resources and technologies become available until the full coverage of all the services in this Essential Health Services Package is realised.

As this package is unveiled, the MOHCC reaffirms its commitment to the health of our nation and to the principles of equity, accessibility, and sustainability. This and similar developments being led by MOHCC in the health sector will bring us closer to the goal of Universal Health Coverage, ensuring a healthier and productive Zimbabweans.

Dr Douglas Mombeshora
Minister of Health and Child Care

Acknowledgment

Ministry of Health and Child Care (MOHCC), would like to thank all those who contributed to the development of the EHSP document. The MOHCC is especially thankful to the World Health Organization for support including providing a consult who supported the development of the initial draft. The Department Policy Planning M&E and Health Economics is applauded for coordinating the development of EHSP, the department ensured the participation and contributions of all key stakeholders in the process of developing the EHSP.

Special thanks go to the technical staff in the Department Policy Planning M&E and Health Economics, Mr Tonderai Kadzere (Director) and Mr Gwati Gwati (Deputy Director and Health Economist) in providing coordination and guidance to the process; WHO staff Dr Walter Odoch (Technical Officer Health Financing) and Dr Isabella Maine (WHO Consultant) for their commitment in providing the necessary technical assistance, and review and providing comments which helped to improve the document.

All specialists, managers and other officials at various levels of our health system from national to provincial and district levels that provided inputs during review and validation of the EHSP are greatly appreciated. Representatives from various health development partners who participated in various consultative workshops including validation, made instrumental contribution to this process and their efforts are hereby acknowledged.

Dr A. J. V. Maunganidze
Permanent Secretary

Executive Summary

The Essential Health Services Package (EHSP) in Zimbabwe is defined as a comprehensive set of preventive, promotive, curative, rehabilitative, and palliative health services. These services are designed to address the top causes of morbidity and mortality in the country and facilitate movement towards Universal Health Coverage (UHC). The goal of the EHSP is to improve the overall health outcomes of the population by ensuring that individuals have access to a continuum of care across different levels of the health system, from community-based services to specialized quaternary and quinary care. The revision of the District Core Health Services to the EHSP reflects an understanding that Primary Health Care (PHC) extends beyond just the primary and secondary levels of care. It acknowledges the need for a more integrated approach that includes referral hospitals and higher levels of care to ensure a seamless transition for patients through the different stages of treatment and care. The update of the Public Health Act in 2018 and the subsequent revision of the health services package are indicative of Zimbabwe's commitment to adapting its health system to meet changing health needs and to align with modern public health approaches. This includes a focus on strengthening the management and support systems that underpin the delivery of these essential services at all levels of the health system.

The distribution of health problems has significantly changed in the last decade, as the country faces the dual burden of communicable and non-communicable diseases. The guiding principles of equity, accessibility, quality, sustainability, and evidence-based were considered in guiding the selection of services to address the leading causes of morbidity and mortality in Zimbabwe.

A stepwise approach was taken in developing the Essential Health Services Package which began with the identification of leading causes of morbidity and mortality through a life cycle perspective, segmented by age cohorts to ensure a comprehensive and integrated health service delivery system. Subsequent steps involved pinpointing specific services and interventions to tackle the identified priority health conditions, followed by the delineation of actions required for each health service across different levels of the health system, from community to quaternary care by a technical committee. The process emphasized inclusivity and evidence-based decision-making to create a health package that is responsive to the country's health needs through the stakeholder consultation processes.

A total of 433 Health Services were identified including 88 services for Communicable diseases, 43 for reproductive and sexual health, 245 for non-communicable diseases, 25 for violence and injuries, and 32 for growth and development health conditions.

Taking into consideration resource envelope, this package further went through a process of prioritization using the multicriteria decision analysis resulting in the development of a Health Benefits Package (HBP) also referred to as the Basic Package of Health Services in line with the Constitution of Zimbabwe which is published separately and will be available online. The HBP shall be progressively through periodic reviews as more resources become available, medical technologies evolves and epidemiology in health condition changes.

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List of Abbreviations and Acronyms

DHIS2	District Health Information System 2
EHSP	Essential Health Services Package
GDP	Gross Domestic Product
GOZ	Government of Zimbabwe
HBP	Health Benefits Package
MCDA	Multi-Criteria Decision Analysis
MICS	Multiple Indicator Cluster Survey
MOHCC	Ministry of Health and Child Care
NDS	National Development Strategy 1
NHS	National Health Strategy
OPD	Out Patient Department
PHC	Primary Health Care
RHC	Rural Health Centre
SDG	Sustainable Development Goals
TB	Tuberculosis
UHC	Universal Health Coverage
WHO	World Health Organization
ZDHS	Zimbabwe Demographic and Health Survey

Operational Definition

Essential Health Services Package	Selected package of health services that includes all the essential health services addressing the health needs of the population
Health Benefits Package (Basic Benefits Package)	A sub set of the EHSP that can be afforded with the public resources available in the short to medium term. It's involves prioritization of the EHSP to have those critical services that can be afforded through public funding with the aspiration of progressively adding more services defined as essential in the EHSP as resources allows through periodic reviews
Primary Health Care	Is the first level of contact for individuals, the family and the community with the national health system that addresses the main health problems in the community, providing health promotion, preventive, curative and rehabilitative services accordingly through multisectoral approach with participation of the community
Universal Health Coverage	All persons in Zimbabwe have equitable access to comprehensive quality health and related services they need, without financial constraints – all delivered through a multi-sectoral, whole of government, and whole of society approaches.



Chapter 1: Introduction

1.1 Background

Zimbabwe developed the first edition of the Core Health Services for the primary and secondary levels of its health delivery system in 1995. Focus on the mentioned levels which form the District Health System was premised on the Primary Health Care Approach as outlined in the Alma Ata Declaration of 1978. The District Health System as noted during the Harare Declaration of 1987 provides an efficient way of implementation of the Primary Health Care. Whilst the District Health System remains relevant today as it was then, it has also been observed that Primary Health Care in essence is beyond the primary and secondary level as there are referral hospitals beyond the secondary level in some health systems for the continuum of care, the scenario prevailing in Zimbabwe. Zimbabwe also revised the Public Health Act in 2018 bringing in new dimensions to the Public Health approach. This necessitated the revision of the District Core Health Services to this Essential Health Services Package (EHSP). This document outlines in detail the essential health services from Community, Rural Health Centre (RHC), the district (Secondary), Tertiary, Quaternary and Quinary Levels of the Zimbabwe Health System with the details of support expected from the relevant Management Teams.

The Essential Health Services Package is defined as preventive, promotive, curative, rehabilitative and palliative health services addressing the top causes of morbidity and mortality aimed at moving the country towards Universal Health Coverage. These services are delivered through the various levels of health care system – community level, primary health care facilities, first level hospitals, tertiary level hospitals and quaternary level hospitals.

The essential health benefit package is defined as a subset of the Essential Health Services based on what the country can afford at a moment in time. This package will be progressively expanded as resources become available until full essential health service package.

The broad criteria applied to define the essential benefits (basic) package include:

- Relative cost-effectiveness of interventions
- Size and distribution of the health problems affecting the population at greatest risk. (Demographic and epidemiological profile)
- The resources available for health care.

The distribution of health problems has significantly changed in the last decade, as the country faces the dual burden of communicable and non-communicable diseases. The unprecedented COVID-19 which required epidemic preparedness from community level right through to specialist referral centres further emphasise the importance of a strengthened health system beyond the District Health system for an effective continuum of care. In addition, more cost-effective interventions for existing diseases and conditions have since been developed over the last two decades. The core health services for Zimbabwe therefore required updating and costing as the Essential Health Services Package and ultimately the essential benefits (basic) package that Zimbabwe will provide to its population at all levels of the health system.

1.2 Demographic and socio-economic situation

Zimbabwe is a lower middle-income country in Southern Africa with an estimated total population of 15,178,979 million people (GOZ, 2022) and an estimated GDP per capita of US \$1,907.4 (World Bank, 2022) for 2022. The country has ten provinces, of which eight are rural and two are metropolitan. The rural provinces are further divided into 63 districts.

1.3 Health Status: Morbidity and Mortality

Notable progress has been observed for the Zimbabwe Health Sector on most impact and outcome indicators. On Reproductive Maternal New-born, Child, Adolescent Health and Nutrition there have been notable improvement with the exception in the neonatal mortality rate. Maternal Mortality Ratio declined from 652 maternal deaths per 100,000 live births in 2015 to 462 /100,000 in 2019. The decline has also been corroborated by the Population and Household Census of 2022 preliminary report which reported an MMR of 363/100,000 live births. Neonatal Mortality rate increased from 29 deaths per 1,000 (ZDHS 2015) live births to 32/1,000 live births in 2019 (MICS 2019). On communicable diseases, the HIV annual incidence declined from 0.42% in 2016 to 0.38% in 2020 and the HIV prevalence declined from 14.1% to 12.9% for the same period. With regards to TB, in 2021 Zimbabwe was removed from the list of the thirty high burdened TB countries. While over the years, communicable diseases have been contributing to two thirds of the disease burden in the country, an emerging epidemic of non-communicable diseases has been observed.

1.4 Zimbabwe Disease Burden

Based on data from the MOHCC Health information system DHIS2, the Zimbabwe Demographic and Health Survey 2015/16 (ZDHS), Multiple Indicator Cluster Survey 2019 (MICS), Maternal and Perinatal Mortality Study and other studies, the National Health Strategy (2021-2025) identified that the disease burden has shifted, however they remain preventable and treatable conditions as Figure 1 and Table 1 illustrates. The highest causes of morbidity and mortality in Zimbabwe are now a mixture of communicable and non-communicable diseases as the following chart demonstrate.

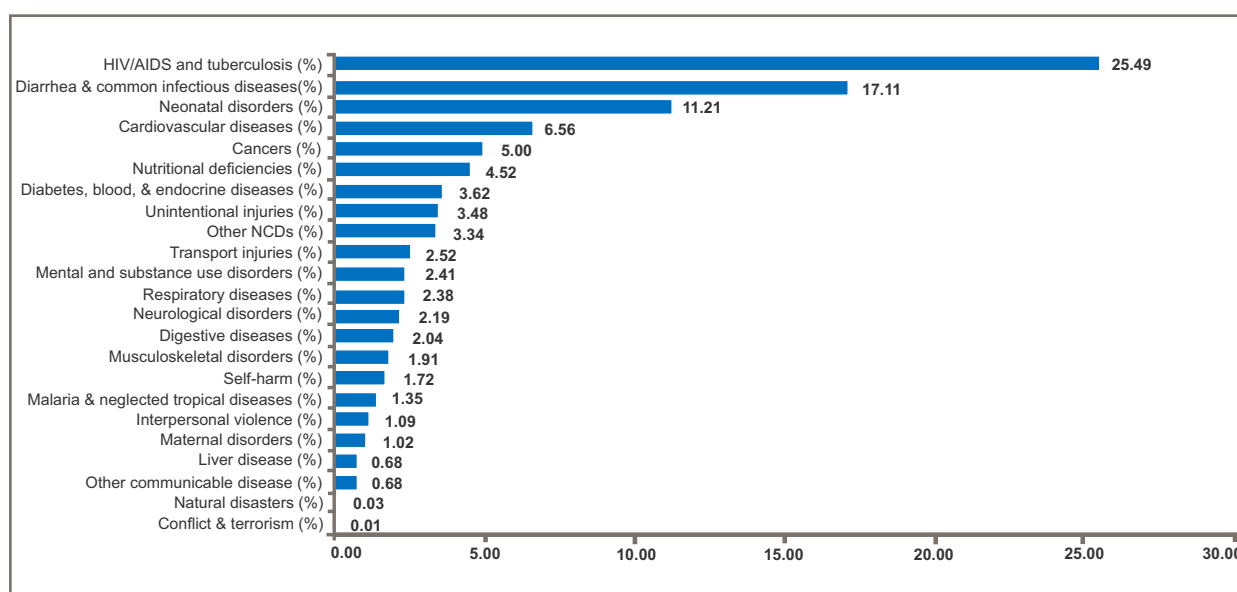


Figure : Top causes of morbidity and mortality (source: IHME burden of disease study, 2019)

Table : Top ten causes of OPD Attendance (new and repeat) in 2022 - National picture (Source: routine HMIS)

No	Condition
1	HIV and AIDS
2	Acute Respiratory Infections
3	PNC
4	ANC
5	Hypertension
6	Malaria
7	Skin Disease
8	Diarrhoea
9	Injuries
10	Ear Conditions

As shown in the Table above, HIV/AIDS remains the leading cause for OPD attendance, whilst TB is no longer in the top ten and in line with the evidence that Zimbabwe has transitioned from being in the top 30 TB high burdened countries.

