

Supplement 3: Scan of NHI White Paper Principles & Commitments Relevant to Priority-Setting and HTA

	Population coverage	Benefit coverage	Service delivery/quality improvement
Effectiveness The healthcare interventions covered under NHI will result in desired and expected outcomes in everyday settings. NHI will ensure that the health system meets acceptable standards of quality and achieves positive health outcomes.		<u>Essential Benefit Categories</u> <ul style="list-style-type: none"> Promotive, preventive, curative, rehabilitative, palliative care (8:30) Services to be provided in addition to hospital-based services include nutrition, mental health, oral health rehabilitation, optometry, basic curative services, environmental health, and clinical support services (23:106, Figure 3) Develop Essential Medicine List (EML) (25:117) 	<u>General Considerations</u> <ul style="list-style-type: none"> Prohibiting low-quality benefits (19:90)
Equity NHI will ensure a fair and just health care system for all; those with the greatest health needs will be provided with timely access to health services	<u>General Considerations</u> <ul style="list-style-type: none"> Delinking health insurance as an employment benefit (19:90) Coverage regardless of SES (21:98) <u>Priority Populations</u> <ul style="list-style-type: none"> Priority will be given to the population with greatest need, including vulnerable groups and those experiencing the greatest difficulty in obtaining care (21:98) Second phase of NHI implementation (2017-2022) will focus on purchasing health services for vulnerable groups such as the elderly, children, women, and disabled (60:311) <u>Humanitarian Considerations</u> <ul style="list-style-type: none"> Migrants (refugees, asylum seekers, irregular migrants) will receive basic services in line with Refugees Act and other international conventions (21:101) 	<u>General Considerations</u> <ul style="list-style-type: none"> Will give attention to distributional impacts of not covering certain personal health services (48:244) <u>Essential Benefits for Priority Populations</u> <ul style="list-style-type: none"> Common set of maternal health services will include up to 8 antenatal visits, delivery, oral contraceptives, injectables, and sub-dermal implants for those aged 15-40 (63:329) The elderly will be prioritized and targeted for interventions such as cataract treatment and hip/knee replacements (63:329) Mental health services will be prioritized for screening, referral, and care (63:329) <u>Emergency Medical Services</u> <ul style="list-style-type: none"> Uniform level of EMS and facility-based emergency care across country (32:156) All EMS vehicles (public and private) will be a standard color and responsive to a single national emergency number (55:283) 	<u>General Considerations</u> <ul style="list-style-type: none"> Access services closest to where one lives (22:103) Elimination of requirement that chronic stable patients in public sector travel to health facility on monthly basis to collect medication, implementation of alternatives (36:184-6) <u>Improve Rural Service Delivery</u> <ul style="list-style-type: none"> Improve service delivery across rural-urban divide (21:99) Mobile health care services and coverage for planned transportation from rural, remote areas (24:107) Improve quality of life of health professionals working in rural areas to improve quantity and quality of services meeting local needs (35:180)
Appropriateness Health care services will be delivered at appropriate levels of care through innovative service delivery models and will be tailored to local needs			<u>General Considerations</u> <ul style="list-style-type: none"> PHC services consider geographic, demographic, and epidemiologic profiles of community (22:105) Treatment guidelines should be flexible to allow for local circumstances, such as when it is not feasible to discharge patients due to a lack of community-level or family care support (55:285) <u>Gate-keeping and Referrals</u> <ul style="list-style-type: none"> Gate-keeping at PHC-level (19:90), except in cases of acute emergency care (26:121) Referrals to higher care levels (22:103), clearly articulated referral system (25:114), bi-directional (29:142) Municipal Ward-based Primary Health Care Outreach Teams (WBPHCOTs) go to households, provide health promotion education, provide referrals to PHC (29:144)

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Efficiency Health care resources will be allocated and utilised in a manner that optimizes value for money that combines allocative and productive efficiency by maximising health outcome for a given cost whilst using the given resources to maximum advantage, and by maximising the welfare of the community by achieving the right mixture of healthcare programmes for the entire population.			<u>General Considerations</u> <ul style="list-style-type: none"> HTA will inform decisions of NHI Benefits Advisory Committee (25:113) A legislated entity will conduct HTA (58:304) HTA will inform prioritization, selection, distribution, management and introduction of interventions for health promotion, disease prevention, diagnosis, treatment, and rehabilitation (58:304) <u>Targeted Areas for Improvement</u> <ul style="list-style-type: none"> Improve efficiency of National Health Laboratory Services (NHLS): conduct tests from an appropriateness of need for care perspective, not revenue generation; reduce waste; define an essential set of tests (37-8:187-91)
Affordability Health services will be procured at reasonable cost, taking into account the need for sustainability within the context of the country's resources			<u>General Considerations</u> <ul style="list-style-type: none"> Budget impact analysis to accompany any change to comprehensive health care services (25:116)