Identifying the challenges in Delivering the Essential Health Care Package in Eswatini

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The egalitarian goal of Universal Health coverage (UHC) by 2030, to provide health services without financial hardship to every member of the population; garners well with the monarchist system of the Kingdom of Eswatini, that aspires to attain social equality.

The government has committed to achieving Universal Health Coverage (UHC), as prioritized in the National Health Strategy (NHSSP II 2017 – 2020) and the National Health Financing Policy. The Essential Health Care Package (EHCP) defines the set of services to be provided freely at each level of the health system to reduce the disease burden and provide for the poor and vulnerable. Ministry of Health worked with stakeholders to develop a systematic practical approach to operationalize the EHCP and navigate from the decision to deliver and on-the-ground implementation.

To assess the ability of facilities to deliver the EHCP, government conducted facility service readiness assessments, and extensive resource availability assessments in 10 clinics and two hospitals to understand the input gaps preventing EHCP service delivery. These revealed gaps in availability of General Service Readiness commodities, including essential medicines and basic equipment items such as infection prevention, adult/pediatric examination, and point of care diagnostics. Given the identified challenges in resource gaps and inefficiencies, the Ministry of Health adopted a systematic approach to diagnose and address implementation challenges from a facilities perspective. Each facility conducted fish-bone analysis and root cause analysis to identify the causal bottlenecks in the supply chain of General Service Readiness Commodities. This additional analysis provided a range of systemic supply chain and budgeting issues.

To address these issues, quality improvement techniques have been adopted to fill the gaps and drive efficiencies. The Ministry worked to identify service delivery reforms which could help us service delivery gaps through innovative forms of service delivery.

The key lesson was that resource availability assessment output was not directly actionable from a health systems strengthening perspective. Follow-up processing mapping was required to understand the systemic root causes preventing resources from being available to the front-line clinician. Further follow-up work was required to connect resources their respective budgets and supply chains in identifying solutions to solve the bottlenecks. After this consultation process, a comprehensive standard Resource Matrix of the essential resource inputs necessary to deliver the services was developed.