The Table 2 shows the picture at the Central Hospital level. Non-communicable diseases are the major causes for OPD consultations at Central Hospitals.

Table : Top 10 causes of OPD Attendance in 2022- Central Hospitals (Source: routine HMIS)

No	Condition	Absolute Number
1	Mental Illnesses	28460
2	Injuries	23220
3	Acute Respiratory Infections	14818
4	Diseases of the Eye	16453
5	Hypertension	13900
6	Diabetes	7721
7	Diarrhoea	6531
8	Epilepsy	5746
9	Abortion	3222
10	CA-Cervix	2372

Table 3: Top ten causes of OPD Attendance in 2022 -Provincial Level (Source: routine HMIS)

	Condition	Absolute Number
1	Injuries	25902
2	Hypertension	16364
3	Diseases of the Eye	14757
4	Acute Respiratory Infections	13981
5	Mental Illnesses	11530
6	Diarrhoea	6623
7	Diabetes	6122
8	Skin Diseases	3603
9	Epilepsy	3084
10	Abortion	2995

Table 4: Top ten causes of OPD Attendance (2022)-District Level (Source: routine HMIS)

	Condition	Absolute Number
1	Acute Respiratory Infections	72074
2	Hypertension	51832
3	Injuries	49727
4	Diseases of the Eye	28995
5	Diarrhoea	20588
6	Skin Diseases	16996
7	Diabetes	14819
8	Conditions requiring Rehab services	10479
9	Asthma	7879
10	Dental Conditions	7723

Table 5 Top 10 causes of Mortality in Zimbabwe in 2022 (Source: routine HMIS)

Rank	Disease	% contribution to deaths
1	HIV/AIDS	25.18
2	Influenza and Pneumonia	9.47
3	Road Traffic Accidents	6.46
4	Coronary Heart Disease	4.96
5	Diarrhoeal diseases (under 5 years)	4.48
6	Low Birth Weight (crude)	4.07
7	Stroke	4.06
8	Severe underweight (under 5 years)	3.47
9	Birth Trauma	3.12
10	Diabetes Mellitus	3.02

In terms of the UHC Coverage, the UHC coverage Index indicates that the country has made progress from 3.84% in 2002 to 55.71 in 2017 before declining to 54.7% in 2019. This compares favourably with countries in the SADC region, however it is below average for LMIC (Figure 2)

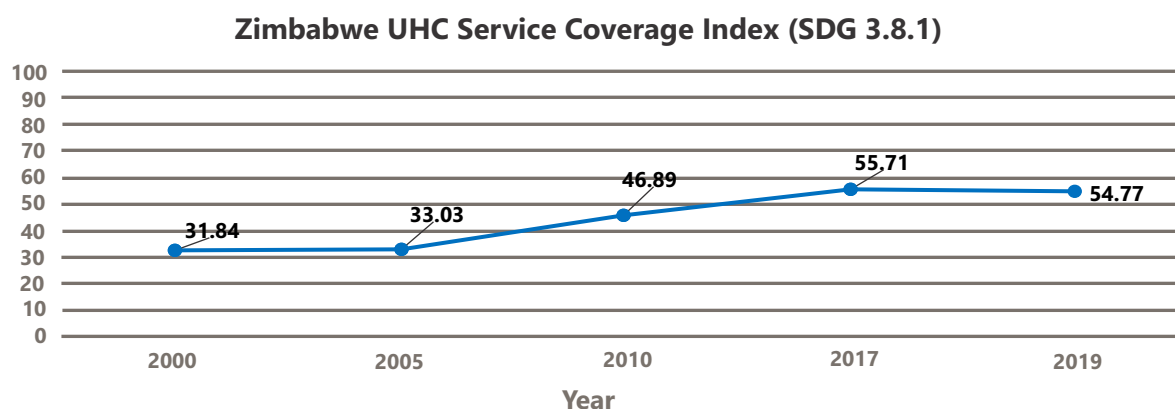


Figure : Trend in UCI in Zimbabwe and other countries in the region between Years 2000 and 2022

1.5 Health System and Service Delivery Structure

Following the restructuring exercise, the health system in Zimbabwe has six levels. These are: Community, Primary Care, Rural Health Centre (RHC), the District, Tertiary, Quaternary and Quinary levels. The number of patients decreases as one moves up the system while the level of technical expertise also increases. Although technically it is not considered a level in context of this EHSP, the community level is an important aspect of the health system, being places where people live, work, or go to school. In the context of this EHSP, levels are defined by type of health facility and the range of health services offered. The lowest level is the Primary Care Level. This has a network of Health Centres/Clinics/Rural Hospitals each serving a ward in rural areas and Polyclinics in urban areas. In addition, some farms and industries and or mines have primary care private clinics. The network of doctors and nurses in private surgeries would fall under this level as well. Secondary Care level is the next level as it is made up of a network of District Hospitals. These offer emergency, ambulatory, and inpatient services. The plan is to have one such Hospital in each district. Next level is the Tertiary level, made up of a network of Provincial Hospitals, one each per Province (except Harare and Bulawayo which are urban Provinces and thus have additional such level hospitals). These offer emergency, ambulatory and specialist inpatient services. The next level is the Quaternary level offering specialist inpatient services as well as University teaching facilities. The highest level of care is the Quinary level, these hospitals conduct research and development and offer super specialist services.

This document outlines in detail the essential health services expected to be offered at each of the above-mentioned levels of care with system support from relevant Management Teams.

The Essential Health Services Package “*includes preventive, promotive, curative, rehabilitative and palliative health services aimed at individuals and typically delivered through the levels of health care – primary care facilities, first level hospitals, tertiary, quaternary, quinary level hospitals and at the population level. While providing essential health care services is the primary responsibility of the health sector, the EHSP recognises the importance of other ministries in the provision of health services*”. Essentially, the EHSP represents the contract a government makes with its people and provides guidance to the development of benefit packages that are within resource limits available at a given time.

The need to update Core Health Services developed in 1995 for the primary and secondary levels in the form of EHSP is particularly important given the shift in the distribution of health problems over the last decade. For example, the country now faces the dual burden of communicable and non-communicable diseases with cases being seen at all levels of care. The unprecedented COVID-19 required epidemic preparedness from community level right through to specialist referral centres, further emphasising the importance of a strengthened health system beyond the District Health System for an effective continuum of care. In addition, more cost-effective interventions for existing diseases and conditions have since been developed over the last two decades. Therefore, Core Health Services needed to be updated to a set of Essential Health Services that will be provided to the people at all levels of the health system.

The EHSP developed is aligned with **NHS 2021-2025, which feeds into the Health and Wellbeing Thematic Area of the National Development Strategy 1**. The NHS 2021-2025 is unique when compared to previous National Strategic Documents 2016-2020, and 2008-2013 extended to 2015 whose main focus where on the communicable diseases as well as lower levels of care given the prevailing disease burden then. NHS 2021-2025 has a renewed focus for the health sector to cater for the epidemiological shift, that require a focus on delivery of services that tackles both communicable and non-communicable disease supported by a strong health system. As part of strengthening the health system to deliver health services effectively and efficiently to the population, the Ministry of Health and Child Care has also been restructured.

Chapter 2: Scope and Guiding Principles of the EHSP

2.1 Global and national guiding frameworks

Goals to guide countries as they develop policies and implement interventions across all sectors to advance economic growth, health, education and reduction of poverty and inequalities amongst other key goals. Of particular importance is the health development goal (SDG-3), which seeks to ensure healthy lives and promotion of well-being across all the age groups. A key catalyst to achieving this is progressive realisation of Universal Health Coverage (UHC), for all segments of the population (SDG target 3.8). The SDG target 3.8 seeks to achieve UHC, including financial risk protection, increasing access to essential and quality promotive, preventive, curative, rehabilitative and palliative health services, and access to safe essential medicines and vaccines at all levels of care. This SDG 3 and target of UHC aligns with the Ministry of Health Child Care's vision, mission, and strategic goal, which seek ensure healthy lives and wellbeing for all Zimbabweans.

The 'Framework of actions' that was adopted by the WHO Regional Committee in 2017 to support health systems development further provides linkages and guidance to countries on the realignment of their health systems and investment options and priorities needed to attain a comprehensive set of health and health-related outcomes critical to achieving SDG 3. Further to this, SADC has a health policy framework whose aim is to raise the regional standard of health for all citizens to an acceptable level by promoting, coordinating, and supporting member states' efforts to improve access to high-impact health interventions. This framework proposes policies, strategies, that strengthen other areas of health importance such as research and surveillance; Health information; Health promotion and education; HIV and sexually transmitted diseases; Communicable and Non-Communicable Diseases; Disabilities; Reproductive Health; Health Human Resources Development; Nutrition and Food Safety; and Violence and Substance Abuse.

In this context, the Government of Zimbabwe developed several documents to guide movement towards UHC. These documents include among others the National Development Strategy 1 (2021-2025) that identifies Health and Wellbeing as one of its Thematic areas, and Life expectancy at birth as one of the national outcomes, the National Health Strategy 2022-2026, the National Health Strategy Investment Case, and several other sectoral strategies. Like other countries in the African region, Zimbabwe has a basic package which set of services defined by the available funds and not by the needs of the population. However, this package called District Core Health Services Package defines the package only for the primary and secondary levels of care. Therefore, with development over the years, the Core package has become outdated and no longer conforms to current investment needs.

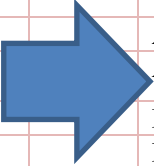
Essential Health Services Package (EHSP) is important in the process of moving towards UHC. As critical services are defined for the entire population and the population is made aware of the access conditions and their responsivity. The essential health services package that elaborates what services are provided at particular levels of health care fosters referral mechanisms and saves higher level facilities being burdened by conditions that can be managed at lower level at less cost. A clearly defined EHSP also facilitates planning for service expansion for various level of the health system: district, provincial and central hospitals. It is also supports operationalization of the constitution, especially section 76 which states that :-

- i. *every citizen and permanent resident of Zimbabwe has the right to have access to basic health care services, including reproductive health care services; and,*

- ii. *the State must take reasonable legislative and other measures, within the limits of the resources available to it, to achieve the progressive realisation of the rights set out in this section.*

The current health problems in the world have led to a paradigm shift in the focus on diseases and health systems (Table 6). These shifts are meant to provide a basis for people centred health system approach and justifications for expansion of health services to include other sectors of the economy in line with the shift from the Millennium Development Goals (MDGs) to the SDGs. The EHSP development has taken into consideration these shifts.

