



Ministry of Health & Sanitation

Essential Health Services Package for UHC

Freetown, December 2022

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Foreword

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Chapter 1: Introduction

1.1 Background

The Republic of Sierra Leone is situated on the west coast of Africa, bordering the North Atlantic Ocean, between Guinea and Liberia with land area of approximately 71,740 sq. km. The climate is tropical, with a hot, humid, rainy season from May to October and a dry season from November to April.

The country is subdivided into four administrative regions: the North, East and Southern provinces, as well as the Western Area, where the capital city of Freetown is located [Figure 1]. Roughly 21% of Sierra Leoneans live in the geographically small Western Area; 35% in the North; 23% in the East; and 20% in the South¹. The regions are divided further into twelve districts, which are in turn sub-divided into chiefdoms, governed by local paramount chiefs. With the recent devolution of services to local communities, the country has been divided into 19 local councils that have been further sub-divided into 392 wards. Sierra Leone is a diverse society with 20 distinct language groups and two major religions, namely, Islam and Christianity.

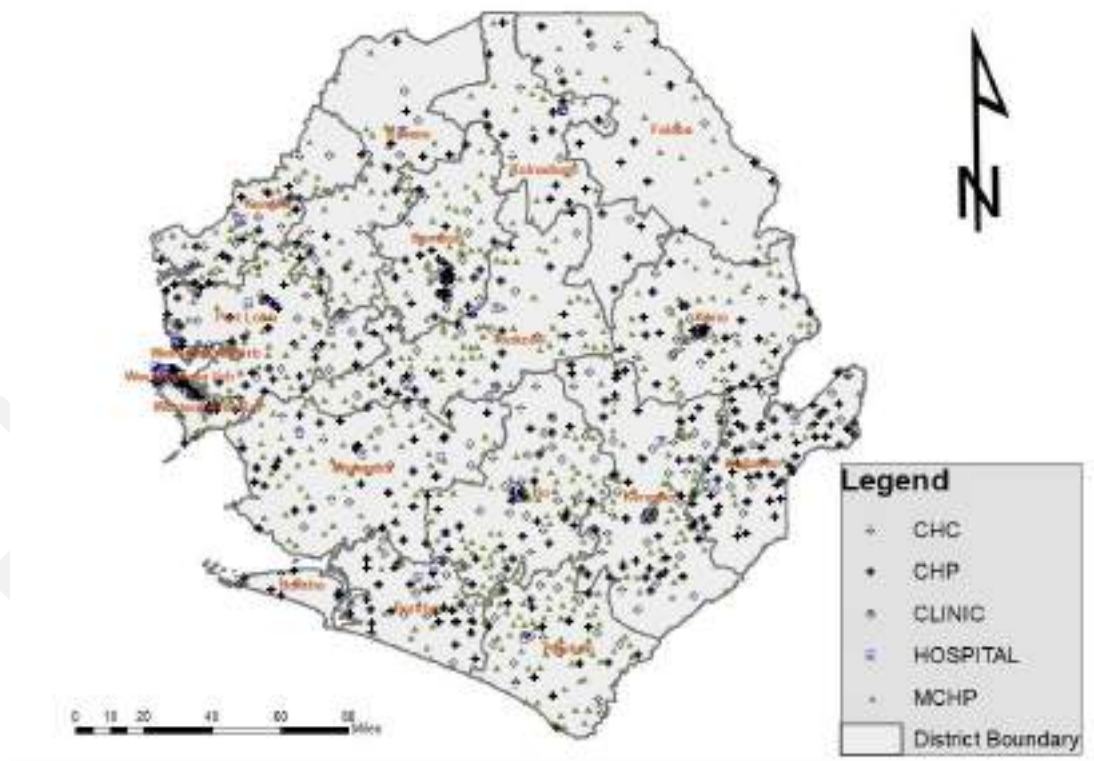


Figure 1: Map of Sierra Leone

¹ National Health Sector Strategic Plan 2017-2021 (HSSP II), Ministry of Health and Sanitation. 2017

Based on the 2021 Digital Mid-Term Census Provisional results, the estimated population of Sierra Leone is 7,541,641². According to the Demographic Health Survey (DHS) 2019³, the population of Sierra Leone, 63 percent rural with a large proportion (40.1% percent) of the total population is between the age of 5-19 years and an estimated 14.5 percent is under the age of 5 years. The age group 20-49 years and 50-64 age groups are estimated at 32.9.2% and 8.1%, respectively while the elderly population (over 65 years) is the lowest, estimated at around 4.3 percent. The average household size is estimated at 5.3 persons. Life expectancy at birth has reached 55 years in 2020 from 39 years in 2000, while the population is typical of countries with a high fertility rate and low life expectancy [See Figure 2.]

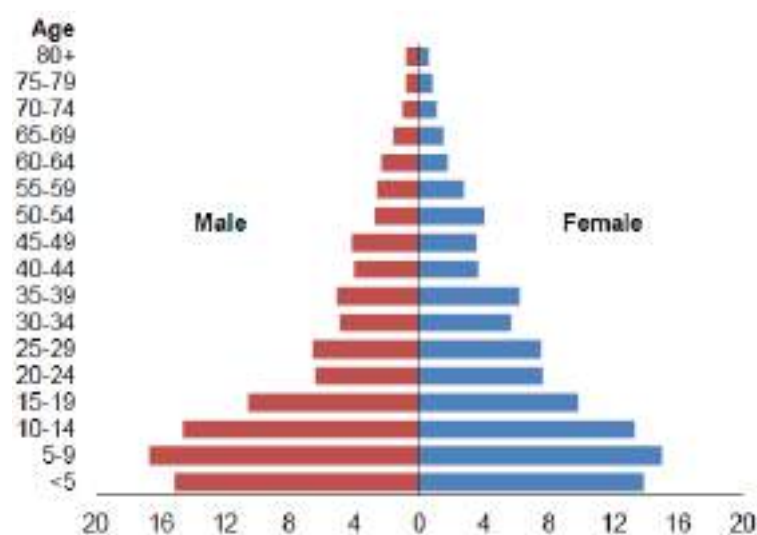


Figure 2: Population distribution

1.2 Health care delivery structure

In Sierra Leone, Health care delivery is organized around a three-tier system i) primary level constituting peripheral health units (community health centers, community health posts, and maternal and child health posts) ii) secondary level constituting district hospitals iii) tertiary level comprising regional and national referral hospitals [Figure 3]. Health service delivery system guided by the Basic Package of Essential Health Services 2015-2020 (BPEHS) and the Free Health Care Initiative (FHCI) is pluralistic provided by Government, religious missions, local and international NGOs and the private sector. There are 1028 health facilities distributed throughout the country providing services to the public organized in a three-tier system with the majority (86%) owned and run by the government.

² <https://www.statistics.sl/index.php/census/mid-term-population-census.html>

³ Statistics Sierra Leone (Stats SL) and ICF. 2020. *Sierra Leone Demographic and Health Survey 2019*. Freetown, Sierra Leone, and Rockville, Maryland, USA: Stats SL and ICF.

The MOHS runs a four-tier laboratory system that corresponds with health care delivery system in the country⁴. The Public Health Laboratory (PHL) provides over-arching support and quality systems at regional and national levels. The tertiary level laboratory services are located at regional hospitals while the secondary level laboratory serves the district hospitals. Laboratory service at chiefdom level is mainly provided at the Community Health Centre (CHC), which is one of the three primary levels of the Peripheral Health Units (PHUs). Imaging modalities, mostly x-rays and ultrasound is available in district and regional hospitals while CT scan and MRI are limited to tertiary hospitals.

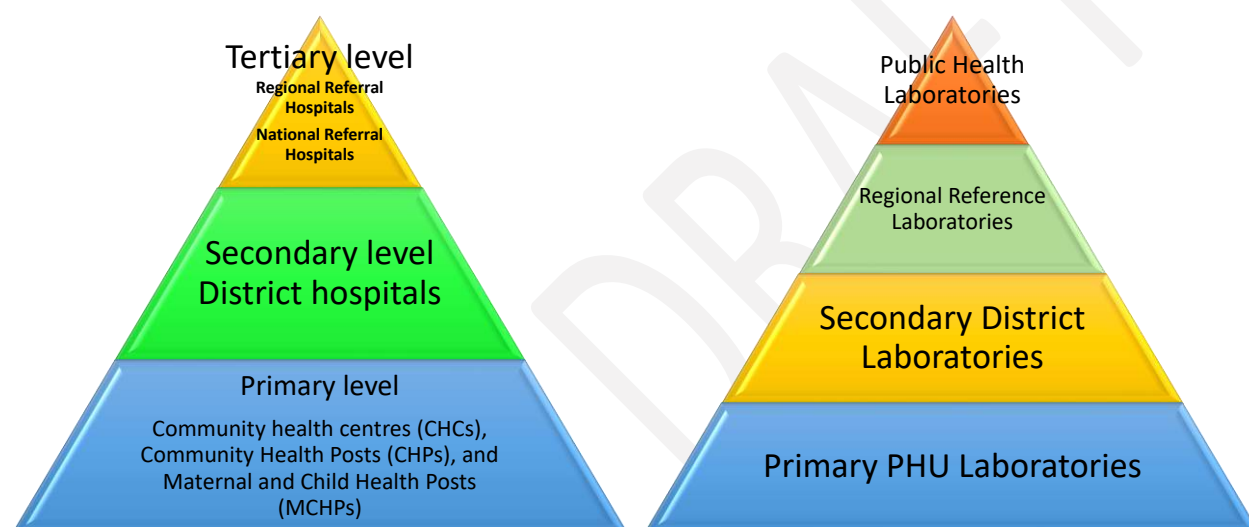


Figure 3: Organization of Health care delivery and laboratory system

1.3 Health status of the population

Despite the substantial high infant, child and maternal mortality rates in the region, Sierra Leone has been showing marked improvement in the health status of its population. Similar to the regional trend, notable gains have been made in the skilled birth attendance, use of modern contraception and immunization coverage. People who are getting HIV testing in both general population and among pregnant women attending ANC and PMTCT services have been increasing gradually. There is also a marked reduction in new HIV infections and AIDS related deaths. Due to the increased availability of integrated malaria control interventions, such as increased availability of diagnostic tests, free treatments and mass distribution of insecticide treated nets (ITNs), Sierra Leone has achieved massive declines in malaria deaths. Despite an incidence rate of 301 per 100,000 population in 2017 and reduction to 284/100,000 population in 2021, Sierra Leone remains one of the 30 high-TB burden countries in the world⁵. However, there has been marked reduction in TB related mortality as a result of improved treatment

⁴ National Health Laboratory Strategic Plan: 2016 – 2020. MOHS

⁵ Global tuberculosis (TB) report-2022. WHO

success rates. Great efforts and achievements have also been recorded in the control of NTDs such as trachoma, onchocerciasis, lymphatic filariasis, schistosomiasis and Stool transmitted helminthiasis using continuous mapping and improved access to mass drug administration programs. Significant reduction in case-fatality rate for childhood diseases such as malaria, ARI/pneumonia, watery diarrhoea was observed in the post-Ebola period as a result of investment in the health system and improved health seeking behaviour⁶. Although these achievements indicate that the country has made substantive progress, the need for doubling the efforts and commitments remains critical, to ensure the gains made are sustained and upscaled throughout the country.

While remarkable achievements are realised in the prevention and control of infectious diseases, the incidence of non-communicable diseases (NCDs), their risk factors and mental health is on the rise indicating the dual burden of infectious diseases and non-communicable diseases. The noncommunicable disease and injuries poverty commission has outlined 43 priority conditions⁷. According to the world health statistics 2022 report, age standardized prevalence of hypertension among adults aged 30-79 years was 40.8%, tobacco use among persons 15 years and older was 13.5% while the probability of dying from any of the four major NCDs between the ages 30-70 stood at 23.5%⁸. These figures indicate the importance of the non-communicable diseases as important public health problems that need due attention in order to achieve the desired goal of universal health coverage and SDGs.

Sierra Leone's health system, social and economic activities was greatly affected by the Ebola epidemic of 2014 that claimed the lives of 3,589. The country has been implementing health system recovery and resilience investment framework since 2015 to make every district resilient to any public health emergencies. While the country was recovering, like the rest of the world, it has been affected by COVID-19 pandemic with around 7,754 confirmed cases and 125 COVID-19-related deaths as of 8 November 2022 since its first reported case in March 2020. The country has implemented several public health and social measures including surveillance, testing, social distancing, hand washing and vaccination to curb the spread of COVID-19 and its socio-economic impact. These measures have been crucial in controlling community spread of the virus and reducing the burden to its lowest level. However, such outbreaks are reminders for investment in strong health systems so that future shocks and public health emergencies do not derail the ambition of the Government and people of Sierra Leone to achieve the desired goals of UHC and SDGs.

⁶ Sesay T, Denisiuk O and Zachariah R. Paediatric morbidity and mortality in Sierra Leone. Have things changed after the 2014/2015 Ebola outbreak? [version 2; peer review: 5 approved, 1 approved with reservations]. *F1000Research* 2020, 8:796 (<https://doi.org/10.12688/f1000research.18552.2>)

⁷ NCDI Commission. Sierra Leone Non-communicable Diseases and Injuries Poverty Commission: Findings and Recommendations NCDI POVERTY Commission Reframing Noncommunicable Diseases and Injuries for the Poorest Billion. 2020;

⁸ World health statistics 2022: Monitoring health for the SDGs, sustainable development goals, WHO 2022

1.4 Rationale

In 2015, the UN member states has adopted the Sustainable Development Goals (SDGs) to guide policies and actions across all sectors that are important to development. SDG-3 is the health goal, and SDG target 3.8 specifically concerns achieving universal health coverage (UHC) for all segments of the population. The move towards SDGs/UHC means that there is need to be more progressive in planning the availability of services needed by all for their health and well-being. The essential package rather than being defined by budgets, is defined based on the needs of the population.

The WHO Regional Committee for Africa adopted a strategy for health systems development towards universal health coverage (UHC) in the context of the SDGs in August 2017. This 'Framework of actions' provides guidance to countries on the realignment of system investments needed to attain a comprehensive set of health and health-related outcomes critical to achieving SDG 3. It also provides linkages between health system investments and health service outcomes to ensure synergies of action across system and service interventions that are also needed to reach SDG 3.

In this context, the Government of Sierra Leone (GoSL) has developed three comprehensive streamlined documents; The UHC Roadmap, NHSSP 2021- 2025 and National Health Sector Policy (NHSP) 2021. These documents with their health system based strategic pillars and strategic directions provide a clear direction for the achievement of UHC and SDGs in the health sector in the next ten years. The UHC Roadmap describes the pathway of the health reform processes required to achieve universal access to quality health care services (including prevention, promotion, treatment and rehabilitation) while the National Health Sector Strategic Plan (NHSSP) 2021-2025 provides a comprehensive strategy for the health sector with detailed outputs, all of which are guided the National Health Sector Policy.

The NHSSP 2021-2025 prioritizes six strategic areas for the reduction of the burden of diseases and improvement of health status of all Sierra Leoneans. These cover the following conditions and diseases: non-communicable and communicable diseases; Maternal, newborn, child and adolescent health and nutrition; Mental health services; Services directed toward sexual and reproductive health and rights; services directed towards health promotion, disease prevention; and health security and emergency measures. It also recognizes the need for ensuring universal access to essential health services for all citizens of all ages. Without an Essential Health Services Package (EHSP), achieving the above-mentioned objectives will be difficult, further exacerbating inequitable access to services and overburdening tertiary facilities.

A clearly defined list of essential health services ensures access and quality whilst addressing the demand of the services and resilience of the system. The essential health care package (EHCP) is a key component of the strategy to reach Universal Health Coverage and the SDGs. The vision for Sierra Leone's Universal Health Coverage (UHC) in its 2021-25 National Health Sector Strategic Plan (NHSSP) is that 'All people should have access to affordable quality healthcare services and

health security without suffering undue financial hardship'. Central to this goal is the revision and development of Essential Health Services package (EHSP).

The paradigm shifts from the Basic to Essential Health Services Package will give impetus to expanding the existing scope of services to include sub-specialization in various service areas including the secondary and tertiary levels as prioritized in the strategy. The EHSP principles also echoes strategic shifts that are aligned with the multi-sectorial and inclusive nature of SDGs. Some of the pronounced shifts are the focus on person-centered care; regardless of age, geographic location, funding and other variables.

Table 1: 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 |

Across the African Region, many countries have experience with basic packages, which are a small set of services defined by the available funds, whose availability the country was willing to guarantee. These are however developed with limited understanding of the investments needed to deliver these investments/services and typically defined by technocrats, with little input from what people need. The shift from MDG to SDG era also echoes the strategic shift needed to move from disease-focused to person centered care, for all people at all ages. The move towards UHC means that countries need to be more progressive in planning the availability of services needed by all for their health and well-being. The essential package is in line with this thinking: rather than being defined by budgets, an essential package is defined on the basis of the needs of the population.

The first BPEHS for Sierra Leone, that has contributed significantly to the improvement to maternal and child health status, was developed in 2010. This was followed by the development of the second BPEHS in 2015 following the devastating Ebola epidemic in the country and others. Since then, various efforts have been deployed, to fast-track health system strengthening

strategies to improve quality, equity in access and utilization of health services. Furthermore, the country is implementing a health care financing policy as well as the health sector strategic plans in addressing health challenges faced by its citizens and residents. However, the paradigm shifts from niche population, or focusing on maternal and child health conditions only, to comprehensively addressing the needs of the population at all ages, was a fundamental policy aspiration embarked by the senior leadership of MOHS, which aims to define UHC for an individual.

It is against this background that the Ministry of Health and Sanitation with its partners have taken the lead to develop Essential Health Services Package (EHSP). The MOHS believes that the development of EHSP; defining the services that should be available at each level of care (community to tertiary level), for each age cohort, and across each public health functions, not only allows for more effective and equitable health service delivery, but also for the establishment of a functional referral system and allocation of appropriate investments for high impact interventions. The package is expected to set precedence in defining ‘essential’ set of services for the population in Sierra Leone, structurally promoting integration of health services, and providing succinct guidance to partners and stakeholders on the country priorities. Thus, the EHSP defined here is a core milestone for the service delivery system in Sierra Leone. The MOHS and stakeholders are cognizant that other critical arms are needed for full operationalisation of the package, which are depicted below schematically [Figure 4].

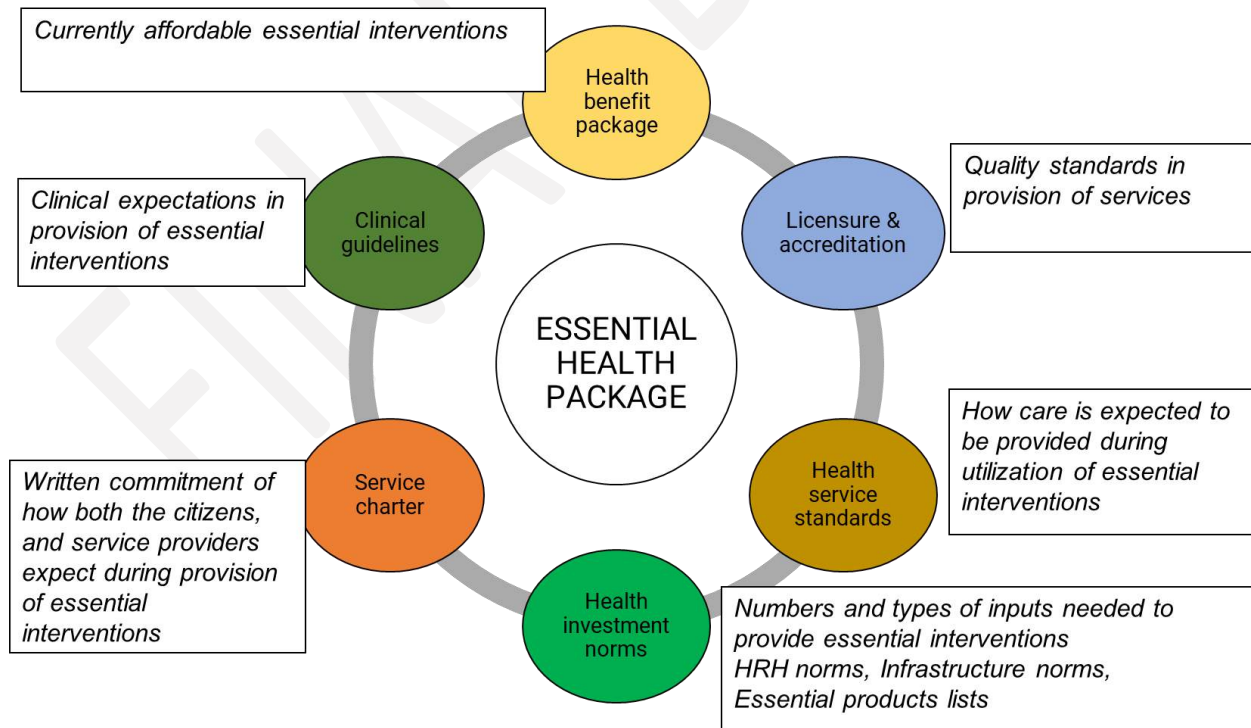


Figure 4: Implementation of Essential health services package

Chapter 2: Methodology for Development of EHSP

2.1 Background

The vision for Sierra Leone's Universal Health Coverage (UHC) in its 2021-25 National Health Sector Strategic Plan (NHSSP) is that 'All people should have access to affordable quality healthcare services and health security without suffering undue financial hardship'. Central to this goal is the revision and expansion of the 2015 Basic Package of Essential Health Services (BPEHS) to an Essential Health Services Package, which embodies the strategic shifts towards UHC.

2.2 Desk review of strategic documents

The development of essential health services package was started by undertaking a desk review, to synthesize strategic documents and governing tools, as well as the previous benefit package. The desk review encompassed relevant documents and materials pertaining to health services provision in general, and available health care packages in particular, to better understand the current situation and context of the country, as well as priorities set by MOHS, for harmonisation and complementarity. Among the several documents reviewed, the relevant documents include:

- The UHC Roadmap: describing the pathway through 10 strategic pillars to achieve universal access to quality health care services covering prevention, promotion, treatment and rehabilitation.
- National Health Sector Strategic Plan (NHSSP) 2021-2025, a comprehensive strategy for the health sector with detailed outputs.
- National Health Sector Policy (NHSP) 2021, a policy document that complements the roadmap and NHSSP with actions related to the strategic pillars

As a result, a concise synopsis report of the desk review was produced. The analysis indicated the synergistic feature of the national strategies/policies in place and further reemphasised the necessity for development of EHSP.

2.3 Leadership and coordination

In order to organize the development of the EHSP for Sierra Leone, the MOHS in collaboration with WHO established a technical team composed from MOHS, WHO AFRO and HQ. Under the leadership of His Excellency, Honourable Minister Dr Austin Demby, a technical steering committee dedicated to UHC was tasked to provide guidance and oversight of the EHSP process. The steering committee met regularly to 1) agree on scope and deliverables, 2) timelines for key milestones and 3) define approaches for consultation and engagement of stakeholders. The technical team was joined by WHO offices from all 3 levels (Country office, AFRO Regional office and HQ).

2.4 Stakeholder consultation

As part of the health sector consultations, in-depth discussion has been held with MOHS senior management teams, partners and stakeholders, technical working groups. This has paved the way for full involvement of the teams in its development and jointly strategize on priorities. The draft is also planned to undergo extensive review and consultations, as part of the appraisal process, with sub-national units/district teams, line ministries and other key stakeholders, prior to finalisation.

2.5 Visits to health facilities

In consultation with the MOHS, the team has also visited health facilities at various levels of care, to better engage and extend the consultation process with key frontline implementors. This was helpful in understanding the current context of the health services, especially the standardized practices, types of health personnel, specialized equipment used in delivering these interventions and availability of health products and other supplies. The following districts and health facilities were visited by the team.

1. Western area urban
 - Ola Daring Children's Hospital
 - Princess Christian Maternity
 - Connaught Hospital
2. Eastern area rural
 - Hasting's Community Health Centre

2.6 Stepwise development of EHSP

Following the in-depth discussion with MOHS senior management teams, partners and stakeholders, technical working groups, the first level appraisal for the development of EHSP started in a workshop that was conducted from 7-11 November 2022. A total of 50 senior health professionals participated. The aim of the workshop was to gain common understanding on the process EHSP development, reviewing the conditions to be addressed in each age cohort, identifying the most effective interventions and rationalizing the essential health package interventions across public health functions and levels of care. The following steps were followed to reach consensus at the first level appraisal [Figure 5].

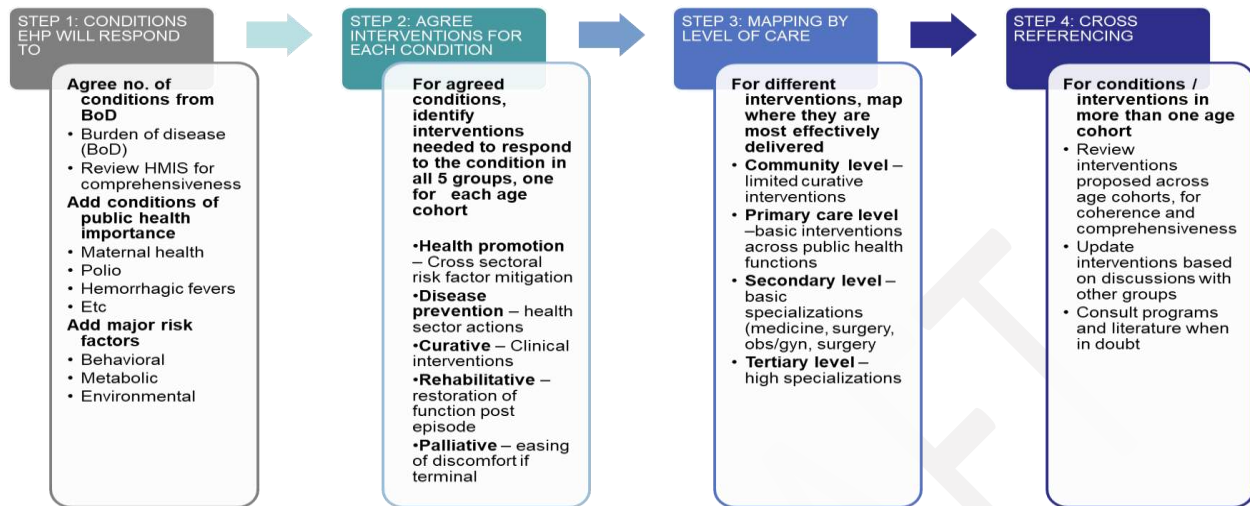


Figure 5: Summary of the EHSP development process

2.6.1 Conditions to be addressed in EHSP

The process of EHSP development was initiated with analysing evidence on the leading causes of death, disability and risk factors, by age cohorts. The Burden of Disease (BOD) estimates⁹ were disaggregated by age cohort, to assess the burden for each stage of the life course (reproductive health, childhood, adolescents, adults and senior citizens). The initial list covered 50+ conditions for each of the age cohorts, which underwent extensive review. Furthermore, stakeholders were consulted to outline conditions of public health concerns (e.g., Conditions targeted for control/elimination, public health emergencies, conditions of concern etc) to ensure adequate representation. Different teams were tasked to identify the key leading conditions in their age cohort and prioritise as needed. The following consultations were held:

1. Review with MOHS Directors and Program managers - The teams selected the top 25 conditions that were leading causes of morbidity or mortality and included other additional conditions that were of heightened priority (e.g., Sickle cell anaemia, Ebola, emergency care, etc), constituting the first draft list of conditions
2. Consultation with technical working groups and partners – an online survey was deployed to all stakeholders for comments and inputs on the drafted list of conditions across the life stages. Inputs were incorporated and the list refined
3. Engagement with key implementors – Engagements with senior management teams, clinicians, management at health facilities visited were used to gauge additional inputs/prioritised conditions to be addressed in the package

⁹ Institute for Health Metrics and Evaluation (IHME). GBD Compare. Seattle: IHME, University of Washington; 2019. <https://www.healthdata.org/gbd/2019>

During the first workshop (Nov 7-11), cohort based technical working groups were formed, based on their professional expertise and specialty (i.e., reproductive health, childhood, adolescents, adults and senior citizens (elderly)). The TWGs reviewed the set of conditions prioritised for each life stage and reached consensus. Special considerations were also given to conditions targeted for eradication (e.g., polio), elimination (MNTs, NTDs), etc.; conditions of specific concern to certain age cohorts, such as pregnancy/new-born care and conditions specific to certain regions/areas of the country and epidemic prone disease such as Ebola and COVID-19.

Based on an in-depth discussion, consensus was reached to include the following 88 diseases/condition as priorities in the essential service package. Even though some conditions are specific for particular age groups (e.g., neonatal disorders in under-five age group; dementia and Parkinson’s disease in 65+) others remain relevant across all age groups, necessitating the need for a life course approach in their management.

Table 2: Prioritized disease conditions included in the EHSP

| | Preg/RH | 0-4 | 5-19 | 20-49 | 50-64 | 65+ |
|--|---------|-----|------|-------|-------|-----|
| COMMUNICABLE DISEASES | | | | | | |
| Malaria | √ | √ | √ | √ | √ | √ |
| HIV/AIDS | √ | √ | √ | √ | √ | √ |
| Tuberculosis | | √ | √ | √ | √ | √ |
| Lower respiratory tract infections (LRTI) | | √ | √ | √ | √ | √ |
| Diarrheal diseases | | √ | √ | √ | √ | √ |
| Typhoid/paratyphoid | | √ | √ | √ | √ | √ |
| Ear infections and conditions | | √ | √ | | √ | √ |
| Meningitis | | √ | √ | √ | √ | |
| Sexually transmitted infections (STIs) | | | √ | √ | √ | |
| Vaccine preventable diseases | | √ | √ | | | |
| Yellow fever | | | √ | √ | √ | |
| NTDs | | √ | √ | √ | √ | √ |
| Skin infection | | | √ | | | |
| Viral Hepatitis (B&C) | | | √ | √ | √ | √ |
| Ebola | | | √ | √ | √ | √ |
| COVID | | | √ | √ | √ | √ |
| NON-COMMUNICABLE DISEASES (1) | | | | | | |
| 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 | | | | √ | √ | √ |
| Anaemia (sickle cell disease) | √ | √ | √ | √ | √ | √ |
| Childhood cancers | | √ | √ | | | |
| Cervical cancer | | | | √ | √ | √ |
| Breast cancer | | | | √ | √ | √ |
| Tracheal, bronchus and lung cancer | | | | | √ | √ |
| Colon/Rectal Cancer | | | | | √ | √ |
| Asthma/COPD | | √ | √ | √ | √ | √ |

| | | | | | | |
|---|---|---|---|---|---|---|
| Diabetes | √ | √ | √ | √ | √ | √ |
| Headache disorders | | | | √ | √ | √ |
| Seizures (epilepsy) | | √ | √ | √ | √ | √ |
| Oral conditions | | | √ | √ | √ | √ |
| Eye conditions | | | √ | √ | √ | √ |
| PREGNANCY & REPRODUCTIVE HEALTH | | | | | | |
| Family planning & contraception | √ | | | | | |
| Sexual health | √ | | | | | |
| Menopause | √ | | | | | |
| Infertility | √ | | | | | |
| Abortion & miscarriage | √ | | | | | |
| Gender based violence | √ | | | | | |
| FGM | √ | | | | | |
| Maternal haemorrhage | √ | | | | | |
| Pre-eclampsia/Eclampsia | √ | | | | | |
| Prolonged/Obstructed labour & Obstetric fistula | √ | | | | | |
| Maternal sepsis and infections | √ | | | | | |
| Postpartum psychosis | √ | | | | | |
| Congenital abnormalities | | √ | √ | √ | | |
| Birth trauma | | √ | | | | |
| Birth asphyxia | | √ | | | | |
| Neonatal sepsis | | √ | | | | |
| Neonatal jaundice | | √ | | | | |
| GROWTH, DEVELOPMENT & AGEING | | | | | | |
| Malnutrition and micronutrient deficiency | | √ | √ | | | |
| Dietary iron deficiency | | √ | √ | √ | | |
| Obesity and eating disorders | | | √ | | | |
| Genetic/ neurodevelopment/behavioral disorders | | √ | √ | | | |
| Dementia (incl Alzheimer's) | | | | | √ | √ |
| Parkinson disease | | | | | √ | √ |
| VIOLENCE & INJURY | | | | | | |
| Injuries (falls, RTAs) | | √ | √ | √ | √ | √ |
| Drowning | | | √ | √ | | |
| Burns | | √ | √ | √ | √ | √ |
| Bites & envenomation | | √ | √ | √ | √ | √ |
| Poisonings | | √ | √ | √ | √ | √ |
| Interpersonal violence | | | | √ | | |
| MENTAL HEALTH | | | | | | |
| Depression | | | | √ | √ | √ |
| Anxiety | | | | √ | √ | √ |
| Bipolar disorder | | | | √ | √ | √ |
| Psychosis | | | | √ | √ | √ |
| Emotional disorders | | | √ | | | |
| Tobacco use | | | √ | √ | √ | √ |
| Alcohol use | | | √ | √ | √ | √ |
| Drug use | | | √ | √ | √ | |

2.6.2 Selection of interventions for each cohort, across the public health functions and level of care

Based on the selected conditions to be addressed in the EHSP, the WHO team provided a menu of interventions for each condition, based on the WHO essential list of interventions, UHC compendium and literature, customised to the specific age cohort. This served as preliminary bases/draft, that the TWGs can review and appraise. Each group (i.e., 0-

4/pregnancy/reproductive health, 5-19 years, 20-49/ 50-64 years, 65 plus), had a chair facilitating the discussion and appraisal process. The interventions were tailored to the Sierra Leonean context and aspiration, with each team deciding 'what' and 'where' the interventions would be delivered. The teams came up with interventions that span the continuum of services (i.e., promotion, prevention, curative, palliative) that respond to the burden of disease (mortality / morbidity causes), risk factors (to mortality / morbidity) and conditions of public health concern.

As a result, a zero draft was produced by the four teams and shared to the technical team for review and further polishing. This was followed by review of the document by WHO AFRO team for consistency of interventions across the life course. Once the document was reviewed thoroughly, the draft was subjected to internal appraisal by wider MOHS experts.

2.6.3 Stakeholder appraisals

- First level - The first appraisal was held by the MOHS and stakeholders in rationalising the interventions to address the condition prioritised in each life stage. The interventions were reviewed, tailored, and contextualised as deemed necessary. New set of interventions were also proposed and included in the package across the public health functions. Once the TWG finalized the group work, the interventions were reviewed and cleaned, to ensure harmonisation across the life course. The harmonisation and normalisation processes were undertaken by the WHO team, for all conditions selected.



- Second level: The zero-draft developed by the first appraisal of MOHS and stakeholders was appraised in a workshop attended by MOHS senior managers, regional and district health staff and representative of local chiefdoms. Two sessions were held in in Kenema District and Makeni district, on the 16th and 18th November, respectively.



- Third level - The third level of consultation included various training institutions, specialized centres, and health associations, as well as line ministries, UN agencies and NGOs as key stakeholders. The purpose of including these partners was to validate the proposed interventions and to ensure services proposed are rational, respond to citizen’s expectations and reflect community engagement and participation. This was done through written feedback from all the stakeholders in a structured template prepared for the purpose. A one pager brief overview and methodology of EHSP development process, draft of the EHSP document and feedback template was shared with all the relevant stakeholders.

2.7 Finalisation of the EHSP

The core team led final polishing of the document and agreed on core outline structure. Realising the importance of implementation, this EHSP has stipulated the different elements needed for operationalisation. The underlying principle is to understand needs and preferences of prioritized interventions at different levels, that promoted patient centeredness, fairness, and cultural acceptability and ensuring that future investments are made in accordance to the package and such that the work is aligned to the attainment of Universal Health Coverage. In summary, the EHSP development process followed the guidance in the “Deriving an essential health package in the WHO African Region: A country toolkit for action. Leaving no one behind in Africa”¹⁰.

¹⁰ Deriving an essential health package in the WHO African Region: A country toolkit for action. Leaving no one behind in Africa. WHO AFRO, 2018

Chapter 3: Operationalization of EHSP

For the EHSP to be operational, there is a need to ensure other critical elements are parallelly addressed, making the EHSP the key anchor around which, all investments and results coalesce. Given the wide nature of SDGs and UHC, health sector as a lead has the responsibility in:

- Ensuring/securing the 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)
- Ensuring 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)
- Monitoring the health system and health outcome impacts of interventions that are the core business of other sectors¹¹



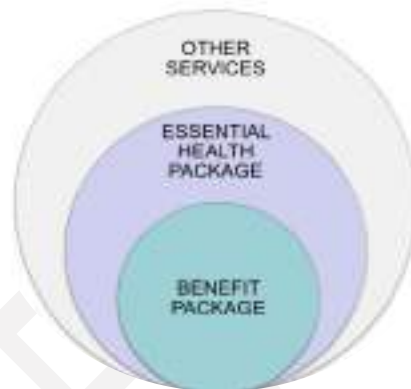
Figure 6: Operationalizing the EHSP

The critical arms that need focus for EHSP operationalisation include Health benefit package, Guidelines and SOPs, Health investment norms, Health service standards, Human resource requirement, Licensing and accreditation, and service charter[Figure 6].

¹¹ <https://www.uhc2030.org/what-we-do/working-better-together/uhc2030-technical-working-groups/multisectoral-action-technical-working-group/>

3.1 Health benefit package (and the relationship with EHSP)

The Essential Health Services Package (EHSP) will be operationalized through the health benefit package which will be articulated in a later 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 resources. The benefit package is intended to act as the intermediate package, that does not necessarily encompass every intervention in the EHSP. However, the ideology is that the benefit package will progressively cover more interventions parallel to the country's resources availability. (See diagram)



Evidence has shown that Universal Health Coverage is easily attainable when the sources of funds for the health system is from government/public sources¹². The use of pooled resources will also ensure that there is financial risk protection especially for the vulnerable population. It is largely recognized that fragmented pools¹³ will not be able to efficiently support the attainment of UHC.

Further technical level discussions and policy decisions will need to be undertaken in order to put in place a costed benefit package that will serve the interest of the country to reach universal health coverage goals and targets. The benefit package will prioritize the interventions that are affordable and realistic while ensuring that equity principles are met at the same time. The health benefit package will need to be monitored and undergo evaluations at different points with the possibility of expanding the package, if and when needed. The figure below shows the relationship between the Essential Health Services Package and the benefit package.

Relationship between the Essential Health Services Package and the benefit package:



¹² [https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc))

¹³ <https://www.who.int/healthsystems/topics/financing/healthreport/FragmentationTBNo5.pdf?ua=1#:~:text=Fragmentation%20in%20funds%20flow%20for,the%20rest%20of%20the%20system>

3.2 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.

Sierra Leone has been developing guidelines and SOPs to compliment the implementation of health services provision in the country. These include, but not limited to, National Infection Prevention and Control (IPC) Guidelines; Guide of Differentiated care model in Sierra Leone: Who feels it knows it; National Standard Treatment Guidelines, the National Formulary, and the Essential Medicines List; Integrated Community Case Management (iCCM), Integrated Management of Childhood Illness (IMNCI); The Food-Based Dietary Guidelines for Healthy Living, Technical Guidelines for Integrated Disease Surveillance and Response; Program specific guidelines (such as for HIV/TB/Malaria); National Guideline for Healthcare for Ebola Virus Disease Survivors; COVID-19 guidelines, etc. In addition, the country has developed several standard operating procedures (SOPs) on various issues. However, inadequate dissemination of standards, guidelines and job aids, weak supervision remain challenges. Therefore, the country will continuously update, develop and disseminate the SOPs and guidelines, to meet the evolving needs of the population and to ensure delivery of person-centred, quality of essential health service.

3.3 Health investment norms (infrastructure, medicines)

It is important to map the investments needed for delivery of the essential health package. The 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 three possible areas: 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.

In addition to availability of trained health workers, the most significant barriers to delivering quality services in health facilities identified in a Service Availability & Readiness Assessment (SARA+) 2017¹⁴ were the availability of infrastructure and inadequate provision of medical products and supplies, including the availability of pharmaceuticals and consumables as well as laboratory services. In order to make the implementation of EHSP package a reality and provide life-course services by decentralizing the effective interventions, the MOHS will strengthen availability of appropriate infrastructure, functional equipment, essential medicines, diagnostics, assistive devices and health technologies at all levels.

¹⁴ SARA. Service Availability and Readiness Assessment. 2017

3.4 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 wish to ensure 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.

Poor quality of services remains one of the challenges of the country. Absence/poor dissemination of standards, guidelines and job aids, weak supervision, mentorship and monitoring systems in health facilities and absence of quality improvement mechanisms including audits and regular reviews of performance in health facilities are some of the factors identified for quality of care. In recognition of its importance, the MOHS has established a Quality-of-Care Programme. This program focusses on training, mentorship and guidelines development for health workers, to ensure improvement at the point of delivery, whether at remote, hard-to-reach clinics or specialty care provided at tertiary hospitals. The improvement in quality of care will give an additional impetus to the essential health service package when implemented at the different levels of care.

3.5 Human resources requirements

The implementation of the Essential Health Package requires adequate numbers of health workers with the appropriate skill mix to ensure universal health coverage goals and targets are met. The staffing estimates included in BPEHS 2015 has some shortcomings and it is not reflective of workload. Anecdotally, staffing availability fluctuates depending on the time of day or week, such as at night or weekends, which presents a delivery variation to 24hour services such as emergency care, trauma and surgery. The Ministry of Health & Sanitation is planning an assessment of staffing levels (WHO Workload Indicators of Staffing Needs) from which more accurate analysis and projections can occur. Strategic priorities to tackle the human resource deficit include: increasing the retirement age to 65, improved recruitment & training, mentorship, a retention policy drive, enrolling volunteers onto the payroll, remuneration and accreditation of CHW's, closer work with private sector, and a health workforce distribution policy. The NHSP states at least four of these specialist skills categories (physician, general surgeon, paediatrician and obstetrician/gynaecologist) should be available for secondary services at district level. Deployment of specialists to the district level in line with the National Health Sector Strategic and Development Plan and the National Health Policy will ensure the smooth implementation of proposed effective interventions at the secondary levels and enhance the referral system as more patients are expected to be managed at this level. Adequate financial resources will also need to be mobilized for the human resources to be made available at the

various types of health facilities or health delivery points for the delivery of quality health services.

3.6 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 can serve as a lever 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.¹⁵

Sierra Leone presently has four regulatory bodies – the Sierra Leone Medical and Dental Council, the Sierra Leone Nurses and Midwives Board, the Sierra Leone Pharmacy Board and the Allied Health Professional Council. All are responsible for the licensing and supervision of their respective health worker cadre(s). The Pharmacy Board has the additional responsibility of regulating pharmaceutical products through product registration, quality testing and post-market surveillance. The Allied Health Professional Council is a new regulatory body passed into law to regulate five broad groups of health care providers such as i). Community Health Professionals ii) Environmental Health Practitioners iii) Rehabilitation Professionals, iv). Medical Laboratory Scientists/Technicians and v). Nutritionist/Dieticians. The planned legislation and efforts on this pillar is expected to improve the regulatory environment and the quality of health workers.

3.7 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, etc. The service charter will ensure that the population is enjoying their right to quality health care services and it will also spell out the responsibilities of users of the health facilities or health services. The implementation of the charter may need to be accompanied by intensive

¹⁵ <https://www.ncbi.nlm.nih.gov/books/NBK221526/>

awareness raising of the charter to ensure that all stakeholders are aware of what is expected of them.

FINAL DRAFT

Chapter 4: Essential Health Care Services by age cohort

This chapter outlines the set of interventions for each condition, by age cohort. See below samples of 5 conditions for each age cohort (communicable and non-communicable), with interventions harmonised and cleaned across the life course. Similar approach will be utilised to present interventions for all conditions listed in table 2).

FINAL DRAFT

4.1 Essential Health Service Package-pregnancy and reproductive health conditions

| ESSENTIAL HEALTH SERVICE PACKAGE -PREGNANCY & RH | | | |
|--|--|--|---------------------------|
| 1. Obstetric Haemorrhage | | | |
| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community sensitization and posters on dangers of haemorrhage Promoting skilled birth attendance by all pregnant women | <ul style="list-style-type: none"> Encourage regular ANC check-ups and delivery in health facility Timely referral of pregnant women for delivery at health facility Encourage use of maternity waiting homes especially for high-risk pregnant women | <ul style="list-style-type: none"> Recognition of maternal haemorrhage followed by immediate transfer to a higher-level health care facility Administration of misoprostol by community health care workers | - |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Health education on causes, risk factors and prevention measures of Maternal haemorrhage Promoting skilled birth attendance by all pregnant women | <ul style="list-style-type: none"> Regular quality ANC check-ups for early identification and timely referral Active management of the third stage of labour (AMTSL). Uterotonics during the third stage of labour for all births. Administration of misoprostol (600 µg PO) | <ul style="list-style-type: none"> Active management of the third stage labour Prophylactic use of uterotonics (oxytocin) Manual removal of placenta and retained products An intravenous access opening, urinary catheterization Recognition of danger signs of maternal haemorrhage followed by immediate | |

ESSENTIAL HEALTH SERVICE PACKAGE -PREGNANCY & RH

1. Obstetric Haemorrhage

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | transfer to a higher-level health care facility | |

SECONDARY CARE LEVEL

| | | | |
|--|--|---|--|
| | <ul style="list-style-type: none"> • Active management of the third stage of labour (AMTSL). • Uterotonics during the third stage of labour for all births. • Postpartum abdominal uterine tonus assessment for early identification of uterine atony | <ul style="list-style-type: none"> • Active management of third stage of labour to prevent postpartum haemorrhage • Prophylactic uterotonics (injectable uterotonic drugs, oxytocin and ergometrine) for uterine contraction to prevent postpartum haemorrhage • Management of postpartum haemorrhage (e.g., uterotonics, manual removal of placenta, uterine massage) • Uterine tamponade, involving a mechanical device (urinary and balloon catheters) to exert pressure from within the uterus • Fluid replacement with isotonic crystalloids in preference to the use of colloids for the resuscitation • Timely treatment of heavy blood loss | |
|--|--|---|--|

ESSENTIAL HEALTH SERVICE PACKAGE -PREGNANCY & RH

1. Obstetric Haemorrhage

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|---|--|---------------------------|
| | | <ul style="list-style-type: none"> • Use of Non-pneumatic antishock garment (NASG) to stabilize women with hypovolemic shock • Surgical interventions such as compression sutures (for example, the B-Lynch technique), ligation of the uterine, ovarian, or iliac artery; and total or subtotal hysterectomy | |
| TERTIARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> • Active management of the third stage of labour (AMTSL). • Uterotonics during the third stage of labour for all births • Postpartum abdominal uterine tonus assessment for early identification of uterine atony | <ul style="list-style-type: none"> • Active management of third stage of labour to prevent postpartum haemorrhage • Prophylactic uterotonics (injectable uterotonic drugs, oxytocin and ergometrine) for uterine contraction to prevent postpartum haemorrhage • Management of postpartum haemorrhage (e.g., uterotonics, manual removal of placenta, uterine massage) • Uterine tamponade, involving a mechanical device (urinary and balloon catheters) to exert pressure from within the uterus | |

ESSENTIAL HEALTH SERVICE PACKAGE -PREGNANCY & RH

1. Obstetric Haemorrhage

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none">• Fluid replacement with isotonic crystalloids in preference to the use of colloids for the resuscitation• Timely treatment of heavy blood loss• Use of Non-pneumatic antishock garment (NASG) to stabilize women with hypovolemic shock• Surgical interventions such as compression sutures (for example, the B-Lynch technique), ligation of the uterine, ovarian, or iliac artery; and total or subtotal hysterectomy. | |

FEMAL

ESSENTIAL HEALTH SERVICE PACKAGE -PREGNANCY & RH

2. Hypertensive disorders of pregnancy (Pre-eclampsia, eclampsia)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Provide information/create awareness on ANC attendance, symptoms and preventive measures and treatment of hypertension and hypertensive diseases of pregnancy • Engage male partners in RMNCH issues • Engage families in dialogue to identify barriers and negotiate actions to RMNCH issues | <ul style="list-style-type: none"> • Encourage pregnant women attend regular ANC check-ups and delivery in health facility • Educate pregnant women on danger signs and symptoms of preeclampsia/eclampsia to seek urgent medical advice | <ul style="list-style-type: none"> • Recognition of symptoms and signs associated with hypertension disorders in pregnancy followed by immediate transfer to a higher-level health care facility | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Provide information/create awareness to women and men on the symptoms and preventive measures of hypertension and hypertensive diseases of pregnancy and importance of ANC attendance and skilled birth delivery | <ul style="list-style-type: none"> • Regular quality ANC check-ups for early identification and timely referral • Educate pregnant women on danger signs and symptoms of preeclampsia/eclampsia to seek urgent medical advice | <ul style="list-style-type: none"> • Recognition of signs and symptoms associated with hypertension in pregnancy • Administer magnesium sulphate loading dose followed by immediate transfer to a higher-level health care facility | |

ESSENTIAL HEALTH SERVICE PACKAGE -PREGNANCY & RH

2. Hypertensive disorders of pregnancy (Pre-eclampsia, eclampsia)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|--|--|
| <ul style="list-style-type: none"> Promote availability of all essential components and supplies at all levels of care that help ensure an enabling environment for safe delivery | | | |
| SECONDARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Educate pregnant women and their partners on danger signs and symptoms of preeclampsia/eclampsia to seek urgent medical advice if they experience Promote availability of all essential components and supplies at all levels of care that help ensure an enabling environment for safe delivery | <ul style="list-style-type: none"> Low-dose acetylsalicylic acid for the prevention of pre-eclampsia in women at high risk of developing the condition. Calcium supplementation during pregnancy in areas where calcium intake is low Antihypertensive drugs for pregnant women with hypertension Magnesium sulphate, in preference to other anticonvulsants, for the prevention of eclampsia in women with severe preeclampsia. | <ul style="list-style-type: none"> Conduct an expedited delivery for women with severe preeclampsia remote from term, whether or not the foetus is viable Full regimen of magnesium sulphate to women with eclampsia or severe pre-eclampsia for treatment of seizure Antihypertensive drugs for pregnant women with hypertension Antihypertensive drugs during the postpartum period for women with severe postpartum hypertension or those treated with antihypertensive drugs during pregnancy. | <ul style="list-style-type: none"> Physical rehabilitation services/physical exercise to promote healthy living |
| TERTIARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE -PREGNANCY & RH

2. Hypertensive disorders of pregnancy (Pre-eclampsia, eclampsia)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|--|--|
| <ul style="list-style-type: none"> • Educate pregnant women and their partners on danger signs and symptoms of preeclampsia/eclampsia to seek urgent medical advice if they experience • Promote availability of all essential components and supplies at all levels of care that help ensure an enabling environment for safe delivery | <ul style="list-style-type: none"> • Low-dose acetylsalicylic acid for the prevention of pre-eclampsia in women at high risk of developing the condition. • Calcium supplementation during pregnancy in areas where calcium intake is low • Antihypertensive drugs for pregnant women with hypertension • Magnesium sulphate, in preference to other anticonvulsants, for the prevention of eclampsia in women with severe preeclampsia. | <ul style="list-style-type: none"> • Conduct an expedited delivery for women with severe preeclampsia remote from term, whether or not the foetus is viable • Full regimen of magnesium sulphate to women with eclampsia or severe pre-eclampsia for treatment of seizure • Antihypertensive drugs for pregnant women with hypertension • Antihypertensive drugs during the postpartum period for women with severe postpartum hypertension or those treated with antihypertensive drugs during pregnancy. | <ul style="list-style-type: none"> • Physical rehabilitation services/physical exercise to promote healthy living |

