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Introduction

Universal Health Coverage (UHC) ensures access to essential health services without financial hardship. A core policy instrument to achieve UHC is a well-defined Health Benefits Package (HBP). HBPs outline covered services, cost-sharing arrangements, and eligible beneficiaries. They guide service delivery, resource allocation (human resources, provider payments, procurement, budgeting) and public acceptability that drives the active membership. HBPs are not static and require regular revisions to adapt to evolving health needs (changing disease burdens, new technologies), fluctuating budgets, and implementation challenges.

Problem

Despite the importance of periodic and regular revisions, most low- and middle-income countries (LMICs) infrequently revise their HBPs leading to misallocation of resources, limited innovation, and challenges in implementation. Ultimately, it reduces public trust in the healthcare system and hinders progress towards UHC.

Purpose

This brief provides policymakers and practitioners with best practices for revising HBPs in LMICs.

Methodology

This policy brief draws on the JLN *Making Explicit Choices on the Path to UHC: Guide for Health Benefits Package Revision* which presents experiences of 18 countries, primarily from the Joint Learning Network (JLN) Efficiency Collaborative (EC) of the Health Financing Technical Initiative, supplemented by a review of relevant literature. Information was gathered through surveys, interviews, workshops, and a review of country documents.

Key takeaways

- **Regular revisions:** HBPs are living documents requiring periodic revisions to ensure they remain relevant and efficiently utilize resources.
- **Data-driven decisions:** Revisions should be based on evidence regarding service effectiveness, cost-effectiveness, and disease burden.
- **Stakeholder engagement:** Meaningful stakeholder participation, including the Ministry of Finance, is crucial for successful revisions. Public involvement raises awareness and impacts enrolment and retention, especially in LMICs where most of the population is in the informal sector. **Prioritization:** Revisions should prioritize universal coverage of existing high-value services before expanding the package.
- **Transparency & equity:** The revision process should be transparent and consider societal values to ensure equity.

Country Applications: Context and insights for HBP revision

Ethiopia

Background: The Ministry of Health of Ethiopia led a revision of the HBP aimed at ensuring equitable access to essential healthcare services. The revision considered disease burden, cost-effectiveness, and fiscal sustainability.

Review process: A multi-tiered committee structure facilitated decision-making, guided by defined criteria. Prioritization focused on disease burden, cost-effectiveness, equity, and budgetary impact.

Status: Recent revisions included over 1,000 interventions across major disease groups, with an emphasis on both communicable and non-communicable diseases, health promotion, emergency care, and neglected tropical diseases. HBP is transitioning from an implicit negative list to an explicit list of covered interventions.

Key takeaways: Strong leadership, collaboration, and a transparent, evidence-based approach are crucial for successful HBP revisions. Stakeholder engagement fosters ownership and sustainability, while continuous monitoring and evaluation are essential for ongoing improvement.

Ghana

Background: Ghana's National Health Insurance Scheme (NHIS), established in 2003, covers approximately 95% of disease conditions through an implicit benefit package. Funding primarily comes from earmarked social security and tax contributions, with mandatory enrollment. Service providers include public, private, and faith-based institutions, currently reaching over half the population.

Review process: The National Health Insurance Authority (NHIA) has a legally mandated and recently documented process for reviewing its HBP. This process emphasizes financial sustainability and aligns with the Joint Learning Network's HBP revision guide principles.

Status: Recent proposed revisions focused on specific areas like childhood cancer, prostate cancer, and mental health, utilizing actuarial analysis and service delivery assessments to arrive at coverage decisions or otherwise. Appropriate next steps will be to consider the establishment of a priority-setting mechanism for inclusion requests and leveraging existing Health Technology Assessment (HTA) structures to support decision-making.

Key takeaways: Ghana's stepwise approach ensures comprehensive consideration during HBP revisions. The tailored analytical approach using actuarial analysis and service delivery assessments enhances the relevance and effectiveness of the package.

Kenya

Background: Kenya's health sector is financed through a mix of public and private sources, with significant out-of-pocket payments. The country's population of approximately 54 million has a GDP per capita of \$1,801 and a total health expenditure per capita of \$152.

Review process: Kenya's HBP review process involves a multi-tiered structure engaging the Ministry of Health and various stakeholders. Analytical approaches based on data from the Social Health Authority (formerly National Health Insurance Fund) and the Ministry of Health prioritize interventions within the limited budget.

Status: Current revisions focus on developing an essential benefit package, ensuring affordability, strengthening primary care, and addressing non-communicable diseases (NCDs). Stakeholder engagement is crucial for public participation and collaboration between healthcare providers, donor agencies in the healthcare space and government agencies.

Key takeaways: Political will, stakeholder engagement, and data-driven decision-making are critical for effective HBP revisions in Kenya. Investing in primary healthcare, digitization and exchange of health information and addressing NCDs are essential for achieving Universal Health Coverage.

South Africa

Background: South Africa's two-tiered health system, with the National Health Insurance (NHI) aiming for UHC, serves a population of approximately 60 million. The country boasts a GDP per capita of \$6,374 and a total health expenditure per capita of \$546.

Review process: South Africa's HBP review process emphasizes explicit priority setting and benefit descriptions to enhance equity and coherence in national planning and implementation. A service benefits framework grounded in policy facilitates decision support and coordination among stakeholders.

Status: The National Health Insurance Act 20 of 2023 was signed into law in May 2024. Other progress in supporting policy includes the approval of a coding schema, endorsement of the service benefits framework, and the development of a draft Health Technology Assessment (HTA) Strategy.

Key takeaways: South Africa's experience highlights the importance of explicitness in both the HBP review process and benefit descriptions for national planning and implementation purposes. Alignment with national policies and improved coordination among stakeholders is crucial for the successful implementation of the NHI and for achieving UHC.

Recommendations

- Establish a systematic, evidence-informed process for HBP revisions.
- Involve relevant stakeholders, including the Ministry of Finance, in the revision process.
- Prioritize universal coverage of existing high-value services.
- Consider disinvesting in low-value services to free up resources for higher-value services.
- Utilize a combination of analytical approaches (whole package review, partial review, etc.) based on the specific revision needs.
- Invest in data collection and analysis to inform revisions.
- Foster collaboration between the Ministry of Health and the Ministry of Finance to ensure fiscal sustainability.

Way Forward

Regularly revising HBP is essential for achieving UHC. By following these recommendations, LMIC policymakers and practitioners can ensure their HBPs remain relevant, efficient, and equitable.

Policymakers and practitioners should work together to develop and implement a systematic process for revising their HBPs to accelerate progress towards UHC.

References and useful resources

- The JLN *Making Explicit Choices on the Path to UHC: Guide for Health Benefits Package Revision* Copyright © 2022, Joint Learning Network for Universal Health Coverage, International Decision Support Initiative (iDSI), The World Bank Group.

Conflicts of interest

This policy brief was developed by the Joint Learning Network for Universal Health Coverage (JLN for UHC). Dr. James Soki, program manager for the JLN for UHC, and Vrishali Shekhar, Country Engagement Focal Point, World Bank JLN Core Team, served as the lead authors. The JLN for UHC is committed to accelerating progress towards UHC.

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