Table 6: Strategic shifts for UHC

Previous emphasis		Shift in emphasis
Budget for provision of a basic package		Plan for improving capacity for provision of all essential services
Service delivery model for rural poor populations		Specific service delivery models for different populations including urban poor and urban well off
Mother and child focus		All age cohorts – from children to elderly
Acute, infectious diseases		All health risks, across all public health functions
Provision of planned services		Provision of planned plus potential emergencies
Focus on Ministry of Health		Focus on all sectors influencing health
Donor funded services		Domestically funded services
Disease-centred services		Person-centred services
Provide cheap services		Provide services that are good value for money
Emphasis on curative services		Emphasis on promotion, prevention, curative, rehabilitation and palliative

In line with the MoHCC's vision and mission, the EHSP defines appropriate service for each level of care (community, primary, secondary, tertiary, quaternary, and quinary levels of care), for the different age cohorts, and across each public health function of health promotion, prevention, curative, rehabilitative and palliative. Therefore, the EHSP require a strong and functional health delivery system supported by an efficient referral system. A defined package of services for the community level was adopted through the Community Health Strategy 2020-2025 (MoHCC 2019 CHS). Therefore, the current EHSP concentrated on services to be provided in health facilities and not at the community level.

2.2 Purpose of the EHSP

To define sets of essential of services that can progressively be included in a benefits package taking into consideration affordability and population need. Other objectives of the EHSP are to:

- Promote equitable access to quality primary, secondary and tertiary health services that meet priority needs of the population.
- Provide a guide for investments in the health sector to achieve optimal output and assure value for resources.
- Enable equitable, efficient and sustainable mobilization of adequate resources to finance the delivery of essential health services.

2.3 Scope of Zimbabwe's EHSP

The EHSP has been defined to cover promotive, prevention, treatment, rehabilitation and palliative health services essential for maintenance and promotion of health of the people in Zimbabwe.



Chapter 3: Development Process of the EHSP

3.1 Leadership and coordination

In developing the EHSP the MoHCC and its partners established a technical team comprising representatives from the MoHCC departments and Partner Organizations. Under the direction of the MoHCC Division of Policy Planning & Health Economics, Monitoring & Evaluation and Health Informatics and Division of Curative Services, the technical team developed a roadmap with milestone that was approved by MOHCC senior management.

3.2 Development approach

The development of EHSP followed a stepwise approach following the World Health Organisation (WHO) guidelines. The steps in the process included: -

- Development of the EHSP concept note and mobilisation of resources.
- Setting up of the multi-stakeholders working groups.
- Desk review of documents.
- Identification of disease conditions by contribution to the country's burden of disease (morbidity, mortality – by cause and risk factors), by age cohort (0-4; 5-14; 15-49; 50-69; +70) and disease programme (communicable; non-communicable; reproductive and sexual health; violence and injury; growth, development and aging; mental health).
- Development of a comprehensive set of the interventions by age cohort, public health function (health promotion; prevention; curative; rehabilitative; and palliative), and by level of care (community; primary; secondary; tertiary/specialist services).
- Stakeholders' consultative meetings including validation.

3.3 Desk Review

Following development and approval of the EHSP concept note and setting the technical teams and coordination structures desk review documents was conducted. The documents reviewed included amongst others 2013 District Core Health Services Package, National Health Strategy, programme specific strategies, national treatment guidelines. The desk review provided information on current situation and context of the country, emerging health challenges, epidemiological profile of the health conditions in the country. These were done to ensure the services to be included in the EHSP respond to the needs.

3.4 Stakeholders' Consultations.

A series of consultations were undertaken following the desk review. These included: -

- a one-week validation workshop where disease conditions, associated risk factors and interventions for inclusion into the EHSP identified through desk review were examined by specialists from all levels of care and specialties. The various working groups elaborated on the leading conditions in each age cohort identifying 25-30 conditions as leading causes of morbidity or mortality and other diseases of public health concern. The discussions at the validation workshop were informed by the desk review and information from other guidelines including WHO repositories on diseases/risk factors, diseases burden. This process resulted into the prioritized disease conditions by age cohort in Table 7.

- Based on the selected conditions during the validation workshop, the WHO team supported the initial selection of interventions. The proposed list of interventions was based on WHO's essential list of interventions, UHC compendium and literature, customized to the specific age cohort. This served as preliminary bases/draft, that the MoHCC Teams reviewed and appraised.
- Proposed list of interventions for each age cohort and the level of care to be provided were shared with relevant stakeholders for their inputs. The MOH and WHO team then incorporated the inputs into a draft EHSP. The draft EHSP was validated in one-day workshop on 12 June 2024. Participants included selected clinicians from all levels of care, MOHCC officials, representatives from UN agencies and other health development partners. The MOHCC incorporated the inputs from the validation workshop into the final EHSP that then underwent MOHCC approval processes.

Therefore, the process of updating the core health services to include interventions for all levels of care in this EHSP followed an extensive stakeholders' consultative process. The process also leveraged on other parallel processes including the comprehensive Health Labour Market Analysis (cHLMA) and the National Surgical, Obstetrics and Anaesthesia Strategy (NSOAS) Development processes.

Table 7: Prioritized disease conditions included in the EHSP

Conditions	0-4	5-14	15-49	50-69	70+
COMMUNICABLE DISEASES					
Malaria	✓	✓	✓	✓	✓
HIV/AIDS	✓	✓	✓	✓	✓
Tuberculosis	✓	✓	✓	✓	✓
Bronchiolitis rsv	✓				
Respiratory conditions (Pneumonia, Covid, Croup, Epiglottitis)	✓	✓	✓	✓	✓
Infective Diarrheal diseases (Cholera, Dysentery, Salmonella Hep A and E)	✓	✓	✓	✓	✓
Typhoid/paratyphoid	✓	✓	✓	✓	✓
ENT infections (Otitis, Tonsilitis)	✓	✓	✓	✓	✓
Meningitis	✓	✓	✓	✓	✓
Gonococcal and chlamydial eye infections	✓				
Syphilis	✓	✓	✓	✓	✓
Vaccine preventable disease	✓	✓	✓	✓	✓
STI (Gonococcal infection, Chlamydial infection, Herpes)		✓	✓	✓	
Measles	✓	✓			
Zoonotic infections (Rabies, Anthrax)	✓	✓	✓	✓	✓
NTDs (STH, Schistosomiasis, Trachoma)	✓	✓	✓	✓	✓

Conditions	0-4	5-14	15-49	50-69	70+
Scabies and other skin diseases	✓	✓	✓	✓	✓
Viral Hepatitis (B&C)	✓	✓	✓	✓	✓
	15	16	15	10	14
NON-COMMUNICABLE DISEASES					
Hypertension		✓	✓	✓	✓
Ischaemic heart disease			✓	✓	✓
Heart failure	✓	✓	✓	✓	✓
Stroke			✓	✓	✓
Upper GI disease/ Pancreatitis			✓	✓	✓
Chronic liver disease/Cirrhosis			✓	✓	✓
Appendicitis, Ileus and obstruction		✓	✓	✓	✓
Acute renal injury	✓	✓	✓	✓	✓
Chronic kidney disease		✓	✓	✓	✓
BPH/Prostate cancer				✓	✓
Musculoskeletal conditions	✓	✓	✓	✓	✓
Anaemias	✓	✓	✓	✓	✓
Hernia		✓	✓	✓	✓
Reproductive System Cancers (Cervical, Penial, Endometrial, etc)		✓	✓	✓	✓
Childhood cancers (Retinoblastoma, Nephroblastoma, Leukaemia's)	✓	✓			
GI cancers (Oesophageal, Gastric, Colorectal, etc)			✓	✓	✓
Urological Cancers (Kidney, Prostate, Bladder, etc)			✓	✓	✓
Other Cancers (Brain, Lung, etc)	✓	✓	✓	✓	✓
Asthma	✓	✓	✓	✓	✓
COPD				✓	✓
Diabetes	✓	✓	✓	✓	✓
Chronic subdural hematoma	✓	✓	✓	✓	✓
Cerebral Palsy	✓	✓	✓	✓	✓
Congenital Malformations	✓	✓	✓		
Hydrocephalus	✓	✓			
Seizures (epilepsy)	✓	✓	✓	✓	✓
ENT conditions	✓	✓	✓	✓	✓
Oral conditions	✓	✓	✓	✓	✓
Haematological conditions	✓	✓	✓	✓	✓
Eye conditions	✓	✓	✓	✓	✓
Myelomeningocele	✓	✓	✓	✓	✓
	17	18	25	26	26
REPRODUCTIVE & SEXUAL HEALTH					
	0-4	5-14	15-49	50-69	70
Family planning & contraception		✓ *	✓	✓	
Sexual health & Menstrual health		✓	✓	✓	
Infertility			✓	✓	

Conditions	0-4	5-14	15-49	50-69	70+
Abortion		✓	✓	✓	
Gender based violence		✓	✓	✓	✓
Maternal haemorrhage		✓	✓	✓	
Hypertensive disorders of pregnancy		✓	✓	✓	
Congenital birth defects	✓	✓	✓		
Obstetric fistula			✓		
Birth trauma	✓	✓	✓	✓	✓
Birth asphyxia	✓				
Neonatal sepsis	✓				
Neonatal jaundice	✓				
Puerperal Sepsis		✓	✓		
Syphilis	✓	✓	✓	✓	
	6	8	10	7	1
GROWTH, DEVELOPMENT & AGEING					
Malnutrition and micronutrient deficiency	✓	✓	✓	✓	✓
Eating disorders		✓	✓	✓	✓
Genetic/ neurodevelopment/behavioural disorders	✓	✓	✓	✓	✓
Alzheimer's Disease and other Dementias				✓	✓
Degenerative disease				✓	✓
	2	3	3	5	5
VIOLENCE & INJURY					
Injuries (Traffic Accidents, Falls, Occupational, etc)	✓	✓	✓	✓	✓
Human-animal conflicts such as snake bites, dog bites, stings, etc)	✓	✓	✓	✓	✓
Drowning	✓	✓	✓	✓	✓
Burns	✓	✓	✓	✓	✓
Poisonings	✓	✓	✓	✓	✓
Interpersonal violence (Including GBV)		✓	✓	✓	✓
Self-Harm (Suicide)			✓	✓	✓
Pathological fractures	✓	✓	✓	✓	✓
	6	7	8	8	8
MENTAL HEALTH					
Depression (Major D, Postpartum D)		✓	✓	✓	✓
Anxiety Disorders (OCD, PTSD)		✓	✓	✓	✓
Bipolar disorder			✓	✓	✓
Psychosis (Schizophrenias, postnatal, delusional disorder)		✓	✓	✓	✓
Emotional disorders (eating disorders, personality disorders)		✓	✓	✓	✓
Tobacco use (smoke, chew, sniff)		✓	✓	✓	✓
Alcohol use		✓	✓	✓	✓
Drug use (crystal meth, codeine, cannabis, opioids, cocaine)		✓	✓	✓	✓
Suicide		✓	✓	✓	✓
		8	9	9	9
TOTAL NUMBER OF CONDITIONS	46	60	70	65	63

Chapter 4: Key Elements for effective Implementation of EHSP

4.1 The Health Benefit Package and the EHSP

The Essential Health Service Package (EHSP) will be operationalized through the health benefit package (HBP) which will be articulated in a separate document. The purpose of the benefit package is to define the scope of interventions that will be provided from the EHSP with the current or planned public (and some external) resources. The benefit package is intended to act as the intermediate package, that does not necessarily encompass every intervention in the EHSP. The idea is that the benefit package is revised and progressively cover more interventions defined in the EHSP as sustainable additional public resources become availability.

Further technical level and policy decisions was undertaken to define a costed benefit package. The benefit package prioritizes interventions that are affordable and realistic while ensuring that equity principles are met. The provision of the health benefit package shall be monitored and undergo evaluations at different points and expanded accordingly. Figure 4 shows the relationship between the Essential Health Services Package and the benefit package.

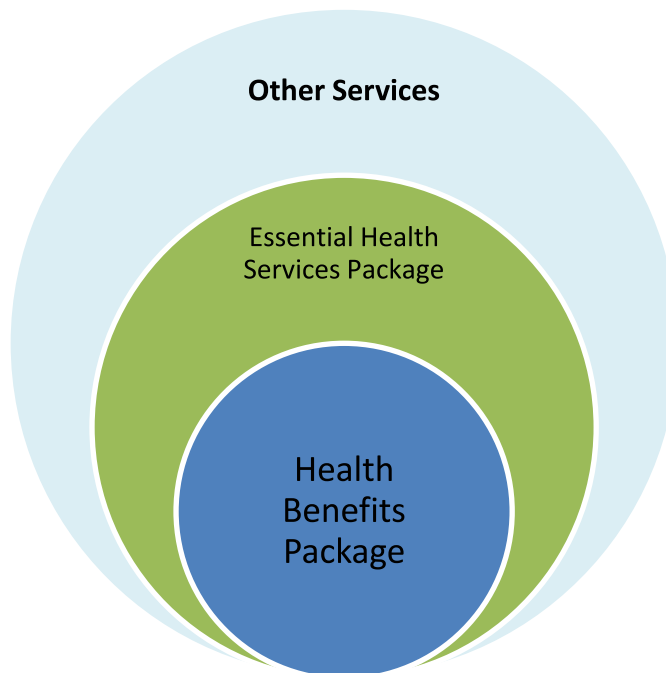


Figure 3: Relation between HBP and EHSP

4.2 Key elements of Essential Health Service Package

Progressive provision and ensuring all services in the EHSP are covered and included in the health benefits package requires concomitant strengthening of the health systems, advocating for whole of government and whole of society approach in health service delivery and periodic review and increasing investments for the sector. Therefore, the MOHCC needs to lead and collaborate with all key stakeholders to: -

- Ensure provision of critical physical and human resources essential to the functioning of health facilities and services from other sectors (for example water and sanitation services, energy, roads, education to train health workers).
- Ensure alignment of overarching health governance mechanisms (for example Health in All Policies), public health programmes and policies of other sectors to address key health determinants and immediate threats (for example in epidemic outbreaks or regulating goods that are harmful to health).

The critical elements needed for effective operationalisation of EHSP delivery include defining the Health Benefit Package, Guidelines and standard operating procedures (SOPs), Health investment norms, Health service standards, Human resource requirement, Licensing and accreditation, and service charter (Figure 3).

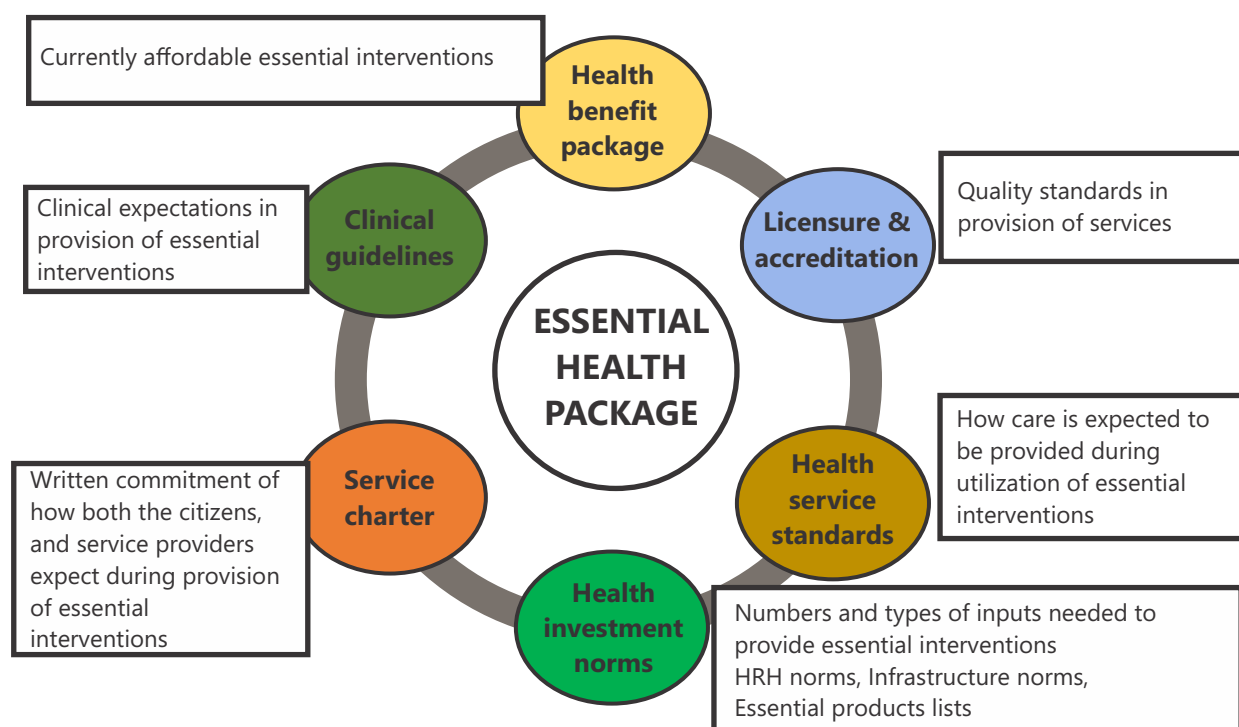


Figure 4: Key elements for essential health service package operationalization

Guidelines and SOPs

The objectives of guidelines and SOPs is to provide clear guidance on the processes, enhance appropriateness of practice, improve quality of care, ensuring the appropriate use of evidence. These tools serve as recommendations designed to help end-users make informed decisions on whether, when and how to undertake specific actions such as clinical interventions, diagnostic tests or public health measures, with the aim of achieving the best possible individual or collective health outcomes.

Health investment norms (Infrastructure, medicines and human workforce)

Progressive improvement in the level of investment in health is critical for EHSP delivery. For this EHSP, investments will be mapped based on the level of care (community, primary, secondary and tertiary levels) as well as by the type of investments covering health workforce (medical, managerial and administrative), infrastructure (physical, equipment, transport) and medical products (medicines, vaccines, supplies, blood products, etc.). The mapping will ensure that the norms of health infrastructure and human resources requirements at each level of care are considered and appropriate for services delivery.

Health Service Standards

The purpose of the health service standards is to define what clients can expect during the provision of essential services and highlight the obligations the management and employees need to adhere to. The service standards are defined for unit of care (outpatients, emergency, maternity, laboratory, pharmacy, in patients, etc) at every level of service provision. The service standards ensures that the health system is responsive to the needs of the population ensuring dignity to clients in the care process; autonomy in decision making; confidentiality of information; prompt attention during care; access to social and family support; choice/options during care; and good quality amenities.

Licensing and accreditation

An adequate, well distributed, motivated and supported health workforce is required for strengthening primary health care, progressing towards universal health coverage (UHC), detecting, preventing and managing health emergencies, and promoting health and well-being of the population. Creating a regulatory system that is focused on patient and public safety, 'that hears their voices and speaks for them'; where the quality of health workers is assured and continually improves; and where strong institutions, networks and relationships are established to implement these goals.

Licensure and certification serve as levers for ensuring that practicing health professionals meet specific standards and continue to maintain competence in a given content area. The spectrum of oversight processes can also include organizational accreditation, which serves to accredit practice institutions and health plans, but has some impact on the continuing competence of practicing professionals through the standards imposed (Greiner, 2003)

Service Charter

As the Essential Health Services Package needs to cater for the health needs of the population, the clients or patients will need to know how the services will be delivered and be satisfied with the services. On the rights of health system users and workers, no legislation exists at present. This can be addressed through a 'Charter of Patients Rights', which would cover the right to confidentiality and the right to full information on their condition, possible risks involved in treatment amongst others. The service charter will ensure that the population is enjoying their right to quality health care services, and it will spell out the responsibilities of users of the health facilities or health services. The implementation of the charter needs to be accompanied by awareness raising on the charter to ensure that all stakeholders are aware of what is expected of them.



Chapter 5: Essential Health Care Services by Disease Category

5.1 Overview

Development of the Essential Health Care Services appropriate for the package for Zimbabwe was achieved in a stepwise approach. First was the prioritization of disease conditions to be included in the EHSP. Age cohorts were used for this exercise to enable coming up with a comprehensive list as well as promoting integration. This was followed by identification of services related to each disease condition from the WHO Compendium for UHC. The UHC Compendium is a database of health services and intersectoral interventions designed to assist countries in making progress towards Universal Health Coverage (UHC). It provides a strategic way to organize and present information and creates a framework to think about health services and health interventions. Priority actions for each service were then elaborated for each level of care to ensure alignment with the guidelines in Zimbabwe. The Table 8 shows outputs from this exercise by disease category.

Table 8: Essential Health Care Service Package by Disease Category

Disease Category	Number of Services
Communicable Diseases	88
Reproductive and Sexual Health	43
Non-Communicable Diseases	245
Violence and Injuries	25
Growth and Development	32
Total	433

A total of 433 Services were identified for the Essential Health service package in Zimbabwe. The following sections elaborate on each category including the type of service to be provided and at what level of care.

5.2 Services by disease conditions

5.2.1 Communicable Diseases

Eighty-eight 88 services were defined for the priority disease conditions for communicable disease as detailed in Table 9.

Table 9: Health services for Communicable Diseases

Disease Condition	Health Service	Level of care					Type of Service
		Com ¹	Pri ²	Sec ³	Ter ⁴	Qua ⁵	
Vaccine preventable disease	General vaccine administration practices		X	X	X	X	Disease Prevention
	Vaccination based on individual characteristics		X	X	X	X	Disease Prevention
Rabies	Awareness on prevention of rabies	X	X	X			Health Promotion
	Prevention of rabies	X	X	X	X	X	Disease Prevention

Disease Condition	Health Service	Level of care					Type of Service
		Com ¹	Pri ²	Sec ³	Ter ⁴	Qua ⁵	
	Postexposure prophylaxes of rabies		X	X	X	X	Disease Prevention
	Screening and diagnosis of rabies	X	X	X	X	X	Curative
	Management of exposure to rabies		X	X	X	X	Curative
	Palliative care for person with rabies			X	X	X	Palliative Care
NTDs (STH, Schistosomiasis, Trachoma)	Awareness on prevention of Schistosomiasis	X	X	X			Health Promotion
	Prevention of schistosomiasis	X	X	X			Disease Prevention
	Screening and diagnosis of schistosomiasis		X	X	X	X	Curative
	Management of schistosomiasis		X	X	X	X	Curative
	Prevention of helminthiasis	X	X	X	X		Disease Prevention
	Screening and diagnosis of helminthiasis	X	X	X	X	X	Disease Prevention
	Management of helminthiasis	X	X	X	X	X	Curative
	Prevention of trachomatous trichiasis	X	X	X	X	X	Health Promotion
Scabies and other skin diseases	Awareness on prevention of scabies	X	X	X	X	X	Health Promotion
	Prevention of scabies	X	X	X	X	X	Disease Prevention
	Screening and diagnosis of scabies		X	X	X	X	Curative
	Management of scabies		X	X	X	X	Curative
	Screening and diagnosis of taeniasis and cysticercosis			X	X	X	Curative
	Management of taeniasis and cysticercosis			X	X	X	Curative
HIV/AIDS	Awareness on prevention of HIV	X	X	X	X	X	Health Promotion
	Prevention of HIV	X	X	X	X	X	Disease Prevention
	Screening and diagnosis of HIV		X	X	X	X	Curative
	Management of HIV	X	X	X	X	X	Curative
	Palliative care for PLWHIV/AIDS	X	X	X	X	X	Palliative Care
Tuberculosis	Awareness on prevention of TB	X	X	X	X	X	Health Promotion
	Prevention of tuberculosis		X	X	X	X	Disease Prevention
	Case detection of tuberculosis	X	X	X	X	X	Curative
	Diagnosis of tuberculosis			X	X	X	Curative
	Management of tuberculosis		X	X	X	X	Curative
Malaria	Awareness on prevention of Malaria	X	X	X			Health Promotion

Disease Condition	Health Service	Level of care					Type of Service
		Com ¹	Pri ²	Sec ³	Ter ⁴	Qua ⁵	
	Prevention of malaria		X	X			Disease Prevention
	Screening and diagnosis malaria	X	X	X	X	X	Curative
	Management of uncomplicated malaria	X	X	X	X	X	Curative
	Management of severe malaria		X	X	X	X	Curative
Viral Hepatitis (B&C)	Awareness on prevention of viral hepatitis	X	X	X	X	X	Health Promotion
	Prevention of viral hepatitis		X	X	X	X	Disease Prevention
	Screening and diagnosis of viral hepatitis		X	X	X	X	Curative
	management of viral hepatitis		X	X	X	X	Curative
Respiratory conditions (Pneumonia, Covid, Croup, Epiglottitis)	Prevention of lower respiratory infections	X	X	X			Disease Prevention
	Screening and diagnosis of lower respiratory infections	X	X	X	X		Curative
	Management of acute lower respiratory infections	X	X	X	X		Curative
Infective Diarrheal diseases (Cholera, Dysentery, Salmonella Hep A and E)	Awareness on the prevention of enteric infections	X	X	X	X	X	Health Promotion
	Prevention of enteric infections	X	X	X	X	X	Disease Prevention
	Screening and diagnosis of enteric infections	X	X	X	X	X	Curative
	Management of enteric infections	X	X	X	X	X	Curative
	Prevention of cholera	X	X	X			Disease Prevention
	Screening and diagnosis of cholera	X	X	X	X		Curative
	Management of cholera		X	X	X		Curative
STI (Gonococcal infection, Chlamydial infection, Herpes)	Awareness on prevention of STIs	X	X	X	X	X	Health Promotion
	Prevention of STIs and reproductive tract infections	X	X	X	X	X	Disease Prevention
	Screening and diagnosis of STIs and reproductive tract infections	X	X	X			Curative
	Management of STIs and reproductive tract infections		X	X			Curative
	Management of prostaticitis		X	X			Curative
	Prevention of urinary tract infections	X	X	X			Disease Prevention
	Screening and diagnosis of urinary tract infections		X	X			Curative
	Management of urinary tract infections		X	X			Curative
	Prevention of ophthalmia neonatorum		X	X	X	X	Disease Prevention

Disease Condition	Health Service	Level of care					Type of Service
		Com ¹	Pri ²	Sec ³	Ter ⁴	Qua ⁵	
Gonococcal and chlamydial eye infections	Screening and diagnosis of ophthalmia neonatorum		X	X	X	X	Curative
	Management of ophthalmia neonatorum		X	X	X	X	Curative
Brain Abscess and Encephalitis	Prevention of brain abscess and encephalitis		X	X	X	X	Disease Prevention
	Screening and diagnosis of brain abscess and encephalitis			X	X	X	Curative
	Management of brain abscess and encephalitis				X	X	Curative
Meningitis	Awareness on prevention of meningitis	X	X	X	X	X	Health Promotion
	Prevention of meningitis		X	X			Disease Prevention
	Screening and diagnosis of meningitis		X	X	X	X	Curative
	Management of meningitis			X	X	X	Curative
ENT infections (Otitis, Tonsillitis)	Awareness on prevention of ENT infections	X	X	X	X	X	Health Promotion
	Prevention of ENT infections		X	X			Disease Prevention
	Screening and diagnosis of ENT infections	X	X	X	X	X	Curative
	Management of ENT infections		X	X	X	X	Curative
	Management of ear infections complications			X	X	X	Curative
	Management of pharyngitis and tonsillitis		X	X	X	X	Curative
Measles	Awareness on prevention of measles	X	X				Health Promotion
	Prevention of measles	X	X	X	X	X	Disease Prevention
	Screening and diagnosis of measles	X	X	X	X	X	Curative
	Management of measles	X	X	X	X	X	Curative
Typhoid/paratyphoid	Prevention of Typhoid/paratyphoid	X	X	X	X	X	Disease Prevention
	Screening and Typhoid/paratyphoid	X	X	X	X	X	Curative
	Management of Typhoid/paratyphoid		X	X	X	X	Curative
Syphilis	Prevention of Syphilis	X	X	X	X	X	Disease Prevention
	Screening and diagnosis of Syphilis		X	X	X	X	Curative
	Management of Syphilis		X	X	X	X	Curative
Bronchiolitis (Respiratory Syncytial Virus RSV)	Prevention of Bronchiolitis	X	X	X	X	X	Disease Prevention
	Screening and diagnosis of Bronchiolitis		X	X	X	X	Curative
	Management of Bronchiolitis			X	X	X	Curative

Key; 1: Community, 2: Primary, 3: Secondary, 4: Tertiary, 5: Quaternary

5.2.2 Non-Communicable Diseases

Zimbabwe has made progress in managing communicable diseases, however increasing burden of non-communicable diseases also warrants similar level of efforts as being in communicable diseases. Therefore, in the development of this EHSP, 245 health services to tackled NCDs were defined as in Table 10.

Table 10: Health services for Non-Communicable Diseases

Disease Condition	Health Service	Level of care					Type of Service
		Com	Pri	Sec	Ter	Qua	
Anaemias	Awareness on Prevention of iron deficiency anaemia	X	X	X			Health Promotion
	Prevention of iron deficiency anaemia	X	X	X	X	X	Disease Prevention
	Screening and diagnosis of iron deficiency anaemia		X	X	X	X	Curative
	Management of iron deficiency anaemia		X	X	X	X	Curative
	Awareness on sickle cell disease	X	X	X	X	X	Health Promotion
	prevention of sickle cell crises	X	X	X	x	X	Health Promotion
	Create awareness on Congenital Dental anomalies e.g cleft lip and cleft palate	X	X	X	X	X	Health Promotion
	Screening and diagnosis of sickle cell disease			X	X	X	Curative
	Management of sickle cell crisis			X	X	X	Curative
	Longitudinal management of sickle cell disease		X	X	X	X	Curative
Haematological conditions	Screening and diagnosis of coagulation disorders			X	X	X	Curative
	Management of hypercoagulable states				X	X	Curative
	Management of coagulation disorders			X	X	X	Curative
Cancers	Management of complications of cancer treatment				X	X	Curative
	Rehabilitation for cancer			X	X	X	Rehabilitation
Reproductive System Cancers (Ovarian Cancer)	Early detection, diagnosis and staging of ovarian cancer			X	X	X	Curative
	Treatment of ovarian cancer			X	X	X	Curative
	Management of complications of ovarian cancer treatment				X	X	Curative
Reproductive System Cancers (Cervical Cancer)	Awareness of cervical cancer	X	X	X	X	X	Health Promotion
	Prevention of cervical cancer		X	X	X	X	Disease Prevention
	Screening and early detection of pre-invasive cervical cancer		X	X	X	X	Curative
	Early detection, diagnosis and staging of cervical cancer		X	X	X	X	Curative
	Treatment of pre-invasive cervical cancer		X	X	X	X	Curative
	Treatment of cervical cancer			X	X	X	Curative
	Management of complications of cervical cancer treatment	X	X	X	X	X	Palliative Care

Disease Condition	Health Service	Level of care					Type of Service
		Com	Pri	Sec	Ter	Qua	
Other cancers (Laryngeal Cancer)	Awareness of Laryngeal cancer and risk factors such as smoking	X	X	X	X	X	Health Promotion
	Prevention of Laryngeal cancer	X	X				Disease Prevention
	Early detection, diagnosis and staging of Laryngeal cancer				X	X	Curative
	Treatment of laryngeal cancer				X	X	Curative
	Management of complications of Laryngeal cancer treatment				x	x	Rehabilitation
	Palliation for laryngeal cancer treatment	x	x	x	x	x	Palliative Care
Other Cancers (Breast cancer)	Early detection, diagnosis and staging of breast cancer		X	X	X	X	Curative
	Treatment of breast cancer				X	X	Curative
Other Cancers (Trachea, bronchus and lung)	Awareness on prevention of Trachea, bronchus and lung cancer	X	X				Health Promotion
	prevention of Trachea, bronchus and lung cancer	X	X	X	X		Disease Prevention
	Early detection, diagnosis and staging of Trachea, bronchus and lung cancer		X	X	X	X	Curative
	Treatment of Trachea, bronchus and lung cancer			X	X	X	Curative
	Management of complications of Trachea, bronchus and lung cancer treatment	X	X	X	X	X	Palliative Care
Urological Cancers (Kidney, Prostate, Bladder, etc)	Awareness on Urological Cancers (Kidney, Prostate, Bladder, etc)	X	X	X			Health Promotion
	Awareness on Early detection and diagnosis of prostate cancer	X	X	X	X	X	Disease Prevention
	Early detection, diagnosis and staging of prostate cancer		X	X	X	X	Curative
	Treatment of prostate cancer			X	X	X	Curative
	Management of complications of prostate cancer treatment			X	X	X	Curative
GI cancers (Oesophageal, Gastric, Colorectal, etc)	Awareness on colon cancer	X	X	X	X	X	Health Promotion
	Early detection, diagnosis and staging of colon cancer		X	X	X	X	Curative
	Treatment of colon cancer				X	X	Curative
	Management of complications of colon cancer treatment	X	X	X	X	X	Rehabilitation
	Palliation for colon cancer treatment	X	X	X	X	X	Palliative Care
Urological Cancers (Kidney, Prostate, Bladder, etc)	Awareness on urinary bladder cancer	X	X	X	X	X	Health Promotion
	Early detection, diagnosis and staging of urinary bladder cancer		X	X	X	X	Curative
	Treatment of urinary bladder cancer				X	X	Curative
	Management of complications of urinary bladder cancer treatment				X	X	Curative
	Palliation for urinary bladder cancer complications	X	X	X	X	X	Palliative Care

Disease Condition	Health Service	Level of care					Type of Service
		Com	Pri	Sec	Ter	Qua	
Childhood cancers (Retinoblastoma, Nephroblastoma, Leukaemia's)	Awareness on childhood cancers	X	X	X	X	X	Health Promotion
	Early detection, diagnosis and staging of childhood cancers		X	X	X	X	Curative
	Treatment of acute childhood cancers					X	Curative
	Management of complications of childhood cancers treatment					X	Curative
	Palliation for urinary childhood cancer complications	X	X	X	X	X	Palliative Care
Cardiovascular diseases	Awareness of risks of cardiovascular diseases	X	X	X			Health Promotion
	Primary prevention of cardiovascular diseases with lipid lowering therapy			X	X	X	Disease Prevention
	Primary prevention of cardiovascular diseases (see also diabetes, hypertension, nutrition, physical activity, obesity and substance use categories)		X	X	X	X	Disease Prevention
Hypertension	Awareness on Prevention of hypertension	X	X	X	X	X	Health Promotion
	Prevention of hypertension	X	X	X	X	X	Disease Prevention
	Screening and diagnosis of hypertension	X	X	X	X	X	Curative
	Longitudinal management of hypertension		X	X	X	X	Curative
	Management of hypertensive emergencies			X	X	X	Curative
	Rehabilitation for hypertensive disease complications	X	X	X	X	X	Rehabilitation
	Palliation for hypertensive disease	X	X	X	X	X	Palliative Care
Ischaemic heart disease	Prevention of ischaemic heart disease	X	X	X	X	X	Health Promotion
	Basic Screening and diagnosis of acute ischaemic heart disease			X	X	X	Curative
	Screening and diagnosis of acute ischaemic heart disease				X	X	Curative
	monitoring of chronic stable patients	X	X	X	X	X	Curative
	management of ischaemic heart disease			X	X	X	Curative
	Diagnosis and Management of acute ischaemic heart disease				X	X	Curative
	Rehabilitation for ischaemic heart disease	X	X	X	X	X	Rehabilitation
Heart failure	Prevention of heart failure		X	X	X		Disease Prevention
	Screening and diagnosis of heart failure			X	X	X	Curative
	Management of acute heart failure			X	X	X	Curative
	Longitudinal management of heart failure	X	X	X	X	X	Curative
Stroke	Prevention of stroke	X	X	X	X	X	Disease Prevention
	Early identification and diagnosis of stroke		X	X	X	X	Curative
	Longitudinal management of stroke	X	X	X	X	X	Curative
	Management of acute stroke		X	X	X	X	Curative

Disease Condition	Health Service	Level of care					Type of Service
		Com	Pri	Sec	Ter	Qua	
	Rehabilitation for stroke	X	X	X	X	X	Rehabilitation
	Prevention of venous thrombosis and thromboembolism		X	X	X	X	Disease Prevention
	Screening and diagnosis of other vascular diseases			X	X	X	Curative
	Management of venous thrombosis and thromboembolism			X	X	X	Curative
	Management of aortic dissection				X	X	Curative
	Management of aortic aneurysm				X	X	Curative
	Management of arterial thrombosis			X	X	X	Curative
	Prevention of arrhythmias			X	X	X	Curative
	Screening and diagnosis of arrhythmias		X	X	X	X	Curative
	Management of acute arrhythmias				X	X	Curative
	Longitudinal management of arrhythmias		X	X	X	X	Curative
	Prevention of rheumatic heart disease		X	X	X	X	Curative
	Screening and diagnosis of rheumatic heart disease			X	X	X	Curative
	Management of rheumatic heart disease			X	X	X	Curative
	Prevention of noninflammatory arthropathies			X	X	X	Curative
	Screening and diagnosis of noninflammatory arthropathies			x	x	x	Curative
	Longitudinal management of noninflammatory arthropathies		x	x	x	x	Curative
	Rehabilitation for noninflammatory arthropathies			x	x	x	Rehabilitation
	Screening and diagnosis of noninflammatory spinal disorders			x	x	x	Curative
	Longitudinal management of noninflammatory spinal disorders			x	x	x	Rehabilitation
COPD	Screening and diagnosis of COPD			x	x	x	Curative
	Management of acute exacerbation of COPD			x	x		Curative
	Longitudinal management of COPD			x	x		Curative
	Rehabilitation for COPD			x	x	x	Rehabilitation
Asthma	Awareness on Asthma	X	X	X	X	X	Health Promotion
	Screening and diagnosis of asthma	X	X	X	X	X	Curative
	Management of acute exacerbation of asthma (asthmatic attack)			X	X	X	Curative
	management of stable asthma		X	X	X	X	Curative
	management of severe asthma and complications				X	X	Curative
Childhood oral conditions	Create awareness on Congenital Dental anomalies e.g. cleft lip and cleft palate	X	X	X	X	X	Health Promotion

Disease Condition	Health Service	Level of care					Type of Service
		Com	Pri	Sec	Ter	Qua	
Oral conditions	Awareness of oral diseases	X	X	X	X	X	Health Promotion
	Prevention of oral diseases	X	X	X	X	X	Disease Prevention
	Screening and diagnosis of oral diseases	X	X	X	X	X	Curative
	management of oral diseases		X	X			Curative
	Management of acute exacerbations of oral diseases				X	X	Curative
	speech and nutrition therapy for oral conditions			x	x	x	Rehabilitation
	Psychosocial support for family members (oral conditions)	X	X	X	X	X	Rehabilitation
Upper GI disease/ Pancreatitis	Prevention of gastrointestinal diseases						
	Screening and diagnosis of gastrointestinal diseases						
	Management of gastroesophageal reflux disease		x	x	x	x	Curative
	Management of gastritis, peptic ulcer disease and duodenitis		x	x	x	x	Curative
Appendicitis, Ileus and obstruction	Management of ileus and intestinal obstruction			x	x	x	Curative
	Management of appendicitis			x	x	x	Curative
Hernia	Management of hernias (inguinal, femoral, abdominal)			x	x	x	Curative
Upper GI disease/ Pancreatitis	Management of gallbladder and biliary diseases			x	x	x	Curative
Chronic liver disease/Cirrhosis	Awareness of cirrhosis and other chronic liver diseases	X	X	X			Health Promotion
	Prevention of cirrhosis and other chronic liver diseases	X	X	X	X		Disease Prevention
	Diagnosis of cirrhosis and other chronic liver diseases	X	X	X	X	X	Curative
	Management of cirrhosis and other chronic liver diseases			X	X	X	Curative
	Palliative care for cirrhosis and other chronic liver diseases			X	X	X	Palliative Care
Upper GI disease/ Pancreatitis	Management of pancreatitis			x	x	x	Curative
Upper /lower GI disease	Management of gastrointestinal bleeding		x	x	x	x	Curative
Chronic liver disease/Cirrhosis	Management of ascites and acute complications		x	x	x	x	Curative
Diabetes	Prevention of diabetes mellitus	x	x	x			Disease Prevention
	Screening and diagnosis of diabetes mellitus		x	x	x	x	Health Promotion
	Management of hyperglycaemic and hypoglycaemic emergencies	x	x	x	x	x	Curative
Endocrine disorders	Screening and diagnosis of thyroid disorders		x	x	x	x	Health Promotion

Disease Condition	Health Service	Level of care					Type of Service
		Com	Pri	Sec	Ter	Qua	
	Management of thyroid disorders			x	x	x	Disease Prevention
	Screening and diagnosis of adrenal disorders		x	x	x	x	Curative
	Management of adrenal disorders			x	x	x	Curative
	Screening and diagnosis of inflammatory bowel diseases		x	x	x	x	Curative
	Management of inflammatory bowel diseases		x	x	x	x	Curative
Autoimmune Disorders	Screening and diagnosis of inflammatory arthritis (including rheumatoid arthritis and ankylosing spondylitis)		x	x	x	x	Curative
	Management of inflammatory arthritis (including rheumatoid arthritis and ankylosing spondylitis)			x	x	x	Curative
	Rehabilitation for inflammatory arthritis (including rheumatoid arthritis and ankylosing spondylitis)			x	x	x	Curative
	Diagnosis of multisystem autoimmune disorders (including systemic lupus erythematosus)			x	x	x	Curative
	Management of multisystem autoimmune disorders (including systemic lupus erythematosus)			x	x	x	Curative
Urinary Disorders	Prevention of urinary system disorders	x	x	x	x		Disease Prevention
	Diagnosis of urinary system disorders	x	x	x	x	x	Curative
	Management of urinary retention or obstruction		x	x	x	x	Curative
	Management of urinary incontinence	x	x	x	x	x	Curative
Renal Disease	Management of chronic kidney disease			x	x	x	Curative
	Management of acute kidney injury	x	x	x	x	x	Curative
	Management of renal colic and urolithiasis			x	x	x	Curative
Female genital disorders	Diagnosis of non-infectious disorders of the female genital tract		x	x	x	x	Curative
Uterine fibroids	Management of uterine fibroid		x	x	x	x	Curative
Polycystic ovarian syndrome	Management of polycystic ovary syndrome				x	x	Curative
Pelvic organ prolapse	Management of pelvic organ prolapse				x	x	Curative
Endometriosis	Management of endometriosis		x	x	x	x	Curative
Ovarian torsion	Management of ovarian torsion		x	x	x	x	Curative
Obstetric fistula	Management of obstetric fistula				x	x	Curative
Male genital disorders	Diagnosis of non-infectious disorders of the male genital tract		x	x	x	x	Curative
BPH/Prostate cancer	Management of benign prostatic hyperplasia			x	x	x	Curative
Testicular torsion	Management of testicular torsion			x	x	x	Curative
Depression (Major D, Postpartum D)	Assessment of depression		X	X	X	X	Curative
	Management of depression		X	X	X	X	Curative
Anxiety Disorders (OCD, PTSD)	AWARENESS of anxiety disorders	X	X	X			Health Promotion

Disease Condition	Health Service	Level of care					Type of Service
		Com	Pri	Sec	Ter	Qua	
	Prevention of anxiety disorders	X	X	X			Disease Prevention
	Assessment of anxiety disorders		X	X	X	X	Curative
	Management of anxiety disorders		X	X	X	X	Curative
Psychosis (Schizophrenia, postnatal, delusional disorder)	Awareness of psychotic disorders	X	X	X			Health Promotion
	Assessment of psychotic disorders	X	X	X	X	X	Curative
	Management of psychotic disorders		X	X	X	X	Curative
	Rehabilitation for schizophrenia	X	X	X	X	X	Rehabilitation
Bipolar disorder	Awareness on Bipolar disorder	X	x	x			Health Promotion
	Assessment of bipolar disorder	X	X	X	X	X	Curative
	Management of bipolar disorders		X	X	X	X	Curative
Parasuicide	Assessment of self-harm/suicide risk	x	x	x			Curative
	Management of self-harm / suicide risk		x	x	x	x	Curative
Childhood and adolescent mental disorders	Promotive and preventive mental health services for adolescents	x	x	x			Health Promotion
	Assessment of emotional problems and disorders in children and adolescents		x	x	x		Curative
	Management of emotional problems and disorders in children and adolescents		x	x	x	x	Curative
Behavioural disorders	Assessment of behavioural disorders		x	x	x	x	Curative
	Management of behavioural disorders			x	x	x	Curative
Neurodevelopmental disorders	Assessment of neurodevelopmental disabilities	x	x	x	x		Curative
	Management of neurodevelopmental disabilities			x	x	x	Curative
Intellectual disorders	Rehabilitation for disorders of intellectual development			x	x	x	Rehabilitation
Nutrition Disorders	Prevention of overweight and obesity	X	X	X			Health Promotion
	Management of overweight and obesity		X	X			Curative
Alcohol use	Screening and diagnosis of alcoholism		X	X	X		Curative
	Management of alcoholism				X		Curative
Drug use (crystal meth, codeine, cannabis, opioids, cocaine)	Assessment of substance abuse (crystal meth, codeine, cannabis, opioids, cocaine)		X	X	X		Disease Prevention
	Prevention of substance abuse (crystal meth, codeine, cannabis, opioids, cocaine)	X	X	X	X		Disease Prevention
	Screening and diagnosis of substance abuse (crystal meth, codeine, cannabis, opioids, cocaine)			X	X		Curative
	Management of substance abuse disorders			X	X		Curative
	Rehabilitation of patients with substance abuse disorders				X	X	Rehabilitation
Tobacco use (smoke, chew, sniff)	Management of tobacco use disorders	X	X				Health Promotion
Degenerative disease	Screening and diagnosis of neurodegenerative disorders			X	X		Curative
	Management of neurodegenerative disorders			X	X		Curative

Disease Condition	Health Service	Level of care					Type of Service
		Com	Pri	Sec	Ter	Qua	
Alzheimer's Disease and other Dementias	Awareness on Alzheimer's Disease and other Dementias	X	X	X			Health Promotion
	Prevention of Alzheimer's Disease and other Dementias			X	X		Disease Prevention
	Screening and diagnosis of dementia (including Alzheimer disease)			X	X		Curative
	Management of dementia (including Alzheimer disease)			X	X		Curative
	Palliation for dementia (including Alzheimer disease)	X	X	X			Palliative Care
Parkinson's Disease	Rehabilitation for Parkinson disease			X			Rehabilitation
Seizures (epilepsy)	Awareness on Seizures (epilepsy)	X	X	X			Health Promotion
	Prevention of Seizures (epilepsy)		X	X	X		Disease Prevention
	Screening and diagnosis of seizures (epilepsy)		X	X	X		Curative
	Management of epilepsy and seizures		X	X	X		Curative
Headaches	Screening and diagnosis of headache disorders		X	X			Curative
	Management of headache disorders		X	X			Curative
Motor neuron Disease	Screening and diagnosis of motor neuron disease			X	X		Curative
	Rehabilitation for motor neuron disease			X	X		Rehabilitation
	Screening and diagnosis of Guillain Barre syndrome			X	X		Curative
	Management of Guillain Barre syndrome			X	X		Curative
	Rehabilitation of Guillain Barre syndrome			X			Rehabilitation
multiple sclerosis	Screening and diagnosis of multiple sclerosis			x	x	x	Curative
	Management of multiple sclerosis			x	x	x	Curative
	Rehabilitation of multiple sclerosis			x	x	x	Rehabilitation
Eye conditions	Prevention of eye diseases and vision impairment		x	x	x	x	Disease Prevention
	Screening and diagnosis of eye diseases and vision impairment		x	x	x	x	Curative
	Management of refractive error, amblyopia and strabismus			x	x	x	Curative
	Management of cataract			x	x	x	Curative
	Management of glaucoma			x	x	x	Curative
	General management of visual impairment		x	x	x	x	Curative
	Rehabilitation for visual impairment			x	x	x	Rehabilitation
	Management of ocular cancer				x	x	Curative
ENT conditions	Management of uveitis				x	x	Curative
	Prevention of ear diseases and hearing impairment	x	x	x	x	x	Disease Prevention
	Screening and diagnosis of external and middle ear diseases		x	x	x	x	Curative

Disease Condition	Health Service	Level of care					Type of Service
		Com	Pri	Sec	Ter	Qua	
	Management of external and middle ear diseases		x	x	x	x	Curative
	Management of inner ear and vestibular diseases			x	x	x	Curative
	Screening and diagnosis of hearing impairment			x	x	x	Curative
	Management of hearing impairment			x	x	x	Curative
	Rehabilitation for hearing impairment			x	x	x	Rehabilitation
inflammatory skin conditions dermatitis acne urticaria psoriasis	Screening and diagnosis of inflammatory skin disorders		x	x	x	x	Curative
	Management of dermatitis (atopic, contact, seborrheic)		x	x	x	x	Curative
	Management of acne		x	x	x	x	Curative
	Management of urticaria		x	x	x	x	Curative
	Management of psoriasis		x	x	x	x	Curative

5.2.3 Reproductive and Sexual Health

Under reproductive and sexual health 43 services were defined as priority services for the EHSP. These are detailed in the Table 11.

Table 11: Health services for Reproductive and Sexual Health

Disease Condition	Health Service	Level of care					Type of Service
		Com	Pri	Sec	Ter	Qua	
Pregnancy	Routine care during pregnancy (Health education on ANC services)	X	X	X	X	X	Health Promotion
	Routine care during pregnancy (ANC services)		X	X	X	X	Disease Prevention
	Management of antenatal complications (ANC)			X	X	X	Curative
	Routine care during first stage of labour (labour and delivery)		X	X	X	X	Curative
	Routine care during second stage of labour (Labour and delivery-normal delivery)		X	X	X	X	Curative
	Routine care during second stage of labour (Labour and delivery-assisted delivery)			X	X	X	Curative
	Routine care during second stage of labour (Labour and delivery-caesarean delivery)			X	X	X	Curative
New-born	Routine care during third stage of labour (Active management of third stage of labour)		X	X	X	X	Curative
	Immediate care for new-born		X	X	X	X	Curative
Maternal haemorrhage (PPH)	Management of complications during labour and childbirth (Screening for Maternal haemorrhage-PPH)		X	X	X	X	Curative
	Management of complications during labour and childbirth (Active Management for Maternal haemorrhage-PPH)		X	X	X	X	Curative

Disease Condition	Health Service	Level of care					Type of Service
		Com	Pri	Sec	Ter	Qua	
	Management of complications during labour and childbirth (Management of severe PPH)			X	X	X	Curative
Hypertensive disorders of pregnancy	Management of complications during labour and childbirth (Screening and diagnosis of Hypertensive disorders of pregnancy)		X	X	X	X	Curative
	Management of complications during labour and childbirth (Management of Hypertensive disorders of pregnancy)			X	X	X	Curative
	Management of complications during labour and childbirth (Management of Severe Hypertensive disorders of pregnancy)			X	X	X	Curative
Postpartum	Routine care for postpartum women		X	X	X	X	Curative
	management of postpartum complications (Puerperal sepsis, postpartum depression)			X	X	X	Curative
New-born	Routine care for newborn		X	X	X	X	Curative
	Care for neonatal complications (Counselling on nutrition to prevent Congenital birth defects)		X	X	X	X	Health Promotion
Congenital birth defects	Care for neonatal complications (Maternal Micronutrient supplementation to prevent Congenital birth defects)		X	X	X	X	Disease Prevention
	Care for neonatal complications (Screening and diagnosis of Congenital birth defects)		X	X	X	X	Curative
	Care for neonatal complications (Management of Congenital birth defects)			X	X	X	Rehabilitation
Birth trauma	Care for neonatal complications (Birth trauma)			X	X	X	Curative
Birth asphyxia	Care for neonatal complications (Birth asphyxia)			X	X	X	Curative
	Care for neonatal complications (Management of Cerebral Palsy due to Birth asphyxia)			X	X	X	Rehabilitation
Neonatal sepsis	Care for neonatal complications (Neonatal sepsis)		X	X	X	X	Curative
Neonatal jaundice	Care for neonatal complications (Screening and diagnosis for Neonatal jaundice)		X	X	X	X	Curative
	Care for neonatal complications (Management of Neonatal jaundice)		X	X	X	X	Curative
Prematurity	Care for neonatal complications (Management of Prematurity)		X	X	X	X	Curative
	Care for neonatal complications (Identification and management of disability due to Prematurity)			X	X	X	Rehabilitation
Abortion	Abortion related care (post-abortion care)		X	X	X	X	Curative
	Care for complications of abortion		X	X	X	X	Curative
Pregnancy	Diagnosis of ectopic pregnancy		X	X	X	X	Curative
	Management of ectopic pregnancy			X	X	X	Curative
Sexual health & Menstrual health	Promotion of menstrual health	X	X	X			Health Promotion
	Care for menstrual health		X	X			Curative
	Promotion of sexual health and wellbeing	X	X	X			Health Promotion
	Care for sexual functioning and wellbeing			X	X		Curative
Family planning	Screening, testing and counselling for family planning and contraception		X	X	X	X	Health Promotion

Disease Condition	Health Service	Level of care					Type of Service
		Com	Pri	Sec	Ter	Qua	
& contraception	Family planning and contraception		X	X	X	X	Curative
Infertility	Diagnosis of infertility		X	X	X	X	Curative
	Management of infertility			X	X	X	Curative
Gender Based Violence	Care and support for survivors of intimate partner and sexual violence, including rape (Gender Based Violence)		X	X	X	X	Curative

5.2.4 Violence and Injuries

Morbidity and mortality due to violence and injuries are a major component of the disease burden in Zimbabwe. Therefore 25 health services were defined for inclusion into the the EHSP. These are outline in Table 12.

Table 12: Health services for Violence and Injuries

Disease Condition	Health Service	Level of care					Type of Service
		Com	Pri	Sec	Ter	Qua	
Interpersonal violence (Including GBV)	Prevention and early recognition of violence	X	X	X	X	X	Health Promotion
	Safe and confidential access to health services for conditions related to interpersonal violence		X	X	X	X	Curative
Injuries (Traffic Accidents, Falls, Occupational, etc)	Counselling for injury prevention	X	X	X	X	X	Health Promotion
	General approach to serious injury	x	x	x	x	x	Curative
	Management of head and face injury (including ocular injury)		x	x	x	x	Curative
	Management of spinal injury (including neck injury)			x	x	x	Curative
	Rehabilitation of head and face injury		x	x	x	x	Rehabilitation
	Management of thoracoabdominal injury			x	x	x	Curative
	Management of pelvic injury (including urogenital)			x	x	x	Curative
	Management of extremity injury		x	x	x	x	Curative
	Rehabilitation for extremity injuries			x	x	x	Rehabilitation
	Management of wounds (excluding burns)	x	x	x	x	x	Curative
	Rehabilitation of pelvic injuries			x	x	x	Rehabilitation
	Rehabilitation for spinal cord injury			x	x	x	Rehabilitation
Burns	Counselling for prevention of burns	x	x	x	x	x	Health Promotion
	Management of burns	x	x	x	x	x	Curative
	Rehabilitation for thermal and chemical injuries (burns)			x	x	x	Rehabilitation
Human-animal conflicts such as snake bites,	Counselling for prevention of bite and envenoming injuries	x	x	x	x	x	Health Promotion
	Management of bites and envenoming injuries	x	x	x	x	x	Curative

Disease Condition	Health Service	Level of care					Type of Service
		Com	Pri	Sec	Ter	Qua	
dog bites, stings, etc)							
Childhood accidents (drowning, poisoning, foreign bodies)	Safety awareness on Prevention of environmental exposures (drowning, poisoning and foreign bodies)	X	X	X	X	X	Health Promotion
	Prevention of environmental exposures (drowning, poisoning and foreign bodies)	X	X	X	X	X	Disease Prevention
	Diagnosis and management of environmental exposures (drowning, poisoning and foreign bodies)	X	X	X	X	X	Curative
	Management of disability following environmental exposures (drowning, poisoning and foreign bodies)		X	X	X	X	Rehabilitation
	psychological Management of family members following environmental exposures (drowning, poisoning and foreign bodies))		X	X	X	X	Palliative Care
Self-Harm (Suicide)	Counselling for prevention of Self-Harm (Suicide)	x	x	x	x	x	Health Promotion

5.2.5 Growth and Development

Thirty-two (32) health services have been defined under growth and development area and are included in the EHSP as listed in Table 13

Table 13: Health Services for growth and development

Disease Condition	Health Service	Level of care					Type of Service
		Com	Pri	Sec	Ter	Qua	
Malnutrition and micronutrient deficiency	Support for healthy nutrition	x	x	x			Health Promotion
	Prevention of poor growth	X	X	X			Disease Prevention
	Assessment of nutritional status (Screening and diagnosis)	X	X	X	X	X	Curative
	Management of SAM	X	X	X	X	X	Curative
	Management of micronutrient deficiency	X	X	X	X	X	Curative
	Physio, occupational and nutritional therapy where indicated for Malnutrition		X	X	X	X	Palliative Care
Genetic/ neurodevelopment/behavioural disorders	Management of cerebral palsy	x	x	x	x	x	Curative
	Rehabilitation for cerebral palsy	x	x	x	x	x	Rehabilitation
	Screening and diagnosis of congenital hearing loss				x	x	Curative
	Management of congenital hearing loss				x	x	Curative
	Screening and diagnosis of congenital cataract		x	x	x	x	Curative
	Management of congenital cataract			x	x	x	Curative
	Screening and diagnosis of congenital critical heart defects			x	x	x	Curative

Disease Condition	Health Service	Level of care					Type of Service
		Com	Pri	Sec	Ter	Qua	
	Management of congenital critical heart defects				x	x	Curative
	Prevention of congenital neural tube		x	x	x	x	Disease Prevention
	Screening and diagnosis of congenital talipes		x	x	x	x	Curative
	Management of congenital talipes			x	x	x	Curative
	Screening and diagnosis of cleft lip and/or palate		x	x	x	x	Curative
	Management of cleft lip and/or palate				x	x	Curative
Degenerative diseases	Identification of limited mobility and fall risk		x	x	x	x	Curative
	Management of limited mobility and prevention of falls			x	x	x	Curative
Alzheimer's Disease and other Dementias	Identification of cognitive decline		x	x	x	x	Curative
	Management of cognitive decline			x	x	x	Curative
	Assessment for social support needs	x	x	x	x	x	Curative
	Social care and support	x	x	x	x	x	Curative
	Palliative care assessment, planning and referrals	x	x	x	x	x	Palliative Care
	Palliative care for physical needs	x	x	x	x	x	Palliative Care
	Palliative care for psychological needs	x	x	x	x	x	Palliative Care
	Palliative care for social and spiritual needs	x	x	x	x	x	Palliative Care
	Diagnosis for palliative care emergencies			x	x	x	Curative
	Management of palliative care emergencies			x	x	x	Curative
	rehabilitation for Alzheimer's and dementias			x	x	x	



Chapter 6: Health Benefit Package

6.1 Overview

Based on the existing and predictable public resources in the short and medium term, the critical population health needs, and in the spirit of “leaving no one” and “no place” behind” the MOHCC through a consultative process has prioritised set of services from the EHSP into benefits package that can be provided across all levels of care to the entire population. This Health Benefit Package (HBP), herein referred to as the Basic Package of Services in line with the constitutional provisions of Zimbabwe, represents a prioritized subset of services within the country's healthcare system, designed to ensure essential care provision to its population. As a component of the broader Essential Health Services Package (EHSP), the HBP aims to guarantee access to fundamental health services while aligning with the Zimbabwe's context and resources. By delineating a Basic Package of care, the HBP establishes a foundation for equitable access to essential health services, catering to the diverse needs of the population.

6.2 Development of the Health Benefits Package

Following the development of the EHSP, a meticulous review process was undertaken by a panel of domain experts comprising medical professionals, public health practitioners, policy makers, administrators from public health institutions, development partners and other relevant stakeholders undertook a prioritisation exercise in the development of HBP. The stakeholders applied a Multi-Criteria Decision Analysis (MCDA) approach in the inclusion of services in HBP. The domains considered are the severity of the targeted condition on Mortality, Morbidity, Impact of Interventions, Technical Feasibility, Cost, Political Economy, and Equity. Using a Likert Scale ranging from 0 to 5, the experts systematically scored each service against these criteria, ensuring a comprehensive and rigorous assessment.

Subsequently, the data generated from the MCDA process facilitated the normalization of relative weights for each service across the five levels of service delivery: Community, Primary, Secondary, Tertiary, and Quaternary. This normalization process ensured a balanced distribution of services across different tiers of care, optimizing resource allocation and maximizing healthcare efficiency.

To further refine the selection process and establish clear thresholds for service inclusion, a set of policy assumptions was formulated. These assumptions aimed to preserve services offered at lower levels of care, thereby ensuring comprehensive coverage and accessibility. By cascading thresholds at 100%, 80%, 50%, and 30% respectively across the previously stated service delivery levels, the policy framework delineated the proportion of top-weighted services to be retained at each level of service delivery, thereby enhancing the coherence and effectiveness of the Basic Package.

The level of coverage for the HBP is assumed will variable be level of care, age group and disease condition (Table 14). Its coverage will be reviewed and revised periodically.

Table 14: Assumptions of coverage by level of care, age and disease condition

Level	Percentage
Coverage of services by level of care	<ul style="list-style-type: none"> – 100% coverage for community and primary care level interventions – 80% coverage for the district level/first level services and interventions – 60% coverage for the tertiary care level services – 40% coverage for the quaternary level services
Coverage by age group	<ul style="list-style-type: none"> – 100% coverage of maternal and child health services at district hospital level. – 100% coverage for child health services at tertiary level for disease conditions in the top ten causes of morbidity and mortality at this level. – 100% coverage of services to manage mental and substance use disorders for the children and 15-49 yrs age group. – 60% coverage for more 65 years age group
Coverage by disease condition	<ul style="list-style-type: none"> – 100% coverage for emergency RTA and work-related injury services at all levels (funded by Workmen's compensation, health levy, road traffic accident fund). – 100% coverage for epidemic prone conditions services. – 100% coverage for prevention services for chronic conditions including cancers. – 100% coverage for cervical and breast, cancer services including treatment.

The culmination of these efforts resulted in the derivation of the Basic Package, comprising 320 services compared to the original 431 services outlined in the EHSP. Notably, the distribution of services by Type of Care and Level of Service underscored an increased emphasis on the Primary Health Care approach, reflecting the direction in the Health Strategic Plan on primary health care as illustrated in the figures below.

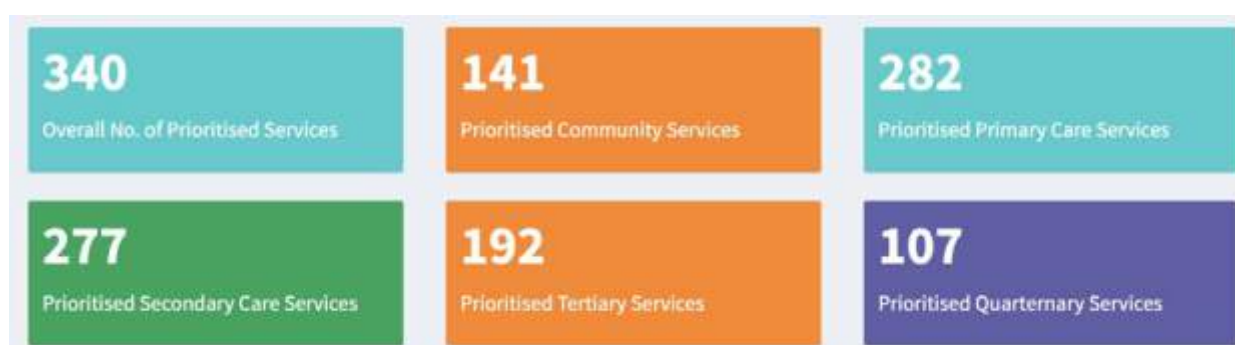


Figure 5: Summary of Prioritised Services by Service Delivery Level (Note: A Service Can Be Delivered at Multiple Levels)

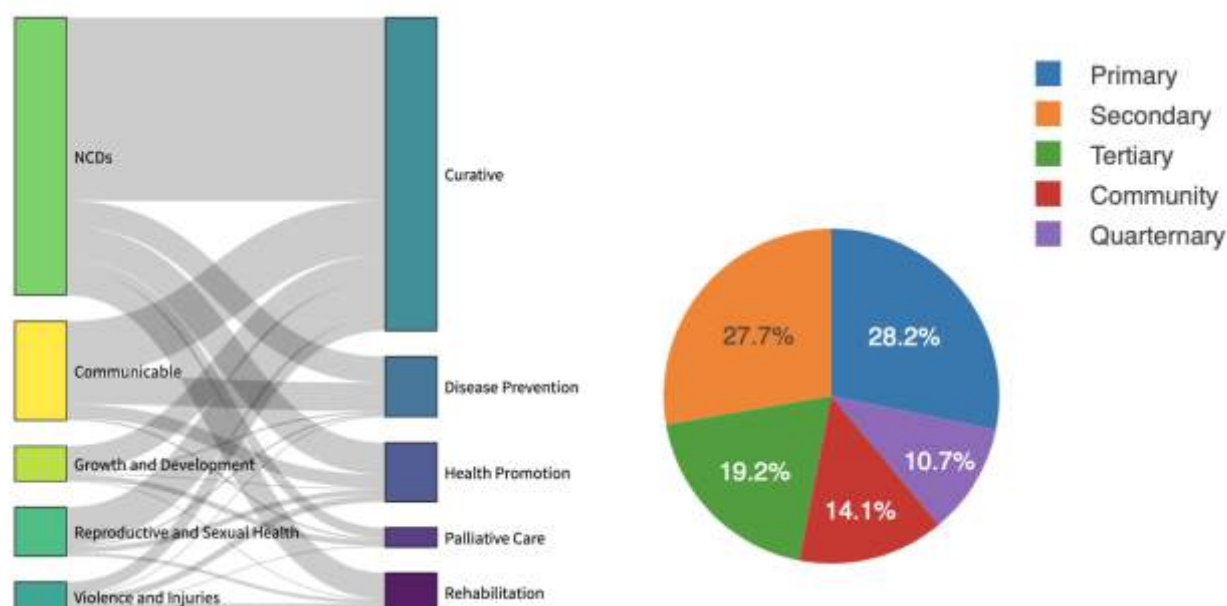


Figure 6: Category of Service and Type of Care for EHSP Services and Distribution of Services by Level of Care

The complete list of services in the Basic Package are detailed in separate publication and can be accessed on the Interactive Web Tool (https://devintel.shinyapps.io/Intervention_Costing/). HBP interactive platform also facilitates modifications of the package as needed.

6.3 Revision of the Health Benefits Package

In line with the principles of UHC especially in terms of expanding services and costs covered, the HBP will be revised periodically, and additional services included and others may be removed informed by improvement in public resource envelop, emerging technology and epidemiological changes in health conditions amongst others. In addition to domain expert perspectives, future iterations of the HBP will integrate key factors such as Incremental Cost-Effectiveness Ratios (ICERs), Actual Costs of Interventions, and Budget Data. This holistic approach will ensure the HBP remains dynamic and responsive to evolving healthcare needs, while leveraging innovative tools such as the interactive dashboard to facilitate informed decision-making and resource allocation.



Chapter 7: Monitoring and Evaluation

The EHSP represents the interventions that the Government through the health sector commits to progressively cover and provide to the people of Zimbabwe through periodic revision and expansion of the HBP in-order to improve their health and wellbeing. The EHSP package review will follow major development at national and global levels. The focus of the government shall be ensuring the HBP is expanded to cover all services in the EHSP. The key evaluation initiator is how many services have moved from the EHSP into the HBP over the health strategic plan periods.

The MOHCC carries annual health sector review - a process where the health sector documents progress and results against the implementation of the annual operational plans using sector key performance indicators and targets set in the strategic plan. The platform provide an opportunity for the preliminary discussion on progress with implementation of the EHSP.

The MOHCC in collaboration with stakeholders shall determine the frequency with which the EHSP can be evaluated. The need to evaluate EHSP package shall be informed by the extent of services into the HBP, major development in health technologies and epidemiological changes. However, the HBP shall be evaluated on more regular basis to expand service coverage.

Bibliography

Institute for Health Metrics and Evaluation (IHME). GBD Compare. Seattle: IHME, University of Washington; 2019

WHO. Global Health database (online). <https://www.healthdata.org/gbd/2019>

Deriving an essential health package in the WHO African Region: A country toolkit for action. Leaving no one behind in Africa. WHO AFRO, 2018

Government of Zimbabwe. Zimbabwe 2022 Population and Housing Census Preliminary Report

Government of Zimbabwe. National Development Strategy I

MOHCC.2021. National Health Strategy 2021-2025

MOHC.2017. National Health Financing Strategy 2017-2022

MOHCC 2013 (2nd Ed). District Core Health Services for Zimbabwe

MOHCC 1995. District Core Health Services for Zimbabwe

Institute of Medicine (US)Committee on the Health Professions Education Summit . 2003. Greiner AC, Knebel E, editors Chapter 5 Health Professions Oversight Processes: What They Do and Do Not Do, and What They Could Do <https://www.ncbi.nlm.nih.gov/books/NBK221526/>





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