ESSENTIAL HEALTH SERVICE PACKAGE-PREGNANCY & RH

3. Prolonged and Obstructed labour including Obstetric fistula

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement on proper nutrition and feeding during childhood, avoiding traditional harmful practices such as FGM and necessity of antenatal obstetric care of all pregnant women for the safety of the mother and newborn | <ul style="list-style-type: none"> Avoiding under age marriage and delaying the age of first pregnancy Delivery by a skilled attendance and timely access to obstetric care Elimination of harmful traditional practices such as FGM | <ul style="list-style-type: none"> Recognition of symptoms and signs of prolonged/obstructed labour followed by immediate transfer to a higher-level health care facility | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement on proper nutrition and feeding during childhood, avoiding traditional harmful practices such as FGM and necessity of antenatal obstetric care of all pregnant women for the safety of the mother and newborn | <ul style="list-style-type: none"> Detection of factors that may lead to prolonged or obstructed labour such as contracted pelvis, big baby, malpresentation or malposition Monitoring every labour by use of a partograph to identify those women who are at risk of, or who have developed prolonged or obstructed labour Early identification and referral of high-risk mothers who are likely to develop prolonged or obstructed labour | <ul style="list-style-type: none"> Recognition of symptoms and signs of prolonged/obstructed labour followed by immediate transfer to a higher-level health care facility | |

ESSENTIAL HEALTH SERVICE PACKAGE-PREGNANCY & RH

3. Prolonged and Obstructed labour including Obstetric fistula

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--|--|---------------------------|
| SECONDARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> • Monitoring every labour by use of a partograph to identify those women who are at risk of, or who have developed obstructed labour and timely intervention • Timely delivery by Caesarean section for high-risk mothers who are likely to develop obstructed labour | <ul style="list-style-type: none"> • Diagnose early the presentation and position of the foetus • Assess and monitor descent of the foetal head and pelvic outlet • Recognize obstructed labour early vacuum extraction • Artificial rupture of membranes and oxytocin augmentation to accelerate 1st stage labour • Vacuum extraction or forceps delivery in 2nd stage of labour • Symphysiotomy as an option for women who present with obstructed labour and a live foetus • Caesarean section delivery in confirmed cephalopelvic disproportion • Destructive delivery in obstructed labour and intrauterine foetal death, in difficult vacuum delivery • Avoid Caesarean section in obstructed labour with intrauterine foetal death • Appropriate management of infections | |

ESSENTIAL HEALTH SERVICE PACKAGE-PREGNANCY & RH

3. Prolonged and Obstructed labour including Obstetric fistula

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--|--|---------------------------|
| | | <ul style="list-style-type: none"> • Appropriate fluid replacement and electrolyte balance • Timely treatment in case of heavy blood loss | |
| TERTIARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> • Monitoring every labour by use of a partograph to identify those women who are at risk of, or who have developed obstructed labour • Timely delivery by Caesarean section for high-risk mothers who are likely to develop obstructed labour | <ul style="list-style-type: none"> • Diagnose early the presentation and position of the foetus • Assess and monitor descent of the foetal head and pelvic outlet • Recognize obstructed labour early for evidence-based management • Artificial rupture of membranes and oxytocin augmentation to accelerate 1st stage labour • Vacuum extraction or forceps delivery in 2nd stage of labour • Symphysiotomy as an option for obstructed labour and alive foetus • Caesarean section delivery in confirmed cephalopelvic disproportion in alive foetus | |

ESSENTIAL HEALTH SERVICE PACKAGE-PREGNANCY & RH**3. Prolonged and Obstructed labour including Obstetric fistula**

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---------------------------------------|---------------------------|--|----------------------------------|
| | | <ul style="list-style-type: none">• Destructive delivery in obstructed labour and intrauterine foetal death, in difficult vacuum delivery• Avoid Caesarean section in obstructed labour with intrauterine foetal death• Treatment with antibiotics• Appropriate fluid replacement and electrolyte balance• Identify early complications and manage accordingly• Timely treatment in case of heavy blood loss• Surgical intervention early for cases of obstetric fistula | |

ESSENTIAL HEALTH SERVICE PACKAGE -PREGNANCY & RH

4. Maternal abortion and miscarriage

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Provision of evidence-based comprehensive sexuality education in schools and community • Mass media, community awareness campaigns and advocacies on accurate, non-biased and evidence-based information on abortion and contraceptive methods on | <ul style="list-style-type: none"> • Prevention of unintended pregnancy through use of effective contraception, including emergency contraception | <ul style="list-style-type: none"> • Early identification for timely referral to next level for emergency treatment of complications. | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Provision of evidence-based comprehensive sexuality education in schools and community • Mass media, community awareness campaigns and advocacies on accurate, non-biased and evidence-based information on abortion and contraceptive methods on | <ul style="list-style-type: none"> • Prevention of unintended pregnancy through use of effective contraception, including emergency contraception | <ul style="list-style-type: none"> • Early identification for timely referral to next level for emergency treatment of complications. • Post-abortion provision of contraceptives | |
| SECONDARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE -PREGNANCY & RH

4. Maternal abortion and miscarriage

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|---|--|---------------------------|
| | | <ul style="list-style-type: none"> • Counselling on abortion, including miscarriage and intrauterine foetal death • Timely treatment of heavy blood loss • Treatment with antibiotics along with removal of any retained pregnancy tissues from the uterus • Medical management of abortion (combination of mifepristone and misoprostol or a misoprostol-only regimen) • Surgical evacuation of the uterus (vacuum aspiration and dilatation and evacuation (D&E).) • Early referral to an appropriate level of health care in case of injury to the genital tract and/or internal organs | |
| TERTIARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> • | <ul style="list-style-type: none"> • Counselling on abortion, including miscarriage and intrauterine foetal death • Timely treatment of heavy blood loss | |

ESSENTIAL HEALTH SERVICE PACKAGE -PREGNANCY & RH

4. Maternal abortion and miscarriage

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none">• Treatment with antibiotics along with removal of any retained pregnancy tissues from the uterus• Medical management of abortion (combination of mifepristone and misoprostol or a misoprostol-only regimen)• Surgical evacuation of the uterus (vacuum aspiration and dilatation and evacuation (D&E).)• Early management of injury to the genital tract and/or internal organs | |

ESSENTIAL HEALTH SERVICE PACKAGE-PREGNANCY & RH

5. Maternal sepsis and infections

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community awareness and advice on avoidance of infection by identifying and correcting predisposing factors to infection such as addressing nutritional deficiencies, anaemia and other maternal medical conditions like diabetes) during antenatal care and promoting hand hygiene | <ul style="list-style-type: none"> Advice women to attend regular ANC for addressing nutritional deficiencies, anaemia and other maternal medical conditions like diabetes | <ul style="list-style-type: none"> Recognition of symptoms and signs of maternal infection followed by immediate transfer to a higher-level health care facility | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Community awareness and advice on avoidance of infection by identifying and correcting predisposing factors to infection such as addressing nutritional deficiencies, anaemia and other maternal medical conditions like diabetes) during antenatal care; promoting hand hygiene | <ul style="list-style-type: none"> Standard infection prevention and control measures in the provision of maternity care to optimize the effects of preventive interventions Clinical monitoring of women for signs of infection throughout labour and the postpartum period Avoid routine vaginal cleansing (e.g., vaginal douching or any mechanical irrigation or washing of the vaginal canal and cervix with chlorhexidine | <ul style="list-style-type: none"> Recognition of symptoms and signs of maternal infections followed by immediate transfer to a higher-level health care facility | |

ESSENTIAL HEALTH SERVICE PACKAGE-PREGNANCY & RH

5. Maternal sepsis and infections

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|---|---------------------------|
| | solution or vaginal application of chlorhexidine gel) | | |
| SECONDARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Promote hand hygiene and use of clean products (e.g., blood products); use of clean equipment; promoting aseptic surgical practices (e.g. following standard skin preparation techniques and proper use of antiseptic agents for surgical site preparation); and general improvement of hospital environments (e.g., clean water, appropriate waste disposal and sanitation). | <ul style="list-style-type: none"> Standard infection prevention and control measures in the provision of maternity care to optimize the effects of preventive interventions Clinical monitoring of women for signs of infection throughout labour and the postpartum period Avoid unnecessary interventions that maximize interference with the natural process of labour Administer prophylactic antibiotics before skin incision for women undergoing elective or emergency caesarean section Administer prophylactic antibiotic in women presenting with a third-degree or fourth-degree perineal tear after vaginal birth Administer routine antibiotic prophylaxis for manual removal of the placenta | <ul style="list-style-type: none"> Clinical monitoring of women for signs of infection throughout labour and the postpartum period Limit the digital vaginal examination for routine assessment of active first stage of labour in low-risk to four hours interval Early detection of infection using laboratory investigations Barrier nursing of women with peripartum infections to reduce nosocomial transmission of infections Administer a simple regimen as first-line antibiotics for the treatment of chorioamnionitis Administer a combination of clindamycin and gentamicin for the treatment of postpartum endometritis Administer antibiotic treatment for at least 24–48 hours after complete resolution of clinical signs and | |

ESSENTIAL HEALTH SERVICE PACKAGE-PREGNANCY & RH

5. Maternal sepsis and infections

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|--|---------------------------|
| | <ul style="list-style-type: none"> Avoid the use of prophylactic antibiotics for all women with the aim of reducing infections during pregnancy or following an uncomplicated vaginal birth and assisted vaginal birth (with forceps or vacuum) and episiotomy. | <p>symptoms (e.g., fever, uterine tenderness, purulent lochia, leucocytosis).</p> <ul style="list-style-type: none"> Monitor and manage fluid and electrolyte imbalances | |
| TERTIARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Promote hand hygiene and use of clean products (e.g., blood products); use of clean equipment; promoting aseptic surgical practices (e.g. following standard skin preparation techniques and proper use of antiseptic agents for surgical site preparation); and general improvement of hospital environments (e.g., clean water, appropriate waste disposal and sanitation). | <ul style="list-style-type: none"> Standard infection prevention and control measures in the provision of maternity care to optimize the effects of preventive interventions Clinical monitoring of women for signs of infection throughout labour and the postpartum period Avoid unnecessary interventions that maximize interference with the natural process of labour Administration of prophylactic antibiotics before skin incision for women undergoing elective or emergency caesarean section Antibiotic prophylaxis in women presenting with a third-degree or | <ul style="list-style-type: none"> In addition to the above Manage severe sepsis (i.e., acute organ dysfunction secondary to infection) Manage septic shock (i.e., hypotension due to severe sepsis not reversed with fluid resuscitation). | |

ESSENTIAL HEALTH SERVICE PACKAGE-PREGNANCY & RH

5. Maternal sepsis and infections

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|---|----------|---------------------------|
| | <p>fourth-degree perineal tear after vaginal birth</p> <ul style="list-style-type: none">• Routine antibiotic prophylaxis for manual removal of the placenta• Avoid the use of prophylactic antibiotics for all women with the aim of reducing infections during pregnancy or following an uncomplicated vaginal birth and assisted vaginal birth (with forceps or vacuum) and episiotomy. | | |

ESSENTIAL HEALTH SERVICE PACKAGE-PREGNANCY & RH

6. Malaria in Pregnancy

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Create an enabling environment for access to correct, affordable and appropriate treatment, suitable combination of personal and community protective measures and the use of malaria preventive measures for pregnant women • Health promotion activities for creating awareness on malaria preventive measures, risk to the pregnant women and foetus and the need for early health seeking for effective treatment | <ul style="list-style-type: none"> • Ensure pregnant women receive information and access to care throughout their pregnancy to reduce the risk of women contracting malaria • Insecticide-treated bed nets (ITNs) use throughout pregnancy and during the postpartum period. • indoor residual spraying of houses • Intermittent preventive treatment of malaria in pregnancy (IPTp) in areas of moderate to high P. falciparum malaria transmission | <ul style="list-style-type: none"> • Diagnosis confirmation for malaria parasites using rapid diagnostic tests (RDTs) • Oral quinine monotherapy or in combination with clindamycin as first-line treatment for uncomplicated malaria in the first trimester. • Oral Artemisinin-based combination therapy (ACT) for uncomplicated malaria in the second and third trimesters of pregnancy. • Pre-referral treatment of single intramuscular dose of artesunate followed by immediate transfer to a higher-level health care facility | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Create an enabling environment for access to correct, affordable and appropriate treatment, suitable combination of personal and community protective | <ul style="list-style-type: none"> • Intermittent preventive treatment of malaria in pregnancy (IPTp) in areas of moderate to high P. falciparum malaria transmission | <ul style="list-style-type: none"> • Diagnosis confirmation and parasite density monitoring using microscopy • Oral quinine monotherapy or in combination with clindamycin as | |

ESSENTIAL HEALTH SERVICE PACKAGE-PREGNANCY & RH

6. Malaria in Pregnancy

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--------------------|--|---------------------------|
| <p>measures and the use of malaria preventive measures for pregnant women</p> <ul style="list-style-type: none"> Health promotion activities for creating awareness on malaria preventive measures, risk to the pregnant women and foetus and the need for early health seeking for effective treatment | | <p>first-line treatment for uncomplicated malaria in the first trimester.</p> <ul style="list-style-type: none"> Oral Artemisinin-based combination therapy (ACT) for uncomplicated malaria in the second and third trimesters of pregnancy. Parenteral artemisinin for prompt management of severe malaria at any stage of pregnancy, in full doses without delay. Refer unresponsive or severe cases to the next higher level | |

SECONDARY CARE LEVEL

| | | | |
|--|---|---|--|
| | <ul style="list-style-type: none"> Intermittent preventive treatment of malaria in pregnancy (IPTp) in areas of moderate to high <i>P. falciparum</i> malaria transmission | <ul style="list-style-type: none"> Diagnosis confirmation and parasite density monitoring using microscopy Oral quinine monotherapy or in combination with clindamycin as first-line treatment for uncomplicated malaria in the first trimester. Parenteral artemisinin for prompt management of severe malaria, | |
|--|---|---|--|

ESSENTIAL HEALTH SERVICE PACKAGE-PREGNANCY & RH

6. Malaria in Pregnancy

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none"> • Oral Artemisinin-based combination therapy (ACT) for uncomplicated malaria in the second and third trimesters of pregnancy. • Refer unresponsive or severe cases to the next higher level | |
| | | | |
| | | <ul style="list-style-type: none"> • Diagnosis confirmation and parasite density monitoring using microscopy • Parenteral artemisinin for prompt management of severe malaria at any stage of pregnancy, in full doses without delay • Monitor frequently blood glucose with immediate correction • Intensive care unit management for cerebral malaria, pulmonary edema • Transfuse blood and blood product to treat severe anaemia • Dialysis to treat acute renal injury or acute renal failure • Shorten second stage in labouring mother in case of foetal or maternal | |

ESSENTIAL HEALTH SERVICE PACKAGE-PREGNANCY & RH**6. Malaria in Pregnancy**

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---------------------------------------|---------------------------|---|----------------------------------|
| | | distress by the use of forceps, vacuum extraction or caesarean section. | |

FINAL DRAFT

ESSENTIAL HEALTH SERVICE PACKAGE-PREGNANCY & RH

7. Anaemia in Pregnancy

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Create an enabling environment for access to correct, affordable and appropriate treatment, suitable combination of personal and community protective measures and the use of malaria preventive measures for pregnant women • Promote an integrated high impact nutrition, hygiene and sanitation interventions such as: water, sanitation and hygiene; maternal weight monitoring; iron and folic acid supplementation; malaria and diarrheal disease management. • Promote micronutrient fortification of commonly consumed local food products • | <ul style="list-style-type: none"> • Universal daily iron folic-acid supplementation for pregnant women • Prevent malaria in pregnancy by intermittent preventive treatment (IPTp), insecticide treated bed nets and indoor residual spray • Treatment of malaria at any stage of pregnancy without delay • Control of hookworms through use of deworming medications as a routine part of antenatal care in areas with high hookworm prevalence • Optimal child spacing using contraceptives | <ul style="list-style-type: none"> • Oral iron therapy as first-line treatment for iron deficiency anaemia • Refer unresponsive or severe anaemia cases to the next level | |

PRIMARY CARE LEVEL

ESSENTIAL HEALTH SERVICE PACKAGE-PREGNANCY & RH

7. Anaemia in Pregnancy

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|---|---------------------------|
| <ul style="list-style-type: none"> • Create an enabling environment for access to correct, affordable and appropriate treatment, suitable combination of personal and community protective measures and the use of malaria preventive measures for pregnant women • Promote an integrated high impact nutrition, hygiene and sanitation interventions such as: water, sanitation and hygiene; maternal weight monitoring; iron and folic acid supplementation; malaria and diarrheal disease management. • Promote micronutrient fortification of commonly consumed local food products | <ul style="list-style-type: none"> • Universal daily iron folic-acid supplementation for pregnant women • Prevent malaria in pregnancy by intermittent preventive treatment, insecticide treated bed nets and indoor residual spray • Treatment of malaria at any stage of pregnancy without delay • Control of hookworms through use of deworming medications as a routine part of antenatal care in areas with high hookworm prevalence • Optimal child spacing using contraceptives | <ul style="list-style-type: none"> • Oral iron therapy as the first-line treatment for iron deficiency anaemia • Refer unresponsive or severe anaemia cases to the next level | |
| SECONDARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • Oral iron therapy as the first-line treatment for mild iron deficiency anaemia • Intravenous (IV) iron therapy for the treatment of IDA during pregnancy | |

ESSENTIAL HEALTH SERVICE PACKAGE-PREGNANCY & RH

7. Anaemia in Pregnancy

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | <p>and the postpartum period for moderate to severe anaemia (if inadequate response, intolerance to oral therapy, severity, etc.)</p> <ul style="list-style-type: none"> • Prompt treatment of malaria • Prompt treatment of helminths | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • Measure serum ferritin level at least once early in pregnancy • Measure haemoglobin level early in pregnancy and at every trimester • Oral iron therapy as the first-line treatment for mild iron deficiency anaemia • Intravenous (IV) iron therapy for the treatment of IDA during pregnancy and the postpartum period moderate to severe anaemia (if inadequate response, intolerance to oral therapy, severity, etc.) • Blood transfusion for heavy blood loss, severe symptoms and foetal conditions | |

ESSENTIAL HEALTH SERVICE PACKAGE-PREGNANCY & RH

8. HIV/AIDS

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community awareness and engagement to prevent new HIV infections in women and their partners by ensuring timely diagnosis, linking to care and treatment for those who are living with HIV to achieve viral suppression | <ul style="list-style-type: none"> Provision of male and female condoms Partner HIV testing | <ul style="list-style-type: none"> Support treatment adherence to ART Refills /Supply of antiretroviral therapy by trained HIV community workers Trace loss to follow-ups | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Community awareness and engagement to prevent new HIV infections in women and their partners by ensuring timely diagnosis, linking to care and treatment for those who are living with HIV to achieve viral suppression | <ul style="list-style-type: none"> Preconception counselling for prevention of mother to child transmission HIV testing to all antenatal attending pregnant women Provision of male and female condoms, Partner HIV testing | <ul style="list-style-type: none"> Assess and classify for HIV Initiate combination ARVs Monitor clinically and by CD4 Manage opportunistic infections Syndromic management of STIs Referral to higher level for severe adverse effects, complications and non-compliance | |
| SECONDARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE-PREGNANCY & RH

8. HIV/AIDS

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|---|--|--|
| | <ul style="list-style-type: none"> • Preconception counselling for prevention mother to child transmission • Provider-initiated testing and counselling (PITC) for HIV in all antenatal attending pregnant women • Provision of male and female condoms, • Partner HIV testing, • Provision of antiretroviral therapy (ART) to partners with HIV • Providing harm reduction services to women who inject drugs and • Management of sexually transmitted infections (STI) • Oral pre-exposure prophylaxis (PrEP) using antiretroviral (ARV) drugs in pregnant and breastfeeding women who are at continuing substantial risk of HIV infection. | <ul style="list-style-type: none"> • Initiate lifelong Antiretroviral Therapy (ART) regardless of WHO clinical stage and CD4 cell count • Close monitoring of viral load, CD4 cell counts, blood counts, liver and kidney function tests • Diagnosis and management of opportunistic infections • Diagnosis and management of TB/HIV coinfection • Mother and foetal monitoring with HIV testing of newborn • Normal delivery when viral load is well suppressed • Manage obstetric complications | <ul style="list-style-type: none"> • Opioid pain relief • Symptomatic management for patients with untreatable advanced HIV conditions |

TERTIARY CARE LEVEL

| | | | |
|--|---|--|--|
| | <ul style="list-style-type: none"> • Preconception counselling for prevention mother to child transmission • Provider-initiated testing and counselling (PITC) for HIV in all antenatal attending pregnant women • Provision of male and female condoms, | <ul style="list-style-type: none"> • Initiate lifelong Antiretroviral Therapy (ART) regardless of WHO clinical stage and CD4 cell count • Close monitoring of viral load, CD4 cell counts, blood counts, liver and kidney function tests | |
|--|---|--|--|

ESSENTIAL HEALTH SERVICE PACKAGE-PREGNANCY & RH

8. HIV/AIDS

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--|--|---------------------------|
| | <ul style="list-style-type: none"> • Partner HIV testing, • Provision of antiretroviral therapy (ART) to partners with HIV • Providing harm reduction services to women who inject drugs and • Management of sexually transmitted infections (STI) • Oral pre-exposure prophylaxis (PrEP) using antiretroviral (ARV) drugs in pregnant and breastfeeding women who are at continuing substantial risk of HIV infection. | <ul style="list-style-type: none"> • Diagnosis and management of opportunistic infections • Diagnosis and management of TB/HIV coinfection • Mother and foetal monitoring with HIV testing of newborn • Normal delivery when viral load is well suppressed • Manage obstetric complications | |

FINAL

ESSENTIAL HEALTH SERVICE PACKAGE-PREGNANCY-RH

9. Postpartum psychosis

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement on the importance of mental health for the wellbeing of the mother and child Create awareness on the risk factors for postpartum psychosis such as primiparity, advanced maternal age, past mental health problems, family history of mental illness, depression before pregnancy and what to do in such cases | <ul style="list-style-type: none"> Identify women with risk factors for early recognition of imminent psychosis | <ul style="list-style-type: none"> Recognition of symptoms and signs of imminent psychosis followed by immediate transfer to a higher-level health care facility | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement on the importance of mental health for the wellbeing of the mother and child Create awareness on the risk factors for postpartum psychosis such as primiparity, advanced maternal age, past mental health problems, family history of mental illness, depression before | <ul style="list-style-type: none"> Screen women with risk factors for early recognition of imminent psychosis | <ul style="list-style-type: none"> Recognition of symptoms and signs of imminent psychosis followed by immediate transfer to a higher-level health care facility | |

ESSENTIAL HEALTH SERVICE PACKAGE-PREGNANCY-RH

9. Postpartum psychosis

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--------------------|----------|---------------------------|
| pregnancy and what to do in such cases | | | |

SECONDARY CARE LEVEL

| | | | |
|--|---|--|--|
| | <ul style="list-style-type: none"> • Screen women with risk factors for early recognition of imminent psychosis Prophylactic treatment with lithium in late pregnancy or immediately after delivery in high-risk women | <ul style="list-style-type: none"> • In-depth psychiatric evaluation as soon as possible for any suspected case. • Lab tests such as kidney and thyroid function, complete blood count and ECG before starting treatment • Treat postpartum psychosis as a psychiatric emergency that requires inpatient hospitalization • Treat with antipsychotics, mood stabilizers, hormones, propranolol, and electroconvulsive therapy (ECT) • Family and other psychosocial support • Ensure patient and infant safety due to higher rates of suicide and infanticide | |
|--|---|--|--|

TERTIARY CARE LEVEL

| | | | |
|--|--|---|--|
| | <ul style="list-style-type: none"> • Screen women with risk factors for early recognition of imminent psychosis | <ul style="list-style-type: none"> • In-depth psychiatric evaluation as soon as possible for any suspected case. | |
|--|--|---|--|

ESSENTIAL HEALTH SERVICE PACKAGE-PREGNANCY-RH**9. Postpartum psychosis**

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---------------------------------------|--|---|----------------------------------|
| | <ul style="list-style-type: none">• Prophylactic treatment with lithium in late pregnancy or immediately after delivery in high-risk women | <ul style="list-style-type: none">• Lab tests such as kidney and thyroid function, complete blood count and ECG before starting treatment• Treat postpartum psychosis as a psychiatric emergency that requires inpatient hospitalization• Treat with antipsychotics, mood stabilizers, hormones, propranolol, and electroconvulsive therapy (ECT)• Family and other psychosocial support• Ensure patient and infant safety due to higher rates of suicide and infanticide | |

FEMAL

ESSENTIAL HEALTH SERVICE PACKAGE -PREGNANCY & RH

10. Diabetes Mellitus in Pregnancy

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement on the risk of diabetes mellitus in pregnancy and the importance of glycaemic control for the wellbeing of the mother and child | <ul style="list-style-type: none"> Integrated counselling on keeping weight under control, exercise, healthy diet, and not smoking. Preconception counselling on family planning and effective contraception prescribed and used until a woman's glucose levels is optimized for pregnancy Preconception counselling on the importance of achieving glucose levels as close to normal before pregnancy | <ul style="list-style-type: none"> Early recognition of need for referral and appropriate referral Encourage self-monitoring of blood glucose (SMBG) for all pregnant women with pre-existing diabetes or gestational diabetes | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement on the risk of diabetes mellitus in pregnancy and the importance of glycaemic control for the wellbeing of the mother and child | <p>Integrated counselling on healthy diet, physical activity,</p> <p>Encourage compliance with medications, and regular clinical check-ups and prevention of complications</p> | <ul style="list-style-type: none"> Self-monitoring of blood glucose (SMBG) for all pregnant women with pre-existing diabetes or gestational diabetes in order to achieve glycaemic control and improve pregnancy outcomes Lifestyle behaviour change as an essential component of management of gestational diabetes mellitus | |

ESSENTIAL HEALTH SERVICE PACKAGE -PREGNANCY & RH

10. Diabetes Mellitus in Pregnancy

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | <ul style="list-style-type: none"> Support follow-up and refill of medications | |

SECONDARY CARE LEVEL

| | | | |
|--|--|---|--|
| | <ul style="list-style-type: none"> | <ul style="list-style-type: none"> Self-monitoring of blood glucose (SMBG) for all pregnant women with pre-existing diabetes or gestational diabetes in order to achieve glycaemic control and improve pregnancy outcomes Lifestyle behaviour change as an essential component of management of gestational diabetes mellitus Oral antidiabetic agents like metformin to women with GDM if diet and exercise do not control their blood glucose adequately Insulin as the preferred medication for treating hyperglycaemia in gestational diabetes mellitus | |
|--|--|---|--|

ESSENTIAL HEALTH SERVICE PACKAGE -PREGNANCY & RH**10. Diabetes Mellitus in Pregnancy**

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---------------------------------------|---------------------------|---|----------------------------------|
| | | <ul style="list-style-type: none">• Low-dose ASA starting at 12 to 16 weeks of gestation to lower the risk of preeclampsia• Regular assessment of diabetes complications like retinal and renal assessments in women with pre-existing diabetes• Avoid potentially harmful medications in pregnancy• Foetal surveillance via ultrasound scans to women with pre-existing diabetes• Delivery timing based on presence or absence of maternal or foetal complications• Mode of delivery taking into consideration the estimated foetal weight and obstetric factors• Postpartum lifestyle interventions include medical nutrition therapy (MNT), physical activity and behavioural modifications. | |

TERTIARY CARE LEVEL

ESSENTIAL HEALTH SERVICE PACKAGE -PREGNANCY & RH**10. Diabetes Mellitus in Pregnancy**

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---------------------------------------|---------------------------|--|----------------------------------|
| | | <ul style="list-style-type: none">• Self-monitoring of blood glucose (SMBG) for all pregnant women with pre-existing diabetes or gestational diabetes in order to achieve glycaemic control and improve pregnancy outcomes• Lifestyle behaviour change as an essential component of management of gestational diabetes mellitus• Oral antidiabetic agents like metformin to women with GDM if diet and exercise do not control their blood glucose adequately• Insulin for treating hyperglycaemia in gestational diabetes mellitus as an alternative• Low-dose ASA starting at 12 to 16 weeks of gestation to lower the risk of preeclampsia• Regular assessment of diabetes complications like retinal and renal assessments in women with pre-existing diabetes• Avoid potentially harmful medications in pregnancy | |

ESSENTIAL HEALTH SERVICE PACKAGE -PREGNANCY & RH

10. Diabetes Mellitus in Pregnancy

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | <ul style="list-style-type: none">• Foetal surveillance via ultrasound scans to women with pre-existing diabetes• Delivery timing based on presence or absence of maternal or foetal complications• Mode of delivery taking into consideration the estimated foetal weight and obstetric factors• Postpartum lifestyle interventions include medical nutrition therapy (MNT), physical activity and behavioural modifications. | |

FEMAL

ESSENTIAL HEALTH SERVICE PACKAGE: PREGNANCY & RH

11. Family planning

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--------------------|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Create mass awareness on family planning using social media, mass media, print media, public gatherings • Social and behavioural change communication • Promote the use of Information Education Communication (IEC) materials • School based comprehensive sex education • Male involvement in family planning | | <ul style="list-style-type: none"> • Counselling on family planning, with all available contraceptive methods • Provide condoms • Fertility-awareness based methods • Oral hormonal contraceptive • Emergency contraceptive pills | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Create mass awareness on family planning using social media, mass media, print media, public gatherings • Social and behavioural change communication • Promote the use of Information Education Communication (IEC) materials | | <ul style="list-style-type: none"> • History and physical examination • HIV testing for contraceptive services • Counselling on family planning methods • Fertility-awareness based methods • Oral hormonal contraceptive methods • Injectable hormonal contraceptive method • Oral hormonal medications for emergency contraception | |

ESSENTIAL HEALTH SERVICE PACKAGE: PREGNANCY & RH

11. Family planning

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--------------------|--|---------------------------|
| <ul style="list-style-type: none"> • School based comprehensive sex education • Male involvement in family planning | | <ul style="list-style-type: none"> • Insertion and removal of intrauterine devices (IUD) • Counselling on post-partum and post-abortion contraceptives | |

SECONDARY CARE LEVEL

| | | | |
|--|--|---|--|
| | | <ul style="list-style-type: none"> • History and physical examination • HIV testing for contraceptive services • Counselling on family planning methods • Oral hormonal contraceptive method • Injectable hormonal contraceptive method • Oral hormonal medications for emergency contraception • Insertion and removal of intrauterine devices (IUD) • Insertion and removal of sub-dermal contraceptive implant • Counselling on post-partum and post-abortion contraceptives • Tubal Ligation and Vasectomy. | |
|--|--|---|--|

TERTIARY CARE LEVEL

ESSENTIAL HEALTH SERVICE PACKAGE: PREGNANCY & RH**11. Family planning**

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---------------------------------------|---------------------------|--|----------------------------------|
| | | <ul style="list-style-type: none">• Insertion and removal of sub-dermal contraceptive implant• Counselling on post-partum and post-abortion contraceptive methods• Tubal Ligation and Vasectomy. | |

FINAL DRAFT

ESSENTIAL HEALTH SERVICE PACKAGE: PREGNANCY & RH

12. Sexual Health

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--------------------|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Counselling on menarche and menopause • Promote access to comprehensive, good-quality information about sex and sexuality • School based education programs (comprehensive sexual education) • Sensitization of religious leaders and other stakeholder on sexual health | | <ul style="list-style-type: none"> • Provision of menstrual care products | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Counselling on menarche and menopause • Promote access to comprehensive, good-quality information about sex and sexuality • School based education programs (comprehensive sexual education) • Sensitization of religious leaders and other stakeholder on sexual health | | <ul style="list-style-type: none"> • History and physical examination for menstrual health problems • Counselling on menstrual disorders • Management of anaemia related to heavy menstrual bleeding • Counselling on respectful and equal gender relations and rights • Counselling on sexuality and sexual health, including consent and age of maturation | |

ESSENTIAL HEALTH SERVICE PACKAGE: PREGNANCY & RH

12. Sexual Health

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none"> • Clinical assessment for sexual dysfunction and other sexual health complications • Lifestyle modification (regular exercise, health weight, avoiding smoking and alcohol) to improve sexual health dysfunction • Referral for severe menstrual disorders | |
| SECONDARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Sensitization of religious leaders and other stakeholder on sexual health | | <ul style="list-style-type: none"> • History and physical examination for menstrual health problems • Counselling on menstrual disorders • Management of menstrual disorders • Management of anaemia related to heavy menstrual bleeding • Counselling on respectful and equal gender relations and rights • Counselling on sexuality and sexual health, including consent and age of maturation • Clinical assessment for sexual dysfunction and other sexual health complications | |

ESSENTIAL HEALTH SERVICE PACKAGE: PREGNANCY & RH**12. Sexual Health**

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---------------------------------------|---------------------------|---|----------------------------------|
| | | <ul style="list-style-type: none">• Lifestyle modification (regular exercise, health weight, avoiding smoking and alcohol) to improve sexual health dysfunction• Referral for severe menstrual disorders• Topical vaginal lubricants (for use during sexual activity) | |
| TERTIARY CARE LEVEL | | | |
| | | | |

ESSENTIAL HEALTH SERVICE PACKAGE: PREGNANCY & RH

13. Gender based violence

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Sensitize the community and other stakeholders (e.g., CSOs, community and religious leaders, youth groups) on the need to prevent SGBV and promote gender equality • Mass media sensitization on the GBV • School based education programs (comprehensive sexual education) | <ul style="list-style-type: none"> • Grievance redress mechanisms in communities • Routine school health profiling • Social Empowerment activities | <ul style="list-style-type: none"> • Assess the victims • Render necessary first aid treatment • Referral for intimate partner and sexual violence • Refer to the health facility if necessary • Inform appropriate authorities | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Sensitize the community and other stakeholders (e.g., CSOs, community and religious leaders, youth groups) on the need to prevent SGBV and promote gender equality • Mass media sensitization on the GBV • School based education programs (comprehensive sexual education) | <ul style="list-style-type: none"> • Group education to raise awareness about VAW and promote egalitarian gender norms and relations | <ul style="list-style-type: none"> • Counselling and treatment for survivors • History and physical examination including documentation and evidence collection as appropriate for survivors of violence • STI screening and treatment • HIV testing and post exposure prophylaxis • Emergency contraception • Referrals when necessary | |

ESSENTIAL HEALTH SERVICE PACKAGE: PREGNANCY & RH

13. Gender based violence

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|---|---|
| | | <ul style="list-style-type: none"> Collaborate with appropriate authorities (One stop shops, adolescent friendly centres) | |
| SECONDARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Sensitize the community and other stakeholders (e.g., CSOs, community and religious leaders, youth groups) on the of the need to prevent SGBV and promote gender equality Mass media sensitization on the GBV School based education programs (comprehensive sexual education) | <ul style="list-style-type: none"> Education to raise awareness about VAW and promote egalitarian gender norms and relations | <ul style="list-style-type: none"> History and complete physical examination, including documentation and evidence collection as appropriate for survivors of GBV Care and support for survivors of GBV Vaccination: hepatitis B Vaccination: HPV Clinical assessment for mental health disorders Safe and confidential documentation of GBV in health care record First line psychological support Sexually transmitted infection (STI) screening, prophylaxis and treatment HIV testing and post-exposure prophylaxis (PEP) Emergency contraception Discrete materials with information about available services | <p>Psychoeducation, including for stress reduction, for survivors of violence</p> |

ESSENTIAL HEALTH SERVICE PACKAGE: PREGNANCY & RH

13. Gender based violence

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|--|---------------------------|
| | | <ul style="list-style-type: none"> • Counselling to improve communication and conflict resolution when safe and appropriate | |
| TERTIARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Sensitize the community and other stakeholders (e.g., CSOs, community and religious leaders, youth groups) on the of the need to prevent SGBV and promote gender equality • Mass media sensitization on the GBV • School based education programs (comprehensive sexual education) | <ul style="list-style-type: none"> • Education to raise awareness about VAW and promote egalitarian gender norms and relations | <ul style="list-style-type: none"> • History and complete physical examination, including documentation and evidence collection as appropriate for survivors of GBV • Care and support for survivors of GBV • Vaccination: hepatitis B • Vaccination: HPV • Clinical assessment for mental health disorders • Safe and confidential documentation of GBV in health record • First line psychological support • Sexually transmitted infection (STI) screening, prophylaxis and treatment • HIV testing and post-exposure prophylaxis (PEP) • Emergency contraception • Discrete materials with information about available services | |

ESSENTIAL HEALTH SERVICE PACKAGE: PREGNANCY & RH**13. Gender based violence**

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---------------------------------------|---------------------------|--|----------------------------------|
| | | <ul style="list-style-type: none">• Counselling to improve communication and conflict resolution when safe and appropriate | |

ESSENTIAL HEALTH SERVICE PACKAGE: PREGNANCY & RH

14. FGM

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Awareness raising on dangers of FGM • Promote community participation and community ownership in all activities related to the prevention and eradication of FGM • Promote legislation that protect a girl's right to health, bodily integrity, and to live free from gender-based discrimination and violence, including FGM | <ul style="list-style-type: none"> • Counselling of youth on the preventions and dangers of FGM • Engage community stakeholders on elimination of FGM | <ul style="list-style-type: none"> • Education and counselling including on prevention of FGM | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Health education on dangers of FGM | <ul style="list-style-type: none"> • Sensitization of communities (SOWEI) on dangers of FGM • Counselling of youth on the preventions and dangers of FGM • Engage community stakeholders on elimination of FGM | <ul style="list-style-type: none"> • Education and counselling including on prevention of FGM • History and assessment of FGM • Counselling on sexual health care • Referral for the management of mental illness • Emergency care to stop bleeding, suture lacerations • Provide antibiotics and analgesics • Referral for surgical procedures | |

ESSENTIAL HEALTH SERVICE PACKAGE: PREGNANCY & RH

14. FGM

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|---|---|---------------------------|
| SECONDARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> • Education and counselling including on prevention of FGM • Sensitization of communities (SOWEI) on dangers of FGM • Counselling of youth on the preventions and dangers of FGM • Engage community stakeholders on elimination of FGM | <ul style="list-style-type: none"> • History and assessment of FGM • Clinical assessment for complications of FGM, sexual health disorders and mental health disorders • Provide first line psychological support • Counselling on sexual health care • Provide antibiotics and analgesics • Referral for surgical procedures | |
| TERTIARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> • Education and counselling including on prevention of FGM | <ul style="list-style-type: none"> • History and assessment of FGM • Clinical assessment for complications of FGM, sexual health disorders and mental health disorders • Management of FGM and its complications • Manage mental health disorders • Provide first line psychological support | |

ESSENTIAL HEALTH SERVICE PACKAGE: PREGNANCY & RH**14. FGM**

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---------------------------------------|---------------------------|--|----------------------------------|
| | | <ul style="list-style-type: none">• Management of sexual health problems | |

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ESSENTIAL HEALTH SERVICE PACKAGE: PREGNANCY & RH

15. Infertility

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community awareness on infertility, causes, prevention, treatment options Education on avoiding stigma to partners with infertility | <ul style="list-style-type: none"> Life style measures (avoiding excess alcohol, avoiding initiation of cigarette smoking in adolescents, smoking cessation, physical activity and a healthy diet) Prevention of sexually transmitted infections by following safe sexual practice | <ul style="list-style-type: none"> Early identification and referral to next level | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Community awareness on infertility, causes, prevention, treatment options Education on avoiding stigma to partners with infertility | <ul style="list-style-type: none"> Early detection and treatment of sexually transmitted infections Preventing complications of unsafe abortion, postpartum sepsis and abdominal/pelvic surgery | <ul style="list-style-type: none"> Early identification and referral to next level | |
| SECONDARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> Early detection and treatment of sexually transmitted infections Preventing complications of unsafe abortion, postpartum sepsis and abdominal/pelvic surgery | <ul style="list-style-type: none"> History and physical examination for infertility Basic laboratory tests including sperm analysis Advanced laboratory tests including fertility markers | |

ESSENTIAL HEALTH SERVICE PACKAGE: PREGNANCY & RH

15. Infertility

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|---|---|---------------------------|
| | | <ul style="list-style-type: none"> • Basic imaging: contrast x-ray, ultrasound • Advanced imaging • Counselling and testing for infertility matters • Medical treatment with fertility drugs | |
| TERTIARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> • Early detection and treatment of sexually transmitted infections • Preventing complications of unsafe abortion, postpartum sepsis and abdominal/pelvic surgery | <ul style="list-style-type: none"> • History and physical examination for infertility • Basic laboratory tests including sperm analysis • Advanced laboratory tests including fertility markers • Basic imaging: contrast x-ray, ultrasound • Advanced imaging • Counselling and testing for infertility matters • Medical treatment with fertility drugs • Surgical procedures e.g., Fallopian tube surgery, vasectomy reversal Assisted conceptions –intrauterine insemination (IUI) and in vitro fertilisation (IVF) | |

ESSENTIAL HEALTH SERVICE PACKAGE: PREGNANCY & RH

16. Menopause

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--------------------|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community awareness on the need of regular exercise, eating a healthy diet, discontinuing smoking and maintain a healthy weight to reduce risk of CVDs Community awareness on the symptoms of menopause and mood changes. | | <ul style="list-style-type: none"> Advice on lifestyles changes, that can assist with the management of symptoms Early identification severe menopausal symptoms for early referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Health education on the need of regular exercise, eating a healthy diet, discontinuing smoking and maintain a healthy weight to reduce risk of CVDs Health education on the symptoms of menopause and mood changes and its management | | <ul style="list-style-type: none"> History and physical examination for menstrual health problems Counselling on menopause symptoms and management Advice on lifestyles changes, that can assist with the management of symptoms Topical vaginal lubricants for vaginal dryness Referral for severe menopausal symptoms | |
| SECONDARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE: PREGNANCY & RH

16. Menopause

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | <ul style="list-style-type: none"> • History and physical examination for menstrual health problems • Management of menopause symptoms • Proper investigation of postmenopausal bleeding • Management of anaemia related to heavy post-menopausal bleeding • Hormone therapy for relieving menopausal symptoms • Clinical assessment of sexual dysfunction • Management of sexual dysfunction • Topical vaginal lubricants for vaginal dryness • Referral for severe menopausal symptoms | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination for menstrual health problems • Management of menopause symptoms • Proper investigation of postmenopausal bleeding • Management of anaemia related to heavy post-menopausal bleeding | |

ESSENTIAL HEALTH SERVICE PACKAGE: PREGNANCY & RH

16. Menopause

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---------------------------------------|---------------------------|---|----------------------------------|
| | | <ul style="list-style-type: none">• Hormone therapy for relieving menopausal symptoms• Clinical assessment of sexual dysfunction• Management of sexual dysfunction• Topical vaginal lubricants for vaginal dryness | |

4.2 Essential Health Service Package -0-4 Age Cohort

ESSENTIAL HEALTH SERVICE PACKAGE: 0-4 YEARS AGE COHORT

1. Neonatal Sepsis

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|---|--|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Educate mothers/fathers and caregivers on signs and symptoms of neonatal infection using job aides Educate mothers/fathers and community on importance of facility delivery, exclusive breastfeeding good hygienic practices, care of the umbilical cord and avoidance of harmful traditional birth practices | <ul style="list-style-type: none"> Early initiation and exclusive breastfeeding of neonates Appropriate cord care Emphasis on the need for early referral to health facility for every sick young infant | <ul style="list-style-type: none"> Early Referral to the next level for neonates suspected with neonatal sepsis Keeping baby warm all times including on the way to hospital | <ul style="list-style-type: none"> Psychological support from the community to parents of babies with birth-related complications |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Educate mothers/fathers and caregivers on signs and symptoms of neonatal infection using job aides Educate mothers/fathers and community on importance of facility delivery, exclusive breastfeeding good hygienic practices, care of the umbilical | <ul style="list-style-type: none"> Clean delivery practices and handwashing during delivery Appropriate cord care | <ul style="list-style-type: none"> Treat based on the IMNCI treatment guidelines on management of the sick young infant. Clean cord with chlorhexidine antiseptics Early initiation and exclusive breast feeding. Refer to hospital if neonate is not improving | <ul style="list-style-type: none"> Psychological support to parents of babies with birth-related complications Physical therapy for children with neurological complications |

ESSENTIAL HEALTH SERVICE PACKAGE: 0-4 YEARS AGE COHORT

1. Neonatal Sepsis

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|--|--|
| cord and avoidance of harmful traditional birth practices | | | |
| SECONDARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> • Clean delivery practices and handwashing during delivery • Appropriate cord care | <ul style="list-style-type: none"> • Basic laboratory tests; full blood count, blood, urine, CSF • Basic imaging Chest X-ray, ultrasound • Prompt empiric treatment with broad-spectrum antibiotics • Early resuscitation with intravenous fluids • Nutritional support • Oxygen support • Refer to higher level if not improving | <ul style="list-style-type: none"> • Psychological support to parents of babies with birth-related complications • Physical therapy for children with neurological complications |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • Advanced laboratory tests including culture and sensitivity of blood, urine and CSF • Advanced imaging such as CT scan and MRI • Prompt empiric treatment with broad-spectrum antibiotics | |

ESSENTIAL HEALTH SERVICE PACKAGE: 0-4 YEARS AGE COHORT

1. Neonatal Sepsis

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | <ul style="list-style-type: none">• Supportive Intravenous fluids or blood products• Vasopressor agents• Mechanical ventilation | |

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ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

2. Birth asphyxia

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|--|--|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Educate pregnant women on the need for regular ANC and facility births attended by a skilled birth attendant Promote good maternal nutrition/including nutritional supplementation | <ul style="list-style-type: none"> Encourage mothers to deliver in health facility for skilled birth attendance exclusive breastfeeding good hygienic practices | <ul style="list-style-type: none"> Timely referral to the next level | <ul style="list-style-type: none"> Psychological support to parents of babies with birth-related complications Physical therapy for children with neurological complications |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Health education to pregnant women on the need for regular ANC follow up and skilled birth attendance | <ul style="list-style-type: none"> Use partograph for labour monitoring. 2nd stage management based on foetal and maternal condition. Full assessment of all newborn with Apgar score Timely referral for mothers Manage pre-eclampsia correctly. | <ul style="list-style-type: none"> Assess, look and classify all new born using IMNCI guidelines Manage neonate based on the IMNCI classification Dry, stimulate and warm Refer to next level with ongoing resuscitation if not responsive to procedures Refer responsive neonates to next level for further assessment and observation | <ul style="list-style-type: none"> Psychological support to parents of babies with birth-related complications Physical therapy for children with neurological complications |
| SECONDARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

2. Birth asphyxia

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--|--|---|
| | <ul style="list-style-type: none"> • Cardiotocograph (CTG) screening with timely and appropriate action • Use partograph for labour monitoring. • 2nd stage management based on foetal and maternal condition. • Manage pre-eclampsia correctly. | <ul style="list-style-type: none"> • History and physical examination • Bag and mask ventilation • Maintain normal temperature • Oxygen by nasal cannula or hood • Normal saline bolus • Transfuse in case of blood loss • Intravenous dextrose • Anti-epileptic drugs • IV fluids • Intra gastric tube feeding • Monitor urine output • Resuscitate in special care baby unit (SCBU) for those not responding • Refer If no improvement or deterioration | <ul style="list-style-type: none"> • Psychological support to parents of babies with birth-related complications • Follow up neonates treated to detect any signs of neurologic dysfunction such as delayed developmental milestones • Linkage with rehabilitation centres for physical rehabilitation, speech |
| TERTIARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> • Cardiotocograph (CTG) screening with timely and appropriate action • Use partograph for labour monitoring. • Ensure supportive 2nd stage management based on foetal and maternal condition. • Manage pre-eclampsia correctly. | <ul style="list-style-type: none"> • History and physical examination • Dry neonate and place supine under overhead warmer • Antibiotics therapy for neonates with possible severe bacterial infections • Neonatal resuscitation including oxygen therapy | <ul style="list-style-type: none"> • Psychological support to parents of babies with birth-related complications • Follow up neonates to detect any signs of neurologic dysfunction such as delayed |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

2. Birth asphyxia

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---|
| | | <ul style="list-style-type: none"> • Tactile stimulation to encourage spontaneous breathing • Bag-mask ventilation (Ambu bag) for non-responsive neonates • Chest compression if heart rate does not improve • Encourage kangaroo mother care /or kangaroo father care • ICU Services -e.g., for life support were indicated • Laboratory tests e.g., blood gases analysis, • Imaging modalities such as ultrasound, CT scan, MRI • Electroencephalogram (EEG) | <ul style="list-style-type: none"> • developmental milestones • Linkage with rehabilitation centres for physical rehabilitation, speech |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

3. Birth trauma

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Health Education to pregnant women to create awareness on birth trauma Health education to pregnant women on the need for regular ANC and skilled birth attendance Promote early health seeking behaviour | <ul style="list-style-type: none"> Education of mothers on importance of facility delivery, exclusive breastfeeding good hygienic practices | <ul style="list-style-type: none"> Refer neonates with suspected birth trauma to next level for further assessment | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Educate pregnant women on the need for facility births attended by a skilled birth attendant | <ul style="list-style-type: none"> Check mother for adequate pelvis, correlate maternal height to pelvis size and refer those in high risk | <ul style="list-style-type: none"> Refer neonates with confirmed birth trauma to next level Safe transportation of neonates/small babies Kangaroo father care and/or Kangaroo mother care Breastfeeding/nutritional support | |
| <ul style="list-style-type: none"> SECONDARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

3. Birth trauma

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|--|---|
| <ul style="list-style-type: none"> Educate pregnant women on the need for facility births attended by a skilled birth attendant | <ul style="list-style-type: none"> Check the mother for adequate pelvis, correlate maternal height to pelvis size and refer those in high risk Full assessment of all newborn with Apgar score Complete examination of neonates for evidence of birth trauma Confirm spontaneous movement of all limbs and exclude the presence of any head swelling or skull depression | <ul style="list-style-type: none"> Admit to special care baby unit (SCBU) for intensive care management Laboratory services /investigations that include but are not limited to: <ul style="list-style-type: none"> blood film microscopy, blood group and cross-match, blood chemistry, CSF and stool and urine microscopy, gram stain, | <ul style="list-style-type: none"> Psychological support to parents of babies with birth-related complications Follow up neonates treated to detect any signs of neurologic dysfunction such as delayed developmental milestones Linkage with rehabilitation centres for physical rehabilitation, speech, etc. |
| TERTIARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Educate pregnant women on the need for facility births attended by a skilled birth attendant | <ul style="list-style-type: none"> Check the mother for adequate pelvis, correlate maternal height to pelvis size to identify those in high risk (narrow pelvis, big babies, etc.) Ultrasound examination for gestational age, foetal presentation and foetal weight for early identification | <ul style="list-style-type: none"> Admit to SBCU for intensive care management Imaging modalities including x-ray, ultrasound, MRI and CT scan Laboratory investigations as indicated | <ul style="list-style-type: none"> Psychological support to parents of babies with birth-related complications Follow up neonates to detect any signs of neurologic dysfunction |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

3. Birth trauma

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|--|
| | | <ul style="list-style-type: none">• Blood grouping and transfusion if indicated | <ul style="list-style-type: none">• such as delayed developmental milestones• Linkage with rehabilitation centres for physical rehabilitation, speech |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

4. Neonatal Jaundice

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Health Education to pregnant women to create awareness on the importance of adequate breast feeding in preventing neonatal jaundice Health education to pregnant women on the need for regular ANC and skilled birth attendance Promote early health seeking behaviour | <ul style="list-style-type: none"> Ensure adequate intake of exclusive breast feeding in the first days | <ul style="list-style-type: none"> Refer neonates with jaundice to next level for further assessment Adequate exclusive breastfeeding Exposure to sunlight | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Health Education to pregnant women to create awareness on neonatal jaundice Health education to pregnant women on the need for regular ANC and skilled birth attendance Promote early health seeking behaviour | <ul style="list-style-type: none"> Ensure adequate intake of exclusive breast feeding in the first days | <ul style="list-style-type: none"> Refer neonates with confirmed jaundice to next level Kangaroo father care and/or Kangaroo mother care Adequate breastfeeding/nutritional support Exposure to sunlight | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

4. Neonatal Jaundice

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--|--|--|
| SECONDARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> • Education of mothers on importance of facility delivery, exclusive breastfeeding good hygienic practices | <ul style="list-style-type: none"> • History and physical examination • Blood group evaluation and a direct Coombs test in newborn with early jaundice • Adequate hydration, feeding or supplementation • Light therapy (phototherapy) • Administration of intravenous immunoglobulin | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination • Blood group evaluation and a direct Coombs test in newborn with early jaundice • Adequate hydration, feeding or supplementation • Light therapy (phototherapy) • Administration of intravenous immunoglobulin • Exchange transfusion | <ul style="list-style-type: none"> • Psychological support to parents of babies with birth-related complications • Linkage with rehabilitation centres for physical rehabilitation, speech |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

5. Congenital abnormalities

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Educate adolescent girls and mothers to have a healthy diet including adequate dietary intake of vegetables and fruit; vitamins and minerals particularly folic acid; and maintain a healthy weight • Educating and counselling parents and community on addressing stigma attached with congenital abnormalities • Information education and communication on harmful substances, particularly alcohol and tobacco; exposure of pregnant women to medications or medical radiation • Educate community health workers on promoting prevention and early identification of congenital defects | <ul style="list-style-type: none"> • Ensure adolescent girls and mothers have adequate dietary intake of vitamins and minerals, particularly folic acid, a healthy diet including a wide variety of vegetables and fruit, and maintain a healthy weight • Ensure mothers avoid harmful substances, particularly alcohol and tobacco; • Ensure avoidance of travel by pregnant women (and sometimes women of childbearing age) to regions experiencing outbreaks of infections known to be associated with birth defects; • Reduce or eliminating environmental exposure to hazardous substances (such as heavy metals or pesticides) during pregnancy; • Vaccination, especially against the rubella virus, for children and women | <ul style="list-style-type: none"> • Early identification of congenital abnormalities and referral to higher level | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

5. Congenital abnormalities

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|---|--|
| | <ul style="list-style-type: none"> Screening and treatment for infections, especially rubella, varicella and syphilis | | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Educate adolescent girls and mothers to have a healthy diet including adequate dietary intake of vegetables and fruit; vitamins and minerals particularly folic acid; and maintain a healthy weight Educating and counselling parents and community on addressing stigma attached with congenital abnormalities Information education and communication on harmful substances, particularly alcohol and tobacco; exposure of pregnant women to medications or medical radiation Educate community health workers on promoting prevention and early identification of congenital defects | <ul style="list-style-type: none"> Folic acid/multiple micronutrient supplementation in early pregnancy Promote the use of iodized salt Administer Measles-rubella (MR) vaccine on schedule Avoiding teratogenic medications during pregnancy | <ul style="list-style-type: none"> Medical treatment for some metabolic, endocrine and haematological conditions e.g., congenital hypothyroidism Early screening for early correction (e.g., congenital hearing loss, congenital cataract, congenital heart disease etc.) | <ul style="list-style-type: none"> Psychological support to parents of babies with congenital abnormalities Follow up neonates born with congenital abnormalities to detect any signs of neurologic dysfunction such as delayed developmental milestones |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

5. Congenital abnormalities

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--|---|---|
| SECONDARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> • Folic acid/multiple micronutrient supplementation in early pregnancy • Promote the use of iodized salt • Administer Measles-rubella (MR) vaccine on schedule • Avoiding teratogenic medications during pregnancy • Early diagnosis and treatment of syphilis in pregnant women | <ul style="list-style-type: none"> • Medical treatment for some metabolic, endocrine and haematological conditions e.g., congenital hypothyroidism • Early screening for early correction (e.g., congenital hearing loss, congenital cataract, congenital heart disease etc.) | <ul style="list-style-type: none"> • Psychological support to parents of babies with birth-related complications • Follow up neonates treated to detect any signs of neurologic dysfunction such as delayed developmental milestones • Linkage with rehabilitation centres for physical rehabilitation, speech, etc. |
| TERTIARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> • Folic acid/multiple micronutrient supplementation in early pregnancy • Correction of some endocrine and metabolic abnormalities such as | <ul style="list-style-type: none"> • Corrective/plastic surgery with good follow up care (e.g., congenital heart defects, NTD, congenital talipes, cleft lip, cleft palate, etc) | <ul style="list-style-type: none"> • Psychological support to parents of babies with birth-related complications |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

5. Congenital abnormalities

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--|---|--|
| | <p>diabetes, hypothyroidism before conception</p> <ul style="list-style-type: none"> • Promote the use of iodized salt • Administer Measles-rubella (MR) vaccine on schedule • Early diagnosis and treatment of syphilis in pregnant women • Avoiding teratogenic medications during pregnancy | <ul style="list-style-type: none"> • Screening of newborn for certain metabolic, hematologic and endocrine disorders • Management of newborn for certain metabolic, hematologic and endocrine disorders | <ul style="list-style-type: none"> • Follow up neonates treated to detect any signs of neurologic dysfunction such as delayed developmental milestones • Linkage with rehabilitation centres for physical rehabilitation, speech, etc. |

FINAL

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

6. Malaria

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Mass media on malaria prevention measures • Community based campaigns to promote use of bed nets, early health seeking behaviour • Community mobilization and engagement on malaria prevention and control measures | <ul style="list-style-type: none"> • Integrated vector control management (ITN, IRS, larva source management) • Perennial malaria chemoprevention (PMC) – previously known as intermittent preventive treatment in infants, or IPTi) alongside routine vaccinations | <ul style="list-style-type: none"> • Diagnosis confirmation for malaria parasites using rapid diagnostic tests • Oral antimalaria for treatment of uncomplicated <i>P. falciparum</i> malaria • Follow up on malaria treatment adherence • Rectal artesunate suppository for pre-referral therapy • Refer unresponsive or severe cases to the next higher level | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Mass media on malaria prevention measures • Community based campaigns to promote use of bed nets, early health seeking behaviour • Community mobilization and engagement on malaria prevention and control measures | <ul style="list-style-type: none"> • Integrated vector control management (ITN, IRS, larva source management) • Perennial malaria chemoprevention (PMC) – previously known as intermittent preventive treatment in infants, or IPTi) alongside routine vaccinations • RTS, S Malaria vaccine | <ul style="list-style-type: none"> • Diagnosis confirmation for malaria parasites- microscopy or RDT • Basic laboratory tests (blood, urine, etc) • Oral antimalaria for treatment of uncomplicated <i>P. falciparum</i> malaria • Intramuscular antimalarials empiric therapy for initial phase treatment of severe malaria • Rectal artesunate suppository for pre-referral therapy | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

6. Malaria

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|--|---------------------------|
| | | <ul style="list-style-type: none"> Refer unresponsive or severe cases to the next higher level | |
| SECONDARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Same above | <ul style="list-style-type: none"> Same above | <ul style="list-style-type: none"> Diagnosis confirmation and parasite density monitoring using microscopy Advanced laboratory tests (RFTs, LFTs, etc) Treatment of uncomplicated <i>P. falciparum</i> malaria with oral antimalaria Intravenous antimalarials for treatment of severe <i>P. falciparum</i> malaria Refer unresponsive cases and complications to the next higher level | |
| TERTIARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

6. Malaria

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| Same above | Same above | <ul style="list-style-type: none"> • Diagnosis confirmation and parasite density monitoring using microscopy • Advanced laboratory tests (RFTs, LFTs, etc) • Oral antimalaria for treatment of uncomplicated <i>P. falciparum</i> malaria • Intravenous antimalarials for treatment of severe <i>P. falciparum</i> malaria • Intensive care unit for cerebral malaria • Blood and blood product transfusion for severe anaemia • Haemodialysis for acute kidney injury | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

7. HIV/AIDS

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness using mass media, community engagement and mobilization on STIs and HIV/AIDS risk factors and prevention methods to support women and their partners remain uninfected • Education of parents on the risks and prevention of sexual abuse of children • Social and behavioural change communication for parents | <ul style="list-style-type: none"> • Primary prevention of HIV in adolescents and women of child bearing ages to increase awareness and promote safe sexual behaviour • Support screening pregnant women for HIV • Community HIV counselling and testing (HIV self-test) | <ul style="list-style-type: none"> • Support early testing for HIV exposed infants • Support treatment adherence to ARV for HIV infected children • Refills /Supply of antiretroviral • Trace loss to follow-ups | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness using mass media, community engagement and mobilization on STIs and HIV/AIDS risk factors and prevention methods to support women and their partners remain uninfected • Education of parents on the risks and prevention of sexual abuse of children | <ul style="list-style-type: none"> • Primary prevention of HIV in adolescents and women of child bearing ages to increase awareness and promote safe sexual behaviour • Screen pregnant women for HIV • Use of contraceptives to avoid unintended pregnancy • Initiate ARV for HIV positive pregnant women • Counselling on adherence to ARV for HIV positive mother | <ul style="list-style-type: none"> • Assess and classify for HIV • Early infant diagnosis for HIV exposed infants • Provision of HIV prophylaxis to HIV exposed infants • Provision of cotrimoxazole prophylaxis to HIV exposed infants • Initiate combination ARVs • Monitor clinically, using CD4, Viral load • Monitor adverse effects of drugs | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

7. HIV/AIDS

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|--|--|
| <ul style="list-style-type: none"> Social and behavioural change communication for parents | <ul style="list-style-type: none"> ARV prophylaxis to HIV exposed infant Referral of sick children by CHWs to health facilities Community HIV counselling and testing (HIV self-test) | <ul style="list-style-type: none"> Manage mild opportunistic infections Manage TB/HIV co-infection Nutritional support and supplements Adherence support and trace loss to follow-ups Referral to higher level for severe adverse effects, complications and non-compliance | |
| SECONDARY CARE LEVEL | | | |
| Same above | <ul style="list-style-type: none"> Same above | <ul style="list-style-type: none"> Initiate combination ARVs Manage patients with treatment failures Manage moderate to severe adverse reactions Monitor using viral load Management moderate to severe f opportunistic infections Manage co-morbidities (viral hepatitis, NCDs) Screening and management of latent TB infection Diagnose and treat TB/HIV co-infection Manage co-morbidities (viral hepatitis, NCDs) | <ul style="list-style-type: none"> Opioid pain relief Symptomatic relief for patients with untreatable advanced HIV diseases |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

7. HIV/AIDS

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--|---|--|
| | | <ul style="list-style-type: none"> Referral to higher level for to non-responders | |
| TERTIARY CARE LEVEL | | | |
| Same above | <ul style="list-style-type: none"> Same above | <ul style="list-style-type: none"> Initiate combination ARVs Manage patients with treatment failures Manage moderate to severe adverse reactions Monitor using viral load Management moderate to severe opportunistic infections Screening and management of latent TB infection Diagnose and treat TB/HIV co-infection Manage co-morbidities (viral hepatitis, NCDs) Manage co-morbidities (viral hepatitis, NCDs) ICU care as clinically indicated Linkage to care and non-medical support | <ul style="list-style-type: none"> Opioid pain relief Symptomatic relief for patients with untreatable advanced HIV diseases |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

8. Tuberculosis

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness using mass media, community engagement and mobilization on tuberculosis risk factors, prevention and control methods to prevent children getting infected • Social and behavioural change communication for parents | <ul style="list-style-type: none"> • Isolation of confirmed or presumptive adult TB cases • Active case finding at community • TB contacts tracing • Referral of symptomatic contacts to next higher level • HIV self-testing for presumptive cough cases | <ul style="list-style-type: none"> • Directly Observed Therapy (DOTs) • Self-administrative therapy (SAT) to those with good adherence • Referral of people with presumptive TB to next level • Referral of people living HIV for regular screening and possible TPT • TB drugs refill for SAT • Trace and follow up of defaulters | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness using mass media, community engagement and mobilization on tuberculosis risk factors, prevention and control methods to prevent children getting infected • Social and behavioural change communication for parents | <ul style="list-style-type: none"> • Isolation of confirmed or presumptive adult TB cases • TB contacts tracing • Active case finding at community • HIV testing services for all TB presumptive and TB cases • Screening for LTBI and TPT provision • Screening and management of at-risk populations (Health workers, prison, military camps, clustered environments, vulnerable communities, boarding homes etc) | <ul style="list-style-type: none"> • Diagnosis confirmation using AFB microscopy and GeneXpert (stool, sputum) • Directly Observed Therapy (DOTs) • Self-administrative therapy (SAT) to those with good adherence • Referral of people living HIV for regular screening and possible TPT • TB drugs refill for SAT • Trace and follow up of defaulters • Referral of people with adverse reactions and complications | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

8. Tuberculosis

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|---|---|---------------------------|
| | <ul style="list-style-type: none"> Referral of symptomatic contacts to next higher level Sputum collection and transportation for TB presumptive for definitive diagnosis | | |
| SECONDARY CARE LEVEL | | | |
| Same above | <ul style="list-style-type: none"> Same above | <ul style="list-style-type: none"> Diagnosis confirmation using AFB microscopy and GeneXpert (gastric lavage fluid, stool, sputum) Directly Observed Therapy (DOTs) Self-administrative therapy (SAT) to those with good adherence ART therapy for TB/HIV co-infection Referral of people living HIV for regular screening and possible TPT TB drugs refill for SAT Trace and follow up of defaulters Referral of people with adverse reactions and complications | |
| TERTIARY CARE LEVEL | | | |
| Same above | Same above | <ul style="list-style-type: none"> Diagnosis confirmation using chest x-ray, PPD, GeneXpert, culture, DST Direct Observed Therapy (DOT) | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

8. Tuberculosis

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | <ul style="list-style-type: none">• Self-administered treatment (SAT)• Management of severe adverse infections and complications• Management of TB/HIV co-infection• ART therapy for TB/HIV co-infection• MDR/XDR TB diagnosis and management• Nutritional support and supplement• ICU care as clinically indicated• Linkage to non-medical social support | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

9. Lower respiratory tract infections

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness on respiratory tract infections including prevention measures (hand feeding, bottle feeding) • Distribution of IEC materials on lower respiratory tract infections i.e., danger signs like chest indrawing fast and difficult breathing. • Advocacy for proper sanitation and good housing • Community mobilisation for routine immunisation especially for the pneumococcal vaccine | <ul style="list-style-type: none"> • Healthy nutrition including exclusive breastfeeding for the first 6 months of life and for up to two years • Good hygiene practices including hand washing and feeding utensils • Avoidance of smoking within the household and secondary exposure to smoke to the under 5s • Avoidance of biomass combustion (particularly indoor cooking fires) and other air pollutants that contribute to acute respiratory infections. • Complete and timely immunizations, e.g., Pneumococcal and pentavalent vaccinations. • Early treatment of respiratory infections for the children | <ul style="list-style-type: none"> • Identify a child with symptoms indicative of lower respiratory tract infection (LRTI) and manage and treat according iCCM guidelines • Identify danger signs of Lower respiratory tract infection for early referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness on respiratory tract infections including prevention measures (hand feeding, bottle feeding) | <ul style="list-style-type: none"> • Healthy nutrition including breastfeeding including exclusive breastfeeding for the first 6 months of life and for up to two years | <ul style="list-style-type: none"> • Assess and classify for Cough or Difficult breathing using the IMNCI guideline | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

9. Lower respiratory tract infections

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|---|---------------------------|
| <ul style="list-style-type: none"> • Distribution of IEC materials on lower respiratory tract infections i.e., danger signs like chest indrawing fast and difficult breathing. • Advocacy for proper sanitation and good housing • Community mobilisation for routine immunisation especially for the pneumococcal vaccine | <ul style="list-style-type: none"> • Good hygiene practices including hand washing and feeding utensils • Avoidance of smoking within the household and secondary exposure to smoke to the under 5s • Avoidance of biomass combustion (particularly indoor cooking fires) and other air pollutants that contribute to acute respiratory infections. • Complete and timely immunizations, e.g., Pneumococcal and pentavalent vaccinations. • Early treatment of respiratory infections for the children | <ul style="list-style-type: none"> • Treat and refer according to the classification as per the guidelines • Monitor progress and follow-up and refer giving urgent • Referral treatment with oxygen, antibiotics, correction of hypoglycaemia, etc.) • Advise mother when to return immediately • Advise mother when to return if not improving | |
| SECONDARY CARE LEVEL | | | |
| Same above | Same above | <ul style="list-style-type: none"> • Physical and clinical examination • Monitoring using blood tests, chest x-ray, GeneXpert • Hospitalization based by severity • Antibiotics therapy • Oxygen therapy • Intravenous fluids administration • Treat any underlying condition | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

9. Lower respiratory tract infections

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | <ul style="list-style-type: none"> • Follow-up/regular review until all symptoms and signs resolve | |

TERTIARY CARE LEVEL

| | | | |
|------------|------------|--|--|
| Same above | Same above | <ul style="list-style-type: none"> • Physical and clinical examination • Monitoring using blood tests, chest x-ray, GeneXpert • Hospitalization based on severity • Antibiotics therapy • Oxygen therapy • Intravenous fluids administration • Treatment of underlying condition • Follow-up/regular review until all symptoms and signs resolve • ICU services for those with severe disease | |
|------------|------------|--|--|

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

10. Diarrheal diseases, typhoid/paratyphoid and other enteric infections

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness using mass media and mass media on safe drinking-water, use of improved sanitation and hand washing with soap to reduce risk of enteric infections • Community mobilisation for routine immunisation | <ul style="list-style-type: none"> • Exclusive breastfeeding for the first six months of life • Observation of good hygiene practices in food preparation for the children • Encourage utilization of safe portable water in homes and communities • Counselling on WASH services (use of safe water supply; sanitation and hygiene) • Early recognition of danger signs by the family members • Preventive zinc supplements • Vaccination: rotavirus | <ul style="list-style-type: none"> • Rehydration with oral rehydration salts (ORS) solution • Zinc supplements • Refer moderate to severe cases and cases with vomiting or fever | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness using mass media and mass media on safe drinking-water, use of improved sanitation and hand washing with soap to reduce risk of enteric infections • Community mobilisation for routine immunisation | <ul style="list-style-type: none"> • Vaccination: rotavirus • Vaccination: typhoid • Observation of good hygiene practices in food preparation for the children • Encourage utilization of safe portable water in homes and communities | <ul style="list-style-type: none"> • History and physical examination for diarrhoea, abdominal pain. • Basic laboratory tests • Assess and classify for diarrhoea using IMNCI strategy • Rehydration with oral rehydration salts (ORS) solution | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

10. Diarrheal diseases, typhoid/paratyphoid and other enteric infections

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|---|--|---------------------------|
| | <ul style="list-style-type: none"> • Counselling on WASH services (use of safe water supply; sanitation and hygiene) • Early recognition of danger signs by the family members • Preventive zinc supplements | <ul style="list-style-type: none"> • Rehydration with intravenous fluids in case of severe dehydration or shock. • Antibiotics for dysentery, typhoid fever • Zinc supplements • Nutrient-rich foods including breast feeding • Referral for management of severe dehydration for other complications. | |
| SECONDARY CARE LEVEL | | | |
| Same as above | Same as above | <ul style="list-style-type: none"> • History and physical examination for diarrhoea, abdominal pain. • Basic laboratory tests • Rehydration with oral rehydration salts (ORS) solution • Rehydration with intravenous fluids in case of severe dehydration or shock. • Antibiotics to treat typhoid and paratyphoid fever • Antibiotics to treat dysentery | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

10. Diarrheal diseases, typhoid/paratyphoid and other enteric infections

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | <ul style="list-style-type: none"> • Zinc supplements • Nutrient-rich foods including breast feeding • Referral for management of complications. | |

TERTIARY CARE LEVEL

| | | | |
|--|--|---|--|
| | | <ul style="list-style-type: none"> • History and physical examination for diarrhoea, abdominal pain. • Basic laboratory tests • Rehydration with oral rehydration salts (ORS) solution • Rehydration with intravenous fluids in case of severe dehydration or shock. • Antibiotics to treat typhoid and paratyphoid fever • Antibiotics to treat dysentery • Zinc supplements • Nutrient-rich foods including breast feeding • Management of complications including intestinal perforations | |
|--|--|---|--|

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

11. Meningitis

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness using mass media and mass media on symptoms and preventions methods of meningitis including immunization to reduce risk of enteric infections | <ul style="list-style-type: none"> • Advocacy for proper sanitation and good housing and immunization • Vaccination: pneumococcal conjugate • Vaccination: haemophilus influenzae type b (Hib) • Vaccination: meningococcal | <ul style="list-style-type: none"> • Isolate child suspected with meningitis • Early recognition of symptoms for need of referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness using mass media and mass media on symptoms and preventions methods of meningitis including immunization to reduce risk of enteric infections | <ul style="list-style-type: none"> • Chemoprophylaxis for close contacts • Vaccination: pneumococcal conjugate • Vaccination: haemophilus influenzae type b (Hib) • Vaccination: meningococcal | <ul style="list-style-type: none"> • History and physical examination for meningitis • Basic laboratory tests • Appropriate antibiotic treatment in bacterial meningitis. | |
| SECONDARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

11. Meningitis

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--|---|--|
| | <ul style="list-style-type: none"> • Chemoprophylaxis for close contacts • Vaccination: pneumococcal conjugate • Vaccination: haemophilus influenzae type b (Hib) • Vaccination: meningococcal | <ul style="list-style-type: none"> • History and physical examination • Lumbar puncture for spinal fluid examination • Parenteral antibiotics • Parenteral corticosteroids | <ul style="list-style-type: none"> • Psychological support to parents of children with meningitis sequel • Linkage with rehabilitation centres for deafness, learning impairment or behavioural problems |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination • Blood culture • Lumbar puncture for spinal fluid examination • Advanced imaging. Computerized tomography (CT) or magnetic resonance imaging (MRI) Computed tomography (CT) scan • Parenteral antibiotics • Rehydration with intravenous fluids • Anti-TB treatment for TB meningitis • Antifungal treatment for fungal meningitis • Parenteral corticosteroids | <ul style="list-style-type: none"> • Psychological support to parents of children with meningitis sequel • Linkage with rehabilitation centres for deafness, learning impairment or behavioural problems |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

12. Ear infections and conditions

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness using mass media and community campaigns on the importance of hand washing, hygiene and immunization to reduce risk of ear infections • School based screening for identifying hearing problems early | <ul style="list-style-type: none"> • Vaccination: pneumococcal conjugate • Vaccination: haemophilus influenzae type b (Hib) • Hand washing and personal hygiene • Exclusive breastfeeding until 6 months and continue to breastfeed for at least 24 months. • Avoid exposing children to cigarette smoke. • Keep children away from loud noises | <ul style="list-style-type: none"> • Early recognition of symptoms for referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness using mass media and community campaigns on the importance of hand washing, hygiene and immunization to reduce risk of ear infections • School based screening for identifying hearing problems early | <ul style="list-style-type: none"> • Vaccination: pneumococcal conjugate • Vaccination: haemophilus influenzae type b (Hib) • Hand washing and personal hygiene • Exclusive breastfeeding until 6 months and continue to breastfeed for at least 24 months. • Avoid exposing children to cigarette smoke. | <ul style="list-style-type: none"> • History and physical examination • Otoscopic examination • Antibiotic treatment • Analgesics treatment • Referral of severe cases | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

12. Ear infections and conditions

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|---|--|---------------------------|
| | <ul style="list-style-type: none"> Keep children away from loud noises | | |
| SECONDARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> Vaccination: pneumococcal conjugate Vaccination: haemophilus influenzae type b (Hib) | <ul style="list-style-type: none"> History and physical examination Otoscopic examination Audiometry examination Antibiotic treatment Analgesics treatment Removal of wax blockage Referral of severe cases | |
| TERTIARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> Vaccination: pneumococcal conjugate Vaccination: haemophilus influenzae type b (Hib) | <ul style="list-style-type: none"> History and physical examination Otoscopic examination Audiometry examination Antibiotic treatment Analgesics treatment Removal of wax blockage Surgical procedures including tympanoplasty Electronic or battery-operated hearing aids | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

13. Vaccine Preventable Diseases

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Strengthen families and community-based awareness on VPDs including transmission and prevention measures Information and health education to parents, families and communities on immunization including vaccination schedule for young children Community education on proper nutrition for young children | <ul style="list-style-type: none"> Routine childhood vaccinations, timely and complete Guidance on good hygiene practices including hand hygiene and stay at home if any symptoms of VPDs Prompt isolation of suspected cases | <ul style="list-style-type: none"> Recognition of VPDs symptoms Basic supportive care. (e.g., fever reduction, hydration, feeding, etc.) Referrals to a health facility if symptoms worsen | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Strengthen families and community-based awareness on VPDs including transmission and prevention measures Information and health education to parents, families and communities on immunization including vaccination schedule for young children Community education on proper nutrition for young children | <ul style="list-style-type: none"> Routine childhood vaccinations, timely and complete Guidance on good hygiene practices including hand hygiene and stay at home if any symptoms of VPDs Prompt isolation of suspected cases Vitamin A supplementation Avoiding close contact with people with VPDs | <ul style="list-style-type: none"> Recognition of danger signs of vaccine preventable diseases Basic supportive care. (e.g., fever reduction, hydration, feeding, etc.) Antibiotic therapy when indicated Report and refer immediately suspected cases of VPDs | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

13. Vaccine Preventable Diseases

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--------------------|----------|---------------------------|
| <ul style="list-style-type: none"> Sensitization/education on appropriate nutrition for children | | | |

SECONDARY CARE LEVEL

| | | | |
|--|---|---|--|
| | <ul style="list-style-type: none"> Routine childhood vaccinations, timely and complete | <ul style="list-style-type: none"> History and physical examination Basic laboratory tests Basic supportive care. (e.g., fever and pain reduction, etc) Antibiotics if indicated Feeding and nutritional support Vitamin A supplementation Hydration /fluids administration Manage mild complications Refer if severe and not responding | |
|--|---|---|--|

TERTIARY CARE LEVEL

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

13. Vaccine Preventable Diseases

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|---|--|---------------------------|
| | <ul style="list-style-type: none">• Routine childhood vaccinations, timely and complete | <ul style="list-style-type: none">• History and physical examination• Basic laboratory tests• Advanced laboratory (PCR, culture, etc)• Basic supportive care. (e.g., fever and pain reduction, etc)• Antibiotics if indicated• Feeding and nutritional support• Vitamin A supplementation• Hydration /fluids administration• Manage mild complications• ICU services for severely ill | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

14. Neglected Tropical Diseases

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Health education to parents, families and communities on the importance of clean water and safe sanitation, sleeping under ITN for prevention of NTDs Advocacy/resource mobilization, Inter sectoral collaboration and partnership for the control of NTDs | <ul style="list-style-type: none"> Preventive Chemotherapy Case management Integrated vector management/ reservoir control Provision of Safe Water, Sanitation, Hygiene | <ul style="list-style-type: none"> Recognition of NTD symptoms Basic supportive care. (e.g., fever reduction, hydration, feeding, etc.) Referrals to a health facility if symptoms worsen | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Health education to parents, families and communities on the importance of clean water and safe sanitation, sleeping under ITN for prevention of NTDs Advocacy/resource mobilization, Inter sectoral collaboration and partnership for the control of NTDs | <ul style="list-style-type: none"> Preventive Chemotherapy Case management Integrated vector management/ reservoir control Provision of Safe Water, Sanitation, Hygiene | <ul style="list-style-type: none"> Recognition of symptoms of NTDs Basic supportive care. (e.g., fever reduction, hydration, feeding, etc.) Treatment of specific NTDs Referral to hospital for management of complications | |
| SECONDARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Health education to parents, families and communities on the importance of clean water and safe | <ul style="list-style-type: none"> Preventive Chemotherapy Case management Integrated vector management/ reservoir control | <ul style="list-style-type: none"> History and physical examination Basic laboratory tests/Point of care tests/ RDTs | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

14. Neglected Tropical Diseases

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|--|---------------------------|
| <p>sanitation, sleeping under ITN for prevention of NTDs</p> <ul style="list-style-type: none"> • Advocacy/resource mobilization, Inter sectoral collaboration and partnership for the control of NTDs | <ul style="list-style-type: none"> • Provision of Safe Water, Sanitation, Hygiene | <ul style="list-style-type: none"> • Basic supportive care. (e.g., relief of fever and pain, hydration, etc) • Ophthalmic examination • Nutritional support (proper nutrition) • Administer specific treatment • Prevent complications and disability • Referral to next level if there is a need | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination • Advanced laboratory tests • Basic supportive care. (e.g., relief of fever and pain, hydration, etc) • Ophthalmic examination • Nutritional support (proper nutrition) • Administer specific treatment • Manage complications • Surgical procedures | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

15. Surgical emergencies (Appendicitis, Strangulated hernias, Ileus, Obstruction, Acute abdomen)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--------------------|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on symptoms of surgical emergencies when to seek care] | | <ul style="list-style-type: none"> Early recognition and referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on symptoms of surgical emergencies when to seek care] | | <ul style="list-style-type: none"> History and physical examination Early recognition of need for referral | |
| SECONDARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> History and physical examination Basic laboratory tests (blood, urine, stool) Advanced laboratory tests Basic imaging (Ultrasound, x-ray, etc) Prompt management of pain and fever Antibiotics when indicated Surgical interventions | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

15. Surgical emergencies (Appendicitis, Strangulated hernias, Ileus, Obstruction, Acute abdomen)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination • Basic laboratory tests • Advanced laboratory tests • Advanced laboratory tests; CT scan • Prompt management of pain • Antibiotics when indicated • Non-invasive procedures for partial obstruction • Surgical interventions; laparotomy, appendectomy, etc | |

FINAL

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

16. Renal injury (acute renal failure, chronic renal failure)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Educate, parents, teachers, community on measures to prevent kidney injuries and infections by avoiding excessive dehydration, misuse of drugs Educate children to avoid wild kicking, falling when playing | <ul style="list-style-type: none"> Adequate hydration, Avoid nephrotoxic medicines and traditional herbs Early treatment seeking for malaria and other infections Keep drugs and harmful substances away from the reach of children Safe environment for children to play | <ul style="list-style-type: none"> Early recognition of kidney disease symptoms for referral Early treatment of malaria and other infections Avoid unnecessary use of medicines and traditional herbs | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Educate, parents, teachers, community on measures to prevent kidney injuries and infections by avoiding excessive dehydration, misuse of drugs Educate children to avoid wild kicking, falling when playing | <ul style="list-style-type: none"> Adequate hydration, Avoid nephrotoxic medicines and traditional herbs Early treatment seeking for malaria and other infections Keep drugs and harmful substances away from the reach of children Safe environment for children to play | <ul style="list-style-type: none"> Early recognition of kidney disease symptoms for referral Early treatment of malaria and other infections Avoid use of nephrotoxic medicines and traditional herbs | |
| SECONDARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> History and physical examination | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

16. Renal injury (acute renal failure, chronic renal failure)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none"> • Basic laboratory tests such as urine, blood to diagnose the underlying diseases • Advanced laboratory tests (RFTs, etc) • Screen congenital kidney diseases for early referral • Basic imaging; x-ray, ultra sound • Treat early treatable urinary tract infections and other febrile illnesses • Adequate hydration, • In case of kidney trauma, toxicity and overdose of medicines stabilize and refer to the next level | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination • Screen early for congenital kidney diseases • Advanced laboratory tests such as RFTs • Advance imaging; MRI, CT scan • Treat early treatable urinary tract infections and other febrile illnesses • Correct early congenital kidney diseases • Adequate hydration, | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT**16. Renal injury (acute renal failure, chronic renal failure)**

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---------------------------------------|---------------------------|--|----------------------------------|
| | | <ul style="list-style-type: none">• Treat renal diseases according the diagnosis• Renal dialysis for acute and chronic renal failures• Surgical management for trauma to the kidneys | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

17. Anaemia and Hemoglobinopathies

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on screening for sickle cell disease, myths associated with sickle cell disease] Community education and awareness regarding the transmission of disease, stigma related to disease and carrier states, and informing the community about appropriate prevention options Community education and sensitization with links to civil society organizations, parents' groups, schools, and school clubs Sensitize and use local governance structures to establish community-based intervention program | <ul style="list-style-type: none"> Genetic counselling for carriers of haemoglobin disorders, including premarital counselling Educate patients and caregivers about sickle cell disease including on warning signs and what to do in acute conditions before coming to the hospital. Adequate hydration by teaching the patients to drink enough fluids to make their urine clear Prophylaxis for infection, pneumococcal vaccines, oral penicillin, use of insecticide treated bed nets, and anti-malaria Folate supplementation with folic acid Counselling of SCD (including avoidance of iron supplements) | <ul style="list-style-type: none"> Recognition of danger signs and referral for management | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on screening for sickle cell disease, | <ul style="list-style-type: none"> Genetic counselling for carriers of haemoglobin disorders, including premarital counselling | <ul style="list-style-type: none"> History and physical examination for sickle cell disease | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

17. Anaemia and Hemoglobinopathies

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|--|---|
| <p>myths associated with sickle cell disease]</p> <ul style="list-style-type: none"> Community education and awareness regarding the transmission of disease, stigma related to disease and carrier states, and informing the community about appropriate prevention options *Community education and sensitization with links to civil society organizations, parents' groups, schools, and school clubs Sensitize and use local governance structures to establish community-based intervention program | <ul style="list-style-type: none"> Educate patients and caregivers about sickle cell disease including on warning signs and what to do in acute conditions before coming to the hospital. Adequate hydration by teaching the patients to drink enough fluids to make their urine clear Prophylaxis for infection, pneumococcal vaccines, oral penicillin, use of insecticide treated bed nets, and anti-malaria Folate supplementation with folic acid Counselling of SCD (including avoidance of iron supplements) | <ul style="list-style-type: none"> Screening for sickle cell disease using rapid point of care test Management of pain Referral to the next higher level | |
| SECONDARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> History and physical examination Screening for sickle cell disease using rapid point of care test Condition-specific nutrition assessment and counselling Basic and advanced laboratory tests Investigations such as X-ray, Electrocardiogram (ECG) | <ul style="list-style-type: none"> Early palliative care to improve symptom management and quality of life |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

17. Anaemia and Hemoglobinopathies

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---|
| | | <ul style="list-style-type: none"> • Chemoprophylaxis for sickle cell disease • Intravenous fluids • Supplemental oxygen • Intramuscular analgesics for pain relief • Intramuscular/ Intravenous Antibiotics • Blood and blood product transfusion • Referral to the next higher level | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination for sickle cell disease • Newborn screening for sickle cell disease using rapid point-of-care test • Basic and advanced laboratory tests • Basic and advanced imaging; X-ray, ultrasound, CT scan • Electrocardiogram (ECG) • Condition-specific nutrition assessment and counselling • Incentive spirometry | <ul style="list-style-type: none"> • Early palliative care to improve symptom management and quality of life |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

17. Anaemia and Hemoglobinopathies

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none">• Chemoprophylaxis• Oral hydroxyurea for prevention of vaso-occlusive crises• Intravenous fluids• Supplemental oxygen• Parenteral analgesics• Parenteral antibiotics• Blood and blood product transfusion• Splenectomy for splenic sequestration crisis• Red cell exchange transfusion | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

18. Childhood cancers

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Educate community to identify childhood cancer symptoms | <ul style="list-style-type: none"> Keeping children away from second-hand smoke Reducing exposure to traffic-related air pollution Avoiding exposure to chemicals that can cause cancer. | <ul style="list-style-type: none"> Early identification of cancer symptoms and referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Educate community to identify childhood cancer symptoms | <ul style="list-style-type: none"> Keeping children away from second-hand smoke Reducing exposure to traffic-related air pollution Avoiding exposure to chemicals that can cause cancer. | <ul style="list-style-type: none"> Early identification of cancer symptoms and referral | |
| SECONDARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> Early identification of cancer symptoms and referral | |
| TERTIARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

18. Childhood cancers

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---|
| | | <ul style="list-style-type: none"> • Counselling on nutrition, food safety, and • Histopathology • Staging • Advanced imaging • Intravenous chemotherapy • Intravenous targeted therapy • Intravenous immunotherapy • Bone marrow transplantation • Radiotherapy application • Management of toxicities • Monitoring for new cancers • Monitoring for toxicities • Monitor for cardiac function • Monitor for neurocognitive function • Monitor for growth and development | <ul style="list-style-type: none"> • Provide palliative and supportive care • Psychological support with counselling • Physical therapy and occupational therapy (peripheral neuropathy, after severe illnesses) |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

19. Asthma

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness on the possible triggers/possible risk factors of asthma and preventive measures • Provide IEC materials on Asthma • Multi sectoral approach to ensure clean environments | <ul style="list-style-type: none"> • Avoidance of indoor, outdoor asthma triggers • Avoidance of exposure to exhaust fumes or other types of pollution • Vaccination against influenza and pneumonia to prevent trigger flare ups | <ul style="list-style-type: none"> • Counselling on recognition of symptoms • Guidance to patient on how to monitor their breathing and how to recognize warning signs • Guidance on use of medication as prescribed • Recognition of danger signs and referral to the next higher level | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness on the possible triggers/possible risk factors of asthma and preventive measures • Provide IEC materials on Asthma • Multi sectoral approach to ensure clean environments | <ul style="list-style-type: none"> • Avoidance of indoor, outdoor asthma triggers • Avoidance of exposure to exhaust fumes or other types of pollution • Vaccination against influenza and pneumonia to prevent trigger flare ups | <ul style="list-style-type: none"> • History and physical examination for asthma • Pulse oximetry for oxygen monitoring • Counselling on personalised asthma management plan • Short-acting beta agonists inhalers • Referral to the next higher level in sever and not responding to treatment | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

19. Asthma

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--|---|---------------------------|
| SECONDARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> • Vaccination against influenza and pneumonia to prevent trigger flare ups | <ul style="list-style-type: none"> • History and physical examination for asthma • Basic laboratory tests • Advanced laboratory tests • Basic imaging test • Monitor oxygen levels e.g., using spirometry • Short-acting bronchodilator, • Low-dose inhaled corticosteroid (ICS) • Long-acting bronchodilator (LABA) • Long-acting muscarinic agonist (LAMA) • Supplemental oxygen • Bilevel Positive Airway Pressure (BiPAP) for respiratory support • Counselling on personalised asthma management plan • Referral to higher level for further management | |
| TERTIARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> • Vaccination against influenza and pneumonia to prevent trigger flare ups | <ul style="list-style-type: none"> • History and physical examination for asthma | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

19. Asthma

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | exercise | <ul style="list-style-type: none"> • Basic laboratory tests • Advanced laboratory tests • Basic imaging test • Advanced imaging test • Monitor oxygen levels e.g., using spirometry • Short-acting bronchodilator, • Low-dose inhaled corticosteroid (ICS) • Long-acting bronchodilator (LABA) • Long-acting muscarinic agonist (LAMA) • Supplemental oxygen • Bilevel Positive Airway Pressure (BiPAP) for respiratory support • Counselling on personalised asthma management plan | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

20. Seizure disorders

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Provide information and awareness creation on seizures disorders including epilepsy, its recognition and prevention measures • Education to prevent misunderstanding, discrimination and social stigma. • Multi-sectoral approach to reduce incidences of trauma e.g., falls, burns and promote access to education • Community Health workers education on seizures disorders including epilepsy on signs and symptoms, preventive measures and its management at community level | <ul style="list-style-type: none"> • ANC attendance for adequate care and promoting health facilities deliveries to reduce possibility of new cases of seizures disorders including epilepsy caused by birth injury. • Prevention and seeking treatment early for febrile infections such as malaria and other viral/bacterial infections and head trauma • Education on prevention of infections • Prevention of falls, drownings, burns • Vaccination of children to prevent diseases | <ul style="list-style-type: none"> • Early recognition of signs of seizures disorders • Analgesics to relief pain due to physical injuries as a result of seizures • First aid on any other complication due to seizures e.g., burns • Referral to a health facility for management | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Provide information and Awareness creation on seizures disorders including Epilepsy, its | <ul style="list-style-type: none"> • ANC attendance for adequate care and promoting health facilities deliveries to reduce possibility of new cases of | <ul style="list-style-type: none"> • History and physical examination for epilepsy • Point of care testing | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

20. Seizure disorders

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|---|---|
| <p>recognition and prevention measures</p> <ul style="list-style-type: none"> • Education to prevent misunderstanding, discrimination and social stigma. • Multi-sectoral approach to reduce incidences of trauma e.g., falls, burns and promote access to education • Community Health workers education on seizures disorders including epilepsy on signs and symptoms, preventive measures and its management at community level | <p>seizures disorders including epilepsy caused by birth injury.</p> <ul style="list-style-type: none"> • Prevention and seeking treatment early for febrile infections such as malaria and other viral/bacterial infections and head trauma • Education on prevention of infections • Prevention of falls, drownings, burns • Vaccination of children to prevent diseases | <ul style="list-style-type: none"> • Glucose for hypoglycaemia • Condition specific nutrition assessment and counselling • Antiepileptics for epilepsy • Antipyretics for febrile seizures | |
| SECONDARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination for epilepsy • Point of care testing • Basic laboratory tests • Lumbar puncture • Condition specific nutrition assessment and counselling • Antiepileptic medications | <ul style="list-style-type: none"> • Psychoeducation and psychosocial support (including for patient's carers) |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

20. Seizure disorders

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none"> • Manage associated mental health conditions • Antipyretics for seizures • Monitor therapeutic drug level | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination for epilepsy • Basic laboratory test • Lumbar puncture for CSF exam • Electroencephalography (EEG)Electrocardiogram (ECG) • Advance imaging: MRI, CT scan • Condition specific nutrition assessment and counselling • Psychoeducation and psychosocial support (including for patient's carers) • Antiepileptics medications • Manage associated mental health conditions • Epilepsy surgery • Monitor therapeutic drug level | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

21. Malnutrition and Micronutrient Deficiency

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Advice to mothers on ensuring breastfeeding including early initiation, exclusive breastfeeding for the first 6 months of life and for at least till the child is two years • Counselling on appropriate and timely complementary feeding and healthy infant and young child nutrition • Counselling on good hygiene practices including hand hygiene and quitting smoking • Community based MUAC and bilateral edema screening for early identification • Community engagement on Infant and Young Child Nutrition IYCN • Counselling on micronutrient supplementation -Vit. A Supplementation, albendazole | <ul style="list-style-type: none"> • Exclusive breastfeeding, early initiation of breastfeeding and complementary feeding; • Vitamin A supplementation; • Hygiene, sanitation and deworming for preschool children; • Follow up /home visits to ensure nutrition products for malnourished children are given to patients • Examine/assess children during home/school visits for signs of acute malnutrition using MUAC and Edema to identify and refer identified | <ul style="list-style-type: none"> • Refer children identified with MUAC<12.5cm to next level • Follow up cases of moderate and severe acute malnutrition treated at facility • Ensure compliance with treatment and advice | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

21. Malnutrition and Micronutrient Deficiency

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--------------------|----------|---------------------------|
| <ul style="list-style-type: none"> • Counselling on use of therapeutic and supplementary foods with malnourished children • Education on use of safe water and good compound practices • Counselling on when to seek medical help at facility level. • Counselling on use of family MUAC. Self-screening of children 6-59 months by mothers | | | |

PRIMARY CARE LEVEL

| | | | |
|--|---|--|--|
| <ul style="list-style-type: none"> • Same as Community Level plus • Group and focused counselling of mothers and carers at facility level on MIYCN - Early initiation of breastfeeding, EBF, Appropriate and timely complementary feeding, food demonstrations. Counselling on feeding of the sick child. • Feeding on good hygiene practices. • Growth monitoring and promotion | <ul style="list-style-type: none"> • Breast breastfeeding and complementary feeding; • Routine and outreach of vitamin A and deworming administration • Hygiene, sanitation promotion • Community based growth monitoring; • Nutrition products for malnourished children. • Examine children during home visits for signs of acute malnutrition and advise parents accordingly | <ul style="list-style-type: none"> • Management of Severe Acute Malnutrition (SAM) without Complications • Educate mothers on feeding of children through provision of practical examples using local foods • Provide treatment to correct other specific deficiencies • Treat moderate cases with balanced local oral diet • Provide children with multivitamin supplement | |
|--|---|--|--|

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

21. Malnutrition and Micronutrient Deficiency

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | <ul style="list-style-type: none"> Conduct food demonstrations on local food preparation | |

SECONDARY CARE LEVEL

| | | | |
|---|---|--|--|
| <ul style="list-style-type: none"> Advice to mothers on ensuring breastfeeding including exclusive breastfeeding for the first 6 months of life and for at least till the child is two years Counselling on Healthy nutrition for the under 5s Counselling on Good hygiene practices including hand hygiene Growth monitoring | <ul style="list-style-type: none"> Early initiation and exclusive breastfeeding and complementary feeding; Vitamin A administration and deworming Counselling on hygiene, sanitation practices; Facility based growth monitoring; Use of Local foods for complementary feeding and nutrition products for malnourished children. Examine children during home visits for signs of acute malnutrition and advise parents accordingly | <ul style="list-style-type: none"> Management of Severe Acute Malnutrition (SAM) with Complications Provision of therapeutic meals for clinical management of patients Educate mothers on feeding of children through provision of practical examples using local foods Treat moderate cases with balanced oral diet, correct fluid and electrolyte imbalances Provide macronutrients for severe cases by appropriate means (orally, feeding tube, nasogastric tube) Provide children with multivitamin supplement Provide treatment to correct other specific deficiencies | |
|---|---|--|--|

TERTIARY CARE LEVEL

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

21. Malnutrition and Micronutrient Deficiency

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|--|---------------------------|
| <ul style="list-style-type: none"> • Counselling of mothers/caregivers on Breastfeeding- including early initiation and exclusive breastfeeding for the first 6 months of life and for at least till the child is two years • Counselling on Healthy IYCN for the under 5s • Counselling on Good hygiene practices including hand hygiene • Growth monitoring and promotion -screening for malnutrition • BFHI promotion | <ul style="list-style-type: none"> • Early initiation and exclusive breastfeeding and complementary feeding; • Vitamin A administration and deworming • Counselling on hygiene, sanitation practices; • Facility based growth monitoring; • Use of Local foods for complementary feeding and nutrition products for malnourished children. • Examine children during home visits for signs of acute malnutrition and advise parents accordingly | <ul style="list-style-type: none"> • Management of Severe Acute Malnutrition (SAM) with Complications by the national IMAM Protocol • Management of SAM without complications and Management of MAM as per National IMAM protocol. • Therapeutic meals for clinical management • Nutrition counselling • Educate mothers on feeding of children through provision of practical examples using local foods • Treat existing infections in severe cases • Oral macronutrients for severe cases • Feeding by feeding tube, nasogastric tube, gastrostomy tube) • Multivitamin supplement as appropriate • Counsel caregivers on feeding the sick child. | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

21. Malnutrition and Micronutrient Deficiency

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | <ul style="list-style-type: none">Lactose free liquid oral food supplements | |

FINAL DRAFT

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

22. Dietary iron deficiency

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Advice to mothers on ensuring breastfeeding including early initiation, exclusive breastfeeding for the first 6 months of life and until the child is two years • Promote appropriate and timely complementary feeding and healthy infant and young child nutrition including micronutrient dietary diversification and dietary modification • Community engagement on Infant and Young Child Nutrition IYCN • Counselling on micronutrient supplementation -Vit. A Supplementation, antihelminth • Counselling on when to seek medical help at facility level. • Counselling on feeding the sick child | <ul style="list-style-type: none"> • Vitamin A Supplementation • Deworming • Integrated vector control measures (use of bed nets and indoor residual spraying) • Healthy nutrition for infant and young children • Timely and appropriate complementary feeding especially dietary diversification and frequency of feeding children 6-59 months. • Community based MUAC and bilateral edema screening for early identification • Mothers Support Groups (MSGs) to prepare local micronutrient rich diversified complementary foods • Iron-fortified cereals or bread • Foods rich in iron | <ul style="list-style-type: none"> • Early identification of anaemia symptoms and referral for diagnostic work up • Treatment with anti-helminths • Treatment with anti-malaria for symptomatic children • Follow up of patients in community • Ensure compliance of feeding and or drug uptake | |
| PRIMARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

22. Dietary iron deficiency

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|--|---------------------------|
| <ul style="list-style-type: none"> • Advice to mothers on ensuring breastfeeding including early initiation, exclusive breastfeeding for the first 6 months of life and until the child is two years • Promote appropriate and timely complementary feeding and healthy infant and young child nutrition including micronutrient dietary diversification and dietary modification • Community engagement on Infant and Young Child Nutrition IYCN • Counselling on micronutrient supplementation -Vit. A Supplementation, antihelminth • Counselling on when to seek medical help at facility level. • Counselling on feeding the sick child | <ul style="list-style-type: none"> • Routine prenatal supplementation iron and folate plus the usual timing (week 20) of daily food supplements. • Multiple Micronutrient Supplements • Vitamin A supplementation (VAS), • Deworming • Perennial malaria chemoprevention (PMC) for the prevention of malaria • Early detection and treatment of malaria • Vector control measures (use of bed nets and indoor residual spraying) | <ul style="list-style-type: none"> • Check every child for anaemia • Classify for anaemia according IMCI guidelines • Oral iron sulphate tablets • Oral folic acid for a child with SCD • Refer urgently severe anaemia cases | |

SECONDARY CARE LEVEL

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

22. Dietary iron deficiency

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|---|--|---------------------------|
| | <ul style="list-style-type: none"> • Routine prenatal supplementation iron and folate plus the usual timing (week 20) of daily food supplements. • Multiple Micronutrient Supplements • Vitamin A supplementation (VAS), • Deworming • Perennial malaria chemoprevention (PMC) for the prevention of malaria • Early detection and treatment of malaria • Vector control measures (use of bed nets and indoor residual spraying) | <ul style="list-style-type: none"> • Basic laboratory tests (e.g., blood, bone marrow, etc.) • Encourage good nutrition • Treat the underlying cause • Oral iron sulphate • Blood transfusion for severe anaemia | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • Basic laboratory tests (e.g., blood, bone marrow, etc.) • Encourage good nutrition • Treat the underlying cause • Oral iron sulphate • Parenteral iron • Blood transfusion for severe anaemia | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

23. Neurodevelopmental disorders (autism spectrum disorder (ASD), Learning disabilities, Mental retardation)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Provision of information on neurodevelopmental disorders to the parents and family members • Families and community education to reduce stigma and discrimination • Distribution of IEC materials on neurodevelopmental disorders • Encourage a multi-sectoral approach to ensure children’s education and opportunities to engage and participate in their communities. | <ul style="list-style-type: none"> • Monitoring of child development as part of routine maternal and child health care • Encourage child’s physical activity • Proper nutrition for child | <ul style="list-style-type: none"> • Recognition of neurodevelopmental disorder symptoms • Recognition of any other disorders that may be associated such as sleep disorder • Referral to a health facility for management | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Provision of information on neurodevelopmental disorders to the parents and family members • Families and community education to reduce stigma and discrimination • Distribution of IEC materials on neurodevelopmental disorders | <ul style="list-style-type: none"> • Monitoring of child development as part of routine maternal and child health care • Encourage child’s physical activity • Proper nutrition for child | <ul style="list-style-type: none"> • Recognition of neurodevelopmental disorder symptoms • Recognition of any other disorders that may be associated such as sleep disorder • Referral for specialized mental health and other needed services | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

23. Neurodevelopmental disorders (autism spectrum disorder (ASD), Learning disabilities, Mental retardation)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--|---|---------------------------|
| SECONDARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> • Monitoring of child development as part of routine maternal and child health care • Encourage child’s physical activity • Proper nutrition for child | <ul style="list-style-type: none"> • Behaviour therapy • Speech-language therapy • Play-based therapy • Physical therapy • Occupational therapy • Nutritional support • Referral for specialized mental health and other needed services | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • Behaviour therapy • Speech-language therapy • Play-based therapy • Physical therapy • Occupational therapy • Nutritional support | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

24. Injuries (Falls, Road accidents)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Mass media campaigns on road safety for children • Community awareness on the prevention of fire, heat, falls and drowning of children • Educate kindergarten students on safety | <ul style="list-style-type: none"> • Enforcement of traffic regulations including seatbelt use • Use a car safety seat every time your child rides in the car. • Installation of speed bumps at high-risk intersections (e.g., schools, playground areas) • Requirement and enforcement of helmets • Breath testing for alcohol • Keeping children under close supervision • Reduce the risk of injuries by making a few practical changes to your home. | <ul style="list-style-type: none"> • First aid • Early recognition of danger signs for the need for referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Promote the use of safety belt • Public awareness campaigns on road safety for children • Education and public awareness of the risks of injuries to children | <ul style="list-style-type: none"> • Counselling on fall prevention • Counselling on safety and injury prevention • Counselling on vehicular child restraint and road safety behaviours | <ul style="list-style-type: none"> • History and physical examination for serious injury • Early recognition of danger signs and referral | |
| SECONDARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

24. Injuries (Falls, Road accidents)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--------------------|---|---------------------------|
| <ul style="list-style-type: none"> Making parents aware of common injuries and ways to prevent them. | | <ul style="list-style-type: none"> History and physical examination for serious injury Provide emergency treatment based on Paediatric Advanced Life Support (PALS) and Advanced Trauma Life Support (ATLS) management Resuscitate with iv fluids, blood and blood components Laboratory tests Imaging services (x-ray, ultrasound) Surgical interventions like acute trauma management, internal fixation, debridement and amputation, basic skin grafting, escharotomy/fasciotomy-myectomy Referral to higher centres of complicated cases | |
| TERTIARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Making parents aware of common injuries and ways to prevent them | | <ul style="list-style-type: none"> History and physical examination for serious injury Provide emergency treatment based on Paediatric Advanced Life Support (PALS) and Advanced Trauma Life Support (ATLS) management | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

24. Injuries (Falls, Road accidents)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none">• Advanced laboratory tests• Advanced imaging, scanning services and diagnostic facilities like contrast CT scan and MRI• Major surgical interventions• Advanced and specialized treatment like re-constructive surgery• Blood and blood product transfusion products transfusion services• Advanced physiotherapy services | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

25. Burns

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> * Mass media campaigns on preventing burns in children * Community awareness on the prevention of fire, heat, burn * Educate KG students on safety measures | <ul style="list-style-type: none"> * Counselling on burn prevention * Keep children away from fires, flames, hot surfaces and hot liquids * Create a safe and not risky environment at home and school | <ul style="list-style-type: none"> Decontamination Home wound care Oral fluids Early recognition of the need for referral of thermal and chemical injuries | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> * Mass media campaigns on preventing burns in children * Community awareness on the prevention of fire, heat, burn * Educate KG students on safety measures | <ul style="list-style-type: none"> * Counselling on burn prevention * Keep children away from fires, flames, hot surfaces and hot liquids * Create a safe and not risky environment at home and school | <ul style="list-style-type: none"> Decontamination Outpatient wound care Oral analgesics for thermal and chemical injuries Intravenous fluids Clinical assessment for early recognition of the need for referral | |
| SECONDARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

25. Burns

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|---|---------------------------|
| <p>* Mass media campaigns on preventing burns in children</p> <p>* Community awareness on the prevention of fire, heat, burn</p> <p>* Educate KG students on safety measures</p> | <p>* Counselling on burn prevention</p> <p>* Keep children away from fires, flames, hot surfaces and hot liquids</p> <p>* Create a safe and not risky environment at home and school</p> | <ul style="list-style-type: none"> • Accurate Total Body Surface Area (TBSA) estimation • Adequate analgesia to facilitate assessment and patient comfort • IV fluid resuscitation • Check peripheral perfusion and need for escharotomy • Prevention of hypothermia • Dressings depending on the type of burn • Burn wound management depending on the type of burn • Intramuscular tetanus toxoid for burns • Blood and blood product transfusion • Nutritional support including therapeutic feeding for thermal and chemical injuries • Surgical interventions: trauma management, debridement, basic skin grafting, escharotomy fasciotomy-myectomy | |

TERTIARY CARE LEVEL

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

25. Burns

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|--|---------------------------|
| <p>* Mass media campaigns on preventing burns in children</p> <p>* Community awareness on the prevention of fire, heat, burn</p> <p>* Educate KG students on safety measures.</p> | <p>* Counselling on burn prevention</p> <p>* Keep children away from fires, flames, hot surfaces and hot liquids</p> <p>* Create a safe and not risky environment at home and school</p> | <ul style="list-style-type: none"> • Accurate Total Body Surface Area (TBSA) estimation • Adequate analgesia to facilitate assessment and patient comfort • IV fluid resuscitation • Check peripheral perfusion and need for escharotomy • Prevention of hypothermia • Dressings depending on the type of burn • Burn wound management depending on the type of burn • Intramuscular tetanus toxoid for burns • Blood and blood product transfusion • Nutritional support including therapeutic feeding for thermal and chemical injuries • Surgical interventions: trauma management, debridement, basic skin grafting, escharotomy, fasciotomy-myectomy | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

26. Bites and envenomation

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Increasing awareness of rabies, snake bite and scorpion sting prevention and control in communities including education and information on responsible pet ownership, how to prevent dog bites, immediate care measures after a bite. | <ul style="list-style-type: none"> Supervise children all the time to avoid dog and other animal bite and walking through danger-prone areas Counselling on prevention of bite and envenoming injuries Eliminating rabies in dogs- through Vaccinating dogs. | <ul style="list-style-type: none"> Early recognition of the need for referral of bites and envenoming injuries Wound care | |
| PRIMARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> Supervise children all the time to avoid dog and other animal bite and walking through danger-prone areas Counselling on prevention of bite and envenoming injuries Eliminating rabies in dogs- through Vaccinating dogs. | <ul style="list-style-type: none"> History and examination for bites and envenoming injuries Wound care Oral analgesics Early recognition of the need for referral of bites and envenoming injuries | |
| SECONDARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

26. Bites and envenomation

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|--|---------------------------|
| <ul style="list-style-type: none"> • | <ul style="list-style-type: none"> • Post-exposure prophylaxis | <ul style="list-style-type: none"> • History and examination for bites and envenoming injuries • Adequate analgesics • Adequate hydration • Immunoglobulin for bites and envenoming injuries • Vaccine for bites and envenoming injuries • Intravenous antivenin for bites and envenoming injuries • Surgical exploration and debridement for bites and envenoming injuries | |
| TERTIARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> • Post-exposure prophylaxis | <ul style="list-style-type: none"> • History and examination for bites and envenoming injuries • Adequate analgesics • Adequate hydration • Immunoglobulin for bites and envenoming injuries • Vaccine for bites and envenoming injuries • Antivenin for bites and envenoming injuries | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 0-4 YEARS AGE COHORT

26. Bites and envenomation

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none">• Surgical exploration and debridement for bites and envenoming injuries | |

4.3 Essential Health Service Package - 5-19 Age Cohort

ESSENTIAL HEALTH SERVICE PACKAGE: 5-19 YEARS AGE COHORT

1. Malaria

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Mass media on malaria prevention measures • Community based campaigns to promote use of bed nets, early health seeking behaviour • Community mobilization and engagement on malaria prevention and control measures | <ul style="list-style-type: none"> • Integrated vector control management (ITN, IRS, larva source management) • Intermittent preventive treatment for pregnant women (IPTp) | <ul style="list-style-type: none"> • Diagnosis confirmation for malaria parasites using rapid diagnostic tests • Oral antimalaria for treatment of uncomplicated <i>P. falciparum</i> malaria • Follow up on malaria treatment adherence • Rectal artesunate suppository for pre-referral therapy • Refer unresponsive or severe cases to the next higher level | NA |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Mass media on malaria prevention measures • Community based campaigns to promote use of bed nets, early health seeking behaviour • Community mobilization and engagement on malaria prevention and control measures | <ul style="list-style-type: none"> • Integrated vector control management (ITN, IRS, larva source management) • Intermittent preventive treatment for pregnant women (IPTp) | <ul style="list-style-type: none"> • Diagnosis confirmation for malaria parasites- microscopy or RDT • Oral antimalaria for treatment of uncomplicated <i>P. falciparum</i> malaria • Intramuscular antimalarials empiric therapy for initial phase treatment of severe malaria • Rectal artesunate suppository for pre-referral therapy | |

ESSENTIAL HEALTH SERVICE PACKAGE: 5-19 YEARS AGE COHORT

1. Malaria

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|--|---------------------------|
| | | <ul style="list-style-type: none"> Refer unresponsive or severe cases to the next higher level | |
| SECONDARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Same above | <ul style="list-style-type: none"> Same above | <ul style="list-style-type: none"> Diagnosis confirmation and parasite density monitoring using microscopy Basic and advanced laboratory tests Treatment of uncomplicated <i>P. falciparum</i> malaria with oral antimalaria Intravenous antimalarials for treatment of severe <i>P. falciparum</i> malaria Refer unresponsive cases and complications to the next higher level | |
| TERTIARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE: 5-19 YEARS AGE COHORT

1. Malaria

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| Same above | Same above | <ul style="list-style-type: none">• Diagnosis confirmation and parasite density monitoring using microscopy• Advanced laboratory tests (RFTs, LFTs, etc)• Oral antimalaria for treatment of uncomplicated <i>P. falciparum</i> malaria• Intravenous antimalarials for treatment of severe <i>P. falciparum</i> malaria• Intensive care unit for cerebral malaria• Blood and blood product transfusion for severe anaemia• Haemodialysis for acute kidney injury | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

2. HIV/AIDS

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness using mass media, community engagement and mobilization on STIs and HIV/AIDS risk factors and prevention methods to support adolescents, women and their partners remain uninfected • Education of parents and adolescents on the risks and prevention of sexual abuse of children • Social and behavioural change communication for parents and adolescents • School based life skills education • Peer based HIV education | <ul style="list-style-type: none"> • Abstinence • Avoiding harmful traditional practices including sharing needles • Consistent and correct use of condoms • HIV Testing including HIV self-test • Oral PrEP/Injectable PrEP • Prevent gender-based violence • Screening high risk groups for STI and HIV • Early treatment of STIs • Screen pregnant women for HIV • Use of contraceptives to avoid unintended pregnancy • Initiate ARV for HIV positive pregnant women • Counselling on adherence to ARV for HIV positive mother • Cash transfer • Financial and economic support for vulnerable children and adolescents | <ul style="list-style-type: none"> • Support early testing for HIV exposed infants and children • Support treatment adherence to ARV for HIV infected children • Refills /Supply of antiretroviral • Trace loss to follow-ups | |
| PRIMARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

2. HIV/AIDS

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|--|--|
| <ul style="list-style-type: none"> • Create awareness using mass media, community engagement and mobilization on STIs and HIV/AIDS risk factors and prevention methods to support adolescents, women and their partners remain uninfected • Education of parents and adolescents on the risks and prevention of sexual abuse of children • Social and behavioural change communication for parents and adolescents • School based life skills education • Peer based HIV education | <ul style="list-style-type: none"> • Abstinence • Avoiding harmful traditional practices including sharing needles • Consistent and correct use of condoms • HIV Testing including HIV self-test • Oral PrEP/Injectable PrEP • Prevent gender-based violence • Screening pregnant women and high-risk groups for STI and HIV • Early treatment of STIs • Use of contraceptives to avoid unintended pregnancy • Initiate ARV for HIV positive pregnant women • Counselling on adherence to ARV for HIV positive mother | <ul style="list-style-type: none"> • Assess and classify for HIV • Initiate combination ARVs • Monitor clinically, CD4, viral load • Manage opportunistic infections • Manage TB co-infection • Syndromic management of STIs • Supportive management (e.g., nutritional support and supplements etc) • Medication refills • Trace loss to follow-ups • Referral to higher level for severe adverse effects, complications and non-compliance | |
| SECONDARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> • HIV Testing including HIV self-test • Oral PrEP/Injectable PrEP • Voluntary Male Medical Circumcision (VMMC) • Screening high risk groups for STI and HIV • Early treatment of STIs | <ul style="list-style-type: none"> • Initiate combination ARVs • Manage patients with treatment failures • Manage moderate to severe adverse reactions • Monitor using viral load | <ul style="list-style-type: none"> • Opioid pain relief • Symptomatic management for patients with untreatable advanced HIV conditions |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

2. HIV/AIDS

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|---|---|--|
| | | <ul style="list-style-type: none"> • Management moderate to severe f opportunistic infections • Manage co-morbidities (viral hepatitis, NCDs) • Screening and management of latent TB infection • Diagnose and treat TB/HIV co-infection • Manage co-morbidities (viral hepatitis, NCDs) • Referral to higher level for to non-responders | |
| TERTIARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> • HIV Testing including HIV self-test • Oral PrEP/Injectable PrEP • Voluntary Male Medical Circumcision (VMMC) • Screening high risk groups for STI and HIV • Early treatment of STIs | <ul style="list-style-type: none"> • Initiate combination ARVs • Manage patients with treatment failures • Manage moderate to severe adverse reactions • Monitor using viral load • Management moderate to severe opportunistic infections • Screening and management of latent TB infection | <ul style="list-style-type: none"> • Opioid pain relief • Symptomatic management for patients with untreatable advanced HIV conditions |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

2. HIV/AIDS

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | <ul style="list-style-type: none">• Diagnose and treat TB/HIV co-infection• Manage co-morbidities (viral hepatitis, NCDs)• Manage co-morbidities (viral hepatitis, NCDs)• ICU care as clinically indicated• Linkage to care and non-medical support | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

3. Tuberculosis

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness using mass media, community engagement and mobilization on tuberculosis risk factors, prevention and control methods to prevent children adolescents getting infected • Social and behavioural change communication for adolescents and parents | <ul style="list-style-type: none"> • Isolation of confirmed or presumptive adult TB cases • Active case finding at community • TB contacts tracing • Referral of symptomatic contacts to next higher level • HIV self-testing for presumptive cough cases | <ul style="list-style-type: none"> • Directly Observed Therapy (DOTs) • Self-administrative therapy (SAT) to those with good adherence • Referral of people with presumptive TB to next level • Referral of people living HIV for regular screening and possible TPT • TB drugs refill for SAT • Trace and follow up of defaulters | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness using mass media, community engagement and mobilization on tuberculosis risk factors, prevention and control methods to prevent children adolescents getting infected • Social and behavioural change communication for adolescents and parents | <ul style="list-style-type: none"> • Isolation of confirmed or presumptive adult TB cases • TB contacts tracing • Active case finding at community • HIV testing services for all TB presumptive and TB cases • Screening for LTBI and TPT provision • Screening and management of at-risk populations (Health workers, prison, military camps, clustered environments, vulnerable communities, boarding homes etc) | <ul style="list-style-type: none"> • Diagnosis confirmation using AFB microscopy and GeneXpert (stool, sputum) • Directly Observed Therapy (DOTs) • Self-administrative therapy (SAT) to those with good adherence • Referral of people living HIV for regular screening and possible TPT • TB drugs refill for SAT • Trace and follow up of defaulters • Referral of people with adverse reactions and complications | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

3. Tuberculosis

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|---|---|---------------------------|
| | <ul style="list-style-type: none"> Referral of symptomatic contacts to next higher level Sputum collection and transportation for TB presumptive for definitive diagnosis | | |
| SECONDARY CARE LEVEL | | | |
| Same above | <ul style="list-style-type: none"> Same above | <ul style="list-style-type: none"> Diagnosis confirmation using AFB microscopy and GeneXpert (gastric lavage fluid, stool, sputum) Directly Observed Therapy (DOTs) Self-administrative therapy (SAT) to those with good adherence ART therapy for TB/HIV co-infection Referral of people living HIV for regular screening and possible TPT TB drugs refill for SAT Trace and follow up of defaulters Referral of people with adverse reactions and complications | |
| TERTIARY CARE LEVEL | | | |
| Same above | Same above | <ul style="list-style-type: none"> Diagnosis confirmation using chest x-ray, PPD, GeneXpert, culture, DST Direct Observed Therapy (DOT) | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

3. Tuberculosis

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | <ul style="list-style-type: none">• Self-administered treatment (SAT)• Management of severe adverse infections and complications• Management of TB/HIV co-infection• ART therapy for TB/HIV co-infection• MDR/XDR TB diagnosis and management• Nutritional support and supplement• ICU care as clinically indicated• Linkage to non-medical social support | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

4. Lower respiratory tract infections

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness on respiratory tract infections prevention measures • Distribution of IEC materials on lower respiratory tract infections including identification of danger signs • Advocacy for proper sanitation and good housing • Community mobilisation for routine immunisation especially for the pneumococcal vaccine | <ul style="list-style-type: none"> • Healthy nutrition for children and adolescents • Good hygiene practices including hand washing and feeding utensils • Avoidance of smoking within the household and secondary exposure to smoke to children • Avoidance of biomass combustion (particularly indoor cooking fires) and other air pollutants that contribute to acute respiratory infections. • Complete and timely immunizations, e.g., Pneumococcal and pentavalent vaccinations. • Early treatment of respiratory infections for the children | <ul style="list-style-type: none"> • Identify a child with symptoms indicative of lower respiratory tract infection (LRTI) and manage and treat according ICCM guidelines • Identify danger signs of Lower respiratory tract infection for early referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness on respiratory tract infections prevention measures • Distribution of IEC materials on lower respiratory tract infections | <ul style="list-style-type: none"> • Healthy nutrition Healthy nutrition for children and adolescents • Good hygiene practices including hand washing and feeding utensils | <ul style="list-style-type: none"> • Assess and classify for Cough or Difficult breathing using the IMNCI guideline • Treat and refer according to the classification as per the guidelines | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

4. Lower respiratory tract infections

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|--|---------------------------|
| <p>including identification of danger signs</p> <ul style="list-style-type: none"> • Advocacy for proper sanitation and good housing • Community mobilisation for routine immunisation especially for the pneumococcal vaccine | <ul style="list-style-type: none"> • Avoidance of smoking within the household and secondary exposure to smoke to children • Avoidance of biomass combustion (particularly indoor cooking fires) and other air pollutants that contribute to acute respiratory infections. • Complete and timely immunizations, e.g., Pneumococcal and pentavalent vaccinations. • Vaccination: COVID-19 • Early treatment of respiratory infections for the children | <ul style="list-style-type: none"> • Monitor progress and follow-up • Referral treatment with oxygen, antibiotics, correction of hypoglycaemia, etc.) | |
| SECONDARY CARE LEVEL | | | |
| Same above | Same above | <ul style="list-style-type: none"> • Physical and clinical examination • Monitoring using blood tests, chest x-ray, GeneXpert • Hospitalization based by severity • Antibiotics therapy • Oxygen therapy • Intravenous fluids administration • Treat any underlying condition | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

4. Lower respiratory tract infections

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | <ul style="list-style-type: none"> • Follow-up/regular review until all symptoms and signs resolve | |

TERTIARY CARE LEVEL

| | | | |
|------------|------------|--|--|
| Same above | Same above | <ul style="list-style-type: none"> • Physical and clinical examination • Monitoring using blood tests, chest x-ray, GeneXpert • Hospitalization based on severity • Antibiotics therapy • Oxygen therapy • Intravenous fluids administration • Treatment of underlying condition • Follow-up/regular review until all symptoms and signs resolve • ICU services for those with severe disease | |
|------------|------------|--|--|

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

5. Diarrheal diseases, typhoid/paratyphoid and other enteric infections

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness using mass media and mass media on safe drinking-water, use of improved sanitation and hand washing with soap to reduce risk of enteric infections • Community mobilisation for routine immunisation | <ul style="list-style-type: none"> • Observation of good hygiene practices in food preparation for the children • Encourage utilization of safe portable water in homes and communities • Counselling on WASH services (use of safe water supply; sanitation and hygiene) • Early recognition of danger signs by the family members • Preventive zinc supplements • Vaccination: rotavirus | <ul style="list-style-type: none"> • Rehydration with oral rehydration salts (ORS) solution • Zinc supplements • Refer moderate to severe cases and cases with vomiting or fever | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness using mass media and mass media on safe drinking-water, use of improved sanitation and hand washing with soap to reduce risk of enteric infections • Community mobilisation for routine immunisation | <ul style="list-style-type: none"> • Vaccination: rotavirus • Vaccination: typhoid • Observation of good hygiene practices in food preparation for the children • Encourage utilization of safe portable water in homes and communities • Counselling on WASH services (use of safe water supply; sanitation and hygiene) | <ul style="list-style-type: none"> • History and physical examination for diarrhoea, abdominal pain. • Basic laboratory tests • Assess and classify for diarrhoea using IMNCI strategy • Rehydration with oral rehydration salts (ORS) solution • Rehydration with intravenous fluids in case of severe dehydration or shock. | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

5. Diarrheal diseases, typhoid/paratyphoid and other enteric infections

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--|--|---------------------------|
| | <ul style="list-style-type: none"> • Early recognition of danger signs by the family members • Preventive zinc supplements | <ul style="list-style-type: none"> • Antibiotics for dysentery, typhoid fever • Zinc supplements • Nutrient-rich foods • Referral for management of severe dehydration for other complications. | |
| SECONDARY CARE LEVEL | | | |
| Same as above | Same as above | <ul style="list-style-type: none"> • History and physical examination for diarrhoea, abdominal pain. • Basic laboratory tests • Rehydration with oral rehydration salts (ORS) solution • Rehydration with intravenous fluids in case of severe dehydration or shock. • Antibiotics to treat typhoid and paratyphoid fever • Antibiotics to treat dysentery • Zinc supplements • Nutrient-rich foods • Referral for management of complications. | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT**5. Diarrheal diseases, typhoid/paratyphoid and other enteric infections**

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none">• History and physical examination for diarrhoea, abdominal pain.• Basic laboratory tests• Rehydration with oral rehydration salts (ORS) solution• Rehydration with intravenous fluids in case of severe dehydration or shock.• Antibiotics to treat typhoid and paratyphoid fever• Antibiotics to treat dysentery• Zinc supplements• Nutrient-rich foods• Management of complications including intestinal perforations | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

6. Meningitis

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Create awareness using mass media and mass media on symptoms and preventions methods of meningitis including immunization to reduce risk of enteric infections | <ul style="list-style-type: none"> Advocacy for proper sanitation and good housing and immunization Vaccination: pneumococcal conjugate Vaccination: haemophilus influenzae type b (Hib) Vaccination: meningococcal | <ul style="list-style-type: none"> Isolate child suspected with meningitis Early recognition of symptoms for need of referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Create awareness using mass media and mass media on symptoms and preventions methods of meningitis including immunization to reduce risk of enteric infections | <ul style="list-style-type: none"> Chemoprophylaxis for close contacts Vaccination: pneumococcal conjugate Vaccination: haemophilus influenzae type b (Hib) Vaccination: meningococcal | <ul style="list-style-type: none"> History and physical examination for meningitis Basic laboratory tests Appropriate antibiotic treatment in bacterial meningitis. | |
| SECONDARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

6. Meningitis

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--|--|--|
| | <ul style="list-style-type: none"> • Chemoprophylaxis for close contacts • Vaccination: pneumococcal conjugate • Vaccination: haemophilus influenzae type b (Hib) • Vaccination: meningococcal | <ul style="list-style-type: none"> • History and physical examination • Lumbar puncture for spinal fluid examination • Parenteral antibiotics • Parenteral corticosteroids | <ul style="list-style-type: none"> • Psychological support to parents of children with meningitis sequel • Linkage with rehabilitation centres for deafness, learning impairment or behavioural problems |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination • Blood culture • Lumbar puncture for spinal fluid examination • Advanced imaging. Computerized tomography (CT) or magnetic resonance imaging (MRI) Computed tomography (CT) scan • Parenteral antibiotics • Rehydration with intravenous fluids • Anti-TB treatment for TB meningitis • Antifungal treatment for fungal meningitis • Parenteral corticosteroids when indicated | <ul style="list-style-type: none"> • Psychological support to parents of children with meningitis sequel • Linkage with rehabilitation centres for deafness, learning impairment or behavioural problems |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

7. Ear infections and conditions

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness using mass media and community campaigns on the importance of hand washing, hygiene and immunization to reduce risk of ear infections • School based screening for identifying hearing problems early | <ul style="list-style-type: none"> • Vaccination: pneumococcal conjugate • Vaccination: haemophilus influenzae type b (Hib) • Hand washing and personal hygiene • Avoid exposing children to cigarette smoke. • Keep children away from loud noises | <ul style="list-style-type: none"> • Early recognition of symptoms for referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness using mass media and community campaigns on the importance of hand washing, hygiene and immunization to reduce risk of ear infections • School based screening for identifying hearing problems early | <ul style="list-style-type: none"> • Vaccination: pneumococcal conjugate • Vaccination: haemophilus influenzae type b (Hib) • Hand washing and personal hygiene • Avoid exposing children to cigarette smoke. • Keep children away from loud noises | <ul style="list-style-type: none"> • History and physical examination • Otoscopic examination • Antibiotic treatment • Analgesics treatment • Referral of severe cases | |
| SECONDARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

7. Ear infections and conditions

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|---|--|---------------------------|
| | Vaccination: pneumococcal conjugate Vaccination: haemophilus influenzae type b (Hib) | <ul style="list-style-type: none"> • History and physical examination • Otoscopic examination • Audiometry examination • Antibiotic treatment • Analgesics treatment • Removal of wax blockage • Referral of severe cases | |
| TERTIARY CARE LEVEL | | | |
| | Vaccination: pneumococcal conjugate Vaccination: haemophilus influenzae type b (Hib) | <ul style="list-style-type: none"> • History and physical examination • Otoscopic examination • Audiometry examination • Antibiotic treatment • Analgesics treatment • Removal of wax blockage • Surgical procedures including tympanoplasty • Electronic or battery-operated hearing aids | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

8. Sexually Transmitted Infections

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Education on sexuality and safe sex practices • Education on symptoms of sexually transmitted infections and what to do in the event of occurrence of symptoms • Promote early health seeking behaviour • Distribute IEC materials, | <ul style="list-style-type: none"> • Counselling on STI prevention, risk reduction, and safer sex • Promote and provide female condoms • Provide condoms • Vaccination: human papillomavirus (HPV) • Vaccination: hepatitis B • Risk assessment with sexual history and risk factors | <ul style="list-style-type: none"> • Early recognition of need for referral | |
| PRIMARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> • Counselling on STI prevention, risk reduction, and safer sex • Provide condoms • Promote and provide male condoms • Vaccination: human papillomavirus (HPV) • Vaccination: hepatitis B • Risk assessment with sexual history and risk factors | <ul style="list-style-type: none"> • History and physical examination for STI and reproductive tract infections • Syndromic diagnosis and treatment of STIs • Counselling on partner notification, diagnosis and treatment • Information on treatment compliance and use of condom • Referral for management of complications of STIs | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

8. Sexually Transmitted Infections

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--|--|---------------------------|
| SECONDARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> • Counselling on sexuality • Counselling on STI prevention, risk reduction, and safer sex • Provide condoms • Vaccination: human papillomavirus (HPV) • Vaccination: hepatitis B • Risk assessment with sexual history and risk factors | <ul style="list-style-type: none"> • History and physical examination for STI and reproductive tract infections • Basic laboratory tests for STI • Etiologic diagnosis and treatment of STIs • Counselling on partner notification, • Counselling on treatment compliance • Counselling on HIV testing • Counselling on use of condom • Referral for management of complications of STIs | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination for STI and reproductive tract infections • Advanced laboratory tests for STI • Etiologic diagnosis and treatment of STIs | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

8. Sexually Transmitted Infections

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | <ul style="list-style-type: none"> • Counselling on partner notification, diagnosis and treatment • Counselling on treatment compliance • Information on use of condom | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

9. Vaccine Preventable Diseases

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Strengthen families and community-based awareness on VPDs including transmission and prevention measures • Information and health education to parents, families, adolescents and communities on immunization including vaccination schedule for young children • Community education on proper nutrition for young children | <ul style="list-style-type: none"> • Complete childhood vaccinations • Guidance on good hygiene practices including hand hygiene and stay at home if any symptoms of VPDs • Prompt isolation of suspected cases | <ul style="list-style-type: none"> • Recognition of VPDs symptoms • Basic supportive care. (e.g., fever reduction, hydration, feeding, etc.) • Referrals to a health facility if symptoms worsen | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

9. Vaccine Preventable Diseases

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|---|---------------------------|
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Strengthen families and community-based awareness on VPDs including transmission and prevention measures • Information and health education to parents, families, adolescents and communities on immunization including vaccination schedule for young children • | <ul style="list-style-type: none"> • Complete of childhood vaccinations • Guidance on good hygiene practices including hand hygiene and stay at home if any symptoms of VPDs • Prompt isolation of suspected cases • Vitamin A supplementation • Avoiding close contact with people with VPDs | <ul style="list-style-type: none"> • Recognition of danger signs of vaccine preventable diseases • Basic supportive care. (e.g., fever reduction, hydration, feeding, etc.) • Antibiotic therapy when indicated • Report and refer immediately suspected cases of VPDs | |
| SECONDARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> • Complete childhood vaccinations, | <ul style="list-style-type: none"> • History and physical examination • Basic laboratory tests • Basic supportive care. (e.g., fever and pain reduction, etc) • Antibiotics if indicated • Feeding and nutritional support • Vitamin A supplementation • Hydration /fluids administration • Manage mild complications • Refer if severe and not responding | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

9. Vaccine Preventable Diseases

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none">• History and physical examination• Basic laboratory tests• Advanced laboratory (PCR, culture, etc)• Basic supportive care for fever, pain, etc• Antibiotics if indicated• Feeding and nutritional support• Vitamin A supplementation• Hydration /fluids administration• Manage mild complications | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

10. Yellow Fever

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Strengthen families and community-based awareness on Yellow Fever including transmission and prevention measures Information and health education to parents, families and Communities on immunization including vaccination schedule for young children | <ul style="list-style-type: none"> Integrated vector control management (ITN, IRS, larva source management, etc.) Vaccination: Yellow fever and other routine on schedule vaccination Personal protective measures (mosquito repellent, long sleeved clothes) | <ul style="list-style-type: none"> Recognition of Yellow Fever symptoms Supportive care (e.g., fever reduction, hydration, feeding, etc.) Referrals to a health facility if symptoms worsen Report immediately to local authorities | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Strengthen families and community-based awareness on Yellow Fever including transmission and prevention measures Information and health education to parents, families and Communities on immunization including vaccination schedule for young children | <ul style="list-style-type: none"> Integrated vector control management (ITN, IRS, larva source management, etc.) Vaccination: Yellow fever and other routine on schedule vaccination Personal protective measures (mosquito repellent, long sleeved clothes) | <ul style="list-style-type: none"> Recognition of Yellow Fever symptoms Supportive care (e.g., fever reduction, hydration, feeding, etc.) Referrals to a health facility if symptoms worsen Report immediately to local authorities | |
| SECONDARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

10. Yellow Fever

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none"> • History and physical examination • Basic laboratory tests • Advanced laboratory tests • Supportive care (e.g., fever reduction, hydration, feeding, etc.) • IV fluid hydration • Treat mild complications • Refer if severe or not responding | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination • Basic laboratory tests • Advanced laboratory tests • Treat bacterial infections with antibiotics • IV fluid for rehydration • Manage complications such as liver and kidney failure • Manage fever with antipyretics • Nutritional support | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

11. Neglected Tropical Diseases

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Health education to students, families and communities on the importance of clean water and safe sanitation, sleeping under ITN for prevention of NTDs Advocacy/resource mobilization, Inter sectoral collaboration and partnership for the control of NTDs | <ul style="list-style-type: none"> Preventive Chemotherapy Case management Integrated vector management/ reservoir control Provision of Safe Water, Sanitation, Hygiene | <ul style="list-style-type: none"> Recognition of NTD symptoms Basic supportive care. (e.g., fever reduction, hydration, feeding, etc.) Referrals to a health facility if symptoms worsen | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Health education to students, families and communities on the importance of clean water and safe sanitation, sleeping under ITN for prevention of NTDs Advocacy/resource mobilization, Inter sectoral collaboration and partnership for the control of NTDs | <ul style="list-style-type: none"> Preventive Chemotherapy Case management Integrated vector management/ reservoir control Provision of Safe Water, Sanitation, Hygiene | <ul style="list-style-type: none"> Recognition of NTD symptoms Basic supportive care. (e.g., fever reduction, hydration, feeding, etc.) Treatment of specific NTDs Referral to hospital for management of complications | |
| SECONDARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> History and physical examination Basic laboratory tests/Point of care tests/ RDTs | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

11. Neglected Tropical Diseases

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | <ul style="list-style-type: none"> • Basic supportive care. (e.g., relief of fever and pain, hydration, etc) • Ophthalmic examination • Nutritional support (proper nutrition) • Administer specific treatment • Prevent complications and disability • Referral to next level if there is a need | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination • Advanced laboratory tests • Basic supportive care. (e.g., relief of fever and pain, hydration, etc) • Ophthalmic examination • Nutritional support (proper nutrition) • Administer specific treatment • Manage complications | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

12. Viral hepatitis (Hepatitis B & C)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on transmission and prevention for hepatitis B and C, safe sex practices, condom use, harmful traditional practices, sharing of sharp objects, tattoos, IV drug use and needle sharing] Promote testing for Viral Hepatitis B and C Provision of IEC/BCC materials Mass awareness campaigns through such days as World Hepatitis Day and World immunization Week | <ul style="list-style-type: none"> Avoiding harmful traditional practices including sharing needles and unsafe tattoo Vaccination: Pentavalent vaccine Consistent and correct use of condoms | <ul style="list-style-type: none"> Clinical assessment for early recognition of need for referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Promote testing for Viral Hepatitis B and C Provision of IEC/BCC materials Mass awareness campaigns through such days as World Hepatitis Day and World immunization Week | <ul style="list-style-type: none"> Avoiding harmful traditional practices including sharing needles and unsafe tattoo Vaccination: Pentavalent vaccine | <ul style="list-style-type: none"> History and physical examination for viral hepatitis Condition specific counselling Point of care testing Oral antipyretics for acute hepatitis infection Oral hydration for acute viral hepatitis | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

12. Viral hepatitis (Hepatitis B & C)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|---|---------------------------|
| | | <ul style="list-style-type: none"> • Intravenous fluids • Clinical assessment for early recognition of need for referral. | |
| SECONDARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Counselling on healthy diet, physical activity, weight management, and alcohol and tobacco use | <ul style="list-style-type: none"> • Post exposure prophylaxis • Hep B Vaccination of high-risk population groups • Safe blood transfusion practice | <ul style="list-style-type: none"> • History and physical examination for viral hepatitis • Point of care testing • Basic laboratory tests • Advanced laboratory tests • Basic imaging e.g., ultrasound • Condition specific counselling • Oral antipyretics • Oral hydration • Intravenous fluids • Oral antivirals for HBV • Vaccination: HBIG • Oral pan genotypic antivirals for HCV cure | |
| TERTIARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

12. Viral hepatitis (Hepatitis B & C)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--|--|---------------------------|
| | <ul style="list-style-type: none">• Avoiding harmful traditional practices including sharing needles and unsafe tattoo• Vaccination: Pentavalent vaccine• Consistent and correct use of condoms• Post exposure prophylaxis• Hep B Vaccination of high-risk population groups• Safe blood transfusion practice | <ul style="list-style-type: none">• History and physical examination for viral hepatitis• Point of care testing• Basic laboratory tests• Advanced laboratory tests• Basic imaging e.g., ultrasound• Condition specific counselling• Oral antipyretics• Oral hydration• Intravenous fluids• Oral antivirals for HBV• Vaccination: HBIG• Oral pan genotypic antivirals for HCV cure | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

13. Ebola

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Health promotion activities on handwashing with soap, WASH services, good hygiene and maintaining a clean environment including use of Ebola vaccine | <ul style="list-style-type: none"> Vaccination: Ebola virus disease Reduce risk of wildlife-to-human transmission by avoiding contact with infected fruit bats, monkeys, apes, forest antelope or porcupines and the consumption of their raw meat Reduce risk of human-to-human transmission by avoiding direct or close contact with people with Ebola symptoms, particularly with their bodily fluids Safe and dignified burial of the dead Identifying people who may have been in contact with someone infected with Ebola and monitoring their health for 21 days, Separate the healthy from the sick to prevent further spread, Safe sex practice for men who have survived Ebola disease | <ul style="list-style-type: none"> Report suspected cases accordingly Referral to the next level | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

13. Ebola

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|---|---------------------------|
| | <ul style="list-style-type: none"> Frequent ANC attendance of pregnant women who have survived Ebola disease | | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Counselling about handwashing with soap Counselling on WASH services (use of safe water supply; sanitation and hygiene) | <ul style="list-style-type: none"> Vaccination: Ebola virus disease Reduce risk of wildlife-to-human transmission by avoiding contact with infected fruit bats, monkeys, apes, forest antelope or porcupines and the consumption of their raw meat Reduce risk of human-to-human transmission by avoiding direct or close contact with people with Ebola symptoms, particularly with their bodily fluids Safe and dignified burial of the dead Identifying people who may have been in contact with someone infected with Ebola and monitoring their health for 21 days, Separate the healthy from the sick to prevent further spread, | <ul style="list-style-type: none"> Report suspected cases accordingly Rapid antigen detection tests Referral to the next level | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

13. Ebola

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--|---|---------------------------|
| | <ul style="list-style-type: none"> • Safe sex practice for men who have survived Ebola disease • Frequent ANC attendance of pregnant women who have survived Ebola disease | | |
| SECONDARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> • Vaccination: Ebola virus disease • Safe and dignified burial of the dead | <ul style="list-style-type: none"> • History and physical examination • Rapid antigen detection tests • Basic laboratory test • Advanced laboratory test • Ultrasound • Oral salts for Ebola virus disease • Rehydration with oral or intravenous fluids • Management of specific symptoms • Treat bacterial infections with antibiotics • Blood and blood product transfusion • Supplemental oxygen • Monoclonal antibody treatments • Mechanical ventilation • Counselling to ensure safer sexual practices | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

13. Ebola

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|---|--|---------------------------|
| TERTIARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> • Vaccination: Ebola virus disease • Safe and dignified burial of the dead | <ul style="list-style-type: none"> • Automated or semi-automated nucleic acid tests (NAT) • Rehydration with oral or intravenous fluids • Management of specific symptoms • Treat bacterial infections with antibiotics • Manage complications such as liver and kidney failure • Blood and blood product transfusion • Supplemental oxygen • Monoclonal antibody treatments • Mechanical ventilation • Counselling to ensure safer sexual practices | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 15-19 YEARS AGE COHORT

14. COVID-19

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Promote handwashing with soap, social distancing and mask use Health promotion activities on WASH services, good hygiene and maintaining a clean environment | <ul style="list-style-type: none"> Vaccine: COVID 19 Wash hands with running water and soap following all contact with sick persons or their immediate environment. Avoid direct contact with body fluids, particularly oral or respiratory secretions or stool of the patient. Avoid sharing toothbrushes, eating utensils, dishes, drinks, towels, washcloths or bed linen with the sick person. Persons with symptoms should remain at home until their symptoms are resolved based on either clinical and/or laboratory findings. All household members should be considered contacts and their health should be monitored. Keep physical distance of at least 1 metre apart from others, even if they don't appear to be sick. | <ul style="list-style-type: none"> * Surveillance and Point of care test * Community Quarantine * Eating balanced diet * Isolation and referral to next level | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 15-19 YEARS AGE COHORT

14. COVID-19

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|---|---------------------------|
| | <ul style="list-style-type: none"> Wear a properly fitted mask when physical distancing is not possible or when in poorly ventilated settings. | | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Screening of vulnerable groups Promote hand washing facilities Promote use of face masks Promote maintenance of physical and social distance | <ul style="list-style-type: none"> Vaccine: COVID 19 Wash hands with running water and soap following all contact with sick persons or their immediate environment. Avoid direct contact with body fluids, particularly oral or respiratory secretions or stool of the patient. Avoid sharing toothbrushes, eating utensils, dishes, drinks, towels, washcloths or bed linen with the sick person. Persons with symptoms should remain at home until their symptoms are resolved based on either clinical and/or laboratory findings. | <ul style="list-style-type: none"> Surveillance and testing Community Quarantine Eating balanced diet *Isolation and referral to next level | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 15-19 YEARS AGE COHORT

14. COVID-19

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|---|---|---|
| | <ul style="list-style-type: none"> • All household members should be considered contacts and their health should be monitored. • Keep physical distance of at least 1 metre apart from others, even if they don't appear to be sick. • Wear a properly fitted mask when physical distancing is not possible or when in poorly ventilated settings. | | |
| SECONDARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination • Clinical assessment for early recognition of need for referral • Advanced laboratory tests • Basic laboratory tests • Supplemental oxygen • Basic imaging (Ultrasound, X-ray) • Treat bacterial infections with antibiotics • Oral or IV fluid for rehydration • Oral or IM antipyretics • Oral or IV or IM steroids • Manage complications such as liver and kidney failure | Pulmonary rehabilitation for post-pneumonia |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 15-19 YEARS AGE COHORT

14. COVID-19

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|---|---------------------------|
| | | <ul style="list-style-type: none"> • Mechanical ventilation (non-invasive) Antiviral medications • Immunomodulators | |
| TERTIARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • | <ul style="list-style-type: none"> • Conduct routine and mass Vaccination • Active case finding in the community • Education on infection prevention control, including cough etiquette | <ul style="list-style-type: none"> • History and physical examination • Clinical assessment for early recognition of need for referral • Advanced laboratory tests • Basic laboratory tests • Supplemental oxygen • Basic imaging (Ultrasound, X-ray) • Treat bacterial infections with antibiotics • Oral or IV fluid for rehydration • Oral or IM antipyretics • Oral or IV or IM steroids • Manage complications such as liver and kidney failure • Mechanical ventilation (non-invasive) Antiviral medications • Immunomodulators | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

15. Surgical emergencies (Appendicitis, Strangulated hernias, Ileus, Obstruction, Acute abdomen)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--------------------|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on symptoms of surgical emergencies when to seek care] | | <ul style="list-style-type: none"> Early recognition and referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on symptoms of surgical emergencies when to seek care] | | <ul style="list-style-type: none"> History and physical examination Early recognition of need for referral | |
| SECONDARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> History and physical examination Basic laboratory tests (blood, urine, stool) Basic imaging (Ultrasound, x-ray, etc) Prompt management of pain and fever Antibiotics when indicated Surgical interventions | |
| TERTIARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT**15. Surgical emergencies (Appendicitis, Strangulated hernias, Ileus, Obstruction, Acute abdomen)**

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---------------------------------------|---------------------------|---|----------------------------------|
| | | <ul style="list-style-type: none">• History and physical examination• Basic laboratory tests• Advanced laboratory tests• Advanced laboratory tests; CT scan• Prompt management of pain• Antibiotics when indicated• Non-invasive procedures for partial obstruction• Surgical interventions; laparotomy, appendectomy, etc | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

16. Renal injury (acute renal failure, chronic renal failure)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Educate adolescents, parents, teachers, community on measures to prevent kidney injuries and infections by avoiding excessive dehydration, misuse of drugs and trauma | <ul style="list-style-type: none"> Adequate hydration, Avoid nephrotoxic medicines and traditional herbs Early treatment seeking for malaria and other infections Proper treatment and follow up for chronic conditions like diabetics Keep drugs and harmful substances away from the reach of children | <ul style="list-style-type: none"> Early recognition of kidney disease symptoms for referral Early treatment of malaria and other infections Avoid unnecessary use of medicines and traditional herbs | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Educate, parents, teachers, community on measures to prevent kidney injuries and infections by avoiding excessive dehydration, misuse of drugs | <ul style="list-style-type: none"> Adequate hydration, Avoid nephrotoxic medicines and traditional herbs Early treatment seeking for malaria and other infections Proper treatment and follow up for chronic conditions like diabetics Keep drugs and harmful substances away from the reach of children | <ul style="list-style-type: none"> Early recognition of kidney disease symptoms for referral Early treatment of malaria and other infections Avoid use of nephrotoxic medicines and traditional herbs | |
| SECONDARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

16. Renal injury (acute renal failure, chronic renal failure)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | <ul style="list-style-type: none"> • History and physical examination • Basic laboratory tests such as urine, blood to diagnose the underlying diseases • Screen early for congenital kidney diseases • Advanced laboratory tests such as RFTs • Basic imaging; x-ray, ultra sound • Advance imaging; MRI, CT scan • Treat early treatable urinary tract infections and other febrile illnesses • Treat congenital kidney diseases early • Properly control underlying conditions like diabetes • Adequate hydration, • In case of kidney trauma, toxicity and overdose of medicines stabilize and refer to the next level | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination • Screen early for congenital kidney diseases • Advanced laboratory tests such as RFTs | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT**16. Renal injury (acute renal failure, chronic renal failure)**

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---------------------------------------|---------------------------|--|----------------------------------|
| | | <ul style="list-style-type: none">• Advance imaging; MRI, CT scan• Treat early treatable urinary tract infections and other febrile illnesses• Adequate hydration,• Treat renal diseases according the diagnosis• Properly control underlying conditions like diabetes• Renal dialysis for acute and chronic renal failures• Surgical management for trauma to the kidneys | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

17. Anaemia and Hemoglobinopathies

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on screening for sickle cell disease, myths associated with sickle cell disease] Community education and awareness regarding the transmission of disease, stigma related to disease and carrier states, and informing the community about appropriate prevention options Community education and sensitization with links to civil society organizations, parents' groups, schools, and school clubs Sensitize and use local governance structures to establish community-based intervention program | <ul style="list-style-type: none"> Genetic counselling for carriers of haemoglobin disorders, including premarital counselling Educate patients and caregivers about sickle cell disease including on warning signs and what to do in acute conditions before coming to the hospital. Adequate hydration by teaching the patients to drink enough fluids to make their urine clear Prophylaxis for infection, pneumococcal vaccines, oral penicillin, use of insecticide treated bed nets, and anti-malaria Folate supplementation with folic acid Counselling of SCD (including avoidance of iron supplements) | <ul style="list-style-type: none"> Recognition of danger signs and referral for management | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on screening for sickle cell disease, | <ul style="list-style-type: none"> Genetic counselling for carriers of haemoglobin disorders, including premarital counselling | <ul style="list-style-type: none"> History and physical examination for sickle cell disease | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

17. Anaemia and Hemoglobinopathies

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|---|---|
| <p>myths associated with sickle cell disease]</p> <ul style="list-style-type: none"> Community education and awareness regarding the transmission of disease, stigma related to disease and carrier states, and informing the community about appropriate prevention options *Community education and sensitization with links to civil society organizations, parents' groups, schools, and school clubs Sensitize and use local governance structures to establish community-based intervention program | <ul style="list-style-type: none"> Educate patients and caregivers about sickle cell disease including on warning signs and what to do in acute conditions before coming to the hospital. Adequate hydration by teaching the patients to drink enough fluids to make their urine clear Prophylaxis for infection, pneumococcal vaccines, oral penicillin, use of insecticide treated bed nets, and anti-malaria Folate supplementation with folic acid Counselling of SCD (including avoidance of iron supplements) | <ul style="list-style-type: none"> Screening for sickle cell disease using rapid point of care test Management of pain Referral to the next higher level | |
| SECONDARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> History and physical examination for sickle cell disease Screening for sickle cell disease using rapid point of care test Condition-specific nutrition assessment and counselling Basic and advanced laboratory tests Investigations such as X-ray, | <ul style="list-style-type: none"> Early palliative care to improve symptom management and quality of life |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

17. Anaemia and Hemoglobinopathies

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---|
| | | <ul style="list-style-type: none"> • Electrocardiogram (ECG) • Chemoprophylaxis for sickle cell disease • Intravenous fluids • Supplemental oxygen • Intramuscular analgesics for pain relief • Intramuscular/ Intravenous Antibiotics • Blood and blood product transfusion • Referral to the next higher level | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination for sickle cell disease • Newborn screening for sickle cell disease using rapid point-of-care test • Condition-specific nutrition assessment and counselling • Basic and advanced laboratory tests • Basic and advanced imaging; X-ray, ultrasound, CT scan • Electrocardiogram (ECG) | <ul style="list-style-type: none"> • Early palliative care to improve symptom management and quality of life |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT**17. Anaemia and Hemoglobinopathies**

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---------------------------------------|---------------------------|---|----------------------------------|
| | | <ul style="list-style-type: none">• Incentive spirometry for sickle cell disease• Chemoprophylaxis for sickle cell disease• Oral hydroxyurea for prevention of vaso-occlusive crises• Intravenous fluids• Supplemental oxygen• Parenteral analgesics for pain relief• Parenteral antibiotics• Blood and blood product transfusion• Splenectomy for splenic sequestration crisis• Red cell exchange transfusion | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

18. Childhood cancers

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Educate community to identify childhood cancer symptoms | <ul style="list-style-type: none"> Keeping children away from second-hand smoke Reducing exposure to traffic-related air pollution Avoiding exposure to chemicals that can cause cancer. | <ul style="list-style-type: none"> Early identification of cancer symptoms and referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Educate community to identify childhood cancer symptoms | <ul style="list-style-type: none"> Keeping children away from second-hand smoke Reducing exposure to traffic-related air pollution Avoiding exposure to chemicals that can cause cancer. | <ul style="list-style-type: none"> Early identification of cancer symptoms and referral | |
| SECONDARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> Early identification of cancer symptoms and referral | |
| TERTIARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

18. Childhood cancers

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---|
| | | <ul style="list-style-type: none"> • Counselling on nutrition, food safety, and • Histopathology • Staging • Advanced imaging • Intravenous chemotherapy • Intravenous targeted therapy • Intravenous immunotherapy • Bone marrow transplantation • Radiotherapy application • Management of toxicities • Monitoring for new cancers • Monitoring for toxicities • Monitor for cardiac function • Monitor for neurocognitive function • Monitor for growth and development | <ul style="list-style-type: none"> • Provide palliative and supportive care • Psychological support with counselling • Physical therapy and occupational therapy (peripheral neuropathy, after severe illnesses) |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

19. Asthma

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness on the possible triggers/possible risk factors of asthma and preventive measures • Provide IEC materials on Asthma • Multi sectoral approach to ensure clean environments | <ul style="list-style-type: none"> • Avoidance of indoor, outdoor asthma triggers • Avoidance of exposure to exhaust fumes or other types of pollution • Vaccination against influenza and pneumonia to prevent trigger flare ups | <ul style="list-style-type: none"> • Counselling on recognition of symptoms • Guidance to patient on how to monitor their breathing and how to recognize warning signs • Guidance on use of medication as prescribed • Recognition of danger signs and referral to the next higher level | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness on the possible triggers/possible risk factors of asthma and preventive measures • Provide IEC materials on Asthma • Multi sectoral approach to ensure clean environments | <ul style="list-style-type: none"> • Avoidance of indoor, outdoor asthma triggers • Avoidance of exposure to exhaust fumes or other types of pollution • Vaccination against influenza and pneumonia to prevent trigger flare ups | <ul style="list-style-type: none"> • History and physical examination for asthma • Pulse oximetry for oxygen monitoring • Counselling on personalised asthma management plan • Short-acting beta agonists inhalers • Referral to the next higher level in sever and not responding to treatment | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

19. Asthma

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--|---|---------------------------|
| SECONDARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> • Vaccination against influenza and pneumonia to prevent trigger flare ups | <ul style="list-style-type: none"> • History and physical examination for asthma • Basic laboratory tests • Advanced laboratory tests • Basic imaging test • Advanced imaging test • Monitor oxygen levels e.g., using spirometry • Treat asthma/COPD using short-acting bronchodilator, low-dose inhaled corticosteroid (ICS) or Long-acting bronchodilator (LABA) or long-acting muscarinic agonist (LAMA) • Supplemental oxygen • Bilevel Positive Airway Pressure (BiPAP) for respiratory support • Counselling on personalised asthma management plan • Referral to higher level for further management | |
| TERTIARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT**19. Asthma**

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---------------------------------------|---|---|----------------------------------|
| | <ul style="list-style-type: none">• Vaccination against influenza and pneumonia to prevent trigger flare ups exercise | <ul style="list-style-type: none">• History and physical examination for asthma• Basic laboratory tests• Advanced laboratory tests• Basic imaging test• Advanced imaging test• Monitor oxygen levels e.g., using spirometry• Treat asthma/COPD using short-acting bronchodilator, low-dose inhaled corticosteroid (ICS) or Long-acting bronchodilator (LABA) or long-acting muscarinic agonist (LAMA)• Supplemental oxygen• Bilevel Positive Airway Pressure (BiPAP) for respiratory support• Counselling on personalised asthma management plan | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

20. Seizure disorders

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Provide information and awareness creation on seizures disorders including epilepsy, its recognition and prevention measures • Education to prevent misunderstanding, discrimination and social stigma. • Multi-sectoral approach to reduce incidences of trauma e.g., falls, burns and promote access to education | <ul style="list-style-type: none"> • ANC attendance for adequate care and promoting health facilities deliveries to reduce possibility of new cases of seizures disorders including epilepsy caused by birth injury. • Prevention and seeking treatment early for febrile infections such as malaria and other viral/bacterial infections and head trauma • Education on prevention of infections • Prevention of falls, drownings, burns • Vaccination of children to prevent diseases | <ul style="list-style-type: none"> • Early recognition of signs of seizures disorders • Relieve of any pain due to physical injuries as a result of seizures through use of pain medications • First aid on any other complication due to seizures e.g., burns • Referral to a health facility for management | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Provide information and Awareness creation on seizures disorders including Epilepsy, its recognition and prevention measures • Education to prevent misunderstanding, discrimination and social stigma. | <ul style="list-style-type: none"> • ANC attendance for adequate care and promoting health facilities deliveries to reduce possibility of new cases of seizures disorders including epilepsy caused by birth injury. • Prevention and seeking treatment early for febrile infections such as malaria | <ul style="list-style-type: none"> • History and physical examination for epilepsy • Point of care testing • Glucose for hypoglycaemia • Condition specific nutrition assessment and counselling • Antiepileptics for epilepsy | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

20. Seizure disorders

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|--|---|
| <ul style="list-style-type: none"> Multi-sectoral approach to reduce incidences of trauma e.g., falls, burns and promote access to education | <p>and other viral/bacterial infections and head trauma</p> <ul style="list-style-type: none"> Education on prevention of infections Prevention of falls, drownings, burns Vaccination of children to prevent diseases | <ul style="list-style-type: none"> Antipyretics for febrile seizures | |
| SECONDARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> History and physical examination for epilepsy Point of care testing Basic laboratory tests Lumbar puncture Condition specific nutrition assessment and counselling Antiepileptics for epilepsy Antipyretics for seizures Monitor therapeutic drug level | <ul style="list-style-type: none"> Psychoeducation and psychosocial support (including for patient's carers) |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> History and physical examination for epilepsy Basic laboratory test | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

20. Seizure disorders

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none">• Lumbar puncture for CSF exam• Electroencephalography (EEG)Electrocardiogram (ECG)• Advance imaging: MRI, CT scan• Condition specific nutrition assessment and counselling• Psychoeducation and psychosocial support (including for patient's carers)• Antiepileptics for epilepsy• Epilepsy surgery• Monitor therapeutic drug level | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

20. Malnutrition and Micronutrient Deficiency

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Counselling on appropriate and timely complementary feeding and healthy infant and young child nutrition • Counselling on good hygiene practices including hand hygiene and quitting smoking • Community based MUAC and bilateral edema screening for early identification • Community engagement on Infant and Young Child Nutrition IYCN • Counselling on micronutrient supplementation -Vit. A Supplementation, albendazole • Counselling on use of therapeutic and supplementary foods with malnourished children • Education on use of safe water and good compound practices • Counselling on when to seek medical help at facility level. | <ul style="list-style-type: none"> • Vitamin A supplementation; • Hygiene, sanitation and deworming for preschool children; • Follow up /home visits to ensure nutrition products for malnourished children are given to patients • Examine/assess children during home/school visits for signs of acute malnutrition using MUAC and Edema to identify and refer identified | <ul style="list-style-type: none"> • Refer children identified with MUAC<12.5cm to next level • Follow up cases of moderate and severe acute malnutrition treated at facility • Ensure compliance with treatment and advice | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

20. Malnutrition and Micronutrient Deficiency

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--------------------|----------|---------------------------|
| <ul style="list-style-type: none"> Counselling on use of family MUAC. Self-screening of children 6-59 months by mothers | | | |

PRIMARY CARE LEVEL

| | | | |
|--|--|---|--|
| <ul style="list-style-type: none"> Same as Community Level plus Group and focused counselling of mothers and carers at facility level on MIYCN - Early initiation of breastfeeding, EBF, Appropriate and timely complementary feeding, food demonstrations. Counselling on feeding of the sick child. Feeding on good hygiene practices. Growth monitoring and promotion | <ul style="list-style-type: none"> Routine and outreach of vitamin A and deworming administration Hygiene, sanitation promotion Community based growth monitoring; Nutrition products for malnourished children. | <ul style="list-style-type: none"> Management of Severe Acute Malnutrition (SAM) without Complications Educate mothers on feeding of children through provision of practical examples using local foods Provide treatment to correct other specific deficiencies Treat moderate cases with balanced local oral diet Provide children with multivitamin supplement Conduct food demonstrations on local food preparation | |
|--|--|---|--|

SECONDARY CARE LEVEL

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

20. Malnutrition and Micronutrient Deficiency

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|---|---------------------------|
| <ul style="list-style-type: none"> • Counselling on Healthy nutrition for children and adolescents • Counselling on good hygiene practices including hand hygiene • Growth monitoring | <ul style="list-style-type: none"> • Vitamin A administration and deworming • Counselling on hygiene, sanitation practices; • Facility based growth monitoring; • Use of Local foods for complementary feeding and nutrition products for malnourished children. | <ul style="list-style-type: none"> • Management of Severe Acute Malnutrition (SAM) with Complications • Provision of therapeutic meals for clinical management of patients • Educate mothers on feeding of children through provision of practical examples using local foods • Treat moderate cases with balanced oral diet, correct fluid and electrolyte imbalances • Provide macronutrients for severe cases by appropriate means (orally, feeding tube, nasogastric tube) • Provide treatment to correct other specific deficiencies | |

TERTIARY CARE LEVEL

| | | | |
|---|---|---|--|
| <ul style="list-style-type: none"> • Counselling on Healthy IYCN for children and adolescents • Counselling on Good hygiene practices including hand hygiene • Growth monitoring and promotion -screening for malnutrition | <ul style="list-style-type: none"> • Vitamin A administration and deworming • Counselling on hygiene, sanitation practices; • Facility based growth monitoring | <ul style="list-style-type: none"> • Management of Severe Acute Malnutrition (SAM) with Complications by the national IMAM Protocol • Management of SAM without complications and Management of | |
|---|---|---|--|

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

20. Malnutrition and Micronutrient Deficiency

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|---|---------------------------|
| <ul style="list-style-type: none">• BFHI promotion | <ul style="list-style-type: none">• Use of Local foods for complementary feeding and nutrition products for malnourished children. | <p>MAM as per National IMAM protocol.</p> <ul style="list-style-type: none">• Therapeutic meals for clinical management of malnutrition• Nutrition counselling• Educate mothers on feeding of children through provision of practical examples using local foods• Treat existing infections in severe cases• Oral macronutrients for severe cases• Feeding by feeding tube, nasogastric tube, gastrostomy tube)• Multivitamin supplement as appropriate• Counsel caregivers on feeding the sick child.• Lactose free liquid oral food supplements | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

21. Dietary iron deficiency

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Promote appropriate and timely feeding and healthy young child nutrition including micronutrient dietary diversification and dietary modification Community engagement on Young Child Nutrition (YCN) Counselling on micronutrient supplementation Counselling on when to seek medical help at facility level. Counselling on feeding the sick child | <ul style="list-style-type: none"> Vitamin A Supplementation Deworming Integrated vector control measures (use of bed nets and indoor residual spraying) Healthy nutrition for young children Community based MUAC and bilateral edema screening for early identification Mothers Support Groups (MSGs) to prepare local micronutrient rich diversified complementary foods Iron-fortified cereals or bread Foods rich in iron | <ul style="list-style-type: none"> Early identification of anaemia symptoms and referral for diagnostic work up Treatment with anti-helminths Treatment with anti-malaria for symptomatic children Follow up of patients in community Ensure compliance of feeding and or drug uptake | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Promote appropriate and timely feeding and healthy young child nutrition including micronutrient dietary diversification and dietary modification Community engagement on Young Child Nutrition | <ul style="list-style-type: none"> Multiple Micronutrient Supplements Vitamin A supplementation (VAS), Deworming Early detection and treatment of malaria Vector control measures (use of bed nets and indoor residual spraying) | <ul style="list-style-type: none"> Check every child for anaemia Classify for anaemia according IMNCI guidelines Oral iron sulphate tablets Oral folic acid for a child with SCD Refer urgently severe anaemia cases | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

21. Dietary iron deficiency

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|---|---------------------------|
| <ul style="list-style-type: none"> • Counselling on micronutrient supplementation • Counselling on when to seek medical help at facility level. • Counselling on feeding the sick child | | | |
| SECONDARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> • Multiple Micronutrient Supplements • Vitamin A supplementation (VAS), • Deworming • Early detection and treatment of malaria • Vector control measures (use of bed nets and indoor residual spraying) | <ul style="list-style-type: none"> • Basic laboratory tests (e.g., blood, bone marrow, etc.) • Encourage good nutrition • Treat the underlying cause • Oral iron sulphate • Blood transfusion for severe anaemia | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • Basic laboratory tests (e.g., blood, bone marrow, etc.) • Encourage good nutrition • Treat the underlying cause • Oral iron sulphate • Parenteral iron | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT**21. Dietary iron deficiency**

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---------------------------------------|---------------------------|--|----------------------------------|
| | | <ul style="list-style-type: none">• Blood transfusion for severe anaemia | |

FINAL DRAFT

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

22. Neurodevelopmental disorders (autism spectrum disorder (ASD), Learning disabilities, Mental retardation)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Provision of information on neurodevelopmental disorders to the parents and family members • Families and community education to reduce stigma and discrimination • Distribution of IEC materials on neurodevelopmental disorders • Encourage a multi-sectoral approach to ensure children's education and opportunities to engage and participate in their communities. | <ul style="list-style-type: none"> • Monitoring of child development as part of routine maternal and child health care • Encourage child's physical activity • Proper nutrition for child | <ul style="list-style-type: none"> • Recognition of neurodevelopmental disorder symptoms • Recognition of any other disorders that may be associated such as sleep disorder • Referral to a health facility for management | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Provision of information on neurodevelopmental disorders to the parents and family members • Families and community education to reduce stigma and discrimination • Distribution of IEC materials on neurodevelopmental disorders | <ul style="list-style-type: none"> • Monitoring of child development as part of routine maternal and child health care • Encourage child's physical activity • Proper nutrition for child | <ul style="list-style-type: none"> • Recognition of neurodevelopmental disorder symptoms • Recognition of any other disorders that may be associated such as sleep disorder • Referral for specialized mental health and other needed services | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

22. Neurodevelopmental disorders (autism spectrum disorder (ASD), Learning disabilities, Mental retardation)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--|---|---------------------------|
| SECONDARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> • Monitoring of child development as part of routine maternal and child health care • Encourage child’s physical activity • Proper nutrition for child | <ul style="list-style-type: none"> • Behaviour therapy • Speech-language therapy • Play-based therapy • Physical therapy • Occupational therapy • Nutritional support • Referral for specialized mental health and other needed services | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • Behaviour therapy • Speech-language therapy • Play-based therapy • Physical therapy • Occupational therapy • Nutritional support | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

23. Diabetes Mellitus

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on diabetes and risk factors, healthy diets, regular blood sugar testing, and exercise]. Provision of IEC/BCC materials | <ul style="list-style-type: none"> Integrated counselling on healthy diet, physical activity, Encourage compliance with medications, and regular clinical check-ups and prevention of complications | <ul style="list-style-type: none"> Management of suspected low blood sugar with a fast-acting carbohydrate Counselling on frequent blood sugar monitoring Early recognition of need for referral and appropriate referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on diabetes and risk factors, healthy diets, regular blood sugar testing, and exercise]. Provision of IEC/BCC materials | <ul style="list-style-type: none"> Integrated counselling on healthy diet, physical activity, Encourage compliance with medications, and regular clinical check-ups and prevention of complications | <ul style="list-style-type: none"> History and physical examination for diabetes mellitus Point of care testing Basic laboratory tests Condition-specific nutrition assessment and counselling Provision of blood glucose monitoring device and test strips Diabetic foot examination Test for visual acuity Counselling on home glucose monitoring | |
| SECONDARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

23. Diabetes Mellitus

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | <ul style="list-style-type: none"> • History and physical examination for diabetes mellitus • Point of care testing • Basic laboratory tests • Advanced laboratory tests • Condition-specific nutrition assessment and counselling • Counselling on home glucose monitoring, and self-insulin administration. • Provision of blood glucose monitoring device and test strips • Diabetic foot examination Test for visual acuity • Direct ophthalmoscopy • Intravenous fluids • Insulin treatment • Monitoring of acid base status | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination for diabetes mellitus • Point of care testing • Basic laboratory tests | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT**23. Diabetes Mellitus**

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---------------------------------------|---------------------------|--|----------------------------------|
| | | <ul style="list-style-type: none">• Advanced laboratory tests• Condition-specific nutrition assessment and counselling• Counselling on home glucose monitoring, and self-insulin administration.• Provision of blood glucose monitoring device and test strips• Diabetic foot examination• Test for visual acuity• Direct ophthalmoscopy• Intravenous fluids• Insulin treatment• Monitoring of acid base status | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

24. Oral conditions

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community awareness on dental caries, periodontal disease and prevention measures Fully integrating oral health into community health programmes. Multi sectoral approach in addressing socio-cultural determinants such as poor living conditions Multi-sectoral approach in ensuring access to clean safe water including Community water fluoridation Oral health education to the community by Teeth savers | <ul style="list-style-type: none"> Counselling on daily oral hygiene including toothbrushing with fluoride toothpaste, flossing daily Counselling on a well-balanced diet low in free sugars and high in fruit and vegetables, and favouring water as the main drink Stopping use of all forms of tobacco, including chewing of kola nuts and reducing alcohol consumption Encourage use of protective equipment when doing sports and travelling on bicycles and motorcycles (to reduce the risk of facial injuries). | <ul style="list-style-type: none"> Screening, treatment of minor oral conditions Provide disinfectant mouthwash Referral to a health facility for management of oral diseases | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Community awareness on dental caries, periodontal disease and prevention measures Fully integrating oral health into community health programmes. | <ul style="list-style-type: none"> Counselling on daily oral hygiene including toothbrushing with fluoride toothpaste, flossing daily Counselling on a well-balanced diet low in free sugars and high in fruit and | <ul style="list-style-type: none"> History and intraoral examination Provide disinfectant mouthwash Application of fluoride varnish on tooth surface Silver diamine fluoride application | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

24. Oral conditions

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|---|---------------------------|
| <ul style="list-style-type: none"> Multi sectoral approach in addressing socio-cultural determinants such as poor living conditions Multi-sectoral approach in ensuring access to clean safe water including Community water fluoridation Oral health education to the community by Teeth savers | <p>vegetables, and favouring water as the main drink</p> <ul style="list-style-type: none"> Stopping use of all forms of tobacco, including chewing of kola nuts and reducing alcohol consumption Encourage use of protective equipment when doing sports and travelling on bicycles and motorcycles (to reduce the risk of facial injuries). | <ul style="list-style-type: none"> Counselling on use of saline mouthwash Analgesics for oral diseases pain Antibiotics for dental infections Referral for management of oral diseases | |
| SECONDARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> History and intraoral examination Application of fluoride varnish on tooth surface Basic imaging: X-ray Analgesics for oral diseases Antibiotics for dental abscess Dental extraction Incision and drainage Atraumatic restorative treatment Filling dental caries using advanced procedures Silver diamine fluoride application | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

24. Oral conditions

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | <ul style="list-style-type: none"> • Monitor and manage any complications • Fixing of dentures | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and intraoral examination • Application of fluoride varnish on tooth surface • Basic imaging: X-ray • Analgesics for oral diseases • Antibiotics for dental abscess • Dental extraction • Treatments for gum disease • Incision and drainage • Atraumatic restorative treatment • Filling dental caries using advanced procedures • Silver diamine fluoride application • Monitor and manage any complications • Fixing of dentures | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

25. Eye conditions

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community awareness on the importance of early and regular comprehensive eye examinations and healthy foods | <ul style="list-style-type: none"> Job aids (protocols) for eye conditions | <ul style="list-style-type: none"> Early identification of eye conditions and refer | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Community awareness on the importance of early and regular comprehensive eye examinations and healthy foods | <ul style="list-style-type: none"> Oral vitamin A supplementation Counselling on adherence to treatment regimen for chronic eye diseases Counselling to promote good eye health practices and prevention strategies Counselling and education on importance of spectacle compliance | <ul style="list-style-type: none"> Screening and diagnosis of eye diseases and vision impairment Test for visual acuity Visual field assessment Torchlight examination (external eye assessment) | |
| SECONDARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> Screening and diagnosis of eye diseases and vision impairment in community, schools Preferential looking visual acuity test for preverbal children | <ul style="list-style-type: none"> Correction of refractive error, Correction of amblyopia and strabismus Treatment of cataract Treatment of glaucoma Antibiotic for eye infections | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT**25. Eye conditions**

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | <ul style="list-style-type: none">• Patching for the treatment of amblyopia• Topical cycloplegic drugs | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none">• Correction of refractive error,• Correction of amblyopia and strabismus• Treatment of cataract• Treatment of glaucoma• Antibiotic for eye infections• Topical cycloplegic drugs• Strabismus surgery• Management of ocular cancer | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

26. Scabies and other skin disorders

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Creating awareness and community empowerment on WASH services (use of safe water supply; sanitation and hygiene; handwashing with soap) • Create awareness campaign on healthy diet, physical activity, etc | <ul style="list-style-type: none"> • Avoidance of direct skin-to-skin contact with an infected person • Avoidance of direct contact with an infected items such as clothing or bedding used by an infected person. • Frequently hand washing with soap and warm water • Avoid triggers and irritants. | <ul style="list-style-type: none"> • Decontaminate bedding, clothing, and towels used by a person with scabies • Counselling on home care for urticaria skin disorders | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Creating awareness and community empowerment on WASH services (use of safe water supply; sanitation and hygiene; handwashing with soap) • Create awareness campaign on healthy diet, physical activity, etc | <ul style="list-style-type: none"> • Avoidance of direct skin-to-skin contact with an infected person • Avoidance of direct contact with an infected items such as clothing or bedding used by an infected person. • Frequently hand washing with soap and warm water • Avoid triggers and irritants. | <ul style="list-style-type: none"> • History and physical examination • Topical scabicide for scabies for patient, close contacts and family members • Antibiotics when indicated • Antifungal for fungal infections • Corticosteroids when indicated • Counselling on skin self-care • Medication review and cessation of causative medication • Referral to next level | |
| SECONDARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

26. Scabies and other skin disorders

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none"> • History and physical examination for inflammatory/infectious skin disorder • Basic laboratory tests • Management of skin diseases with topical and systemic medications • Incision and drainage • Surgical debridement | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination for inflammatory/infectious skin disorders • Identification of characteristic skin lesion of inflammatory skin disorder • Basic laboratory tests • Advanced laboratory tests • Histopathology: skin biopsy and scraping • Management of skin diseases with topical and systemic medications • Phototherapy • Incision and drainage • Surgical debridement | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

27. Congenital abnormalities

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Educate adolescent girls and mothers to have a healthy diet including adequate dietary intake of vegetables and fruit; vitamins and minerals particularly folic acid; and maintain a healthy weight Educating and counselling parents and community on addressing stigma attached with congenital abnormalities Information education and communication on harmful substances, particularly alcohol and tobacco; exposure of pregnant women to medications or medical radiation Educate community health workers on promoting prevention and early identification of congenital defects | <ul style="list-style-type: none"> Ensure adolescent girls and mothers have adequate dietary intake of vitamins and minerals, particularly folic acid, a healthy diet including a wide variety of vegetables and fruit, and maintain a healthy weight Ensure mothers avoid harmful substances, particularly alcohol and tobacco; Ensure avoidance of travel by pregnant women (and sometimes women of childbearing age) to regions experiencing outbreaks of infections known to be associated with birth defects; Reduce or eliminating environmental exposure to hazardous substances (such as heavy metals or pesticides) during pregnancy; Vaccination, especially against the rubella virus, for children and women Screening and treatment for infections, especially rubella, varicella and syphilis | <ul style="list-style-type: none"> Early identification of congenital abnormalities and referral to higher level | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

27. Congenital abnormalities

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|---|---|
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Educate adolescent girls and mothers to have a healthy diet including adequate dietary intake of vegetables and fruit; vitamins and minerals particularly folic acid; and maintain a healthy weight • Educating and counselling parents and community on addressing stigma attached with congenital abnormalities • Information education and communication on harmful substances, particularly alcohol and tobacco; exposure of pregnant women to medications or medical radiation • Educate community health workers on promoting prevention and early identification of congenital defects | <ul style="list-style-type: none"> • Folic acid/multiple micronutrient supplementation in early pregnancy • Promote the use of iodized salt • Administer Measles-rubella (MR) vaccine on schedule • Avoiding teratogenic medications during pregnancy | <ul style="list-style-type: none"> • Medical treatment for some metabolic, endocrine and haematological conditions e.g., congenital hypothyroidism • Early screening for early correction (e.g., congenital hearing loss, congenital cataract, congenital heart disease etc.) | <ul style="list-style-type: none"> • Linkage with rehabilitation centres for physical rehabilitation, speech, etc. |
| SECONDARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

27. Congenital abnormalities

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--|--|---|
| | <ul style="list-style-type: none"> Folic acid/multiple micronutrient supplementation in early pregnancy Promote the use of iodized salt Administer Measles-rubella (MR) vaccine on schedule Avoiding teratogenic medications during pregnancy Early diagnosis and treatment of syphilis in pregnant women | <ul style="list-style-type: none"> Medical treatment for some metabolic, endocrine and haematological conditions e.g., congenital hypothyroidism Early screening for early correction (e.g., congenital hearing loss, congenital cataract, congenital heart disease etc.) | <ul style="list-style-type: none"> Linkage with rehabilitation centres for physical rehabilitation, speech, etc. |
| TERTIARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> Folic acid/multiple micronutrient supplementation in early pregnancy Correction of some endocrine and metabolic abnormalities such as diabetes, hypothyroidism before conception Promote the use of iodized salt Administer Measles-rubella (MR) vaccine on schedule Early diagnosis and treatment of syphilis in pregnant women | <ul style="list-style-type: none"> Corrective/plastic surgery with good follow up care (e.g., congenital heart defects, NTD, congenital talipes, cleft lip, cleft palate, etc) Screening of newborn for certain metabolic, hematologic and endocrine disorders Management of newborn for certain metabolic, hematologic and endocrine disorders | <ul style="list-style-type: none"> Linkage with rehabilitation centres for physical rehabilitation, speech, etc. |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT**27. Congenital abnormalities**

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---------------------------------------|---|-----------------|----------------------------------|
| | <ul style="list-style-type: none">• Avoiding teratogenic medications during pregnancy | | |

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ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

28. Obesity and eating disorders

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Integrated health promotion efforts that focus on shared risk (e.g., low self-esteem, body dissatisfaction) and protective (e.g., healthy eating, regular exercise) and reduced sedentary activity (such as watching television and videotapes, and playing computer games) Multi sectoral approach (Health, Education, Agriculture, etc) to address obesity and eating disorders | <ul style="list-style-type: none"> Counselling on increasing physical activity and limiting the amount of total entertainment screen time Encourage parents to be healthy role models and supportively manage the food environment by creating easy accessibility to healthy foods | <ul style="list-style-type: none"> Early recognition of signs indicative of obesity and eating disorder Referral to a health facility for further management | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Integrated health promotion efforts that focus on shared risk (e.g., low self-esteem, body dissatisfaction) and protective (e.g., healthy eating, regular exercise) and reduced sedentary activity (such as watching | <ul style="list-style-type: none"> Counselling on increasing physical activity and limiting the amount of total entertainment screen time Encourage parents to be healthy role models and supportively manage the food environment by creating easy accessibility to healthy foods | <ul style="list-style-type: none"> History and physical examination Counselling on nutrition, food safety, healthy diet, healthy weight and exercise Early recognition of danger signs indicative of obesity and eating disorder | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

28. Obesity and eating disorders

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|---|--|
| <p>television and videotapes, and playing computer games)</p> <ul style="list-style-type: none"> Multi sectoral approach (Health, Education, Agriculture, etc) to address obesity and eating disorders | | <ul style="list-style-type: none"> Referral to a health facility for further management | |
| SECONDARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> Encourage parents to include more family meals, home-prepared meals, and meals with less distractions as well as fewer discussions about weight and about dieting parents should avoid comments about body weight and discourage dieting efforts that may inadvertently result in EDs and body dissatisfaction. | <ul style="list-style-type: none"> History and physical examination Assessment of mental and social wellbeing Counselling on nutrition, food safety, healthy diet, healthy weight and exercise Multi-disciplinary treatment approach involving psychiatrists, psychologists, physicians, dieticians or nutritional advisers, social workers Medical nutrition therapy Cognitive behavioural therapy or interpersonal therapy Family involvement for healthy family-based lifestyle modification Oral medications for obesity and eating disorders | <p>Psychoeducation and psychosocial support (including for patient's carers)</p> |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

28. Obesity and eating disorders

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---|
| | | <ul style="list-style-type: none"> • Management of any concurrent mental ailments like depression and anxiety disorders. • Screening and management of secondary complications | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination • Assessment of mental and social wellbeing • Counselling on nutrition, food safety, healthy diet, healthy weight and exercise • Multi-disciplinary treatment approach involving psychiatrists, psychologists, physicians, dieticians or nutritional advisers, social workers • Medical nutrition therapy • Cognitive behavioural therapy or interpersonal therapy • Family involvement for healthy family-based lifestyle modification • Oral medications for obesity and eating disorders | Psychoeducation and psychosocial support (including for patient's carers) |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT**28. Obesity and eating disorders**

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---------------------------------------|---------------------------|---|----------------------------------|
| | | <ul style="list-style-type: none">• Management of any concurrent mental ailments like depression and anxiety disorders.• Screening and management of secondary complications | |

FINAL DRAFT

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

29. Road traffic injuries

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|--|---|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Create enabling environment to enforce road safety, strengthen community action towards road safety, develop personal skills for drivers, the public and law enforcement agencies to practice road safety and reorient the health services regarding road safety • Discourage harmful traditional practice in transportation injured persons and management of injuries • Empowerment of community health agents to conduct activities for a safe environment | <ul style="list-style-type: none"> • Enforcement of traffic regulations including helmet and seat belt use and drunk-driving • Installation of speed bumps at high-risk intersections • Breath testing for alcohol • Formation of health committees on the prevention of injury | <ul style="list-style-type: none"> • Early identification of danger signs • First aid practice by first responders and community health agents • Follow up for early detection of complications and referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Community awareness on safe environment • Community awareness on how to identify and modify hazards that might lead to falls, burns and | <ul style="list-style-type: none"> • Counselling on safety and injury prevention • Counselling on vehicular child restraint and road safety behaviours | <ul style="list-style-type: none"> • Resuscitation with basic life support • Provide the necessary basic treatment as indicated (e.g., fracture reduction with external immobilization) • Strengthen follow-up services | Linkage with rehabilitation centres for physical rehabilitation, speech, etc. |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

29. Road traffic injuries

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--------------------|---|---------------------------|
| <p>drowning accidents in indoor and outdoor environment</p> <ul style="list-style-type: none"> • Sensitization of parents, teachers and care givers on home hazards, fall accidents and road traffic injuries • Community awareness on responsible parenting • Discourage harmful traditional practice in the management of injuries | | <ul style="list-style-type: none"> • Referral of severe cases to higher level. | |

SECONDARY CARE LEVEL

| | | | |
|--|--|---|--|
| | | <ul style="list-style-type: none"> • History and physical examination for serious injury • Basic laboratory and imaging services • Provide emergency treatment based on Paediatric Advanced Life Support (PALS) and Advanced Trauma Life Support (ATLS) management • Resuscitate with iv fluids, blood and blood components • Implement surgical interventions like acute trauma management, | <p>Linkage with rehabilitation centres for physical rehabilitation, speech</p> |
|--|--|---|--|

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

29. Road traffic injuries

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---|
| | | internal fixation, debridement and amputation, basic skin grafting, escharotomy/fasciotomy-myectomy <ul style="list-style-type: none"> • Referral to higher centres of complicated cases | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination for serious injury • Advanced laboratory tests • Advanced imaging, scanning services and diagnostic facilities like contrast CT scan and MRI • Provide emergency treatment based on Paediatric Advanced Life Support (PALS) and Advanced Trauma Life Support (ATLS) management • Minor and major surgical interventions • Advanced and specialized treatment like re-constructive surgery • Blood and blood product transfusion • Advanced physiotherapy services | Linkage with rehabilitation centres for physical rehabilitation, speech |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

30. Non-transport injuries (falls, drowning, burns, and poisoning)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community awareness on safe environment Community awareness on how to identify and modify hazards that might lead to indoor and outdoor environment accidents Discourage harmful traditional practice in the management of non-transport unintentional injuries | <ul style="list-style-type: none"> Group and home-based exercise programs, containing balance and strength-training exercises Multifactorial interventions, including home safety modifications Home safety interventions providing free, low-cost, or subsidized safety equipment Increased parental or other adult supervision during swimming Provision of swimming lessons for children Legislation and enforcement of personal flotation devices (PFDs) use for recreational boaters Legislation and enforcement to control alcohol use, especially in relation to aquatic activities Use of a safer and cleaner kerosene stove design Cooking on a platform to distance children from fires and from toppling cooking vessels. | <ul style="list-style-type: none"> First aid: immobilization, applying ice and compression to reduce swelling for falls, artificial respiration for drowning, cooling in running water for burns Early recognition of the need for referral | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

30. Non-transport injuries (falls, drowning, burns, and poisoning)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|---|---|
| | <ul style="list-style-type: none"> • Safe storage of medicines and poisons; storing medicines and poisons in high places or locked cupboards • Enacting and enforcing poisoning prevention legislation. | | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Community awareness on creating safe environment, how to identify and modify hazards that might lead to indoor and outdoor environment accidents • Discourage harmful traditional practice in the management of non-transport unintentional injuries | <ul style="list-style-type: none"> • Group and home-based exercise programs, containing balance and strength-training exercises • Multifactorial interventions, including home safety modifications • Home safety interventions providing free, low-cost, or subsidized safety equipment • Increased parental or other adult supervision during swimming • Provision of swimming lessons for children • Legislation and enforcement of personal flotation devices (PFDs) use for recreational boaters | <ul style="list-style-type: none"> • First aid: immobilization, applying ice and compression to reduce swelling for falls, artificial respiration for drowning, cooling in running water for burns • Early recognition of the need for referral | <ul style="list-style-type: none"> • Linkage with rehabilitation centres for physical rehabilitation, speech |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

30. Non-transport injuries (falls, drowning, burns, and poisoning)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|--|---|
| | <ul style="list-style-type: none"> • Legislation and enforcement to control alcohol use, especially in relation to aquatic activities • Use of a safer and cleaner kerosene stove design • Cooking on a platform to distance children from fires and from toppling cooking vessels. • Safe storage of medicines and poisons; storing medicines and poisons in high places or locked cupboards • Enacting and enforcing poisoning prevention legislation. | | |
| SECONDARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Community awareness on safe environment • Community awareness on how to identify and modify hazards that might lead to in indoor and outdoor environment • Sensitization of parents, teachers and care givers on home hazards, burns | Health education on burn prevention | <ul style="list-style-type: none"> • History and physical examination • Accurate Total Body Surface Area (TBSA) estimation • Advanced laboratory tests • Adequate analgesia to facilitate assessment and patient comfort • Intravenous fluid and electrolytes • Continuous vital sign monitoring | <ul style="list-style-type: none"> • Linkage with rehabilitation centres for physical rehabilitation, speech |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

30. Non-transport injuries (falls, drowning, burns, and poisoning)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|-------------------------------------|--|---------------------------|
| <ul style="list-style-type: none"> Community awareness on responsible parenting Discourage harmful traditional practice in the management of burn | | <ul style="list-style-type: none"> Adequate peripheral perfusion and need for escharotomy Prevention of hypothermia Wound management Intramuscular tetanus toxoid Blood and blood product transfusion Surgical interventions: trauma management, debridement, basic skin grafting, escharotomy, etc Antidotes and reversal medications Enhanced elimination by hemoperfusion or haemodialysis Enhanced elimination by urinary alkalinization Oxygen supply Mechanical ventilation | |
| TERTIARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Sensitization of parents, teachers and care givers on home hazards, burns | Health education on burn prevention | <ul style="list-style-type: none"> History and physical examination Accurate Total Body Surface Area (TBSA) estimation Advanced laboratory tests Adequate analgesia to facilitate assessment and patient comfort | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

30. Non-transport injuries (falls, drowning, burns, and poisoning)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none">• Intravenous fluid and electrolytes• Continuous vital sign monitoring• Adequate peripheral perfusion and need for escharotomy• Prevention of hypothermia• Wound management• Intramuscular tetanus toxoid• Blood and blood product transfusion• Surgical interventions: trauma management, debridement, basic skin grafting, escharotomy, etc• Antidotes and reversal medications• Enhanced elimination by hemoperfusion or haemodialysis• Enhanced elimination by urinary alkalization• Oxygen supply• Mechanical ventilation | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

31. Bites and Envenomation

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community awareness on prevention and control of dog bites, snake bites and immediate care measures Community education about animal bites, venomous snakes and snake-bite | <ul style="list-style-type: none"> Counselling on prevention of bite and envenoming injuries Wear high, thick rubber boots when walking through snake-prone areas Eliminating rabies in dogs- through Vaccinating dogs. Pre-exposure immunization for high-risk occupations | <ul style="list-style-type: none"> Early recognition of the need for referral of bites and envenoming injuries Wound care | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Community awareness on prevention and control of dog bites, snake bites and immediate care measures Community education about animal bites, venomous snakes and snake-bite | <ul style="list-style-type: none"> Counselling on prevention of bite and envenoming injuries Wear high, thick rubber boots when walking through snake-prone areas Eliminating rabies in dogs- through Vaccinating dogs. Pre-exposure immunization for high-risk occupations | <ul style="list-style-type: none"> History and examination for bites and envenoming injuries Wound care Analgesics for pain relief Early recognition of the need for referral of bites and envenoming injuries | |
| SECONDARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

31. Bites and Envenomation

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none">• History and examination• Adequate analgesics• Adequate hydration• Immunoglobulin• Vaccine for bites and envenoming injuries• Intravenous antivenin• Surgical exploration and debridement | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none">• History and examination• Adequate analgesics• Adequate hydration• Immunoglobulin• Vaccine for bites and envenoming injuries• Intravenous antivenin• Surgical exploration and debridement | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

32. Emotional disorders

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> School-based life skills training to build social and emotional competencies | <ul style="list-style-type: none"> Awareness creation campaign on emotional problems | <ul style="list-style-type: none"> Assessment for need of referral. | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> School-based life skills training to build social and emotional competencies | <ul style="list-style-type: none"> Awareness creation campaign on emotional problems | <ul style="list-style-type: none"> History and physical examination for emotional disorders in children and adolescents Psychoeducation for patients and caregivers Referral for specialized mental health and other needed services | |
| SECONDARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> History and physical examination for emotional disorders in children and adolescents Psychoeducation for patients and caregivers Psychosocial interventions for children and adolescents with emotional disorders | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

32. Emotional disorders

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none"> • Medication for moderate to severe depression in adolescents • Referral for specialized mental health and other needed services | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination for emotional disorders in children and adolescents • Psychoeducation for patients and caregivers • Psychosocial interventions for children and adolescents with emotional disorders • Medication for moderate to severe depression in adolescents • Referral for specialized mental health and other needed services | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

33. Substance use disorders (Alcohol, drugs, etc.) including tobacco use

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement to educate and support individuals and communities to prevent the use and misuse of alcohol, drugs and other substances and their side effects and the consequences of the addiction. Promote comprehensive tobacco control initiatives by, prohibiting smoking in public places, preventing tobacco use among young people and banning advertising and promotion of tobacco products Increase minimum age for alcohol purchasing and consumption Increasing tobacco and alcohol excise taxes taxation | <ul style="list-style-type: none"> Counselling on substance, tobacco use, moderation and management of peer pressure Smoke-free indoor residences, workplaces and public Provide resources on healthy ways to reduce and manage stress | <ul style="list-style-type: none"> Twelve-step facilitation therapy Early recognition of need for referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement to educate and support individuals and communities to prevent the | <ul style="list-style-type: none"> Counselling on substance use and addiction and management of peer pressure | <ul style="list-style-type: none"> History and physical examination for substance use disorders Brief interventions therapy | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

33. Substance use disorders (Alcohol, drugs, etc.) including tobacco use

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|---|---------------------------|
| <p>use and misuse of alcohol, drugs and other substances and their side effects and the consequences of the addiction.</p> <ul style="list-style-type: none"> Promote comprehensive tobacco control initiatives by, prohibiting smoking in public places, preventing tobacco use among young people and banning advertising and promotion of tobacco products Increase minimum age for alcohol purchasing and consumption Increasing tobacco and alcohol excise taxes taxation | <ul style="list-style-type: none"> Systematic screening for substance uses among at risk population | <ul style="list-style-type: none"> Counselling and other psychosocial support Psychoeducation for patients and their caregivers Nicotine Replacement Therapy (NRT) Referral to the next level | |

SECONDARY CARE LEVEL

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

33. Substance use disorders (Alcohol, drugs, etc.) including tobacco use

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none"> • History and physical examination for substance use disorders • Basic laboratory tests • Brief interventions therapy • Counselling and other psychosocial support • Psychoeducation for patients and their caregivers • Nicotine Replacement Therapy (NRT) • Cognitive behavioural therapy (CBT) • Motivational and Mutual-help groups interventions • Twelve-step facilitation treatment • Provision of multivitamins • Treatment for psychological problems • Treatment of associated medical conditions | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination for substance use disorders • Basic laboratory tests • Advanced laboratory tests • Basic and advanced imaging | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 5-19 YEARS AGE COHORT

33. Substance use disorders (Alcohol, drugs, etc.) including tobacco use

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none">• Brief interventions therapy• Counselling and other psychosocial support• Psychoeducation for patients and their caregivers• Cognitive behavioural therapy (CBT)• Motivational and Mutual-help groups interventions• Twelve-step facilitation treatment• Provision of harm reduction services; opiate substitution therapy (OST), needle and syringe programmes (NSP), overdose prevention• Provision of detoxification-withdrawal drugs• Nicotine Replacement Therapy (NRT)• Provision of multivitamins• Treatment for psychological problems• Treatment of associated medical conditions | |

4.4 Essential Health Service Package - 20-49 Age Cohort

FINAL DRAFT

ESSENTIAL HEALTH SERVICE PACKAGE: 20-49 YEARS AGE COHORT

1. Malaria

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Mass media on malaria prevention measures • Community based campaigns to promote use of bed nets, early health seeking behaviour • Community mobilization and engagement on malaria prevention and control measures | <ul style="list-style-type: none"> • Integrated vector control management (ITN, IRS, larva source management) | <ul style="list-style-type: none"> • Diagnosis confirmation for malaria parasites using rapid diagnostic tests • Oral antimalaria for treatment of uncomplicated <i>P. falciparum</i> malaria • Follow up on malaria treatment adherence • Refer unresponsive or severe cases to the next higher level | NA |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Mass media on malaria prevention measures • Community based campaigns to promote use of bed nets, early health seeking behaviour • Community mobilization and engagement on malaria prevention and control measures | <ul style="list-style-type: none"> • Integrated vector control management (ITN, IRS, larva source management) | <ul style="list-style-type: none"> • Diagnosis confirmation for malaria parasites- microscopy or RDT • Basic laboratory tests (blood, urine, etc) • Oral antimalaria for treatment of uncomplicated <i>P. falciparum</i> malaria • Intramuscular antimalarials empiric therapy for initial phase treatment of severe malaria • Refer unresponsive or severe cases to the next higher level | |

ESSENTIAL HEALTH SERVICE PACKAGE: 20-49 YEARS AGE COHORT

1. Malaria

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|---|---------------------------|
| SECONDARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Same above | <ul style="list-style-type: none"> • Same above | <ul style="list-style-type: none"> • Diagnosis confirmation and parasite density monitoring using microscopy • Treatment of uncomplicated <i>P. falciparum</i> malaria with oral antimalaria • Intravenous antimalarials for treatment of severe <i>P. falciparum</i> malaria • Refer unresponsive cases and complications to the next higher level | |
| TERTIARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE: 20-49 YEARS AGE COHORT

1. Malaria

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| Same above | Same above | <ul style="list-style-type: none"> • Diagnosis confirmation and parasite density monitoring using microscopy • Advanced laboratory tests (RFTs, LFTs, etc) • Oral antimalaria for treatment of uncomplicated <i>P. falciparum</i> malaria • Intravenous antimalarials for treatment of severe <i>P. falciparum</i> malaria • Intensive care unit for cerebral malaria • Blood and blood product transfusion for severe anaemia • Haemodialysis for acute kidney injury | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

2. HIV/AIDS

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness using mass media, community engagement and mobilization on STIs and HIV/AIDS risk factors and prevention • Social and behavioural change communication • Peer based HIV education | <ul style="list-style-type: none"> • Avoiding harmful traditional practices including sharing needles • Consistent and correct use of condoms • HIV Testing including HIV self-test • Oral PrEP/Injectable PrEP • Prevent gender-based violence • Screening high risk groups for STI and HIV • Early treatment of STIs • Screen pregnant women for HIV • Use of contraceptives to avoid unintended pregnancy • Initiate ARV for HIV positive pregnant women • Counselling on adherence to ARV for HIV positive mother | <ul style="list-style-type: none"> • Support adherence to antiretroviral therapy • Refills /Supply of antiretroviral • Trace loss to follow-ups | |
| PRIMARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

2. HIV/AIDS

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|--|--|
| <ul style="list-style-type: none"> • Create awareness using mass media, community engagement and mobilization on STIs and HIV/AIDS risk factors and prevention methods • Social and behavioural change communication • Peer based HIV education | <ul style="list-style-type: none"> • Avoiding harmful traditional practices including sharing needles • Consistent and correct use of condoms • HIV Testing including HIV self-test • Oral PrEP/Injectable PrEP • Prevent gender-based violence • Screening high risk groups for STI and HIV • Early treatment of STIs • Screen pregnant women for HIV • Use of contraceptives to avoid unintended pregnancy • Initiate ARV for HIV positive pregnant women • Counselling on adherence to ARV for HIV positive mother | <ul style="list-style-type: none"> • Assess and classify for HIV • Initiate combination ARVs • Monitor clinically, CD4, viral load • Manage opportunistic infections • Manage TB co-infection • Syndromic management of STIs • Supportive management (e.g., nutritional support and supplements etc) • Medication refills • Trace loss to follow-ups • Referral to higher level for severe adverse effects, complications and non-compliance | |
| SECONDARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> • HIV Testing including HIV self-test • Oral PrEP/Injectable PrEP • Voluntary Male Medical Circumcision (VMMC) • Screening high risk groups for STI and HIV • Early treatment of STIs | <ul style="list-style-type: none"> • Initiate combination ARVs • Manage patients with treatment failures • Manage moderate to severe adverse reactions • Monitor using viral load • Management moderate to severe f opportunistic infections | <ul style="list-style-type: none"> • Opioid pain relief • Symptomatic management for patients with untreatable advanced HIV conditions |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

2. HIV/AIDS

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | <ul style="list-style-type: none"> • Manage co-morbidities (viral hepatitis, NCDs) • Screening and management of latent TB infection • Diagnose and treat TB/HIV co-infection • Manage co-morbidities (viral hepatitis, NCDs) • Referral to higher level for to non-responders | |

TERTIARY CARE LEVEL

| | | | |
|--|---|--|--|
| | <ul style="list-style-type: none"> • HIV Testing including HIV self-test • Oral PrEP/Injectable PrEP • Voluntary Male Medical Circumcision (VMMC) • Screening high risk groups for STI and HIV • Early treatment of STIs | <ul style="list-style-type: none"> • Initiate combination ARVs • Manage patients with treatment failures • Manage moderate to severe adverse reactions • Monitor using viral load • Management moderate to severe opportunistic infections • Screening and management of latent TB infection • Diagnose and treat TB/HIV co-infection | <ul style="list-style-type: none"> • Opioid pain relief • Symptomatic management for patients with untreatable advanced HIV conditions |
|--|---|--|--|

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

2. HIV/AIDS

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none">• Manage co-morbidities (viral hepatitis, NCDs)• Manage co-morbidities (viral hepatitis, NCDs)• ICU care as clinically indicated• Linkage to care and non-medical support | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

3. Tuberculosis

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness using mass media, community engagement and mobilization on tuberculosis risk factors, prevention and control methods • Social and behavioural change communication | <ul style="list-style-type: none"> • Isolation of confirmed or presumptive adult TB cases • Active case finding at community • TB contacts tracing • Referral of symptomatic contacts to next higher level • HIV self-testing for presumptive cough cases | <ul style="list-style-type: none"> • Directly Observed Therapy (DOTs) • Self-administrative therapy (SAT) to those with good adherence • Referral of people with presumptive TB to next level • Referral of people living HIV for regular screening and possible TPT • TB drugs refill for SAT • Trace and follow up of defaulters | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness using mass media, community engagement and mobilization on tuberculosis risk factors, prevention and control methods • Social and behavioural change communication | <ul style="list-style-type: none"> • Isolation of confirmed or presumptive adult TB cases • TB contacts tracing • Active case finding at community • HIV testing services for all TB presumptive and TB cases • Screening for LTBI and TPT provision • Screening and management of at-risk populations (Health workers, prison, military camps, clustered environments, vulnerable communities, boarding homes etc) | <ul style="list-style-type: none"> • Diagnosis confirmation using AFB microscopy and GeneXpert • Directly Observed Therapy (DOTs) • Self-administrative therapy (SAT) to those with good adherence • Referral of people living HIV for regular screening and possible TPT • TB drugs refill for SAT • Trace and follow up of defaulters • Referral of people with adverse reactions and complications | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

3. Tuberculosis

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|---|---|---------------------------|
| | <ul style="list-style-type: none"> Referral of symptomatic contacts to next higher level Sputum collection and transportation for TB presumptive for definitive diagnosis | | |
| SECONDARY CARE LEVEL | | | |
| Same above | <ul style="list-style-type: none"> Same above | <ul style="list-style-type: none"> Diagnosis confirmation using AFB microscopy and GeneXpert Directly Observed Therapy (DOTs) Self-administrative therapy (SAT) to those with good adherence ART therapy for TB/HIV co-infection Referral of people living HIV for regular screening and possible TPT TB drugs refill for SAT Trace and follow up of defaulters Referral of people with adverse reactions and complications | |
| TERTIARY CARE LEVEL | | | |
| Same above | Same above | <ul style="list-style-type: none"> Diagnosis confirmation using chest x-ray, PPD, GeneXpert, culture, DST Direct Observed Therapy (DOT) Self-administered treatment (SAT) | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

3. Tuberculosis

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | <ul style="list-style-type: none">• Management of severe adverse infections and complications• Management of TB/HIV co-infection• ART therapy for TB/HIV co-infection• MDR/XDR TB diagnosis and management• Nutritional support and supplement• ICU care as clinically indicated• Linkage to non-medical social support | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

4. Lower respiratory tract infections

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Distribution of IEC materials on lower respiratory tract infections • Advocacy for proper sanitation and good housing | <ul style="list-style-type: none"> • Good hygiene practices including hand washing and feeding utensils • Avoidance of smoking within the household and secondary exposure to smoke • Avoidance of biomass combustion (particularly indoor cooking fires) and other air pollutants that contribute to acute respiratory infections. • Complete and timely immunizations, seasonal influenza and COVID | <ul style="list-style-type: none"> • Identify symptoms indicative of lower respiratory tract infection (LRTI) and manage and treat • Identify danger signs of Lower respiratory tract infection for early referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness on respiratory tract infections including prevention measures • Distribution of IEC materials on lower respiratory tract infections i.e., danger signs like chest indrawing fast and difficult breathing. • Advocacy for proper sanitation and good housing | <ul style="list-style-type: none"> • Good hygiene practices including hand washing • Avoidance of smoking within the household and secondary exposure to smoke • Avoidance of biomass combustion (particularly indoor cooking fires) and other air pollutants that contribute to acute respiratory infections. | <ul style="list-style-type: none"> • Identify symptoms of LRTI • Identify danger signs of LRTIS • Treat mild cases with antibiotics • Monitor progress and refer if not responding or severe urgent • Referral treatment with oxygen, antibiotics, correction of hypoglycaemia, etc.) | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

4. Lower respiratory tract infections

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|----------|---------------------------|
| <ul style="list-style-type: none"> Community mobilisation for routine immunisation especially for the seasonal flu and COVID vaccine | <ul style="list-style-type: none"> Complete and timely immunizations, e.g., influenza and COVID-19 | | |

SECONDARY CARE LEVEL

| | | | |
|------------|------------|---|--|
| Same above | Same above | <ul style="list-style-type: none"> Physical and clinical examination Monitoring using blood tests, chest x-ray, GeneXpert Hospitalization based by severity Antibiotics therapy Oxygen therapy Intravenous fluids administration Treat any underlying condition Follow-up/regular review until all symptoms and signs resolve | |
|------------|------------|---|--|

TERTIARY CARE LEVEL

| | | | |
|------------|------------|--|--|
| Same above | Same above | <ul style="list-style-type: none"> Physical and clinical examination Monitoring using blood tests, chest x-ray, GeneXpert Hospitalization based on severity Antibiotics therapy Oxygen therapy Intravenous fluids administration | |
|------------|------------|--|--|

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

4. Lower respiratory tract infections

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none">• Treatment of underlying condition• Follow-up/regular review until all symptoms and signs resolve• ICU services for those with severe disease | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

5. Diarrheal diseases, typhoid/paratyphoid and other enteric infections

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness using mass media and mass media on safe drinking-water, use of improved sanitation and hand washing with soap to reduce risk of enteric infections • Community mobilisation for routine immunisation | <ul style="list-style-type: none"> • Observation of good hygiene practices in food preparation • Encourage utilization of safe portable water in homes and communities • Counselling on WASH services (use of safe water supply; sanitation and hygiene) • Early recognition of danger signs by the family members • Preventive zinc supplements • Vaccination: rotavirus | <ul style="list-style-type: none"> • Rehydration with oral rehydration salts (ORS) solution • Zinc supplements • Refer moderate to severe cases and cases with vomiting or fever | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness using mass media and mass media on safe drinking-water, use of improved sanitation and hand washing with soap to reduce risk of enteric infections • Community mobilisation for routine immunisation | <ul style="list-style-type: none"> • Vaccination: typhoid • Observation of good hygiene practices in food preparation • Encourage utilization of safe portable water in homes and communities • Counselling on WASH services (use of safe water supply; sanitation and hygiene) | <ul style="list-style-type: none"> • History and physical examination for diarrhoea, abdominal pain. • Basic laboratory tests • Rehydration with oral rehydration salts (ORS) solution • Rehydration with intravenous fluids in case of severe dehydration or shock. • Antibiotics for dysentery, typhoid fever | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

5. Diarrheal diseases, typhoid/paratyphoid and other enteric infections

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|---|---|---------------------------|
| | <ul style="list-style-type: none"> • Early recognition of danger signs by family members | <ul style="list-style-type: none"> • Zinc supplements • Referral for management of severe dehydration or other complications. | |
| SECONDARY CARE LEVEL | | | |
| Same as above | Same as above | <ul style="list-style-type: none"> • History and physical examination for diarrhoea, abdominal pain. • Basic laboratory tests • Rehydration with oral rehydration salts (ORS) solution • Rehydration with intravenous fluids in case of severe dehydration or shock. • Antibiotics to treat typhoid and paratyphoid fever • Antibiotics to treat dysentery • Zinc supplements • Referral for management of complications. | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination for diarrhoea, abdominal pain. | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

5. Diarrheal diseases, typhoid/paratyphoid and other enteric infections

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none">• Basic laboratory tests• Rehydration with oral rehydration salts (ORS) solution• Rehydration with intravenous fluids in case of severe dehydration or shock.• Antibiotics to treat typhoid and paratyphoid fever• Antibiotics to treat dysentery• Zinc supplements• Management of complications including intestinal perforations | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

6. Meningitis

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness using mass media on symptoms and preventions methods of meningitis including immunization to reduce risk of enteric infections | <ul style="list-style-type: none"> • Advocacy for proper sanitation and good housing and immunization • Vaccination: meningococcal | <ul style="list-style-type: none"> • Isolate patients suspected with meningitis • Early recognition of symptoms for need of referral • Report to authorities if meningitis suspected | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness using mass media and mass media on symptoms and preventions methods of meningitis including immunization to reduce risk of enteric infections | <ul style="list-style-type: none"> • Chemoprophylaxis for close contacts • Vaccination: meningococcal | <ul style="list-style-type: none"> • History and physical examination for meningitis • Basic laboratory tests • Appropriate antibiotic treatment in bacterial meningitis. | |
| SECONDARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

6. Meningitis

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|---|---|--|
| | <ul style="list-style-type: none"> • Chemoprophylaxis for close contacts • Vaccination: meningococcal | <ul style="list-style-type: none"> • History and physical examination • Lumbar puncture for spinal fluid examination • Parenteral antibiotics • Parenteral corticosteroids | <ul style="list-style-type: none"> • Psychological support for patients with meningitis sequel • Linkage with rehabilitation centres for deafness, learning impairment or behavioural problems |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination • Blood culture • Lumbar puncture for spinal fluid examination • Advanced imaging. Computerized tomography (CT) or magnetic resonance imaging (MRI) Computed tomography (CT) scan • Parenteral antibiotics • Rehydration with intravenous fluids • Anti-TB treatment for TB meningitis • Antifungal treatment for fungal meningitis • Parenteral corticosteroids | <ul style="list-style-type: none"> • Psychological support for patients with meningitis sequel • Linkage with rehabilitation centres for deafness, learning impairment or behavioural problems |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

7. Sexually Transmitted Infections

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Education on symptoms of sexually transmitted infections and what to do in the event of occurrence of symptoms • Promote early health seeking behaviour • Promote condoms use to prevent STIs • | <ul style="list-style-type: none"> • Counselling on STI prevention, risk reduction, and safer sex • Promote and provide condoms • Risk assessment with sexual history and risk factors | <ul style="list-style-type: none"> • Early recognition of need for referral | |
| PRIMARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> • Counselling on STI prevention, risk reduction, and safer sex • Promote and provide condoms • Vaccination: hepatitis B • Risk assessment with sexual history and risk factors | <ul style="list-style-type: none"> • History and physical examination for STI and reproductive tract infections • Syndromic diagnosis and treatment of STIs • Counselling on partner notification, diagnosis and treatment • Information on treatment compliance • Information on use of condom • Referral for management of complications of STIs | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

7. Sexually Transmitted Infections

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| SECONDARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination for STI and reproductive tract infections • Etiologic diagnosis and treatment of STIs • Counselling on partner notification, diagnosis and treatment • Information on treatment compliance • Information on use of condom while on treatment • Referral for management of complications of STIs | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination for STI and reproductive tract infections • Point of care testing/GeneXpert • Advanced laboratory tests for STI including culture and sensitivity tests • Etiologic diagnosis and treatment of STIs • Counselling on partner notification, diagnosis and treatment | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

7. Sexually Transmitted Infections

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none"> • Information on treatment compliance • Information on use of condom while on treatment | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

8. Yellow Fever

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|----------|---------------------------|
|--------------------------------|--------------------|----------|---------------------------|

COMMUNITY LEVEL

| | | | |
|---|--|---|--|
| <ul style="list-style-type: none"> • Strengthen community-based awareness on Yellow Fever including transmission and prevention measures • Information and health education Communities on YF vaccine | <ul style="list-style-type: none"> • Integrated vector control management (ITN, IRS, larva source management, etc.) • Vaccination: Yellow fever and other routine on schedule vaccination • Personal protective measures (mosquito repellent, long sleeved clothes) | <ul style="list-style-type: none"> • Recognition of Yellow Fever symptoms • Supportive care (e.g., fever reduction, hydration, feeding, etc.) • Referrals to a health facility if symptoms worsen • Report immediately to local authorities | |
|---|--|---|--|

PRIMARY CARE LEVEL

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

8. Yellow Fever

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|---|---------------------------|
| <ul style="list-style-type: none"> Strengthen community-based awareness on Yellow Fever including transmission and prevention measures Information and health education Communities on YF vaccine | <ul style="list-style-type: none"> Integrated vector control management (ITN, IRS, larva source management, etc.) Vaccination: Yellow fever Personal protective measures (mosquito repellent, long sleeved clothes) | <ul style="list-style-type: none"> Recognition of Yellow Fever symptoms Supportive care (e.g., fever reduction, hydration, feeding, etc.) Referrals to a health facility if symptoms worsen Report immediately to local authorities | |
| SECONDARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> History and physical examination Basic laboratory tests Advanced laboratory tests Supportive care (e.g., fever reduction, hydration, feeding, etc.) IV fluid hydration Treat mild complications Refer if severe or not responding | |
| TERTIARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

8. Yellow Fever

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | <ul style="list-style-type: none">• History and physical examination• Basic laboratory tests• Advanced laboratory tests• Treat bacterial infections with antibiotics• IV fluid for rehydration• Manage complications such as liver and kidney failure• Manage fever with antipyretics• Nutritional support | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

9. Neglected Tropical Diseases

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Health education to communities on the importance of clean water and safe sanitation, sleeping under ITN for prevention of NTDs Advocacy/resource mobilization, Inter sectoral collaboration and partnership for the control of NTDs | <ul style="list-style-type: none"> Preventive Chemotherapy Case management Integrated vector management/ reservoir control Provision of Safe Water, Sanitation, Hygiene | <ul style="list-style-type: none"> Recognition of NTD symptoms Basic supportive care. (e.g., fever reduction, hydration, feeding, etc.) Referrals to a health facility if symptoms worsen | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Health education to communities on the importance of clean water and safe sanitation, sleeping under ITN for prevention of NTDs Advocacy/resource mobilization, Inter sectoral collaboration and partnership for the control of NTDs | <ul style="list-style-type: none"> Preventive Chemotherapy Case management Integrated vector management/ reservoir control Provision of Safe Water, Sanitation, Hygiene | <ul style="list-style-type: none"> Recognition of NTD symptoms Basic supportive care. (e.g., fever reduction, hydration, feeding, etc.) Treatment of specific NTDs Referral to hospital for management of complications | |
| SECONDARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> Preventive Chemotherapy Case management Integrated vector management/ reservoir control | <ul style="list-style-type: none"> History and physical examination Basic laboratory tests/Point of care tests/ RDTs Basic supportive care. (e.g., relief of fever and pain, hydration, etc) | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

9. Neglected Tropical Diseases

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--|---|---------------------------|
| | <ul style="list-style-type: none"> • Provision of Safe Water, Sanitation, Hygiene | <ul style="list-style-type: none"> • Ophthalmic examination • Nutritional support (proper nutrition) • Administer specific treatment • Prevent complications and disability • Referral to next level if there is a need | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination • Advanced laboratory tests • Basic supportive care. (e.g., relief of fever and pain, hydration, etc) • Ophthalmic examination • Nutritional support (proper nutrition) • Administer specific treatment • Manage complications | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

10. Viral hepatitis (Hepatitis B and C)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on transmission and prevention for hepatitis B and C, safe sex practices, condom use, harmful traditional practices, sharing of sharp objects, tattoos, IV drug use and needle sharing] Promote testing for Viral Hepatitis B and C Provision of IEC/BCC materials Mass awareness campaigns through such days as World Hepatitis Day and World immunization Week | <ul style="list-style-type: none"> Avoiding harmful traditional practices including sharing needles and unsafe tattoo Consistent and correct use of condoms | <ul style="list-style-type: none"> Clinical assessment for early recognition of need for referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Promote testing for Viral Hepatitis B and C Provision of IEC/BCC materials Mass awareness campaigns through such days as World Hepatitis Day and World immunization Week | <ul style="list-style-type: none"> Avoiding harmful traditional practices including sharing needles and unsafe tattoo Consistent and correct use of condoms Vaccination: Pentavalent vaccine during child hood | <ul style="list-style-type: none"> History and physical examination for viral hepatitis Condition specific counselling Point of care testing Oral antipyretics for acute hepatitis infection Oral hydration for acute viral hepatitis | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

10. Viral hepatitis (Hepatitis B and C)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|---|---------------------------|
| | | <ul style="list-style-type: none"> • Intravenous fluids • Clinical assessment for early recognition of need for referral. | |
| SECONDARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Counselling on healthy diet, physical activity, weight management, and alcohol and tobacco use | <ul style="list-style-type: none"> • Avoiding harmful traditional practices including sharing needles and unsafe tattoo • Vaccination: Pentavalent vaccine during child hood • Consistent and correct use of condoms • Post exposure prophylaxis • Hep B Vaccination of high-risk population groups • Safe blood transfusion practice | <ul style="list-style-type: none"> • History and physical examination for viral hepatitis • Point of care testing • Basic laboratory tests • Advanced laboratory tests • Basic imaging e.g., ultrasound • Condition specific counselling • Oral antipyretics • Oral hydration • Intravenous fluids • Oral antivirals for HBV • Vaccination: HBIG • Oral pan genotypic antivirals for HCV cure | |
| TERTIARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

10. Viral hepatitis (Hepatitis B and C)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--|---|---------------------------|
| | <ul style="list-style-type: none"> • Post exposure prophylaxis • Hep B Vaccination of high-risk population groups • Safe blood transfusion practice | <ul style="list-style-type: none"> • History and physical examination for viral hepatitis • Point of care testing • Basic laboratory tests • Advanced laboratory tests • Basic imaging e.g., ultrasound • Condition specific counselling • Oral antipyretics • Oral hydration • Intravenous fluids • Oral antivirals for HBV • Vaccination: HBIG • Oral pan genotypic antivirals for HCV cure | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

11. Ebola

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Health promotion activities on handwashing with soap, WASH services, good hygiene and maintaining a clean environment including use of Ebola vaccine | <ul style="list-style-type: none"> Vaccination: Ebola virus disease Reduce risk of wildlife-to-human transmission by avoiding contact with infected fruit bats, monkeys, apes, forest antelope or porcupines and the consumption of their raw meat Reduce risk of human-to-human transmission by avoiding direct or close contact with people with Ebola symptoms, particularly with their bodily fluids Safe and dignified burial of the dead Identifying people who may have been in contact with someone infected with Ebola and monitoring their health for 21 days, Separate the healthy from the sick to prevent further spread, Safe sex practice for men who have survived Ebola disease | <ul style="list-style-type: none"> Report suspected cases accordingly Referral to the next level | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

11. Ebola

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|---|---------------------------|
| | <ul style="list-style-type: none"> • Frequent ANC attendance of pregnant women who have survived Ebola disease | | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Counselling about handwashing with soap • Counselling on WASH services (use of safe water supply; sanitation and hygiene) | <ul style="list-style-type: none"> • Vaccination: Ebola virus disease • Reduce risk of wildlife-to-human transmission by avoiding contact with infected fruit bats, monkeys, apes, forest antelope or porcupines and the consumption of their raw meat • Reduce risk of human-to-human transmission by avoiding direct or close contact with people with Ebola symptoms, particularly with their bodily fluids • Safe and dignified burial of the dead • Identifying people who may have been in contact with someone | <ul style="list-style-type: none"> • Report suspected cases accordingly • Rapid antigen detection tests • Referral to the next level | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

11. Ebola

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|---|---|---------------------------|
| | <p>infected with Ebola and monitoring their health for 21 days,</p> <ul style="list-style-type: none"> • Separate the healthy from the sick to prevent further spread, • Safe sex practice for men who have survived Ebola disease • Frequent ANC attendance of pregnant women who have survived Ebola disease | | |
| SECONDARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> • Vaccination: Ebola virus disease • Safe and dignified burial of the dead | <ul style="list-style-type: none"> • History and physical examination • Rapid antigen detection tests • Basic laboratory test • Advanced laboratory test • Ultrasound • Oral salts for Ebola virus disease • Rehydration with oral or intravenous fluids • Management of specific symptoms • Treat bacterial infections with antibiotics • Blood and blood product transfusion • Supplemental oxygen • Monoclonal antibody treatments | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

11. Ebola

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|---|--|---------------------------|
| | | <ul style="list-style-type: none"> • Mechanical ventilation • Counselling to ensure safer sexual practices | |
| TERTIARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> • Vaccination: Ebola virus disease • Safe and dignified burial of the dead | <ul style="list-style-type: none"> • Automated or semi-automated nucleic acid tests (NAT) • Rehydration with oral or intravenous fluids • Management of specific symptoms • Treat bacterial infections with antibiotics • Manage complications such as liver and kidney failure • Blood and blood product transfusion • Supplemental oxygen • Monoclonal antibody treatments • Mechanical ventilation • Counselling to ensure safer sexual practices | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

12. COVID-19

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Promote handwashing with soap, social distancing and mask use • Health promotion activities on WASH services, good hygiene and maintaining a clean environment | <ul style="list-style-type: none"> • Vaccine: COVID 19 • Wash hands with running water and soap following all contact with sick persons or their immediate environment. • Avoid direct contact with body fluids, particularly oral or respiratory secretions or stool of the patient. • Avoid sharing toothbrushes, eating utensils, dishes, drinks, towels, washcloths or bed linen with the sick person. • Persons with symptoms should remain at home until their symptoms are resolved based on either clinical and/or laboratory findings. • All household members should be considered contacts and their health should be monitored. • Keep physical distance of at least 1 metre apart from others, even if they don't appear to be sick. | <ul style="list-style-type: none"> * Surveillance and Point of care test * Community Quarantine * Eating balanced diet * Isolation and referral to next level | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

12. COVID-19

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|---|---------------------------|
| | <ul style="list-style-type: none"> Wear a properly fitted mask when physical distancing is not possible or when in poorly ventilated settings. | | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Screening of vulnerable groups Promote hand washing facilities Promote use of face masks Promote maintenance of physical and social distance | <ul style="list-style-type: none"> Vaccine: COVID 19 Wash hands with running water and soap following all contact with sick persons or their immediate environment. Avoid direct contact with body fluids, particularly oral or respiratory secretions or stool of the patient. Avoid sharing toothbrushes, eating utensils, dishes, drinks, towels, washcloths or bed linen with the sick person. Persons with symptoms should remain at home until their symptoms are resolved based on either clinical and/or laboratory findings. | <ul style="list-style-type: none"> Surveillance and testing Community Quarantine Eating balanced diet *Isolation and referral to next level | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

12. COVID-19

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|---|---|---|
| | <ul style="list-style-type: none"> • All household members should be considered contacts and their health should be monitored. • Keep physical distance of at least 1 metre apart from others, even if they don't appear to be sick. • Wear a properly fitted mask when physical distancing is not possible or when in poorly ventilated settings. | | |
| SECONDARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination • Clinical assessment for early recognition of need for referral • Advanced laboratory tests • Basic laboratory tests • Supplemental oxygen • Basic imaging (Ultrasound, X-ray) • Treat bacterial infections with antibiotics • Oral or IV fluid for rehydration • Oral or IM antipyretics • Oral or IV or IM steroids • Manage complications such as liver and kidney failure | Pulmonary rehabilitation for post-pneumonia |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

12. COVID-19

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|---|---------------------------|
| | | <ul style="list-style-type: none"> • Mechanical ventilation (non-invasive) Antiviral medications • Immunomodulators | |
| TERTIARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Screening of vulnerable groups • Promote hand washing facilities • Promote use of face masks • Promote maintenance of physical and social distance | <ul style="list-style-type: none"> • Conduct routine and mass Vaccination • Active case finding in the community • Education on infection prevention control, including cough etiquette | <ul style="list-style-type: none"> • History and physical examination • Clinical assessment for early recognition of need for referral • Advanced laboratory tests • Basic laboratory tests • Supplemental oxygen • Basic imaging (Ultrasound, X-ray) • Treat bacterial infections with antibiotics • Oral or IV fluid for rehydration • Oral or IM antipyretics • Oral or IV or IM steroids • Manage complications such as liver and kidney failure • Mechanical ventilation (non-invasive) Antiviral medications • Immunomodulators | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

13. Renal injury (acute renal failure, chronic renal failure)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Educate community members on measures to prevent kidney injuries and infections by avoiding excessive dehydration, misuse of drugs and trauma | <ul style="list-style-type: none"> Adequate hydration, Avoid nephrotoxic medicines and traditional herbs Early treatment seeking for malaria and other infections Keep drugs and harmful substances in safe place Proper management and monitoring of chronic diseases like diabetes | <ul style="list-style-type: none"> Early recognition of kidney disease symptoms for referral Early treatment of malaria and other infections Avoid unnecessary use of medicines and traditional herbs | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Educate community members on measures to prevent kidney injuries and infections by avoiding excessive dehydration, misuse of drugs and trauma | <ul style="list-style-type: none"> Adequate hydration, Avoid nephrotoxic medicines and traditional herbs Early treatment seeking for malaria and other infections Keep drugs and harmful substances in safe place Proper management and monitoring of chronic diseases like diabetes | <ul style="list-style-type: none"> Early recognition of kidney disease symptoms for referral Early treatment of malaria and other infections Avoid use of nephrotoxic medicines and traditional herbs, Monitoring of chronic diseases like diabetes and hypertension | |
| SECONDARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

13. Renal injury (acute renal failure, chronic renal failure)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none"> • History and physical examination • Basic laboratory tests such as urine, blood to diagnose the underlying diseases • Screen early for congenital kidney diseases • Advanced laboratory tests such as RFTs • Basic imaging; x-ray, ultra sound • Advance imaging; MRI, CT scan • Treat early treatable urinary tract infections and other febrile illnesses • Treat congenital kidney diseases early • Adequate hydration, • Close monitoring of chronic diseases like diabetes and hypertension • In case of kidney trauma, toxicity and overdose of medicines stabilize and refer to the next level | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination • Screen early for congenital kidney diseases • Advanced laboratory tests such as RFTs | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

13. Renal injury (acute renal failure, chronic renal failure)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | <ul style="list-style-type: none">• Advance imaging; MRI, CT scan• Treat early treatable urinary tract infections and other febrile illnesses• Adequate hydration,• Treat renal diseases according the diagnosis• Close monitoring of chronic diseases like diabetes and hypertension• Renal dialysis for acute and chronic renal failures• Surgical management for trauma to the kidneys | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

14. Anaemia and Hemoglobinopathies

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on screening for sickle cell disease, myths associated with sickle cell disease] Community education and awareness regarding the transmission of disease, stigma related to disease and carrier states, and informing the community about appropriate prevention options *Community education and sensitization with links to civil society organizations, parents' groups, schools, and school clubs Sensitize and use local governance structures to establish community-based intervention program | <ul style="list-style-type: none"> Genetic counselling for carriers of haemoglobin disorders, including premarital counselling Educate patients and caregivers about sickle cell disease including on warning signs and what to do in acute conditions before coming to the hospital. Adequate hydration by teaching the patients to drink enough fluids to make their urine clear Prophylaxis for infection, pneumococcal vaccines, oral penicillin, use of insecticide treated bed nets, and anti-malaria Folate supplementation with folic acid Counselling of SCD (including avoidance of iron supplements) | <ul style="list-style-type: none"> Recognition of danger signs and referral for management | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on screening for sickle cell disease, | <ul style="list-style-type: none"> Genetic counselling for carriers of haemoglobin disorders, including premarital counselling | <ul style="list-style-type: none"> History and physical examination for sickle cell disease | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

14. Anaemia and Hemoglobinopathies

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|---|---|
| <p>myths associated with sickle cell disease]</p> <ul style="list-style-type: none"> Community education and awareness regarding the transmission of disease, stigma related to disease and carrier states, and informing the community about appropriate prevention options *Community education and sensitization with links to civil society organizations, parents' groups, schools, and school clubs Sensitize and use local governance structures to establish community-based intervention program | <ul style="list-style-type: none"> Educate patients and caregivers about sickle cell disease including on warning signs and what to do in acute conditions before coming to the hospital. Adequate hydration by teaching the patients to drink enough fluids to make their urine clear Prophylaxis for infection, pneumococcal vaccines, oral penicillin, use of insecticide treated bed nets, and anti-malaria Folate supplementation with folic acid Counselling of SCD (including avoidance of iron supplements) | <ul style="list-style-type: none"> Screening for sickle cell disease using rapid point of care test Management of pain Referral to the next higher level | |
| SECONDARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> History and physical examination for sickle cell disease Screening for sickle cell disease using rapid point of care test Condition-specific nutrition assessment and counselling Basic and advanced laboratory tests Investigations such as X-ray, | <ul style="list-style-type: none"> Early palliative care to improve symptom management and quality of life |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

14. Anaemia and Hemoglobinopathies

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---|
| | | <ul style="list-style-type: none"> • Electrocardiogram (ECG) • Chemoprophylaxis for sickle cell disease • Intravenous fluids • Supplemental oxygen • Intramuscular analgesics for pain relief • Intramuscular/ Intravenous Antibiotics • Blood and blood product transfusion • Referral to the next higher level | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination for sickle cell disease • Newborn screening for sickle cell disease using rapid point-of-care test • Condition-specific nutrition assessment and counselling • Basic and advanced laboratory tests • Basic and advanced imaging; X-ray, ultrasound, CT scan • Electrocardiogram (ECG) | <ul style="list-style-type: none"> • Early palliative care to improve symptom management and quality of life |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

14. Anaemia and Hemoglobinopathies

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | <ul style="list-style-type: none">• Incentive spirometry for sickle cell disease• Chemoprophylaxis for sickle cell disease• Oral hydroxyurea for prevention of vaso-occlusive crises• Intravenous fluids• Supplemental oxygen• Parenteral analgesics for pain relief• Parenteral antibiotics• Blood and blood product transfusion• Splenectomy for splenic sequestration crisis• Red cell exchange transfusion | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

15. Hypertension

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Mass media campaign on salt reduction • Legislation to limit trans fats in processed food • Front of pack - Traffic Light Labelling of nutrition on processed foods • community sensitization on risk factors for hypertension and preventive measures such as regular exercise, healthy diet, salt reduction and stress management | <ul style="list-style-type: none"> • Lifestyle modifications, such as eating a healthier diet, quitting smoking, and getting more exercise. • Monitor blood pressure and cholesterol levels through community and facility screening services | <ul style="list-style-type: none"> • Early recognition of the need for referral • Therapeutic lifestyle modifications | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Community engagement [community sensitization on risk factors for hypertension and preventive measures such as regular exercise, healthy diet, and stress management] • Provision of IEC/BCC materials | <ul style="list-style-type: none"> • Integrated counselling on healthy diet, physical activity, weight management, and alcohol and tobacco use Regular outpatient check-ups | <ul style="list-style-type: none"> • History and physical examination for hypertension • Management of mild hypertension • Early recognition of the need for referral | |
| SECONDARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

15. Hypertension

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|---|---------------------------|
| <ul style="list-style-type: none"> Community engagement [community sensitization on risk factors for hypertension and preventive measures such as regular exercise, healthy diet, and stress management] | <ul style="list-style-type: none"> Integrated counselling on healthy diet, physical activity, weight management, and alcohol and tobacco use Regular outpatient check-ups | <ul style="list-style-type: none"> History and physical examination for hypertension Condition-specific nutrition assessment and counselling Basic laboratory tests Advanced laboratory tests Therapeutic lifestyle changes Pharmacologic management of hypertension Follow up for treatment adherence Early recognition of the need for referral | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> History and physical examination for hypertension Condition-specific nutrition assessment and counselling Identify and treat causes of secondary hypertension Basic laboratory tests Advanced laboratory tests Therapeutic lifestyle changes | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

15. Hypertension

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none">• Pharmacologic management of hypertension• Follow up for treatment adherence• Treatment for hypertensive urgencies or emergencies• Early identification and treatment of complications | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

16. Ischemic Heart Disease, Heart Failure and Stroke

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Mass media campaign on salt reduction • Legislation to limit trans fats in processed food • Front of pack - Traffic Light Labelling of nutrition on processed foods • community sensitization on risk factors for hypertension and preventive measures such as regular exercise, healthy diet, salt reduction and stress management | <ul style="list-style-type: none"> • Lifestyle modifications, such as eating a healthier diet, quitting smoking, and getting more exercise. • Monitor blood pressure and cholesterol levels through community and facility screening services | <ul style="list-style-type: none"> • Early recognition of the need for referral • Therapeutic lifestyle modifications | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Community engagement [community sensitization on risk factors for ischaemic heart disease and preventive measures such as regular exercise, healthy diet, and stress management] • Provision of IEC/BCC materials | <ul style="list-style-type: none"> • Integrated counselling on healthy diet, physical activity, weight management, and alcohol and tobacco use • Regular outpatient check-ups • Daily low-dose aspirin for secondary prevention | <ul style="list-style-type: none"> • History and physical examination for ischaemic heart disease • Oral anti-platelet for acute chest pain • Early recognition of the need for referral | |
| SECONDARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

16. Ischemic Heart Disease, Heart Failure and Stroke

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|---|---|
| <ul style="list-style-type: none"> • Community engagement [community sensitization on risk factors for ischaemic heart disease and preventive measures such as regular exercise, healthy diet, and stress management] • Provision of IEC/BCC materials | <ul style="list-style-type: none"> • Integrated counselling on healthy diet, physical activity, weight management, and alcohol and tobacco use • Regular outpatient check-ups • Daily low-dose aspirin for secondary prevention | <ul style="list-style-type: none"> • History and physical examination for ischaemic heart disease • Therapeutic lifestyle changes • Point of care testing • Basic laboratory tests • Advanced laboratory tests (cardiac biomarkers) • Electrocardiogram (ECG) • Echocardiograph, (ECHO) • Supplemental oxygen • Treatment with aspirin, statin, beta blockers, ACE inhibitors, calcium channel blockers, Nitro-glycerine., etc.) • Stabilization and referral of acute complications (ischemic heart disease, cerebrovascular accident) | <ul style="list-style-type: none"> • Assessment of exercise capacity for IHD • Assessment of motor functions and mobility • Assessment of work capacity • Caregiver support • Physical exercise training • Vocational training • Provision and training in the use of assistive products |

TERTIARY CARE LEVEL

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

16. Ischemic Heart Disease, Heart Failure and Stroke

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none"> • History and physical examination for ischaemic heart disease • Therapeutic life style • Comprehensive investigation (Electrocardiogram (ECG), Holter monitoring Echocardiogram, cardiac biomarkers, Transoesophageal Echocardiogram (TEE), Stress test) • Cardiac Catheterization, Angiography (Arteriography), Peripheral (Doppler)Vascular Testing), • Clinical management and follow up according to Total Risk Assessment (TRA) score • Screening/examination for chronic complications • Management of ischemic heart disease (Cardioversions), myocardial infarction, stroke • Cardiac catheterization and stent insertion, valve replacement, • Surgical management of congenital cardiac malformations • Treat complicated cases in ICU | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

17. Gastrointestinal diseases including pancreatitis

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Health education to communities on Gastrointestinal and pancreas diseases their symptoms and when to seek care | <ul style="list-style-type: none"> Life style changes (avoiding excess alcohol, smoking, limiting consumption of NSAIDS) Maintain good sanitation, with handwashing and hygienic food | <ul style="list-style-type: none"> Early identification of symptoms and referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Health education to communities on Gastrointestinal and pancreas diseases their symptoms and when to seek care | <ul style="list-style-type: none"> Life style changes (avoiding excess alcohol, smoking, limiting consumption of NSAIDS) Maintain good sanitation, with handwashing and hygienic food | <ul style="list-style-type: none"> Antacid for symptomatic relief Early identification of danger symptoms and referral | |
| SECONDARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> History and physical examination Basic laboratory upper GI series X-ray upper GI endoscopy | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

17. Gastrointestinal diseases including pancreatitis

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | <ul style="list-style-type: none"> • Advanced laboratory tests (amylase, lipase, LFTs, bilirubin levels) • Basic imaging, ultrasound • Treatment of peptic ulcers and other GI disease • Antibiotics for those infected with <i>H. pylori</i> and pancreatic necrosis • Intravenous feeding in case of pancreatitis • Blood transfusion in cases of upper GI bleeding • Surgical removal of gall stone | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination • Basic laboratory • upper GI series X-ray • upper GI endoscopy • Advanced laboratory tests (amylase, lipase, LFTs, bilirubin levels) • Basic imaging, ultrasound • Treatment of peptic ulcers • Cauterization and ligation for bleeding | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

17. Gastrointestinal diseases including pancreatitis

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | <ul style="list-style-type: none">• Antibiotics for those infected with <i>H. pylori</i> and pancreatic necrosis• Intravenous feeding in case of pancreatitis• Surgical removal of gall stone | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

18. Chronic Liver Diseases/Cirrhosis

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Health promotion and education programmes to reduce alcohol consumption, excessive weight, and diabetes Community engagement [community sensitization on transmission and prevention for hepatitis B and C, including ingestion of native herbs, practices, sharing of sharp objects, tattoos, IV drug use and needle Dispel myths related to abdominal distension Promote vaccination, testing, avoiding alcohol or drinking in moderation | <ul style="list-style-type: none"> Behavioural counselling on tobacco cessation. sensitisation on the harmful effect of excessive herbal ingestions. Integrated counselling on healthy diet, physical activity, weight management, and alcohol and tobacco use Encourage compliance with medications | <ul style="list-style-type: none"> Clinical assessment for early recognition and need for referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Health promotion and education programmes to reduce alcohol consumption, excessive weight, and diabetes | <ul style="list-style-type: none"> Regular clinical check-ups for abdominal masses. Safe blood transfusion | <ul style="list-style-type: none"> History and physical examination for cirrhosis and other chronic liver diseases Counselling on avoidance of exacerbating factors | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

18. Chronic Liver Diseases/Cirrhosis

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|--|---------------------------|
| <ul style="list-style-type: none"> Community engagement [community sensitization on transmission and prevention for hepatitis B and C, including ingestion of native herbs, practices, sharing of sharp objects, tattoos, IV drug use and needle Dispel myths related to abdominal distension Promote vaccination, testing, alcohol use, drinking in moderation | <ul style="list-style-type: none"> Safe injection practice including eliminating unnecessary and unsafe injections Early identification and treatment of schistosomiasis Vaccination: Hepatitis B for individuals, families of carriers Counselling on partner notification, diagnosis and treatment (Index case testing) Screening high risk population groups for Hepatitis B+C | <ul style="list-style-type: none"> Referral for regular screening Clinical assessment for early recognition of need for referral | |

SECONDARY CARE LEVEL

| | | | |
|--|--|---|---|
| <ul style="list-style-type: none"> Health promotion and education programmes to reduce alcohol consumption, excessive weight, and diabetes Community engagement [community sensitization on transmission and prevention for hepatitis B and C, including ingestion of native herbs, practices, sharing of sharp objects, tattoos, IV drug use and needle | <ul style="list-style-type: none"> Regular clinical check-ups for abdominal masses. Safe blood transfusion Safe injection practice including eliminating unnecessary and unsafe injections Early identification and treatment of schistosomiasis Vaccination: Hepatitis B for individuals, families of carriers | <ul style="list-style-type: none"> History and physical examination for cirrhosis and other chronic liver diseases Counselling on avoidance of exacerbating factors Point of care testing Basic laboratory tests Advanced laboratory tests Basic imaging: ultrasound, Transient elastography Advanced imaging: CT scan | <p>*Early palliative care to improve symptom management and quality of life</p> |
|--|--|---|---|

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

18. Chronic Liver Diseases/Cirrhosis

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|---|---|
| <ul style="list-style-type: none"> • Dispel myths related to abdominal distension • Promote vaccination, testing, alcohol use, drinking in moderation | <ul style="list-style-type: none"> • Counselling on partner notification, diagnosis and treatment (Index case testing) • Screening high risk population groups for Hepatitis B+C | <ul style="list-style-type: none"> • Treatment of viral hepatitis B with antivirals • Treatment of viral hepatitis C with pan genotypic DAA • Manage complications of chronic liver diseases: UGI bleeding, abdominal ascites • Vaccination: HBIG • Clinical assessment for early recognition of need for referral | |
| TERTIARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> • Regular clinical check-ups for abdominal masses. • Safe blood transfusion • Safe injection practice including eliminating unnecessary and unsafe injections • Early identification and treatment of schistosomiasis • Vaccination: Hepatitis B for individuals, families of carriers • Vaccination: HBIG | <ul style="list-style-type: none"> • History and physical examination for cirrhosis and other chronic liver diseases • Counselling on avoidance of exacerbating factors • Point of care testing • Basic laboratory tests • Advanced laboratory tests • Basic imaging: ultrasound, Transient elastography • Advanced imaging: CT scan • Liver biopsy | <p>Palliative care services for decompensated cirrhosis (end-stage liver disease)</p> |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

18. Chronic Liver Diseases/Cirrhosis

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|---|---|---------------------------|
| | <ul style="list-style-type: none">• Counselling on partner notification, diagnosis and treatment (Index case testing)• Screening high risk population groups for Hepatitis B+C | <ul style="list-style-type: none">• Treatment of viral hepatitis B with antivirals• Treatment of viral hepatitis C with pan genotypic DAA• Manage oesophageal variceal bleeding, by resuscitation, blood transfusion, therapeutic endoscopy with ligation• Manage ascites with therapeutic paracentesis• Liver transplant | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

19. Appendicitis, Ileus and Obstruction

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on symptoms of surgical emergencies when to seek care] Community engagement [community sensitization on healthy diet, fluid intake, risk factors and symptoms of ileus and obstruction] | <ul style="list-style-type: none"> Integrated counselling on healthy diet, physical activity, weight management, and alcohol and tobacco use Counselling on seeking care for abdominal pain and mass Health education on recognition of signs and symptoms in postoperative patients | <ul style="list-style-type: none"> Early recognition of need for referral and appropriate referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on symptoms of surgical emergencies when to seek care] Community engagement [community sensitization on healthy diet, fluid intake, risk factors and symptoms of ileus and obstruction] | <ul style="list-style-type: none"> Integrated counselling on healthy diet, physical activity, weight management, and alcohol and tobacco use Counselling on seeking care for abdominal pain and mass Health education on recognition of signs and symptoms in postoperative patients | <ul style="list-style-type: none"> History and physical examination Early recognition of need for referral | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

19. Appendicitis, Ileus and Obstruction

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|---|---------------------------|
| | | | |
| SECONDARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • | <ul style="list-style-type: none"> • Condition-specific nutrition assessment and counselling • Assess for risk factors for obstruction (History of abdominal/Pelvic surgery, hernia) | <ul style="list-style-type: none"> • History and physical examination for gastrointestinal diseases • Point of care testing • Basic laboratory tests • Basic imaging: Ultrasound • Pharmacological intervention as clinically indicated • Supportive therapy: electrolytes, fluids, analgesic • Non-surgical reduction of intestinal obstruction • Laparotomy • Surgical procedures for appendicitis, mechanical bowel obstruction | |
| TERTIARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

19. Appendicitis, Ileus and Obstruction

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | <ul style="list-style-type: none">• History and physical examination for gastrointestinal diseases• Point of care testing• Basic laboratory tests• Basic imaging: Ultrasound• Pharmacological intervention as clinically indicated• Supportive therapy: electrolytes, fluids, analgesic• Non-surgical reduction of intestinal obstruction• Laparotomy• Surgical procedures for appendicitis, mechanical bowel obstruction | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

20. Musculoskeletal conditions

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on musculoskeletal diseases, risk factors, safe lifting, safe sitting, safe exercise] | <ul style="list-style-type: none"> Integrated counselling on healthy diet, safe physical activity, weight management, and alcohol and tobacco use | <ul style="list-style-type: none"> Early recognition and referral | |
| PRIMARY CARE LEVEL | | | |
| Provision of IEC/BCC materials | <ul style="list-style-type: none"> Life style changes, weight loss, exercise | <ul style="list-style-type: none"> History and physical examination for musculoskeletal diseases. Motor function and pain assessment. Point of care testing Basic laboratory tests Condition-specific nutrition assessment and counselling Topical/oral analgesics for arthropathies Education and advice on self-management. Refer as required. | |
| SECONDARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

20. Musculoskeletal conditions

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | <ul style="list-style-type: none"> • History and physical examination for musculoskeletal disease • Basic laboratory tests • Advanced laboratory tests • Basic imaging: x-ray, ultrasound • Advance imaging: Computed tomography (CT) scan, arthroscopy • Condition-specific nutrition assessment and counselling • Management with NSAID and steroid anti-inflammatory drugs • Surgical interventions when indicated | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination for musculoskeletal disease • Basic laboratory tests • Advanced laboratory tests • Basic imaging: x-ray, ultrasound • Advance imaging: Computed tomography (CT) scan, arthroscopy • Condition-specific nutrition assessment and counselling • Management with NSAID and steroid anti-inflammatory drugs • Surgical interventions when indicated | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

21. Cervical cancer

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on HPV vaccine, prevention of cervical cancer, importance of screening, condom use] Provision of IEC/BCC materials | <ul style="list-style-type: none"> Counselling on STI prevention, risk reduction, and safer sex Targeted behavioural modification for smoking cessation Promote and provide condoms | Early recognition of need for referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Health education on prevention and management of cervical cancer | <ul style="list-style-type: none"> Counselling on STI prevention, risk reduction, and safer sex Vaccination: human papillomavirus (HPV) during childhood | <ul style="list-style-type: none"> Counselling on self-sampled HPV-based screening test (at health facility) Syndromic management of STIs Early recognition of need for referral | |
| SECONDARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Health education on prevention and management of cervical cancer | <ul style="list-style-type: none"> Vaccination: human papillomavirus (HPV) during childhood Screening to detect precancerous changes or early cancers | <ul style="list-style-type: none"> History and physical examination for cervical cancer Cervical cancer screening using HPV-test or Visual inspection with acetic acid (VIA) Treatment of precancerous lesions with Cryotherapy and/or LEEP | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

21. Cervical cancer

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---|
| | | <ul style="list-style-type: none"> • Early recognition of need for referral | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination for cervical cancer • Cervical cancer screening using HPV-test or Pap test • Treatment of precancerous lesions with Cryotherapy and/or loop electrosurgical excision procedure (LEEP) • Treatment for cervical cancer with surgery/radiotherapy/chemotherapy/targeted drug therapy/immunotherapy | <p>Provide palliative and supportive care</p> <p>Psychological support with counselling</p> |

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ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

22. Breast cancer

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on breast cancer, importance of screening with regular breast exams and mammography] Provision of IEC/BCC materials | <ul style="list-style-type: none"> Keep a healthy life style: healthy weight, physically active, no alcoholic drink or in moderation, no smoking, eat vegetables and fruits and breast feed Guidance on self-observance and taking note of any unusual symptoms e.g., nipple discharge, skin change, pitting, breast mass | <ul style="list-style-type: none"> Early recognition of need for referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Health education on prevention and management of cervical cancer | <ul style="list-style-type: none"> Keep a healthy life style: healthy weight, physically active, no alcoholic drink or in moderation, no smoking, eat vegetables and fruits and breast feed Guidance on self-observance and taking note of any unusual symptoms e.g., nipple discharge, skin change, pitting, breast mass | <ul style="list-style-type: none"> Early recognition of need for referral | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

22. Breast cancer

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|---|---|
| SECONDARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Health education on prevention and management of cervical cancer | <ul style="list-style-type: none"> Counselling and referral for early diagnosis of breast cancer | <ul style="list-style-type: none"> History and physical examination for breast cancer Basic laboratory tests Advanced laboratory tests Advanced imaging for screening and diagnosis: Mammography Biopsy and fine needle aspiration Early recognition of need for referral | |
| TERTIARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> Counselling and referral for early diagnosis of breast cancer | <ul style="list-style-type: none"> History and physical examination for breast cancer Basic laboratory tests Advanced laboratory tests Advanced imaging for screening and diagnosis: Mammography, CT scan Biopsy and fine needle aspiration Treatment for breast cancer with Mastectomy/radiotherapy/chemotherapy/targeted drug therapy/immunotherapy | <p>Provide palliative and supportive care</p> <p>Psychological support with counselling</p> |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

23. Asthma/COPD

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness on the possible triggers/possible risk factors of asthma and preventive measures • Provide IEC materials on Asthma • Multi sectoral approach to ensure clean environments | <ul style="list-style-type: none"> • Avoidance of indoor, outdoor asthma triggers • Avoidance of exposure to exhaust fumes or other types of pollution • Vaccination against influenza and pneumonia to prevent trigger flare ups | <ul style="list-style-type: none"> • Counselling on recognition of symptoms • Guidance to patient on how to monitor their breathing and how to recognize warning signs • Guidance on use of medication as prescribed • Recognition of danger signs and referral to the next higher level | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness on the possible triggers/possible risk factors of asthma and preventive measures • Provide IEC materials on Asthma • Multi sectoral approach to ensure clean environments | <ul style="list-style-type: none"> • Avoidance of indoor, outdoor asthma triggers • Avoidance of exposure to exhaust fumes or other types of pollution • Vaccination against influenza and pneumonia to prevent trigger flare ups | <ul style="list-style-type: none"> • History and physical examination for asthma • Pulse oximetry for oxygen monitoring • Counselling on personalised asthma management plan • Short-acting beta agonists inhalers • Referral to the next higher level in sever and not responding to treatment | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

23. Asthma/COPD

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--|---|---------------------------|
| SECONDARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> • Vaccination against influenza and pneumonia to prevent trigger flare ups | <ul style="list-style-type: none"> • History and physical examination for asthma • Basic laboratory tests • Advanced laboratory tests • Basic imaging test • Advanced imaging test • Monitor oxygen levels e.g., using spirometry • Treat asthma/COPD using short-acting bronchodilator, low-dose inhaled corticosteroid (ICS) or Long-acting bronchodilator (LABA) or long-acting muscarinic agonist (LAMA) • Supplemental oxygen • Bilevel Positive Airway Pressure (BiPAP) for respiratory support • Counselling on personalised asthma management plan • Referral to higher level for further management | |
| TERTIARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

23. Asthma/COPD

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|---|--|---------------------------|
| | <ul style="list-style-type: none"> • Vaccination against influenza and pneumonia to prevent trigger flare ups exercise | <ul style="list-style-type: none"> • History and physical examination for asthma • Basic laboratory tests • Advanced laboratory tests • Basic imaging test • Advanced imaging test • Monitor oxygen levels e.g., using spirometry • Treat asthma/COPD using short-acting bronchodilator, low-dose inhaled corticosteroid (ICS) or Long-acting bronchodilator (LABA) or long-acting muscarinic agonist (LAMA) • Supplemental oxygen • Bilevel Positive Airway Pressure (BiPAP) for respiratory support • Counselling on personalised asthma management plan | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

24. Diabetes Mellitus

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on diabetes and risk factors, healthy diets, regular blood sugar testing, and exercise]. Provision of IEC/BCC materials | <ul style="list-style-type: none"> Integrated counselling on healthy diet, physical activity, Encourage compliance with medications, and regular clinical check-ups and prevention of complications | <ul style="list-style-type: none"> Management of suspected low blood sugar with a fast-acting carbohydrate Counselling on frequent blood sugar monitoring Early recognition of need for referral and appropriate referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on diabetes and risk factors, healthy diets, regular blood sugar testing, and exercise]. Provision of IEC/BCC materials | <ul style="list-style-type: none"> Integrated counselling on healthy diet, physical activity, Encourage compliance with medications, and regular clinical check-ups and prevention of complications | <ul style="list-style-type: none"> History and physical examination for diabetes mellitus Point of care testing Basic laboratory tests Condition-specific nutrition assessment and counselling Oral antidiabetics Provision of blood glucose monitoring device and test strips Diabetic foot examination Test for visual acuity Counselling on home glucose monitoring | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

24. Diabetes Mellitus

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|----------|---------------------------|
|--------------------------------|--------------------|----------|---------------------------|

SECONDARY CARE LEVEL

| | | | |
|--|--|--|--|
| | | <ul style="list-style-type: none"> • History and physical examination for diabetes mellitus • Point of care testing • Basic laboratory tests • Advanced laboratory tests • Condition-specific nutrition assessment and counselling • Counselling on home glucose monitoring, and self-insulin administration. • Provision of blood glucose monitoring device and test strips • Diabetic foot examination Test for visual acuity • Direct ophthalmoscopy • Intravenous fluids • Insulin treatment • Oral hypoglycaemics • Monitoring of acid base status | |
|--|--|--|--|

TERTIARY CARE LEVEL

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

24. Diabetes Mellitus

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none">• History and physical examination for diabetes mellitus• Point of care testing• Basic laboratory tests• Advanced laboratory tests• Condition-specific nutrition assessment and counselling• Counselling on home glucose monitoring, and self-insulin administration.• Provision of blood glucose monitoring device and test strips• Diabetic foot examination Test for visual acuity• Direct ophthalmoscopy• Intravenous fluids• Insulin treatment• Oral hypoglycaemics• Monitoring of acid base status | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

25. Seizure disorders

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Provide information and Awareness creation on seizures disorders including Epilepsy, its recognition and prevention measures • Education to prevent misunderstanding, discrimination and social stigma. • Multi-sectoral approach to reduce incidences of trauma e.g., falls, burns and promote access to education | <ul style="list-style-type: none"> • Prevention and seeking treatment early for febrile infections such as malaria and other viral/bacterial infections and head trauma • Education on prevention of infections • Prevention of falls, drownings, burns | <ul style="list-style-type: none"> • Early recognition of signs of seizures disorders • Relieve of any pain due to physical injuries as a result of seizures • First aid on any other complication due to seizures e.g., burns • Referral to a health facility for management | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Provide information and Awareness creation on seizures disorders including Epilepsy, its recognition and prevention measures | <ul style="list-style-type: none"> • Prevention and seeking treatment early for febrile infections such as malaria and other viral/bacterial infections and head trauma • Education on prevention of infections • Prevention of falls, drownings, burns | <ul style="list-style-type: none"> • History and physical examination for epilepsy • Point of care testing • Glucose for hypoglycaemia • Condition specific nutrition assessment and counselling • Antiepileptics for epilepsy | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

25. Seizure disorders

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--------------------|---|---------------------------|
| <ul style="list-style-type: none"> • Education to prevent misunderstanding, discrimination and social stigma. • Multi-sectoral approach to reduce incidences of trauma e.g., falls, burns and promote access to education • | | <ul style="list-style-type: none"> • Antipyretics for febrile seizures | |

SECONDARY CARE LEVEL

| | | | |
|--|--|--|---|
| | | <ul style="list-style-type: none"> • History and physical examination for epilepsy • Point of care testing • Basic laboratory tests • Lumbar puncture • Condition specific nutrition assessment and counselling • Antiepileptics for epilepsy • Antipyretics for seizures • Monitor therapeutic drug level | <ul style="list-style-type: none"> • Psychoeducation and psychosocial support (including for patient's carers) |
|--|--|--|---|

TERTIARY CARE LEVEL

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

25. Seizure disorders

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---------------------------------------|---------------------------|--|----------------------------------|
| | | <ul style="list-style-type: none">• History and physical examination for epilepsy• Basic laboratory test• Lumbar puncture for CSF exam• Electroencephalography (EEG)Electrocardiogram (ECG)• Advance imaging: MRI, CT scan• Condition specific nutrition assessment and counselling• Psychoeducation and psychosocial support (including for patient's carers)• Antiepileptics for epilepsy• Epilepsy surgery• Monitor therapeutic drug level | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

26. Headache disorders

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Education and awareness creation/information to communities on headache prevention measures | <ul style="list-style-type: none"> • Guidance to patient on healthy behaviours Including; getting plenty of sleep, staying physically active, eating healthy meals and snacks, drinking plenty of water daily, management of stress, practicing relaxation techniques • Guidance on avoidance of headache triggers (such as caffeine) • Adherence to any medications as prescribed | <ul style="list-style-type: none"> • Analgesics for mild headaches • Identify warning features of serious headaches or headaches due to underlying conditions • Referral for management of serious headaches or headaches due to other underlying conditions | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Education and awareness creation/information to communities on headache prevention measures | <ul style="list-style-type: none"> • Guidance to patient on healthy behaviours Including; getting plenty of sleep, staying physically active, eating healthy meals and snacks, drinking plenty of water daily, management of stress, practicing relaxation techniques • Guidance on avoidance of headache triggers (such as caffeine) • Adherence to any medications as prescribed | <ul style="list-style-type: none"> • Analgesics for mild headaches • Identify warning features of serious headaches or headaches due to underlying conditions • Basic laboratory to rule out treatable infections • Referral for management of serious headaches or headaches due to other underlying conditions | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

26. Headache disorders

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| SECONDARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination for headache disorders • Point of care testing • Basic laboratory tests • Advanced laboratory tests • Computed tomography (CT) scan • Lumbar puncture • Non-pharmacological management of headache e.g., lifestyle changes to reduce stress and improve relaxation • Investigate and treat underlying cause • Pharmacological management of headache | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination for headache disorders • Point of care testing • Basic laboratory tests • Advanced laboratory tests • Computed tomography (CT) scan | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

26. Headache disorders

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none">• Lumbar puncture• Non-pharmacological management of headache e.g., lifestyle changes to reduce stress and improve relaxation• Investigate and treat underlying cause• Pharmacological management of headache | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

27. Oral conditions

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community awareness on dental caries, periodontal disease and prevention measures Fully integrating oral health into community health programmes. Multi sectoral approach in addressing socio-cultural determinants such as poor living conditions Multi-sectoral approach in ensuring access to clean safe water including Community water fluoridation | <ul style="list-style-type: none"> Counselling on daily oral hygiene including toothbrushing with fluoride toothpaste, flossing daily Counselling on a well-balanced diet low in free sugars and high in fruit and vegetables, and favouring water as the main drink Stopping use of all forms of tobacco, including chewing of kola nuts and reducing alcohol consumption Encourage use of protective equipment when doing sports and travelling on bicycles and motorcycles (to reduce the risk of facial injuries). | <ul style="list-style-type: none"> Screening, treatment of minor oral conditions Provide disinfectant mouthwash Referral to a health facility for management of oral diseases | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Community awareness on dental caries, periodontal disease and prevention measures Fully integrating oral health into community health programmes. Multi sectoral approach in addressing socio-cultural | <ul style="list-style-type: none"> Counselling on daily oral hygiene including toothbrushing with fluoride toothpaste, flossing daily Counselling on a well-balanced diet low in free sugars and high in fruit and vegetables, and favouring water as the main drink | <ul style="list-style-type: none"> History and intraoral examination Provide disinfectant mouthwash Application of fluoride varnish on tooth surface Silver diamine fluoride application Counselling on use of saline mouthwash | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

27. Oral conditions

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|---|---------------------------|
| <p>determinants such as poor living conditions</p> <ul style="list-style-type: none"> Multi-sectoral approach in ensuring access to clean safe water including Community water fluoridation | <ul style="list-style-type: none"> Stopping use of all forms of tobacco, including chewing of kola nuts and reducing alcohol consumption Encourage use of protective equipment when doing sports and travelling on bicycles and motorcycles (to reduce the risk of facial injuries) | <ul style="list-style-type: none"> Analgesics for oral diseases pain Antibiotics for dental infections Referral for management of oral diseases | |
| SECONDARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> History and intraoral examination Application of fluoride varnish on tooth surface Basic imaging: X-ray Analgesics for oral diseases Antibiotics for dental abscess Dental extraction Incision and drainage Atraumatic restorative treatment Filling dental caries using advanced procedures Silver diamine fluoride application Monitor and manage any complications Fixing of dentures | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

27. Oral conditions

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and intraoral examination • Application of fluoride varnish on tooth surface • Basic imaging: X-ray • Analgesics for oral diseases • Antibiotics for dental abscess • Dental extraction • Treatments for gum disease • Incision and drainage • Atraumatic restorative treatment • Filling dental caries using advanced procedures • Silver diamine fluoride application • Monitor and manage any complications • Fixing of dentures | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

28. Eye conditions

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community awareness on the importance of early and regular comprehensive eye examinations and healthy foods | <ul style="list-style-type: none"> Job aids (protocols) for eye conditions | <ul style="list-style-type: none"> Early identification of eye conditions and refer | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Community awareness on the importance of early and regular comprehensive eye examinations and healthy foods | <ul style="list-style-type: none"> Oral vitamin A supplementation Vaccination: measles rubella Counselling on adherence to treatment regimen for chronic eye diseases Counselling to promote good eye health practices and prevention strategies Counselling and education on importance of spectacle compliance | <ul style="list-style-type: none"> Screening and diagnosis of eye diseases and vision impairment Test for visual acuity Visual field assessment Torchlight examination (external eye assessment) | |
| SECONDARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> Screening and diagnosis of eye diseases and vision impairment in community, schools | <ul style="list-style-type: none"> Correction of refractive error, Correction of amblyopia and strabismus Treatment of cataract Treatment of glaucoma Antibiotic for eye infections | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

28. Eye conditions

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none"> • Patching for the treatment of amblyopia • Topical cycloplegic drugs | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • Correction of refractive error, • Correction of amblyopia and strabismus • Treatment of cataract • Treatment of glaucoma • Antibiotic for eye infections • Topical cycloplegic drugs • Strabismus surgery • Management of ocular cancer | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

29. Dietary iron deficiency

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Counselling on balanced diet, micronutrient supplementation and hygienic practices in food preparation and implanting WASH activities • Counselling on when to seek medical help at facility level. | <ul style="list-style-type: none"> • Integrated vector control measures (use of bed nets and indoor residual spraying) • Healthy nutrition for pregnant women and lactating mothers • Community based MUAC and bilateral edema screening for early identification • Mothers Support Groups (MSGs) to prepare local micronutrient rich diversified complementary foods • Iron-fortified cereals or bread • Foods rich in iron | <ul style="list-style-type: none"> • Early identification of anaemia symptoms and referral for diagnostic work up • Treatment with anti-helminths • Treatment with anti-malaria for symptomatic patients • Follow up of patients in community • Ensure compliance of feeding and or drug uptake | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Counselling on balanced diet, micronutrient supplementation and hygienic practices in food preparation and implanting WASH activities • Counselling on when to seek medical help at facility level. • | <ul style="list-style-type: none"> • Routine prenatal supplementation iron and folate • Multiple Micronutrient Supplements • Vitamin A supplementation (VAS), • Deworming • Early detection and treatment of malaria • Vector control measures (use of bed nets and indoor residual spraying) | <ul style="list-style-type: none"> • Check for anaemia • Oral iron sulphate tablets • Oral folic acid for carriers of SCD • Refer urgently severe anaemia cases | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

29. Dietary iron deficiency

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|---|--|---------------------------|
| SECONDARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> • Routine prenatal supplementation iron and folate • Multiple Micronutrient Supplements • Vitamin A supplementation (VAS), • Deworming • Early detection and treatment of malaria • Vector control measures (use of bed nets and indoor residual spraying) | <ul style="list-style-type: none"> • Basic laboratory tests (e.g., blood, bone marrow, etc.) • Encourage good nutrition • Treat the underlying cause • Oral iron sulphate • Blood transfusion for severe anaemia | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • Basic laboratory tests (e.g., blood, bone marrow, etc.) • Encourage good nutrition • Treat the underlying cause • Oral iron sulphate • Parenteral iron • Blood transfusion for severe anaemia | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

30. Psychiatric or mental disorders (Anxiety, Depression, Psychosis, Bipolar, etc)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on psychiatric disorders, healthy diets, exercise, stress management, healthy relationships] Education directed at elimination of stigmatization of people living with mental health conditions Community planning for increased community spaces/parks | <ul style="list-style-type: none"> Encourage social participation Integrated counselling on healthy diet, physical activity, weight management, and alcohol, drug and tobacco use Encourage compliance with medications | <ul style="list-style-type: none"> Free universal crisis support line Promote functioning in activities of daily living and rehabilitation and inclusion in the community Promote self-care Psychosocial support groups Early recognition of the need for referral and appropriate referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Health education directed at creating awareness on mental disorders and elimination of stigma of people living with mental health conditions Provision of IEC/BCC materials | <ul style="list-style-type: none"> Encourage social participation Integrated counselling on healthy diet, physical activity, weight management, and alcohol, drug and tobacco use Encourage compliance with medications | <ul style="list-style-type: none"> Assessment for symptoms mental health disorders Referral to the next level for specialized mental health investigation | |
| SECONDARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

30. Psychiatric or mental disorders (Anxiety, Depression, Psychosis, Bipolar, etc)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | <ul style="list-style-type: none"> • History and physical examination for psychiatric disorders • Basic laboratory tests • Advanced laboratory tests • Electroencephalography (EEG) • Assessment of self-harm and suicide risk in people with mental, neurological, and substance use conditions • Promote functioning in activities of daily living and rehabilitation and inclusion in the community • Provide cognitive behavioural therapy or interpersonal therapy (IPT) • Psychoeducation and psychosocial support for patients and carers • Stress management training • Thinking about difficult memories (TDM) training • Self-help or guided self-help stress management training • Systemic desensitization therapy (SDT) • Oral and parenteral antipsychiatry drugs for first line and second line treatment | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

30. Psychiatric or mental disorders (Anxiety, Depression, Psychosis, Bipolar, etc)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none"> • Prompt monitoring and management of adverse drug reactions • Referral for specialized mental health and other needed services | |

TERTIARY CARE LEVEL

| | | | |
|--|--|--|--|
| | | <ul style="list-style-type: none"> • History and physical examination for psychiatric disorders • Advanced laboratory tests • Electroencephalography (EEG) • Assessment of self-harm and suicide risk in people with mental, neurological, and substance use conditions • Promote functioning in activities of daily living and rehabilitation and inclusion in the community • Provide cognitive behavioural therapy or interpersonal therapy (IPT) • Psychoeducation and psychosocial support for patients and carers • Stress management training • Thinking about difficult memories (TDM) training | |
|--|--|--|--|

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

30. Psychiatric or mental disorders (Anxiety, Depression, Psychosis, Bipolar, etc)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none">• Self-help or guided self-help stress management training• Systemic desensitization therapy (SDT)• Oral and parenteral antipsychiatry drugs for first line and second line treatment• Prompt monitoring and management of adverse drug reactions• Monitor drug levels of antipsychiatry drugs• Electroconvulsive therapy (ECT) for refractory cases• Referral for specialized mental health and other needed services | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

31. Road traffic injuries

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Create enabling environment to enforce road safety, strengthen community action towards road safety, develop personal skills for drivers, the public and law enforcement agencies to practice road safety and reorient the health services regarding road safety • Discourage harmful traditional practice in transportation injured persons and management of injuries • Empowerment of community health agents to conduct activities for a safe environment | <ul style="list-style-type: none"> • Enforcement of traffic regulations including helmet and seat belt use and drunk-driving • Installation of speed bumps at high-risk intersections • Breath testing for alcohol • Formation of health committees on the prevention of injury | <ul style="list-style-type: none"> • Early identification of danger signs • First aid practice by first responders and community health agents • Follow up for early detection of complications and referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Community awareness on safe environment • Community awareness on how to identify and modify hazards that might lead to falls, burns ad | <ul style="list-style-type: none"> • Counselling on safety and injury prevention | Resuscitation with basic life support Provide the necessary basic treatment as indicated (e.g., fracture reduction with external immobilization) Strengthen follow-up services Referral of severe cases to higher level. | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

31. Road traffic injuries

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--------------------|----------|---------------------------|
| <p>drowning accidents in indoor and outdoor environment</p> <ul style="list-style-type: none"> • Sensitization of parents, teachers and care givers on home hazards, fall accidents and road traffic injuries • Community awareness on responsible parenting • Discourage harmful traditional practice in the management of injuries | | | |

SECONDARY CARE LEVEL

| | | | |
|--|--|---|--|
| | | <ul style="list-style-type: none"> • History and physical examination for serious injury • Basic laboratory and imaging services • Provide emergency treatment based on Paediatric Advanced Life Support (PALS) and Advanced Trauma Life Support (ATLS) management • Resuscitate with iv fluids, blood and blood components • Implement surgical interventions like acute trauma management, | |
|--|--|---|--|

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

31. Road traffic injuries

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | internal fixation, debridement and amputation, basic skin grafting, escharotomy/fasciotomy-myectomy <ul style="list-style-type: none"> • Referral to higher centres of complicated cases | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination for serious injury • Advanced laboratory tests • Advanced imaging, scanning services and diagnostic facilities like contrast CT scan and MRI • Provide emergency treatment based on Paediatric Advanced Life Support (PALS) and Advanced Trauma Life Support (ATLS) management • Minor and major surgical interventions • Advanced and specialized treatment like re-constructive surgery • Blood and blood product transfusion • Advanced physiotherapy services | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

32. Non-transport injuries (falls, drowning, burns, and poisoning)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community awareness on safe environment Community awareness on how to identify and modify hazards that might lead to indoor and outdoor environment accidents Discourage harmful traditional practice in the management of non-transport unintentional injuries | <ul style="list-style-type: none"> Group and home-based exercise programs, containing balance and strength-training exercises Multifactorial interventions, including home safety modifications Home safety interventions providing free, low-cost, or subsidized safety equipment Legislation and enforcement of personal flotation devices (PFDs) use for recreational boaters Legislation and enforcement to control alcohol use, especially in relation to aquatic activities Use of a safer and cleaner kerosene stove design Safe storage of medicines and poisons; storing medicines and poisons in high places or locked cupboards Enacting and enforcing poisoning prevention legislation. | <ul style="list-style-type: none"> First aid: immobilization, applying ice and compression to reduce swelling for falls, artificial respiration for drowning, cooling in running water for burns Early recognition of the need for referral | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

32. Non-transport injuries (falls, drowning, burns, and poisoning)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|---|---------------------------|
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Community awareness on creating safe environment, how to identify and modify hazards that might lead to indoor and outdoor environment accidents Discourage harmful traditional practice in the management of non-transport unintentional injuries | <ul style="list-style-type: none"> Group and home-based exercise programs, containing balance and strength-training exercises Multifactorial interventions, including home safety modifications Home safety interventions providing free, low-cost, or subsidized safety equipment Legislation and enforcement of personal flotation devices (PFDs) use for recreational boaters Legislation and enforcement to control alcohol use, especially in relation to aquatic activities Use of a safer and cleaner kerosene stove design Safe storage of medicines and poisons; Enacting and enforcing poisoning prevention legislation. | <ul style="list-style-type: none"> First aid: immobilization, applying ice and compression to reduce swelling for falls, artificial respiration for drowning, cooling in running water for burns Early recognition of the need for referral | |
| SECONDARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

32. Non-transport injuries (falls, drowning, burns, and poisoning)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|-------------------------------------|--|---------------------------|
| | Health education on burn prevention | <ul style="list-style-type: none"> • History and physical examination • Accurate Total Body Surface Area (TBSA) estimation • Advanced laboratory tests • Adequate analgesia to facilitate assessment and patient comfort • Intravenous fluid and electrolytes • Continuous vital sign monitoring • Adequate peripheral perfusion and need for escharotomy • Prevention of hypothermia • Wound management • Intramuscular tetanus toxoid • Blood and blood product transfusion • Surgical interventions: trauma management, debridement, basic skin grafting, escharotomy, etc • Antidotes and reversal medications • Enhanced elimination by hemoperfusion or haemodialysis • Enhanced elimination by urinary alkalinization • Oxygen supply • Mechanical ventilation | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

32. Non-transport injuries (falls, drowning, burns, and poisoning)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|---|---------------------------|
| TERTIARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Sensitization of parents, teachers and care givers on home hazards, burns | <p>Health education on burn prevention</p> | <ul style="list-style-type: none"> History and physical examination Accurate Total Body Surface Area (TBSA) estimation Advanced laboratory tests Adequate analgesia to facilitate assessment and patient comfort Intravenous fluid and electrolytes Continuous vital sign monitoring Adequate peripheral perfusion and need for escharotomy Prevention of hypothermia Wound management Intramuscular tetanus toxoid Blood and blood product transfusion Surgical interventions: trauma management, debridement, basic skin grafting, escharotomy, etc Antidotes and reversal medications Enhanced elimination by hemoperfusion or haemodialysis Enhanced elimination by urinary alkalinization | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

32. Non-transport injuries (falls, drowning, burns, and poisoning)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none">• Oxygen supply• Mechanical ventilation | |

FINAL DRAFT

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

33. Bites and Envenomation

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community awareness on prevention and control of dog bites, snake bites and immediate care measures Community education about animal bites, venomous snakes and snake-bite | <ul style="list-style-type: none"> Counselling on prevention of bite and envenoming injuries Wear high, thick rubber boots when walking through snake-prone areas Eliminating rabies in dogs- through Vaccinating dogs. Pre-exposure immunization for high-risk occupations | <ul style="list-style-type: none"> Early recognition of the need for referral of bites and envenoming Injuries Wound care | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Community awareness on prevention and control of dog bites, snake bites and immediate care measures Community education about animal bites, venomous snakes and snake-bite | <ul style="list-style-type: none"> Counselling on prevention of bite and envenoming injuries Wear high, thick rubber boots when walking through snake-prone areas Eliminating rabies in dogs- through Vaccinating dogs. Pre-exposure immunization for high-risk occupations | <ul style="list-style-type: none"> History and examination for bites and envenoming injuries Wound care Oral analgesics Early recognition of the need for referral of bites and envenoming injuries | |
| SECONDARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

33. Bites and Envenomation

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none"> • History and examination for bites and envenoming injuries • Adequate analgesics • Adequate hydration • Immunoglobulin for bites and envenoming injuries • Vaccine for bites and envenoming injuries • Intravenous antivenin for bites and envenoming injuries • Surgical exploration and debridement for bites and envenoming injuries | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and examination for bites and envenoming injuries • Adequate analgesics • Adequate hydration • Immunoglobulin for bites and envenoming injuries • Vaccine for bites and envenoming injuries | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

33. Bites and Envenomation

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none">• Intravenous antivenin for bites and envenoming injuries• Surgical exploration and debridement for bites and envenoming injuries | |

FINAL DRAFT

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

34. Interpersonal violence

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on conflict resolution, interpersonal relationships, team management, alcohol and substance use] Awareness campaigns for existing laws related to interpersonal violence | <ul style="list-style-type: none"> Counselling on improved communication/conflict resolution for couples or individuals Counselling on the use of harmful use of alcohol and drug abuse Focus group discussions or meetings about violence in the community Monitoring of quality responsive caregiving and relationships Targeted social care assessment for high-risk families Dissemination of bylaws and regulations regarding violence and violence-promoting behaviour | <ul style="list-style-type: none"> Psychological first aid for recent exposure to trauma Emotional support for recent exposure to trauma Referral for the management of mental illness Referral to address urgent safety needs | |
| PRIMARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> Counselling on improved communication/conflict resolution for couples or individuals Counselling on the use of harmful use of alcohol and drug abuse Focus group discussions or meetings about violence in the community | <ul style="list-style-type: none"> Psychological first aid for recent exposure to trauma Emotional support for recent exposure to trauma Referral for the management of mental illness | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

34. Interpersonal violence

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--|---|---------------------------|
| | <ul style="list-style-type: none"> • Monitoring of quality responsive caregiving and relationships • Targeted social care assessment for high-risk families • Dissemination of bylaws and regulations regarding violence and violence-promoting behaviour | <ul style="list-style-type: none"> • Referral to address urgent safety needs | |

SECONDARY CARE LEVEL

| | | | |
|--|--|--|--|
| | | <ul style="list-style-type: none"> • History and complete physical examination for survivors of violence, including documentation and evidence collection as appropriate • Psychological first aid for recent exposure to trauma • Mental health psychosocial support Referral for the management of mental illness • Provide information about available services (using discrete materials) • Referral to address urgent safety needs | |
|--|--|--|--|

TERTIARY CARE LEVEL

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

34. Interpersonal violence

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none"> • History and complete physical examination • Documentation and evidence collection as appropriate • Psychological first aid for recent exposure to trauma • Clinical assessment for mental health disorders • Referral for the management of mental illness • Provide information about available services (using discrete materials) • Referral to address urgent safety needs | |

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ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

35. Substance use disorders (Alcohol, drugs, etc.) including tobacco use

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement to educate and support individuals and communities to prevent the use and misuse of alcohol, drugs and other substances and their side effects and the consequences of the addiction. Promote comprehensive tobacco control initiatives by, prohibiting smoking in public places, preventing tobacco use among young people and banning advertising and promotion of tobacco products Increase minimum age for alcohol purchasing and consumption Increasing tobacco and alcohol excise taxes taxation | <ul style="list-style-type: none"> Counselling on substance, tobacco use, moderation and management of peer pressure Smoke-free indoor residences, workplaces and public Provide resources on healthy ways to reduce and manage stress | <ul style="list-style-type: none"> Twelve-step facilitation therapy Early recognition of need for referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement to educate and support individuals and communities to prevent the | <ul style="list-style-type: none"> Counselling on substance use and addiction and management of peer pressure | <ul style="list-style-type: none"> History and physical examination for substance use disorders Brief interventions therapy | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

35. Substance use disorders (Alcohol, drugs, etc.) including tobacco use

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|---|---------------------------|
| <p>use and misuse of alcohol, drugs and other substances and their side effects and the consequences of the addiction.</p> <ul style="list-style-type: none"> Promote comprehensive tobacco control initiatives by, prohibiting smoking in public places, preventing tobacco use among young people and banning advertising and promotion of tobacco products Increase minimum age for alcohol purchasing and consumption Increasing tobacco and alcohol excise taxes taxation | <ul style="list-style-type: none"> Systematic screening for substance uses among at risk population | <ul style="list-style-type: none"> Counselling and other psychosocial support Psychoeducation for patients and their caregivers Nicotine Replacement Therapy (NRT) Referral to the next level | |

SECONDARY CARE LEVEL

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

35. Substance use disorders (Alcohol, drugs, etc.) including tobacco use

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none"> • History and physical examination for substance use disorders • Basic laboratory tests • Brief interventions therapy • Counselling and other psychosocial support • Psychoeducation for patients and their caregivers • Nicotine Replacement Therapy (NRT) • Cognitive behavioural therapy (CBT) • Motivational and Mutual-help groups interventions • Twelve-step facilitation treatment • Provision of multivitamins • Treatment for psychological problems • Treatment of associated medical conditions | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination for substance use disorders • Basic laboratory tests • Advanced laboratory tests • Basic and advanced imaging | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 20-49 YEARS AGE COHORT

35. Substance use disorders (Alcohol, drugs, etc.) including tobacco use

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | <ul style="list-style-type: none"> • Brief interventions therapy • Counselling and other psychosocial support • Psychoeducation for patients and their caregivers • Cognitive behavioural therapy (CBT) • Motivational and Mutual-help groups interventions • Twelve-step facilitation treatment • Provision of harm reduction services; opiate substitution therapy (OST), needle and syringe programmes (NSP), overdose prevention • Provision of detoxification-withdrawal drugs • Nicotine Replacement Therapy (NRT) • Provision of multivitamins • Treatment for psychological problems • Treatment of associated medical conditions | |

4.5 Essential Health Service Package - 50-64 Age Cohort

ESSENTIAL HEALTH SERVICE PACKAGE: 50-64 YEARS AGE COHORT

1. Malaria

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Mass media on malaria prevention measures • Community based campaigns to promote use of bed nets, early health seeking behaviour • Community mobilization and engagement on malaria prevention and control measures | <ul style="list-style-type: none"> • Integrated vector control management (ITN, IRS, larva source management) • Early treatment of malaria | <ul style="list-style-type: none"> • Diagnosis confirmation for malaria parasites using rapid diagnostic tests • Oral antimalaria for treatment of uncomplicated <i>P. falciparum</i> malaria • Follow up on malaria treatment adherence • Refer unresponsive or severe cases to the next higher level | NA |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Mass media on malaria prevention measures • Community based campaigns to promote use of bed nets, early health seeking behaviour • Community mobilization and engagement on malaria prevention and control measures | <ul style="list-style-type: none"> • Integrated vector control management (ITN, IRS, larva source management) • Early treatment of malaria | <ul style="list-style-type: none"> • Diagnosis confirmation for malaria parasites- microscopy or RDT • Basic laboratory tests (blood, urine, etc) • Oral antimalaria for treatment of uncomplicated <i>P. falciparum</i> malaria • Intramuscular antimalarials empiric therapy for initial phase treatment of severe malaria • Refer unresponsive or severe cases to the next higher level | |

ESSENTIAL HEALTH SERVICE PACKAGE: 50-64 YEARS AGE COHORT

1. Malaria

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|----------|---------------------------|
|--------------------------------|--------------------|----------|---------------------------|

SECONDARY CARE LEVEL

| | | | |
|--|--|---|--|
| <ul style="list-style-type: none"> • Same above | <ul style="list-style-type: none"> • Same above | <ul style="list-style-type: none"> • Diagnosis confirmation and parasite density monitoring using microscopy • Treatment of uncomplicated <i>P. falciparum</i> malaria with oral antimalaria • Intravenous antimalarials for treatment of severe <i>P. falciparum</i> malaria • Refer unresponsive cases and complications to the next higher level | |
|--|--|---|--|

TERTIARY CARE LEVEL

ESSENTIAL HEALTH SERVICE PACKAGE: 50-64 YEARS AGE COHORT

1. Malaria

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| Same above | Same above | <ul style="list-style-type: none">• Diagnosis confirmation and parasite density monitoring using microscopy• Advanced laboratory tests (RFTs, LFTs, etc)• Oral antimalaria for treatment of uncomplicated <i>P. falciparum</i> malaria• Intravenous antimalarials for treatment of severe <i>P. falciparum</i> malaria• Intensive care unit for cerebral malaria• Blood and blood product transfusion for severe anaemia• Haemodialysis for acute kidney injury | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

2. HIV/AIDS

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness using mass media, community engagement and mobilization on STIs and HIV/AIDS risk factors and prevention methods • Social and behavioural change communication | <ul style="list-style-type: none"> • Avoiding harmful traditional practices including sharing needles • Consistent and correct use of condoms • HIV Testing including HIV self-test • Oral PrEP/Injectable PrEP • Screening high risk groups for STI and HIV • Early treatment of STIs | <ul style="list-style-type: none"> • Support treatment adherence to ARV • Refills /Supply of antiretroviral • Trace loss to follow-ups | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness using mass media, community engagement and mobilization on STIs and HIV/AIDS risk factors and prevention methods • Social and behavioural change communication | <ul style="list-style-type: none"> • Avoiding harmful traditional practices including sharing needles • Consistent and correct use of condoms • HIV Testing including HIV self-test • Oral PrEP/Injectable PrEP • Screening high risk groups for STI and HIV • Early treatment of STIs | <ul style="list-style-type: none"> • Assess and classify for HIV • Initiate combination ARVs • Monitor clinically, CD4, viral load • Manage opportunistic infections • Manage TB co-infection • Syndromic management of STIs • Supportive management (e.g., nutritional support and supplements etc) • Medication refills • Trace loss to follow-ups | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

2. HIV/AIDS

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | <ul style="list-style-type: none"> Referral to higher level for severe adverse effects, complications and non-compliance | |

SECONDARY CARE LEVEL

| | | | |
|--|---|--|--|
| | <ul style="list-style-type: none"> HIV Testing including HIV self-test Oral PrEP/Injectable PrEP Voluntary Male Medical Circumcision (VMMC) Screening high risk groups for STI and HIV Early treatment of STIs | <ul style="list-style-type: none"> Initiate combination ARVs Manage patients with treatment failures Manage moderate to severe adverse reactions Monitor using viral load Management moderate to severe f opportunistic infections Manage co-morbidities (viral hepatitis, NCDs) Screening and management of latent TB infection Diagnose and treat TB/HIV co-infection Manage co-morbidities (viral hepatitis, NCDs) Referral to higher level for to non-responders | <ul style="list-style-type: none"> Opioid pain relief Symptomatic management for patients with untreatable advanced HIV conditions |
|--|---|--|--|

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

2. HIV/AIDS

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|---|---|--|
| TERTIARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> • HIV Testing including HIV self-test • Oral PrEP/Injectable PrEP • Voluntary Male Medical Circumcision (VMMC) • Screening high risk groups for STI and HIV • Early treatment of STIs | <ul style="list-style-type: none"> • Initiate combination ARVs • Manage patients with treatment failures • Manage moderate to severe adverse reactions • Monitor using viral load • Management moderate to severe opportunistic infections • Screening and management of latent TB infection • Diagnose and treat TB/HIV co-infection • Manage co-morbidities (viral hepatitis, NCDs) • Manage co-morbidities (viral hepatitis, NCDs) • ICU care as clinically indicated • Linkage to care and non-medical support | <ul style="list-style-type: none"> • Opioid pain relief • Symptomatic management for patients with untreatable advanced HIV conditions |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

3. Tuberculosis

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness using mass media, community engagement and mobilization on tuberculosis risk factors, prevention and control methods • Social and behavioural change communication | <ul style="list-style-type: none"> • Isolation of confirmed or presumptive adult TB cases • Active case finding at community • TB contacts tracing • Referral of symptomatic contacts to next higher level • HIV self-testing for presumptive cough cases | <ul style="list-style-type: none"> • Directly Observed Therapy (DOTs) • Self-administrative therapy (SAT) to those with good adherence • Referral of people with presumptive TB to next level • Referral of people living HIV for regular screening and possible TPT • TB drugs refill for SAT • Trace and follow up of defaulters | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness using mass media, community engagement and mobilization on tuberculosis risk factors, prevention and control methods • Social and behavioural change communication | <ul style="list-style-type: none"> • Isolation of confirmed or presumptive adult TB cases • TB contacts tracing • Active case finding at community • HIV testing services for all TB presumptive and TB cases • Screening for LTBI and TPT provision • Screening and management of at-risk populations (Health workers, prison, military camps, clustered environments, vulnerable communities, boarding homes etc) | <ul style="list-style-type: none"> • Diagnosis confirmation using AFB microscopy and GeneXpert • Directly Observed Therapy (DOTs) • Self-administrative therapy (SAT) to those with good adherence • Referral of people living HIV for regular screening and possible TPT • TB drugs refill for SAT • Trace and follow up of defaulters • Referral of people with adverse reactions and complications | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

3. Tuberculosis

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|---|---|---------------------------|
| | <ul style="list-style-type: none"> Referral of symptomatic contacts to next higher level Sputum collection and transportation for TB presumptive for definitive diagnosis | | |
| SECONDARY CARE LEVEL | | | |
| Same above | <ul style="list-style-type: none"> Same above | <ul style="list-style-type: none"> Diagnosis confirmation using AFB microscopy and GeneXpert Directly Observed Therapy (DOTs) Self-administrative therapy (SAT) to those with good adherence ART therapy for TB/HIV co-infection Referral of people living HIV for regular screening and possible TPT TB drugs refill for SAT Trace and follow up of defaulters Referral of people with adverse reactions and complications | |
| TERTIARY CARE LEVEL | | | |
| Same above | Same above | <ul style="list-style-type: none"> Diagnosis confirmation using chest x-ray, PPD, GeneXpert, culture, DST Direct Observed Therapy (DOT) Self-administered treatment (SAT) | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

3. Tuberculosis

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | <ul style="list-style-type: none">• Management of severe adverse infections and complications• Management of TB/HIV co-infection• ART therapy for TB/HIV co-infection• MDR/XDR TB diagnosis and management• Nutritional support and supplement• ICU care as clinically indicated• Linkage to non-medical social support | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

4. Lower respiratory tract infections

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness on respiratory tract infections including prevention measures • Distribution of IEC materials on lower respiratory tract infections especially danger signs • Advocacy for proper sanitation and good housing • Community mobilisation for seasonal flu and COVID-19 vaccination | <ul style="list-style-type: none"> • Good hygiene practices including hand washing and feeding utensils • Avoidance of smoking within the household and secondary exposure • Avoidance of biomass combustion (particularly indoor cooking fires) and other air pollutants that contribute to acute respiratory infections. • Early treatment of respiratory infections | <ul style="list-style-type: none"> • Identify symptoms indicative of lower respiratory tract infection (LRTI) and manage and treat • Identify danger signs of Lower respiratory tract infection for early referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness on respiratory tract infections including prevention measures • Distribution of IEC materials on lower respiratory tract infections i.e., danger signs like chest indrawing fast and difficult breathing. • Advocacy for proper sanitation and good housing | <ul style="list-style-type: none"> • Good hygiene practices including hand washing • Avoidance of smoking within the household and secondary exposure to smoke • Avoidance of biomass combustion (particularly indoor cooking fires) and other air pollutants that contribute to acute respiratory infections. | <ul style="list-style-type: none"> • Identify symptoms of LRTI • Identify danger signs of LRTIS • Treat mild cases with antibiotics • Monitor progress and refer if not responding or severe urgent • Referral treatment with oxygen, antibiotics, correction of hypoglycaemia, etc.) | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

4. Lower respiratory tract infections

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|----------|---------------------------|
| Community mobilisation for routine immunisation especially for the seasonal flu and COVID vaccine | <ul style="list-style-type: none"> Complete and timely immunizations, e.g., influenza and COVID-19 | | |

SECONDARY CARE LEVEL

| | | | |
|------------|------------|---|--|
| Same above | Same above | <ul style="list-style-type: none"> Physical and clinical examination Monitoring using blood tests, chest x-ray, GeneXpert Hospitalization based by severity Antibiotics therapy Oxygen therapy Intravenous fluids administration Treat any underlying condition Follow-up/regular review until all symptoms and signs resolve | |
|------------|------------|---|--|

TERTIARY CARE LEVEL

| | | | |
|------------|------------|--|--|
| Same above | Same above | <ul style="list-style-type: none"> Physical and clinical examination Monitoring using blood tests, chest x-ray, GeneXpert Hospitalization based on severity Antibiotics therapy Oxygen therapy Intravenous fluids administration | |
|------------|------------|--|--|

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

4. Lower respiratory tract infections

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none">• Treatment of underlying condition• Follow-up/regular review until all symptoms and signs resolve• ICU services for those with severe disease | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

5. Diarrheal diseases, typhoid/paratyphoid and other enteric infections

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness using mass media and mass media on safe drinking-water, use of improved sanitation and hand washing with soap to reduce risk of enteric infections • Community mobilisation for routine immunisation | <ul style="list-style-type: none"> • Observation of good hygiene practices in food preparation • Encourage utilization of safe portable water in homes and communities • Counselling on WASH services (use of safe water supply; sanitation and hygiene) • Early recognition of danger signs by the family members • Preventive zinc supplements • Vaccination: rotavirus | <ul style="list-style-type: none"> • Rehydration with oral rehydration salts (ORS) solution • Zinc supplements • Refer moderate to severe cases and cases with vomiting or fever | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness using mass media and mass media on safe drinking-water, use of improved sanitation and hand washing with soap to reduce risk of enteric infections • Community mobilisation for routine immunisation | <ul style="list-style-type: none"> • Vaccination: rotavirus • Vaccination: typhoid • Observation of good hygiene practices in food preparation • Encourage utilization of safe portable water in homes and communities • Counselling on WASH services (use of safe water supply; sanitation and hygiene) | <ul style="list-style-type: none"> • History and physical examination for diarrhoea, abdominal pain. • Basic laboratory tests • Assess and classify for diarrhoea using IMNCI strategy • Rehydration with oral rehydration salts (ORS) solution • Rehydration with intravenous fluids in case of severe dehydration or shock. | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

5. Diarrheal diseases, typhoid/paratyphoid and other enteric infections

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--|--|---------------------------|
| | <ul style="list-style-type: none"> • Early recognition of danger signs by family members • Preventive zinc supplements | <ul style="list-style-type: none"> • Antibiotics for dysentery, typhoid fever • Zinc supplements • Nutrient-rich foods • Referral for management of severe dehydration for other complications. | |
| SECONDARY CARE LEVEL | | | |
| Same as above | Same as above | <ul style="list-style-type: none"> • History and physical examination for diarrhoea, abdominal pain. • Basic laboratory tests • Rehydration with oral rehydration salts (ORS) solution • Rehydration with intravenous fluids in case of severe dehydration or shock. • Antibiotics to treat typhoid and paratyphoid fever • Antibiotics to treat dysentery • Zinc supplements • Nutrient-rich foods • Referral for management of complications. | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

5. Diarrheal diseases, typhoid/paratyphoid and other enteric infections

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none">• History and physical examination for diarrhoea, abdominal pain.• Basic laboratory tests• Rehydration with oral rehydration salts (ORS) solution• Rehydration with intravenous fluids in case of severe dehydration or shock.• Antibiotics to treat typhoid and paratyphoid fever• Antibiotics to treat dysentery• Zinc supplements• Management of complications including intestinal perforations | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

6. Meningitis

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness using mass media and mass media on symptoms and preventions methods of meningitis including immunization to reduce risk of enteric infections | <ul style="list-style-type: none"> • Advocacy for proper sanitation and good housing and immunization • Vaccination: meningococcal | <ul style="list-style-type: none"> • Isolate patients suspected with meningitis • Early recognition of symptoms for need of referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness using mass media and mass media on symptoms and preventions methods of meningitis including immunization to reduce risk of enteric infections | <ul style="list-style-type: none"> • Chemoprophylaxis for close contacts • Vaccination: meningococcal | <ul style="list-style-type: none"> • History and physical examination for meningitis • Basic laboratory tests • Appropriate antibiotic treatment in bacterial meningitis. | |
| SECONDARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

6. Meningitis

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|---|---|--|
| | <ul style="list-style-type: none"> • Chemoprophylaxis for close contacts • Vaccination: meningococcal | <ul style="list-style-type: none"> • History and physical examination • Lumbar puncture for spinal fluid examination • Parenteral antibiotics • Parenteral corticosteroids | <ul style="list-style-type: none"> • Psychological support for patients with meningitis sequel • Linkage with rehabilitation centres for deafness, learning impairment or behavioural problems |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination • Blood culture • Lumbar puncture for spinal fluid examination • Advanced imaging. Computerized tomography (CT) or magnetic resonance imaging (MRI) Computed tomography (CT) scan • Parenteral antibiotics • Rehydration with intravenous fluids • Anti-TB treatment for TB meningitis • Antifungal treatment for fungal meningitis • Parenteral corticosteroids | <ul style="list-style-type: none"> • Psychological support for patients with meningitis sequel • Linkage with rehabilitation centres for deafness, learning impairment or behavioural problems |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

7. Sexually Transmitted Infections

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Education on symptoms of sexually transmitted infections and what to do in the event of occurrence of symptoms • Promote early health seeking behaviour, • Promotion of stigma reduction | <ul style="list-style-type: none"> • Counselling on STI prevention, risk reduction, and safer sex • Promote and provide condoms • Risk assessment with sexual history and risk factors | <ul style="list-style-type: none"> • Early recognition of need for referral | |
| PRIMARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> • Counselling on STI prevention, risk reduction, and safer sex • Promote and provide condoms • Risk assessment with sexual history and risk factors Vaccination: hepatitis B • Risk assessment with sexual history and risk factors | <ul style="list-style-type: none"> • History and physical examination for STI and reproductive tract infections • Syndromic diagnosis and treatment of STIs • Counselling on partner notification, diagnosis and treatment • Information on treatment compliance and use of condom • Referral for management of complications of STIs | |
| SECONDARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

7. Sexually Transmitted Infections

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none"> • History and physical examination for STI and reproductive tract infections • Etiologic diagnosis and treatment of STIs • Counselling on partner notification, diagnosis and treatment • Information on treatment compliance • Information on use of condom while on treatment • Referral for management of complications of STIs | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination for STI and reproductive tract infections • Point of care testing/GeneXpert • Advanced laboratory tests for STI including culture and sensitivity tests • Etiologic diagnosis and treatment of STIs • Counselling on partner notification, diagnosis and treatment • Information on treatment compliance | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

7. Sexually Transmitted Infections

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | <ul style="list-style-type: none"> Information on use of condom while on treatment | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

8. Yellow Fever

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Strengthen community-based awareness on Yellow Fever including transmission and prevention measures Information and health education to Communities on immunization including vaccination schedule for yellow fever | <ul style="list-style-type: none"> Integrated vector control management (ITN, IRS, larva source management, etc.) Vaccination: Yellow fever Personal protective measures (mosquito repellent, long sleeved clothes) | <ul style="list-style-type: none"> Recognition of Yellow Fever symptoms Supportive care (e.g., fever reduction, hydration, feeding, etc.) Referrals to a health facility if symptoms worsen Report immediately to local authorities | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Strengthen community-based awareness on Yellow Fever | <ul style="list-style-type: none"> Integrated vector control management (ITN, IRS, larva source management, etc.) | <ul style="list-style-type: none"> Recognition of Yellow Fever symptoms Supportive care (e.g., fever reduction, hydration, feeding, etc.) | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

8. Yellow Fever

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|--|---------------------------|
| including transmission and prevention measures • Information and health education to Communities on immunization including vaccination schedule for yellow fever | • Vaccination: Yellow fever • Personal protective measures (mosquito repellent, long sleeved clothes) | • Referrals to a health facility if symptoms worsen • Report immediately to local authorities | |

SECONDARY CARE LEVEL

| | | | |
|--|--|---|--|
| | | • History and physical examination • Basic laboratory tests • Advanced laboratory tests • Supportive care (e.g., fever reduction, hydration, feeding, etc.) • IV fluid hydration • Treat mild complications • Refer if severe or not responding | |
|--|--|---|--|

TERTIARY CARE LEVEL

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

8. Yellow Fever

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | <ul style="list-style-type: none">• History and physical examination• Basic laboratory tests• Advanced laboratory tests• Treat bacterial infections with antibiotics• IV fluid for rehydration• Manage complications such as liver and kidney failure• Manage fever with antipyretics• Nutritional support | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

9. Neglected Tropical Diseases

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Health education to communities on the importance of clean water and safe sanitation, sleeping under ITN for prevention of NTDs Advocacy/resource mobilization, Inter sectoral collaboration and partnership for the control of NTDs | <ul style="list-style-type: none"> Preventive Chemotherapy Case management Integrated vector management/ reservoir control Provision of Safe Water, Sanitation, Hygiene | <ul style="list-style-type: none"> Recognition of NTD symptoms Basic supportive care. (e.g., fever reduction, hydration, feeding, etc.) Referrals to a health facility if symptoms worsen | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Health education to communities on the importance of clean water and safe sanitation, sleeping under ITN for prevention of NTDs Advocacy/resource mobilization, Inter sectoral collaboration and partnership for the control of NTDs | <ul style="list-style-type: none"> Preventive Chemotherapy Case management Integrated vector management/ reservoir control Provision of Safe Water, Sanitation, Hygiene | <ul style="list-style-type: none"> Recognition of NTD symptoms Basic supportive care. (e.g., fever reduction, hydration, feeding, etc.) Treatment of specific NTDs Referral to hospital for management of complications | |
| SECONDARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> Preventive Chemotherapy Case management Integrated vector management/ reservoir control | <ul style="list-style-type: none"> History and physical examination Basic laboratory tests/Point of care tests/ RDTs Basic supportive care. (e.g., relief of fever and pain, hydration, etc) | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

9. Neglected Tropical Diseases

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | <ul style="list-style-type: none"> • Ophthalmic examination • Nutritional support (proper nutrition) • Administer specific treatment • Prevent complications and disability • Referral to next level if there is a need | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination • Advanced laboratory tests • Basic supportive care. (e.g., relief of fever and pain, hydration, etc) • Ophthalmic examination • Nutritional support (proper nutrition) • Administer specific treatment • Manage complications | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

10. Viral hepatitis (Hepatitis B and C)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Community engagement [community sensitization on transmission and prevention for hepatitis B and C, safe sex practices, condom use, harmful traditional practices, sharing of sharp objects, tattoos, IV drug use and needle sharing] • Promote testing for Viral Hepatitis B and C • Provision of IEC/BCC materials • Mass awareness campaigns through such days as World Hepatitis Day and World immunization Week | <ul style="list-style-type: none"> • Avoiding harmful traditional practices including sharing needles and unsafe tattoo • Consistent and correct use of condoms | <ul style="list-style-type: none"> • Clinical assessment for early recognition of need for referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Promote testing for Viral Hepatitis B and C • Provision of IEC/BCC materials • Mass awareness campaigns through such days as World Hepatitis Day and World immunization Week | <ul style="list-style-type: none"> • Avoiding harmful traditional practices including sharing needles and unsafe tattoo • Consistent and correct use of condoms | <ul style="list-style-type: none"> • History and physical examination for viral hepatitis • Condition specific counselling • Point of care testing • Oral antipyretics for acute hepatitis infection • Oral hydration for acute viral hepatitis • Intravenous fluids | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

10. Viral hepatitis (Hepatitis B and C)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|---|--|---------------------------|
| | | <ul style="list-style-type: none"> • Clinical assessment for early recognition of need for referral. | |
| SECONDARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> • Avoiding harmful traditional practices including sharing needles and unsafe tattoo • Vaccination: Pentavalent vaccine • Consistent and correct use of condoms • Post exposure prophylaxis • Hep B Vaccination of high-risk population groups • Safe blood transfusion practice | <ul style="list-style-type: none"> • History and physical examination for viral hepatitis • Point of care testing • Basic laboratory tests • Advanced laboratory tests • Basic imaging e.g., ultrasound • Condition specific counselling • Oral antipyretics • Oral hydration • Intravenous fluids • Oral antivirals for HBV • Vaccination: HBIG • Oral pan genotypic antivirals for • HCV cure | |
| TERTIARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

10. Viral hepatitis (Hepatitis B and C)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|---|---|---------------------------|
| | <ul style="list-style-type: none"> • Avoiding harmful traditional practices including sharing needles and unsafe tattoo • Vaccination: Pentavalent vaccine • Consistent and correct use of condoms • Post exposure prophylaxis • Hep B Vaccination of high-risk population groups • Safe blood transfusion practice | <ul style="list-style-type: none"> • History and physical examination for viral hepatitis • Point of care testing • Basic laboratory tests • Advanced laboratory tests • Basic imaging e.g., ultrasound • Condition specific counselling • Oral antipyretics • Oral hydration • Intravenous fluids • Oral antivirals for HBV • Vaccination: HBIG • Oral pan genotypic antivirals for HCV cure | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

11. Ebola

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Health promotion activities on handwashing with soap, WASH services, good hygiene and maintaining a clean environment including use of Ebola vaccine | <ul style="list-style-type: none"> Vaccination: Ebola virus disease Reduce risk of wildlife-to-human transmission by avoiding contact with infected fruit bats, monkeys, apes, forest antelope or porcupines and the consumption of their raw meat Reduce risk of human-to-human transmission by avoiding direct or close contact with people with Ebola symptoms, particularly with their bodily fluids Safe and dignified burial of the dead Identifying people who may have been in contact with someone infected with Ebola and monitoring their health for 21 days, Separate the healthy from the sick to prevent further spread, Safe sex practice for men who have survived Ebola disease | <ul style="list-style-type: none"> Report suspected cases accordingly Referral to the next level | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

11. Ebola

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|---|---------------------------|
| | <ul style="list-style-type: none"> • Frequent ANC attendance of pregnant women who have survived Ebola disease | | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Counselling about handwashing with soap • Counselling on WASH services (use of safe water supply; sanitation and hygiene) | <ul style="list-style-type: none"> • Vaccination: Ebola virus disease • Reduce risk of wildlife-to-human transmission by avoiding contact with infected fruit bats, monkeys, apes, forest antelope or porcupines and the consumption of their raw meat • Reduce risk of human-to-human transmission by avoiding direct or close contact with people with Ebola symptoms, particularly with their bodily fluids • Safe and dignified burial of the dead • Identifying people who may have been in contact with someone infected with Ebola and monitoring their health for 21 days, • Separate the healthy from the sick to prevent further spread, | <ul style="list-style-type: none"> • Report suspected cases accordingly • Rapid antigen detection tests • Referral to the next level | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

11. Ebola

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--|---|---------------------------|
| | <ul style="list-style-type: none"> • Safe sex practice for men who have survived Ebola disease • Frequent ANC attendance of pregnant women who have survived Ebola disease | | |
| SECONDARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> • Vaccination: Ebola virus disease • Safe and dignified burial of the dead | <ul style="list-style-type: none"> • History and physical examination • Rapid antigen detection tests • Basic laboratory test • Advanced laboratory test • Ultrasound • Oral salts for Ebola virus disease • Rehydration with oral or intravenous fluids • Management of specific symptoms • Treat bacterial infections with antibiotics • Blood and blood product transfusion • Supplemental oxygen • Monoclonal antibody treatments • Mechanical ventilation • Counselling to ensure safer sexual practices | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

11. Ebola

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|---|--|---------------------------|
| TERTIARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> • Vaccination: Ebola virus disease • Safe and dignified burial of the dead | <ul style="list-style-type: none"> • Automated or semi-automated nucleic acid tests (NAT) • Rehydration with oral or intravenous fluids • Management of specific symptoms • Treat bacterial infections with antibiotics • Manage complications such as liver and kidney failure • Blood and blood product transfusion • Supplemental oxygen • Monoclonal antibody treatments • Mechanical ventilation • Counselling to ensure safer sexual practices | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

12. COVID-19

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Promote handwashing with soap, social distancing and mask use • Health promotion activities on WASH services, good hygiene and maintaining a clean environment | <ul style="list-style-type: none"> • Vaccine: COVID 19 • Wash hands with running water and soap following all contact with sick persons or their immediate environment. • Avoid direct contact with body fluids, particularly oral or respiratory secretions or stool of the patient. • Avoid sharing toothbrushes, eating utensils, dishes, drinks, towels, washcloths or bed linen with the sick person. • Persons with symptoms should remain at home until their symptoms are resolved based on either clinical and/or laboratory findings. • All household members should be considered contacts and their health should be monitored. • Keep physical distance of at least 1 metre apart from others, even if they don't appear to be sick. | <ul style="list-style-type: none"> * Surveillance and Point of care test * Community Quarantine * Eating balanced diet * Isolation and referral to next level | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

12. COVID-19

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|---|----------|---------------------------|
| | <ul style="list-style-type: none"> Wear a properly fitted mask when physical distancing is not possible or when in poorly ventilated settings. | | |

PRIMARY CARE LEVEL

| | | | |
|---|--|---|--|
| <ul style="list-style-type: none"> Screening of vulnerable groups Promote hand washing facilities Promote use of face masks Promote maintenance of physical and social distance | <ul style="list-style-type: none"> Vaccine: COVID 19 Wash hands with running water and soap following all contact with sick persons or their immediate environment. Avoid direct contact with body fluids, particularly oral or respiratory secretions or stool of the patient. Avoid sharing toothbrushes, eating utensils, dishes, drinks, towels, washcloths or bed linen with the sick person. Persons with symptoms should remain at home until their symptoms are resolved based on either clinical and/or laboratory findings. | <ul style="list-style-type: none"> Surveillance and testing Community Quarantine Eating balanced diet *Isolation and referral to next level | |
|---|--|---|--|

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

12. COVID-19

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|---|---|---|
| | <ul style="list-style-type: none"> • All household members should be considered contacts and their health should be monitored. • Keep physical distance of at least 1 metre apart from others, even if they don't appear to be sick. • Wear a properly fitted mask when physical distancing is not possible or when in poorly ventilated settings. | | |
| SECONDARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination • Clinical assessment for early recognition of need for referral • Advanced laboratory tests • Basic laboratory tests • Supplemental oxygen • Basic imaging (Ultrasound, X-ray) • Treat bacterial infections with antibiotics • Oral or IV fluid for rehydration • Oral or IM antipyretics • Oral or IV or IM steroids • Manage complications such as liver and kidney failure | Pulmonary rehabilitation for post-pneumonia |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

12. COVID-19

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|---|---------------------------|
| | | <ul style="list-style-type: none"> • Mechanical ventilation (non-invasive) • Antiviral medications • Immunomodulators | |
| TERTIARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Screening of vulnerable groups • Promote hand washing facilities • Promote use of face masks • Promote maintenance of physical and social distance | <ul style="list-style-type: none"> • Conduct routine and mass Vaccination • Active case finding in the community • Education on infection prevention control, including cough etiquette | <ul style="list-style-type: none"> • History and physical examination • Clinical assessment for early recognition of need for referral • Advanced laboratory tests • Basic laboratory tests • Supplemental oxygen • Basic imaging (Ultrasound, X-ray) • Treat bacterial infections with antibiotics • Oral or IV fluid for rehydration • Oral or IM antipyretics • Oral or IV or IM steroids • Manage complications such as liver and kidney failure • Mechanical ventilation (non-invasive) • Antiviral medications • Immunomodulators | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

13. Hypertension

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Mass media campaign on salt reduction • Legislation to limit trans fats in processed food • Front of pack - Traffic Light Labelling of nutrition on processed foods • community sensitization on risk factors for hypertension and preventive measures such as regular exercise, healthy diet, salt reduction and stress management | <ul style="list-style-type: none"> • Lifestyle modifications, such as eating a healthier diet, quitting smoking, and getting more exercise. • Monitor blood pressure and cholesterol levels through community and facility screening services | <ul style="list-style-type: none"> • Early recognition of the need for referral • Therapeutic lifestyle modifications | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Community engagement [community sensitization on risk factors for hypertension and preventive measures such as regular exercise, healthy diet, and stress management] • Provision of IEC/BCC materials | <ul style="list-style-type: none"> • Integrated counselling on healthy diet, physical activity, weight management, and alcohol and tobacco use • Regular outpatient check-ups | <ul style="list-style-type: none"> • History and physical examination for hypertension • Management of mild hypertension • Early recognition of the need for referral | |
| SECONDARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

13. Hypertension

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|---|---------------------------|
| <ul style="list-style-type: none"> Community engagement [community sensitization on risk factors for hypertension and preventive measures such as regular exercise, healthy diet, and stress management] | <ul style="list-style-type: none"> Integrated counselling on healthy diet, physical activity, weight management, and alcohol and tobacco use Regular outpatient check-ups | <ul style="list-style-type: none"> History and physical examination for hypertension Condition-specific nutrition assessment and counselling Basic laboratory tests Advanced laboratory tests Therapeutic lifestyle changes Pharmacologic management of hypertension Follow up for treatment adherence Early recognition of the need for referral | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> History and physical examination for hypertension Condition-specific nutrition assessment and counselling Identify and treat causes of secondary hypertension Basic laboratory tests Advanced laboratory tests Therapeutic lifestyle changes | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT**13. Hypertension**

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---------------------------------------|---------------------------|--|----------------------------------|
| | | <ul style="list-style-type: none">• Pharmacologic management of hypertension• Follow up for treatment adherence• Treatment for hypertensive urgencies or emergencies• Early identification and treatment of complications | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

14. Ischemic Heart Disease, Heart Failure and Stroke

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Mass media campaign on salt reduction • Legislation to limit trans fats in processed food • Front of pack - Traffic Light Labelling of nutrition on processed foods • community sensitization on risk factors for hypertension and preventive measures such as regular exercise, healthy diet, salt reduction and stress management | <ul style="list-style-type: none"> • Lifestyle modifications, such as eating a healthier diet, quitting smoking, and getting more exercise. • Monitor blood pressure and cholesterol levels through community and facility screening services | <ul style="list-style-type: none"> • Early recognition of the need for referral • Therapeutic lifestyle modifications | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Community engagement [community sensitization on risk factors for ischaemic heart disease and preventive measures such as regular exercise, healthy diet, and stress management] • Provision of IEC/BCC materials | <ul style="list-style-type: none"> • Integrated counselling on healthy diet, physical activity, weight management, and alcohol and tobacco use • Regular outpatient check-ups • Daily low-dose aspirin for secondary prevention | <ul style="list-style-type: none"> • History and physical examination for ischaemic heart disease • Oral anti-platelet for acute chest pain • Early recognition of the need for referral | |
| SECONDARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

14. Ischemic Heart Disease, Heart Failure and Stroke

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|---|---|
| <ul style="list-style-type: none"> • Community engagement [community sensitization on risk factors for ischaemic heart disease and preventive measures such as regular exercise, healthy diet, and stress management] • Provision of IEC/BCC materials | <ul style="list-style-type: none"> • Integrated counselling on healthy diet, physical activity, weight management, and alcohol and tobacco use • Regular outpatient check-ups • Daily low-dose aspirin for secondary prevention | <ul style="list-style-type: none"> • History and physical examination for ischaemic heart disease • Therapeutic lifestyle changes • Point of care testing • Basic laboratory tests • Advanced laboratory tests (cardiac biomarkers) • Electrocardiogram (ECG) • Echocardiograph, (ECHO) • Supplemental oxygen • Treatment with aspirin, statin, beta blockers, ACE inhibitors, calcium channel blockers, Nitro-glycerine., etc.) • Stabilization and referral of acute complications (ischemic heart disease, cerebrovascular accident) | <ul style="list-style-type: none"> • Assessment of exercise capacity for IHD • Assessment of motor functions and mobility • Assessment of work capacity • Caregiver support • Physical exercise training • Vocational training • Provision and training in the use of assistive products |

TERTIARY CARE LEVEL

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

14. Ischemic Heart Disease, Heart Failure and Stroke

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none"> • History and physical examination for ischaemic heart disease • Therapeutic life style • Comprehensive investigation (Electrocardiogram (ECG), Holter monitoring Echocardiogram, cardiac biomarkers, Transoesophageal Echocardiogram (TEE), Stress test) • Cardiac Catheterization, Angiography (Arteriography), Peripheral (Doppler)Vascular Testing), • Clinical management and follow up according to Total Risk Assessment (TRA) score • Screening/examination for chronic complications • Management of ischemic heart disease (Cardioversions), myocardial infarction, stroke • Cardiac catheterization and stent insertion, valve replacement, • Surgical management of congenital cardiac malformations • Treat complicated cases in ICU | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

15. Gastrointestinal diseases including pancreatitis

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Health education to parents, families and communities on Gastrointestinal and pancreas diseases their symptoms and when to seek care | <ul style="list-style-type: none"> Life style changes (avoiding excess alcohol, smoking, limiting consumption of NSAIDS) Maintain good sanitation, with handwashing and hygienic food | <ul style="list-style-type: none"> Early identification of symptoms and referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Health education to parents, families and communities on Gastrointestinal and pancreas diseases their symptoms and when to seek care | <ul style="list-style-type: none"> Life style changes (avoiding excess alcohol, smoking, limiting consumption of NSAIDS) Maintain good sanitation, with handwashing and hygienic food | <ul style="list-style-type: none"> Antacid for symptomatic relief Early identification of danger symptoms and referral | |
| SECONDARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> History and physical examination Basic laboratory upper GI series X-ray upper GI endoscopy | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

15. Gastrointestinal diseases including pancreatitis

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | <ul style="list-style-type: none"> • Advanced laboratory tests (amylase, lipase, LFTs, bilirubin levels) • Basic imaging, ultrasound • Treatment of peptic ulcers and other GI disease • Antibiotics for those infected with <i>H. pylori</i> and pancreatic necrosis • Intravenous feeding in case of pancreatitis • Blood transfusion in cases of upper GI bleeding • Surgical removal of gall stone | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination • Basic laboratory • upper GI series X-ray • upper GI endoscopy • Advanced laboratory tests (amylase, lipase, LFTs, bilirubin levels) • Basic imaging, ultrasound • Treatment of peptic ulcers • Cauterization and ligation for bleeding | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

15. Gastrointestinal diseases including pancreatitis

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | <ul style="list-style-type: none">• Antibiotics for those infected with <i>H. pylori</i> and pancreatic necrosis• Intravenous feeding in case of pancreatitis• Surgical removal of gall stone | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

16. Chronic Liver Diseases/Cirrhosis

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Health promotion and education programmes to reduce alcohol consumption, excessive weight, and diabetes Community engagement [community sensitization on transmission and prevention for hepatitis B and C, including ingestion of native herbs, practices, sharing of sharp objects, tattoos, IV drug use and needle Dispel myths related to abdominal distension Promote vaccination, testing, avoiding alcohol or drinking in moderation | <ul style="list-style-type: none"> Behavioural counselling on tobacco cessation. sensitisation on the harmful effect of excessive herbal ingestions. Integrated counselling on healthy diet, physical activity, weight management, and alcohol and tobacco use Encourage compliance with medications | <ul style="list-style-type: none"> Clinical assessment for early recognition and need for referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Health promotion and education programmes to reduce alcohol consumption, excessive weight, and diabetes | <ul style="list-style-type: none"> Regular clinical check-ups for abdominal masses. Safe blood transfusion | <ul style="list-style-type: none"> History and physical examination for cirrhosis and other chronic liver diseases | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

16. Chronic Liver Diseases/Cirrhosis

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|--|---------------------------|
| <ul style="list-style-type: none"> Community engagement [community sensitization on transmission and prevention for hepatitis B and C, including ingestion of native herbs, practices, sharing of sharp objects, tattoos, IV drug use and needle Dispel myths related to abdominal distension Promote vaccination, testing, alcohol use, drinking in moderation | <ul style="list-style-type: none"> Safe injection practice including eliminating unnecessary and unsafe injections Early identification and treatment of schistosomiasis Vaccination: Hepatitis B for individuals, families of carriers Counselling on partner notification, diagnosis and treatment (Index case testing) Screening high risk population groups for Hepatitis B+C | <ul style="list-style-type: none"> Counselling on avoidance of exacerbating factors Referral for regular screening Clinical assessment for early recognition of need for referral | |

SECONDARY CARE LEVEL

| | | | |
|--|--|---|---|
| | <ul style="list-style-type: none"> Regular clinical check-ups for abdominal masses. Safe blood transfusion Safe injection practice including eliminating unnecessary and unsafe injections Early identification and treatment of schistosomiasis Vaccination: Hepatitis B for individuals, families of carriers | <ul style="list-style-type: none"> History and physical examination for cirrhosis and other chronic liver diseases Counselling on avoidance of exacerbating factors Point of care testing Basic laboratory tests Advanced laboratory tests Basic imaging: ultrasound, Transient elastography Advanced imaging: CT scan | <p>*Early palliative care to improve symptom management and quality of life</p> |
|--|--|---|---|

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

16. Chronic Liver Diseases/Cirrhosis

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|---|---|---|
| | <ul style="list-style-type: none"> • Counselling on partner notification, diagnosis and treatment (Index case testing) • Screening high risk population groups for Hepatitis B+C | <ul style="list-style-type: none"> • Treatment of viral hepatitis B with antivirals • Treatment of viral hepatitis C with pan genotypic DAA • Manage complications of chronic liver diseases: UGI bleeding, abdominal ascites • Vaccination: HBIG • Clinical assessment for early recognition of need for referral | |
| TERTIARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> • Regular clinical check-ups for abdominal masses. • Safe blood transfusion • Safe injection practice including eliminating unnecessary and unsafe injections • Early identification and treatment of schistosomiasis • Vaccination: Hepatitis B for individuals, families of carriers • Vaccination: HBIG | <ul style="list-style-type: none"> • History and physical examination for cirrhosis and other chronic liver diseases • Counselling on avoidance of exacerbating factors • Point of care testing • Basic laboratory tests • Advanced laboratory tests • Basic imaging: ultrasound, Transient elastography • Advanced imaging: CT scan • Liver biopsy | <p>Palliative care services for decompensated cirrhosis (end-stage liver disease)</p> |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

16. Chronic Liver Diseases/Cirrhosis

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|---|---|---------------------------|
| | <ul style="list-style-type: none">• Counselling on partner notification, diagnosis and treatment (Index case testing)• Screening high risk population groups for Hepatitis B+C | <ul style="list-style-type: none">• Treatment of viral hepatitis B with antivirals• Treatment of viral hepatitis C with pan genotypic DAA• Manage oesophageal variceal bleeding, by resuscitation, blood transfusion, therapeutic endoscopy with ligation• Manage ascites with therapeutic paracentesis• Liver transplant | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

17. Appendicitis, Ileus and Obstruction

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on symptoms of surgical emergencies when to seek care] Community engagement [community sensitization on healthy diet, fluid intake, risk factors and symptoms of ileus and obstruction] | <ul style="list-style-type: none"> Integrated counselling on healthy diet, physical activity, weight management, and alcohol and tobacco use Counselling on seeking care for abdominal pain and mass Health education on recognition of signs and symptoms in postoperative patients | <ul style="list-style-type: none"> Early recognition of need for referral and appropriate referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on healthy diet, fluid intake, risk factors and symptoms of obstruction] | <ul style="list-style-type: none"> Integrated counselling on healthy diet (high fibre and low saturated fat), physical activity, weight management, and alcohol and tobacco use Condition-specific nutrition assessment and counselling Assess for risk factors for obstruction (History of abdominal/Pelvic surgery, hernia) | <ul style="list-style-type: none"> History and physical examination Early recognition of need for referral | |
| SECONDARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

17. Appendicitis, Ileus and Obstruction

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none"> • History and physical examination for gastrointestinal diseases • Point of care testing • Basic laboratory tests • Basic imaging: Ultrasound • Pharmacological intervention as clinically indicated including electrolytes, fluids, analgesic • Non-surgical reduction of intestinal obstruction • Laparotomy • Surgical procedures for appendicitis, mechanical bowel obstruction | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination for gastrointestinal diseases • Point of care testing • Basic laboratory tests • Basic imaging: Ultrasound • Pharmacological intervention as clinically indicated including electrolytes, fluids, analgesic • Non-surgical reduction of intestinal obstruction • Laparotomy | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT**17. Appendicitis, Ileus and Obstruction**

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---------------------------------------|---------------------------|--|----------------------------------|
| | | <ul style="list-style-type: none">• Surgical procedures for appendicitis, mechanical bowel obstruction | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

18. Renal injury (Acute Renal failure and Chronic Kidney Disease)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on kidney disease and risk factors, healthy diets, exercise, hydration, appropriate medication use especially NSAIDs] Provision of IEC/BCC materials | <ul style="list-style-type: none"> Healthy, balanced diet and exercise to control blood sugar, blood pressure and cholesterol Adequate hydration Avoid nephrotoxic medicines and traditional herbs Monitor blood pressure, sugar and cholesterol levels through community screening services | <ul style="list-style-type: none"> Provide dietary advice including avoidance of high sodium and excessive protein intake; Advice on blood glucose and blood pressure control Early recognition of kidney disease symptoms of need for referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on kidney disease and risk factors, healthy diets, exercise, hydration, appropriate medication use especially NSAIDs] Provision of IEC/BCC materials | <ul style="list-style-type: none"> Healthy, balanced diet and exercise to control blood sugar, blood pressure and cholesterol Adequate hydration Avoid nephrotoxic medicines and traditional herbs Monitor blood pressure, sugar and cholesterol levels through community screening services | <ul style="list-style-type: none"> Provide dietary advice including avoidance of high sodium and excessive protein intake Advice on blood glucose and blood pressure control Early recognition of kidney disease symptoms of need for referral | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

18. Renal injury (Acute Renal failure and Chronic Kidney Disease)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|---|---------------------------|
| SECONDARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • | <ul style="list-style-type: none"> • Healthy, balanced diet and exercise to control blood sugar, blood pressure and cholesterol • Adequate hydration • Avoid nephrotoxic medicines and traditional herbs • Monitor blood pressure, sugar and cholesterol levels through community screening services | <ul style="list-style-type: none"> • History and physical examination • Basic laboratory tests • Advance laboratory tests • Basic imaging: x-ray, ultrasound, • Advanced imaging: CT scan, MRI • Therapeutic lifestyle modifications • Appropriate management of infections and other febrile illnesses • Pharmaceutical management to prevent or decrease the rate of progression to end-stage renal disease • Optimal management of comorbidities such as diabetes and other cardiovascular diseases • Statin therapy to reduce the risk of cardiovascular events • Avoid or reduce nephrotoxic medications • Monitor and manage CKD complications including: anaemia, electrolyte imbalance, and malnutrition • Early referral for peritoneal dialysis or haemodialysis | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

18. Renal injury (Acute Renal failure and Chronic Kidney Disease)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--|---|---------------------------|
| TERTIARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> • Healthy, balanced diet and exercise to control blood sugar, blood pressure and cholesterol • Adequate hydration • Avoid nephrotoxic medicines and traditional herbs • Monitor blood pressure, sugar and cholesterol levels through community screening services | <ul style="list-style-type: none"> • History and physical examination • Basic laboratory tests • Advance laboratory tests • Basic imaging: x-ray, ultrasound, • Advanced imaging: CT scan, MRI • Therapeutic lifestyle modifications • Appropriate management of infections and other febrile illnesses • Pharmaceutical management to prevent or decrease the rate of progression to end-stage renal disease • Optimal management of comorbidities such as diabetes and other cardiovascular diseases • Statin therapy to reduce the risk of cardiovascular events • Avoid or reduce nephrotoxic medications • Monitor and manage CKD complications including: anaemia, electrolyte imbalance, and malnutrition • Early referral for peritoneal dialysis or haemodialysis | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT**18. Renal injury (Acute Renal failure and Chronic Kidney Disease)**

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---------------------------------------|---------------------------|---|----------------------------------|
| | | <ul style="list-style-type: none">• Renal replacement therapy | |

FINAL DRAFT

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

19. Prostate diseases (BPH and Prostate cancer)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on prostate cancer, importance of screening] Provision of IEC/BCC materials | <ul style="list-style-type: none"> Targeted behavioural modification for smoking cessation Integrated counselling on healthy diet, physical activity, weight management, and alcohol and tobacco use Guidance on self-observance and taking note of any unusual symptoms e.g., "FUN" frequency, urgency, nocturia, hesitancy/interrupted stream Counselling on symptoms and early care seeking | <ul style="list-style-type: none"> Early identification of prostate diseases and referral to next level | |
| PRIMARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> History and physical examination Rectal examination Antibiotics treatment for infection Referral to the next level for further management | |
| SECONDARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT**19. Prostate diseases (BPH and Prostate cancer)**

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---------------------------------------|---------------------------|---|----------------------------------|
| | | <ul style="list-style-type: none">• History and physical examination including rectal examination• Basic laboratory tests• Advanced laboratory tests including Prostate specific antigen test (PSA)• Basic imaging: x-ray, ultrasound,• Medical management of BPH, Prostate cancer• Surgical management of BPH and prostate cancer• Appropriate management of infections• Management of urinary incontinence and erectile dysfunction• Early referral for other surgical procedures | |

TERTIARY CARE LEVEL

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

19. Prostate diseases (BPH and Prostate cancer)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|--|
| | | <ul style="list-style-type: none"> • History and physical examination including rectal examination • Basic laboratory tests • Advanced laboratory tests including Prostate specific antigen test (PSA) • Basic imaging: x-ray, ultrasound, • Advance imaging: Transrectal ultrasound (TRUS), Computed tomography (CT) scan, Bone density (DEXA) scan, Magnetic resonance imaging (MRI) • Medical management of BPH, Prostate cancer • Surgical management of BPH and prostate cancer • Radiotherapy for prostate cancer • Appropriate management of infections • Management of urinary incontinence and erectile dysfunction | <ul style="list-style-type: none"> • Counselling for psycho-oncology • Counselling on nutrition, food safety, and healthy diet • Counselling on sexual health |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

20. Tracheal, bronchus and lung cancer

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Public education about dangers of smoking, Education on risk factors and occupational and environmental exposure (e.g., coal mining, cement factories, etc.) Public education on signs and symptoms of lung cancer | <ul style="list-style-type: none"> Not starting smoking, or to quitting smoke and avoiding second hand smoke. Referral of people with cough, chest pain or weight loss to hospital for further assessment | <ul style="list-style-type: none"> Support of treated people in smoking cessation Early identification of symptoms and referral | |
| PRIMARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> Not starting smoking, or to quitting smoke and avoiding second hand smoke. Referral of people with cough, chest pain or weight loss to hospital for further assessment | <ul style="list-style-type: none"> Support of treated people in smoking cessation Early identification of symptoms and referral Follow up care of treated patients | |
| SECONDARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> History and physical examination Basic laboratory tests Advanced laboratory tests Pulmonary function tests | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

20. Tracheal, bronchus and lung cancer

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---|
| | | <ul style="list-style-type: none"> • Basic imaging: Bronchoscopy, x-ray, ultrasound, • Appropriate management of infections • Referral to the next level for diagnostic workup and treatment | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination • Basic laboratory tests • Advanced laboratory tests • Pulmonary function tests • Basic imaging: Bronchoscopy, x-ray, ultrasound, • Advance imaging: Bone density (DEXA) scan, Positron emission tomography (PET), Computed tomography (CT) scan, Magnetic resonance imaging (MRI) • Biopsy and histopathological exam • Staging and grading • Bronchoscopy treatment for cancers • Resection, or surgical removal of the tumours • Radiotherapy • Chemotherapy | <ul style="list-style-type: none"> • Psycho social support for people who have received treatment • Ensuring that treated people comply with follow up regime • Support of treated people in smoking cessation • Physiotherapy • Opioid pain relief for people with advanced disease • Provision of end-of-life care • Speech and language therapy |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

20. Tracheal, bronchus and lung cancer

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|--|
| | | <ul style="list-style-type: none">• Targeted therapy• Appropriate management of infections | <ul style="list-style-type: none">• Assistive technology (e.g. for communication or voice) |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65+ YEARS AGE COHORT

21. Colon/Rectal Cancer

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on increasing physical activity, keeping a healthy weight, limiting alcohol consumption, and avoiding tobacco and recognition of symptoms] | <ul style="list-style-type: none"> Integrated counselling on healthy diet (high fibre, low saturated fats), physical activity, weight management, and alcohol and tobacco use | <ul style="list-style-type: none"> Recognition of danger symptoms and signs for early referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on healthy diet, fluid intake, risk factors and recognition of GI disease symptoms] Health education on recognition of risk factors, signs and symptoms of colon and rectal cancer | <ul style="list-style-type: none"> Integrated counselling on healthy diet (high fibre, low saturated fats), physical activity, weight management, and alcohol and tobacco use Screen for at risk patients (e.g. those presenting with fever, weight loss, blood in stool, etc) | <ul style="list-style-type: none"> Recognition of danger symptoms and signs for early referral | |
| SECONDARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> History and physical examination including rectal examination Basic laboratory tests Advanced laboratory tests | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65+ YEARS AGE COHORT

21. Colon/Rectal Cancer

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|--|
| | | <ul style="list-style-type: none"> • FOBT (Fecal occult blood test) • Biopsy for histopathology • Staging and grading • Colonoscopy/Sigmoidoscopy • Basic imaging: x-ray, ultrasound, • Appropriate management of infections • Early referral for additional procedures | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination including rectal examination • Basic laboratory tests • Advanced laboratory tests • FOBT (Fecal occult blood test) • Biopsy for histopathology • Staging and grading • Colonoscopy/Sigmoidoscopy • Basic imaging: x-ray, ultrasound, • Surgery to remove the cancer. • Radiation therapy • Chemotherapy, • Appropriate management of infections • Nutritional support | <ul style="list-style-type: none"> • Counselling for psycho-oncology • Counselling on nutrition, food safety, and healthy diet • Counselling on sexual health |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

22. Musculoskeletal conditions

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on musculoskeletal diseases, risk factors, safe lifting, safe sitting, safe exercise] | <ul style="list-style-type: none"> Integrated counselling on healthy diet, safe physical activity, weight management, and alcohol and tobacco use | <ul style="list-style-type: none"> Early recognition and referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Provision of IEC/BCC materials | <ul style="list-style-type: none"> Life style changes, weight loss, exercise | <ul style="list-style-type: none"> History and physical examination for musculoskeletal diseases. Motor function and pain assessment. Point of care testing Basic laboratory tests Condition-specific nutrition assessment and counselling Topical/oral analgesics for arthropathies Education and advice on self-management. Refer as required. | |
| SECONDARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

22. Musculoskeletal conditions

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | <ul style="list-style-type: none"> • History and physical examination for musculoskeletal disease • Basic laboratory tests • Advanced laboratory tests • Basic imaging: x-ray, ultrasound • Advance imaging: Computed tomography (CT) scan, arthroscopy • Condition-specific nutrition assessment and counselling • Management with NSAID and steroid anti-inflammatory drugs • Surgical interventions when indicated | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination for musculoskeletal disease • Basic laboratory tests • Advanced laboratory tests • Basic imaging: x-ray, ultrasound • Advance imaging: Computed tomography (CT) scan, arthroscopy • Condition-specific nutrition assessment and counselling • Management with NSAID and steroid anti-inflammatory drugs • Surgical interventions when indicated | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

23. Anaemia and Hemoglobinopathies

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on screening for sickle cell disease, myths associated with sickle cell disease] Community education and awareness regarding the transmission of disease, stigma related to disease and carrier states, and informing the community about appropriate prevention options *Community education and sensitization with links to civil society organizations, parents' groups, schools, and school clubs Sensitize and use local governance structures to establish community-based intervention program | <ul style="list-style-type: none"> Genetic counselling for carriers of haemoglobin disorders, including premarital counselling Educate patients and caregivers about sickle cell disease including on warning signs and what to do in acute conditions before coming to the hospital. Adequate hydration by teaching the patients to drink enough fluids to make their urine clear Prophylaxis for infection, pneumococcal vaccines, oral penicillin, use of insecticide treated bed nets, and anti-malaria Folate supplementation with folic acid Counselling of SCD (including avoidance of iron supplements) | <ul style="list-style-type: none"> Recognition of danger signs and referral for management | |
| PRIMARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

23. Anaemia and Hemoglobinopathies

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|---|---|
| <ul style="list-style-type: none"> Community engagement [community sensitization on screening for sickle cell disease, myths associated with sickle cell disease] Community education and awareness regarding the transmission of disease, stigma related to disease and carrier states, and informing the community about appropriate prevention options *Community education and sensitization with links to civil society organizations, parents' groups, schools, and school clubs Sensitize and use local governance structures to establish community-based intervention program | <ul style="list-style-type: none"> Genetic counselling for carriers of haemoglobin disorders, including premarital counselling Educate patients and caregivers about sickle cell disease including on warning signs and what to do in acute conditions before coming to the hospital. Adequate hydration by teaching the patients to drink enough fluids to make their urine clear Prophylaxis for infection, pneumococcal vaccines, oral penicillin, use of insecticide treated bed nets, and anti-malaria Folate supplementation with folic acid Counselling of SCD (including avoidance of iron supplements) | <ul style="list-style-type: none"> History and physical examination for sickle cell disease Screening for sickle cell disease using rapid point of care test Management of pain Referral to the next higher level | |
| SECONDARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> History and physical examination for sickle cell disease Screening for sickle cell disease using rapid point of care test | <ul style="list-style-type: none"> Early palliative care to improve symptom management and quality of life |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

23. Anaemia and Hemoglobinopathies

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---|
| | | <ul style="list-style-type: none"> • Condition-specific nutrition assessment and counselling • Basic and advanced laboratory tests • Investigations such as X-ray, • Electrocardiogram (ECG) • Chemoprophylaxis for sickle cell disease • Intravenous fluids • Supplemental oxygen • Intramuscular analgesics for pain relief • Intramuscular/ Intravenous Antibiotics • Blood and blood product transfusion • Referral to the next higher level | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination for sickle cell disease • Newborn screening for sickle cell disease using rapid point-of-care test • Condition-specific nutrition assessment and counselling | <ul style="list-style-type: none"> • Early palliative care to improve symptom management and quality of life |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

23. Anaemia and Hemoglobinopathies

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none">• Basic and advanced laboratory tests• Basic and advanced imaging; X-ray, ultrasound, CT scan• Electrocardiogram (ECG)• Incentive spirometry for sickle cell disease• Chemoprophylaxis for sickle cell disease• Oral hydroxyurea for prevention of vaso-occlusive crises• Intravenous fluids• Supplemental oxygen• Parenteral analgesics for pain relief• Parenteral antibiotics• Blood and blood product transfusion• Splenectomy for splenic sequestration crisis• Red cell exchange transfusion | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

24. Cervical cancer

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on HPV vaccine, prevention of cervical cancer, importance of screening, condom use] Provision of IEC/BCC materials | <ul style="list-style-type: none"> Counselling on STI prevention, risk reduction, and safer sex Targeted behavioural modification for smoking cessation Promote and provide condoms | Early recognition of need for referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Health education on prevention and management of cervical cancer | <ul style="list-style-type: none"> Counselling on STI prevention, risk reduction, and safer sex Vaccination: human papillomavirus (HPV) | <ul style="list-style-type: none"> Counselling on self-sampled HPV-based screening test (at health facility) Syndromic management of STIs Early recognition of need for referral | |
| SECONDARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Health education on prevention and management of cervical cancer | <ul style="list-style-type: none"> Vaccination: human papillomavirus (HPV) Screening to detect precancerous changes or early cancers | <ul style="list-style-type: none"> History and physical examination for cervical cancer Cervical cancer screening using HPV-test or Visual inspection with acetic acid (VIA) Treatment of precancerous lesions with Cryotherapy and/or LEEP Early recognition of need for referral | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

24. Cervical cancer

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---|
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination for cervical cancer • Cervical cancer screening using HPV-test or Pap test • Treatment of precancerous lesions with Cryotherapy and/or loop electrosurgical excision procedure (LEEP) • Treatment for cervical cancer with surgery/radiotherapy/chemotherapy/targeted drug therapy/immunotherapy | <p>Provide palliative and supportive care</p> <p>Psychological support with counselling</p> |

FINAL

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

25. Breast cancer

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on breast cancer, importance of screening with regular breast exams and mammography] Provision of IEC/BCC materials | <ul style="list-style-type: none"> Keep a healthy life style: healthy weight, physically active, no alcoholic drink or in moderation, no smoking, eat vegetables and fruits Guidance on self-observance and taking note of any unusual symptoms e.g., nipple discharge, skin change, pitting, breast mass | <ul style="list-style-type: none"> Early recognition of need for referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Health education on prevention and management of cervical cancer | <ul style="list-style-type: none"> Keep a healthy life style: healthy weight, physically active, no alcoholic drink or in moderation, no smoking, eat vegetables and fruits Guidance on self-observance and taking note of any unusual symptoms e.g., nipple discharge, skin change, pitting, breast mass | <ul style="list-style-type: none"> Early recognition of need for referral | |
| SECONDARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

25. Breast cancer

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|---|---|
| <ul style="list-style-type: none"> Health education on prevention and management of cervical cancer | <ul style="list-style-type: none"> Counselling and referral for early diagnosis of breast cancer | <ul style="list-style-type: none"> History and physical examination for breast cancer Basic laboratory tests Advanced laboratory tests Advanced imaging for screening and diagnosis: Mammography Biopsy and fine needle aspiration Early recognition of need for referral | |
| TERTIARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> Counselling and referral for early diagnosis of breast cancer | <ul style="list-style-type: none"> History and physical examination for breast cancer Basic laboratory tests Advanced laboratory tests Advanced imaging for screening and diagnosis: Mammography, CT scan Biopsy and fine needle aspiration Treatment for breast cancer with Mastectomy/radiotherapy/chemotherapy/targeted drug therapy/immunotherapy | <p>Provide palliative and supportive care</p> <p>Psychological support with counselling</p> |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

26. Asthma/COPD

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness on the possible triggers/possible risk factors of asthma and preventive measures • Provide IEC materials on Asthma • Multi sectoral approach to ensure clean environments | <ul style="list-style-type: none"> • Avoidance of indoor, outdoor asthma triggers • Avoidance of exposure to exhaust fumes or other types of pollution • Vaccination against influenza and pneumonia to prevent trigger flare ups | <ul style="list-style-type: none"> • Counselling on recognition of symptoms • Guidance to patient on how to monitor their breathing and how to recognize warning signs • Guidance on use of medication as prescribed • Recognition of danger signs and referral to the next higher level | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness on the possible triggers/possible risk factors of asthma and preventive measures • Provide IEC materials on Asthma • Multi sectoral approach to ensure clean environments | <ul style="list-style-type: none"> • Avoidance of indoor, outdoor asthma triggers • Avoidance of exposure to exhaust fumes or other types of pollution • Vaccination against influenza and pneumonia to prevent trigger flare ups | <ul style="list-style-type: none"> • History and physical examination for asthma • Pulse oximetry for oxygen monitoring • Counselling on personalised asthma management plan • Short-acting beta agonists inhalers • Referral to the next higher level in sever and not responding to treatment | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

26. Asthma/COPD

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|----------|---------------------------|
|--------------------------------|--------------------|----------|---------------------------|

SECONDARY CARE LEVEL

| | | | |
|--|--|---|--|
| | <ul style="list-style-type: none"> • Vaccination against influenza and pneumonia to prevent trigger flare ups | <ul style="list-style-type: none"> • History and physical examination for asthma • Basic laboratory tests • Advanced laboratory tests • Basic imaging test • Advanced imaging test • Monitor oxygen levels e.g., using spirometry • Treat asthma/COPD using short-acting bronchodilator, low-dose inhaled corticosteroid (ICS) or Long-acting bronchodilator (LABA) or long-acting muscarinic agonist (LAMA) • Supplemental oxygen • Bilevel Positive Airway Pressure (BiPAP) for respiratory support • Counselling on personalised asthma management plan • Referral to higher level for further management | |
|--|--|---|--|

TERTIARY CARE LEVEL

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

26. Asthma/COPD

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|---|--|---------------------------|
| | <ul style="list-style-type: none"> Vaccination against influenza and pneumonia to prevent trigger flare ups exercise | <ul style="list-style-type: none"> History and physical examination for asthma Basic laboratory tests Advanced laboratory tests Basic imaging test Advanced imaging test Monitor oxygen levels e.g., using spirometry Treat asthma/COPD using short-acting bronchodilator, low-dose inhaled corticosteroid (ICS) or Long-acting bronchodilator (LABA) or long-acting muscarinic agonist (LAMA) Supplemental oxygen Bilevel Positive Airway Pressure (BiPAP) for respiratory support Counselling on personalised asthma management plan | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

27. Diabetes Mellitus

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on diabetes and risk factors, healthy diets, regular blood sugar testing, and exercise]. Provision of IEC/BCC materials | <ul style="list-style-type: none"> Integrated counselling on healthy diet, physical activity, Encourage compliance with medications, and regular clinical check-ups and prevention of complications | <ul style="list-style-type: none"> Management of suspected low blood sugar with a fast-acting carbohydrate Counselling on frequent blood sugar monitoring Early recognition of need for referral and appropriate referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on diabetes and risk factors, healthy diets, regular blood sugar testing, and exercise]. Provision of IEC/BCC materials | <ul style="list-style-type: none"> Integrated counselling on healthy diet, physical activity, Encourage compliance with medications, and regular clinical check-ups and prevention of complications | <ul style="list-style-type: none"> History and physical examination for diabetes mellitus Point of care testing Basic laboratory tests Condition-specific nutrition assessment and counselling Oral antidiabetics Provision of blood glucose monitoring device and test strips Diabetic foot examination Test for visual acuity Counselling on home glucose monitoring | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

27. Diabetes Mellitus

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| SECONDARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination for diabetes mellitus • Point of care testing • Basic laboratory tests • Advanced laboratory tests • Condition-specific nutrition assessment and counselling • Counselling on home glucose monitoring, and self-insulin administration. • Provision of blood glucose monitoring device and test strips • Diabetic foot examination • Test for visual acuity • Direct ophthalmoscopy • Intravenous fluids • Insulin treatment • Oral hypoglycaemics • Monitoring of acid base status | |

TERTIARY CARE LEVEL

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

27. Diabetes Mellitus

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none">• History and physical examination for diabetes mellitus• Point of care testing• Basic laboratory tests• Advanced laboratory tests• Condition-specific nutrition assessment and counselling• Counselling on home glucose monitoring, and self-insulin administration.• Provision of blood glucose monitoring device and test strips• Diabetic foot examination Test for visual acuity• Direct ophthalmoscopy• Intravenous fluids• Insulin treatment• Oral hypoglycaemics• Monitoring of acid base status | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

28. Seizure disorders

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Provide information and awareness creation on seizures disorders including Epilepsy, its recognition and prevention measures • Education to prevent misunderstanding, discrimination and social stigma. • Multi-sectoral approach to reduce incidences of trauma e.g., falls, burns and promote access to education | <ul style="list-style-type: none"> • Prevention and seeking treatment early for febrile infections such as malaria and other viral/bacterial infections and head trauma • Education on prevention of infections • Prevention of falls, drownings, burns | <ul style="list-style-type: none"> • Early recognition of signs of seizures disorders • Relieve of any pain due to physical injuries as a result of seizures through use of pain medications • First aid on any other complication due to seizures e.g., burns • Referral to a health facility for management | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Provide information and awareness creation on seizures disorders including Epilepsy, its recognition and prevention measures | <ul style="list-style-type: none"> • Prevention and seeking treatment early for febrile infections such as malaria and other viral/bacterial infections and head trauma • Education on prevention of infections • Prevention of falls, drownings, burns | <ul style="list-style-type: none"> • History and physical examination for epilepsy • Point of care testing • Glucose for hypoglycaemia • Condition specific nutrition assessment and counselling • Antiepileptics for epilepsy | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

28. Seizure disorders

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--------------------|---|---------------------------|
| <ul style="list-style-type: none"> • Education to prevent misunderstanding, discrimination and social stigma. • Multi-sectoral approach to reduce incidences of trauma e.g., falls, burns and promote access to education • | | <ul style="list-style-type: none"> • Antipyretics for febrile seizures | |

SECONDARY CARE LEVEL

| | | | |
|--|--|--|---|
| | | <ul style="list-style-type: none"> • History and physical examination for epilepsy • Point of care testing • Basic laboratory tests • Lumbar puncture • Condition specific nutrition assessment and counselling • Antiepileptics for epilepsy • Antipyretics for seizures • Monitor therapeutic drug level | <ul style="list-style-type: none"> • Psychoeducation and psychosocial support (including for patient's carers) |
|--|--|--|---|

TERTIARY CARE LEVEL

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT**28. Seizure disorders**

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---------------------------------------|---------------------------|--|----------------------------------|
| | | <ul style="list-style-type: none">• History and physical examination for epilepsy• Basic laboratory test• Lumbar puncture for CSF exam• Electroencephalography (EEG)Electrocardiogram (ECG)• Advance imaging: MRI, CT scan• Condition specific nutrition assessment and counselling• Psychoeducation and psychosocial support (including for patient's carers)• Antiepileptics for epilepsy• Epilepsy surgery• Monitor therapeutic drug level | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

29. Headache disorders

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Education and awareness creation/information to communities on headache prevention measures | <ul style="list-style-type: none"> Guidance to patient on healthy behaviours Including; getting plenty of sleep, staying physically active, eating healthy meals and snacks, drinking plenty of water daily, management of stress, practicing relaxation techniques Guidance on avoidance of headache triggers (such as caffeine) Adherence to any medications as prescribed | <ul style="list-style-type: none"> Analgesics for mild headaches Identify warning features of serious headaches or headaches due to underlying conditions Referral for management of serious headaches or headaches due to other underlying conditions | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Education and awareness creation/information to communities on headache prevention measures | <ul style="list-style-type: none"> Guidance to patient on healthy behaviours Including; getting plenty of sleep, staying physically active, eating healthy meals and snacks, drinking plenty of water daily, management of stress, practicing relaxation techniques Guidance on avoidance of headache triggers (such as caffeine) Adherence to any medications as prescribed | <ul style="list-style-type: none"> Analgesics for mild headaches Identify warning features of serious headaches or headaches due to underlying conditions Basic laboratory to rule out treatable infections Referral for management of serious headaches or headaches due to other underlying conditions | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

29. Headache disorders

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| SECONDARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination for headache disorders • Point of care testing • Basic laboratory tests • Advanced laboratory tests • Computed tomography (CT) scan • Lumbar puncture • Non-pharmacological management of headache e.g., lifestyle changes to reduce stress and improve relaxation • Investigate and treat underlying cause • Pharmacological management of headache | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination for headache disorders • Point of care testing • Basic laboratory tests • Advanced laboratory tests • Computed tomography (CT) scan | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT**29. Headache disorders**

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---------------------------------------|---------------------------|--|----------------------------------|
| | | <ul style="list-style-type: none">• Lumbar puncture• Non-pharmacological management of headache e.g., lifestyle changes to reduce stress and improve relaxation• Investigate and treat underlying cause• Pharmacological management of headache | |

FINAL

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

30. Ear infections and conditions

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Sensitization on the risk factors, prevention measures of ear infections and hearing problems Distribution of IEC materials on ear diseases and conditions | <ul style="list-style-type: none"> Vaccination: seasonal flu vaccine Keep ears dry to prevent further infection Avoid loud noises and limit noise exposure | <ul style="list-style-type: none"> Clinical assessment for early recognition of need for referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Sensitization on the risk factors, prevention measures of ear infections and hearing problems Distribution of IEC materials on ear diseases and conditions | <ul style="list-style-type: none"> Vaccination: seasonal flu vaccine | <ul style="list-style-type: none"> History and physical examination for ENT infections Identify Age-Related Hearing Loss Antibiotics for ear infections Analgesics for pain relief Removing wax blockage Referral for other ear conditions | |
| SECONDARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> History and physical examination for ENT infections Assess for Age-Related Hearing Loss using general screening tests, tuning fork tests, etc. | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

30. Ear infections and conditions

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|---|--|---------------------------|
| | | <ul style="list-style-type: none"> • Analgesics for pain relief • Antibiotics for ear infections • Removing wax blockage • Referral to next level for non-responders | |
| TERTIARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> • Vaccination: pneumococcal conjugate • Vaccination: haemophilus influenzae type b (Hib) | <ul style="list-style-type: none"> • History and physical examination • Assess hearing loss using audiometry test • Advanced imaging: computed tomography (CT) magnetic resonance imaging (MRI) • Antibiotics for Ear infections • Analgesics for relief of pain • Surgical procedures • Hearing aid • Assistive devices, such as telephone amplifiers | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

31. Oral conditions

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community awareness on dental caries, periodontal disease and prevention measures Fully integrating oral health into community health programmes. Multi sectoral approach in addressing socio-cultural determinants such as poor living conditions Multi-sectoral approach in ensuring access to clean safe water including Community water fluoridation | <ul style="list-style-type: none"> Counselling on daily oral hygiene including toothbrushing with fluoride toothpaste, flossing daily Counselling on a well-balanced diet low in free sugars and high in fruit and vegetables, and favouring water as the main drink Stopping use of all forms of tobacco, including chewing of kola nuts and reducing alcohol consumption Encourage use of protective equipment when doing sports and travelling on bicycles and motorcycles (to reduce the risk of facial injuries). | <ul style="list-style-type: none"> Screening, treatment of minor oral conditions Provide disinfectant mouthwash Referral to a health facility for management of oral diseases | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Community awareness on dental caries, periodontal disease and prevention measures Fully integrating oral health into community health programmes. Multi sectoral approach in addressing socio-cultural | <ul style="list-style-type: none"> Counselling on daily oral hygiene including toothbrushing with fluoride toothpaste, flossing daily Counselling on a well-balanced diet low in free sugars and high in fruit and vegetables, and favouring water as the main drink | <ul style="list-style-type: none"> History and intraoral examination Provide disinfectant mouthwash Application of fluoride varnish on tooth surface Silver diamine fluoride application Counselling on use of saline mouthwash | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

31. Oral conditions

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|---|---------------------------|
| <p>determinants such as poor living conditions</p> <ul style="list-style-type: none"> Multi-sectoral approach in ensuring access to clean safe water including Community water fluoridation | <ul style="list-style-type: none"> Stopping use of all forms of tobacco, including chewing of kola nuts and reducing alcohol consumption Encourage use of protective equipment when doing sports and travelling on bicycles and motorcycles (to reduce the risk of facial injuries) | <ul style="list-style-type: none"> Analgesics for oral diseases pain Antibiotics for dental infections Referral for management of oral diseases | |
| SECONDARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> History and intraoral examination Application of fluoride varnish on tooth surface Basic imaging: X-ray Analgesics for oral diseases Antibiotics for dental abscess Dental extraction Incision and drainage Atraumatic restorative treatment Filling dental caries using advanced procedures Silver diamine fluoride application Monitor and manage any complications Fixing of dentures | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

31. Oral conditions

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and intraoral examination • Application of fluoride varnish on tooth surface • Basic imaging: X-ray • Analgesics for oral diseases • Antibiotics for dental abscess • Dental extraction • Treatments for gum disease • Incision and drainage • Atraumatic restorative treatment • Filling dental caries using advanced procedures • Silver diamine fluoride application • Monitor and manage any complications • Fixing of dentures | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

32. Eye conditions

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community awareness on the importance of early and regular comprehensive eye examinations and healthy foods | <ul style="list-style-type: none"> Job aids (protocols) for eye conditions | <ul style="list-style-type: none"> Early identification of eye conditions and refer | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Community awareness on the importance of early and regular comprehensive eye examinations and healthy foods | <ul style="list-style-type: none"> Counselling on adherence to treatment regimen for chronic eye diseases Counselling to promote good eye health practices and prevention strategies Counselling and education on importance of spectacle compliance | <ul style="list-style-type: none"> Screening and diagnosis of eye diseases and vision impairment Test for visual acuity Visual field assessment Torchlight examination (external eye assessment) | |
| SECONDARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> Screening and diagnosis of eye diseases and vision impairment in community, | <ul style="list-style-type: none"> Correction of refractive error, Correction of amblyopia and strabismus Treatment of cataract Treatment of glaucoma Antibiotic for eye infections Patching for the treatment of amblyopia | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

32. Eye conditions

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none"> • Topical cycloplegic drugs | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • Correction of refractive error, • Correction of amblyopia and strabismus • Treatment of cataract • Treatment of glaucoma • Antibiotic for eye infections • Topical cycloplegic drugs • Strabismus surgery • Management of ocular cancer | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

33. Dementia (including Alzheimer’s)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <p>* Awareness creation among the communities on memory loss including prevention measures</p> | <ul style="list-style-type: none"> • Guidance on mental exercise including engagement in intellectual activities (reading, playing board games, completing crossword puzzles, playing musical instruments, • Encourage participation in regular social interaction • Guidance on modifiable risk factors (healthy diet, physical exercise /physical activities, cessation of tobacco smoking and avoidance of secondary smoke, stopping alcohol, prevention of head injuries, sleep patterns) | <ul style="list-style-type: none"> • Recognition of the symptoms of dementia including difficulty in remembering recent events, problems with language, disorientation (including easily getting lost), mood swings, loss of motivation, not managing self-care, and behavioural issues. • Monitoring of any indications that Alzheimer’s is getting worse including swallowing difficulties, oral and dental disease, hygiene problems, skin, or eye infections. • Referral Alzheimer’s patient to a health facility for further management | |
| PRIMARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> • Guidance on mental exercise including engagement in intellectual activities (reading, playing board games, completing crossword puzzles, playing musical instruments, | <ul style="list-style-type: none"> • History and physical examination for dementia (including Alzheimer disease) | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

33. Dementia (including Alzheimer’s)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|---|---|---|
| | <ul style="list-style-type: none"> • Encourage participation in regular social interaction • Guidance on modifiable risk factors (healthy diet, physical exercise /physical activities, cessation of tobacco smoking and avoidance of secondary smoke, stopping alcohol, prevention of head injuries, sleep patterns) | <ul style="list-style-type: none"> • Clinical examination including behavioural observations (including mini mental status exam) • Psychosocial therapy –including behavioural therapy • Monitoring of any indications that Alzheimer’s is getting worse including swallowing difficulties, oral and dental disease, hygiene problems, skin, or eye infections. • Referral of person with Alzheimer’s to a health facility for further management | |
| SECONDARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination for dementia (including Alzheimer disease) • Clinical Examinations including behavioural observations. • Assessments of intellectual functioning including memory testing/cognitive testing • Drug management including cholinesterase inhibitors | Psychoeducation and psychosocial support (including for patient’s carers) |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

33. Dementia (including Alzheimer’s)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | <ul style="list-style-type: none"> • Psychosocial therapy – including behavioural therapy • Monitoring of any indications that Alzheimer’s is getting worse including swallowing difficulties, oral and dental disease, hygiene problems, skin, or eye infections. • Relieving discomfort especially in the later stages of the disease • Investigations, blood tests to rule out other possible diagnosis such as thyroid disorders; vitamin deficiencies • Medical imaging (CT scan, MRI, PET Scan) • Relieving discomfort especially in the later stages of the disease • Blood tests to rule out other possible diagnosis such as thyroid disorders; vitamin deficiencies • Referral of a person with Alzheimer’s to a health facility for further management | |

TERTIARY CARE LEVEL

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

33. Dementia (including Alzheimer’s)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|--|
| | | <ul style="list-style-type: none"> • History and physical examination for dementia (including Alzheimer disease) • Clinical Examinations including behavioural observations. • Assessments of intellectual functioning including memory testing/cognitive testing • Drug management including cholinesterase inhibitors • Psychosocial therapy – including behavioural therapy • Monitoring of any indications that Alzheimer’s is getting worse including swallowing difficulties, oral and dental disease, hygiene problems, skin, or eye infections. • Relieving discomfort especially in the later stages of the disease • Investigations, blood tests to rule out other possible diagnosis such as thyroid disorders; vitamin deficiencies • Medical imaging (CT scan, MRI, PET Scan) | <p>Psychoeducation and psychosocial support (including for patient’s carers)</p> |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT**33. Dementia (including Alzheimer's)**

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---------------------------------------|---------------------------|---|----------------------------------|
| | | <ul style="list-style-type: none">• Relieving discomfort especially in the later stages of the disease• Blood tests to rule out other possible diagnosis such as thyroid disorders; vitamin deficiencies | |

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ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 PLUS YEARS AGE COHORT

34. Parkinson's disease

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Health education/ Awareness creation among the elderly and communities on Parkinson disease and related conditions • Advocacy programs on parkinsonism | <ul style="list-style-type: none"> • Encourage exercise regularly to reduce the risk of Parkinson's disease • Avoidance of exposure to pesticides and herbicides • Use of vitamins such as Vitamin C and E • Advice on diet/use of balance diet | <ul style="list-style-type: none"> • Recognition of cardinal signs of parkinsonism • Advice on diet/use of balance diet • Monitoring any indication of progression or severity of the disease • Pain relief and exercise • Encourage adherence to medication • Referral to a health facility for management | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Health education/ Awareness creation to communities on Parkinson disease and related conditions • Advocacy programs on parkinsonism | <ul style="list-style-type: none"> • Encourage exercise regularly to reduce the risk of Parkinson's disease • Avoidance of exposure to pesticides and herbicides • Use of vitamins such as Vitamin C and E • Advice on diet/use of balance diet | <ul style="list-style-type: none"> • Regular Physical Exercise programs for persons with Parkinsonism disease to improve mobility and flexibility • Generalized relaxation techniques such as gentle rocking to improve flexibility | |
| SECONDARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 PLUS YEARS AGE COHORT

34. Parkinson's disease

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|--|---|
| | | <ul style="list-style-type: none"> • Medical history and neurological examination • Diet therapy/guidance on balanced diet • Pharmacological therapy • Monitoring the disease progression and management of any complications arising • Management of difficulties in swallowing/feeding e.g., through use of feeding tube • Managing breathing complications e.g., through use of non-invasive ventilator, and tracheostomy. • Management of Urine incontinence • Management of constipation, pain, blood pressure • Management of secondary causes of parkinsonism's such as stroke | |
| TERTIARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • | <ul style="list-style-type: none"> • | <ul style="list-style-type: none"> • Medical history and neurological examination | <ul style="list-style-type: none"> • Regular Physical Exercise programs to |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 PLUS YEARS AGE COHORT

34. Parkinson's disease

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---|
| | | <ul style="list-style-type: none"> • Diagnosis through neuro-imaging - MRI • Symptomatic treatment • Diet therapy/guidance on balanced diet • Pharmacological therapy • Monitoring the disease progression and management of any complications arising • Management of difficulties in swallowing/feeding e.g., through use of feeding tube • Managing breathing complications e.g., through use of non-invasive ventilator, and tracheostomy. • Management of Urine incontinence • Management of constipation, pain, blood pressure • Management of secondary causes of parkinsonism's such as stroke • Surgery for deep brain stimulation to reduce motor symptoms in severe cases | <ul style="list-style-type: none"> • improve mobility and flexibility • Physiotherapy services to improve mobility, gait, speed, flexibility • Generalized relaxation techniques such as gentle rocking to improve flexibility • Speech therapy-Lee Silverman Voice treatment • Occupational therapy to promote health and quality of life by helping persons with the disease to participate in as many of their daily living activities as possible. |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

35. Road traffic injuries

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Create enabling environment to enforce road safety, strengthen community action towards road safety, develop personal skills for drivers, the public and law enforcement agencies to practice road safety and reorient the health services regarding road safety • Discourage harmful traditional practice in transportation injured persons and management of injuries • Empowerment of community health agents to conduct activities for a safe environment | <ul style="list-style-type: none"> • Enforcement of traffic regulations including helmet and seat belt use and drunk-driving • Installation of speed bumps at high-risk intersections • Breath testing for alcohol • Formation of health committees on the prevention of injury | <ul style="list-style-type: none"> • Early identification of danger signs • First aid practice by first responders and community health agents • Follow up for early detection of complications and referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Community awareness on safe environment • Community awareness on how to identify and modify hazards | <ul style="list-style-type: none"> • Counselling on safety and injury prevention | Resuscitation with basic life support Provide the necessary basic treatment as indicated (e.g., fracture reduction with external immobilization) Strengthen follow-up services | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

35. Road traffic injuries

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--------------------|---|---------------------------|
| <p>that might lead to falls, burns and drowning accidents in indoor and outdoor environment</p> <ul style="list-style-type: none"> • Sensitization of parents, teachers and care givers on home hazards, fall accidents and road traffic injuries • Community awareness on responsible parenting • Discourage harmful traditional practice in the management of injuries | | Referral of severe cases to higher level. | |

SECONDARY CARE LEVEL

| | | | |
|--|--|---|--|
| | | <ul style="list-style-type: none"> • History and physical examination for serious injury • Basic laboratory and imaging services • Provide emergency treatment based on Paediatric Advanced Life Support (PALS) and Advanced Trauma Life Support (ATLS) management • Resuscitate with iv fluids, blood and blood components | |
|--|--|---|--|

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

35. Road traffic injuries

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none"> • Implement surgical interventions like acute trauma management, internal fixation, debridement and amputation, basic skin grafting, escharotomy/fasciotomy-myectomy • Referral to higher centres of complicated cases | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination for serious injury • Advanced laboratory tests • Advanced imaging, scanning services and diagnostic facilities like contrast CT scan and MRI • Provide emergency treatment based on Paediatric Advanced Life Support (PALS) and Advanced Trauma Life Support (ATLS) management • Minor and major surgical interventions • Advanced and specialized treatment like re-constructive surgery • Blood and blood product transfusion | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT**35. Road traffic injuries**

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---------------------------------------|---------------------------|---|----------------------------------|
| | | <ul style="list-style-type: none">• Advanced physiotherapy services | |

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ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

36. Non-transport injuries (falls, drowning, burns, and poisoning)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community awareness on safe environment Community awareness on how to identify and modify hazards that might lead to indoor and outdoor environment accidents Discourage harmful traditional practice in the management of non-transport unintentional injuries | <ul style="list-style-type: none"> Group and home-based exercise programs, containing balance and strength-training exercises Multifactorial interventions, including home safety modifications Home safety interventions providing free, low-cost, or subsidized safety equipment Legislation and enforcement of personal flotation devices (PFDs) use for recreational boaters Legislation and enforcement to control alcohol use, especially in relation to aquatic activities Use of a safer and cleaner kerosene stove design Safe storage of medicines and poisons; Enacting and enforcing poisoning prevention legislation. | <ul style="list-style-type: none"> First aid: immobilization, applying ice and compression to reduce swelling for falls, artificial respiration for drowning, cooling in running water for burns Early recognition of the need for referral | |
| PRIMARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

36. Non-transport injuries (falls, drowning, burns, and poisoning)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|---|---------------------------|
| <ul style="list-style-type: none"> Community awareness on creating safe environment, how to identify and modify hazards that might lead to indoor and outdoor environment accidents Discourage harmful traditional practice in the management of non-transport unintentional injuries | <ul style="list-style-type: none"> Group and home-based exercise programs, containing balance and strength-training exercises Multifactorial interventions, including home safety modifications Home safety interventions providing free, low-cost, or subsidized safety equipment Legislation and enforcement of personal flotation devices (PFDs) use for recreational boaters Legislation and enforcement to control alcohol use, especially in relation to aquatic activities Use of a safer and cleaner kerosene stove design Safe storage of medicines and poisons; Enacting and enforcing poisoning prevention legislation. | <ul style="list-style-type: none"> First aid: immobilization, applying ice and compression to reduce swelling for falls, artificial respiration for drowning, cooling in running water for burns Early recognition of the need for referral | |

SECONDARY CARE LEVEL

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

36. Non-transport injuries (falls, drowning, burns, and poisoning)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|-------------------------------------|--|---------------------------|
| | Health education on burn prevention | <ul style="list-style-type: none"> • History and physical examination • Accurate Total Body Surface Area (TBSA) estimation • Advanced laboratory tests • Adequate analgesia to facilitate assessment and patient comfort • Intravenous fluid and electrolytes • Continuous vital sign monitoring • Adequate peripheral perfusion and need for escharotomy • Prevention of hypothermia • Wound management • Intramuscular tetanus toxoid • Blood and blood product transfusion • Surgical interventions: trauma management, debridement, basic skin grafting, escharotomy, etc • Antidotes and reversal medications • Enhanced elimination by hemoperfusion or haemodialysis • