Adopting a minimum service package approach

Key messages: **Government-led initiatives to implement health strategies had met with limited success, requiring a new, simple, yet more effective approach - the minimum service package (MSP).**

1. The MSP approach is needed to implement key health policies.
2. The set of tools developed allows states to tailor policies to their own context.
3. Both technical and political skills are needed for far-reaching policy initiatives.

The challenge: new policy initiatives lack tools for implementation

The number and types of recent policy initiatives in the health sector in Nigeria, such as the new Health Bill, the National Health Insurance Scheme, and the Northern Governors' commitment to free maternal, neonatal and child health (MNCH) services all require a broad-based but simple strategy to ensure they can be implemented and provide access to basic health services. The ward minimum health care package (WMHCP) and the integrated maternal, newborn and child health (IMNCH) initiative were introduced by the federal government to provide this implementation strategy but with limited success.

The response: developing the MSP approach

The PRRINN-MNCH partner states undertook a process of defining the MSPs for the various types of health facility and to advocate for nation-wide adoption and implementation. In Zamfara, Yobe and Katsina activities included:

- Helping the states define their MSPs
- Helping the states define the staffing needs of facilities
- Costing each state's MSP
- Supporting states to define investment planning and rationalisation of facilities

One outcome of this support to the three states was the development both of a process to assist states to design an MSP and the development of a number of computer tools to assist in this process, including estimating the cost of the state MSP.

The results

1. A system to identify the facilities that can cover each level of population has been developed by each state eg:

ZAMFARA	
Facility type	**Population coverage**
Health clinic	2,000 – 5,000
Primary HC centre	10,000-30,000
Rural hospital	Rural LGA 200,000 – 300,000
General hospital	Urban LGA 300,000 – 500,000

KATSINA	
Facility type	**Population coverage**
Health clinic	2,000 – 5,000
Primary HC centre	10,000-30,000
Comprehensive HC centre	Rural LGA 200,000 – 300,000
General hospital	Urban LGA 300,000 – 500,000

2. Minimum health services are provided by each type of facility to ensure standards and enhance accountability. This is based on the National PHC Development Agency (NPHCDA) service intervention classification guidelines which include:

- Control of communicable diseases (malaria, STI/HIV/AIDS)
- Child survival
- Maternal and newborn care
- Nutrition
- Non-communicable diseases prevention

3. The list of resources required by each type of facility is documented: drugs, equipment, infrastructure, human resources and utility services.

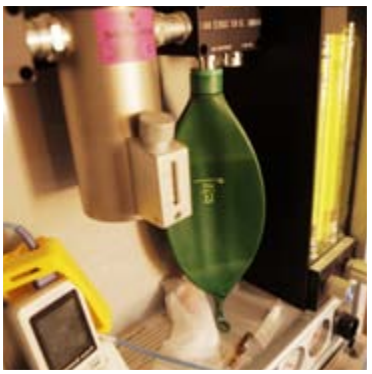
4. Quantification and cost of all the resources required is based on workload estimates.

5. Estimation of resources available from government and partners.

6. A plan for rational distribution of facilities and services ensures equity and coverage.

Three tools were developed to i) assist states in costing MSP services for each facility type, ii) plan for human resource needs and iii) cost for planning and rationalisation of facilities. Overall these tools will assist in:

- Defining and estimating the cost of the staff establishment required to implement a state-defined MSP at each level of care
- Estimating the cost of MSPs – as the assumptions and deliverables can be altered, the model is a dynamic way to illustrate the costs of different packages
- Estimating the cost of providing a full, free MNCH package or of phasing in aspects of the full package
- Estimating the full costs of a service delivery plan that will allow state governments to identify funding gaps which could be used to source additional funds from internal funding mechanisms (eg MDG fund) or external development partner funding



The next steps will provide a solid platform to build full implementation of MSPs in each state:

1. Lobby for policy adoption of the system to match facility type to level of population

2. Build the technical capacity to use costing tools and generate evidence for rationalisation of facilities and budget allocation

3. Disseminate information on MSP and facility rationalisation to influence distribution of resources

Policy implications

Developing the MSP allows for the easy implementation of several key policies developed by the Federal Ministry of Health and other government structures. This includes key MNCH policies such as free MNCH services and the IMNCH policy initiative.

Conclusion

MSP implementation is both a policy and political issue as well as a technical health and economic issue. There is need for both broad stakeholder acceptance and technical competence to generate appropriate evidence to inform facility distribution, resource allocation and distribution as well as human resource rationalisation. However, all these issues require time.

PRRINN-MNCH

Partnership for Reviving Routine Immunisation in Northern Nigeria; Maternal Newborn and Child Health Initiative

The PRRINN-MNCH programme works with federal, state and local governments and local communities to improve the quality and availability of maternal, newborn and child health services.

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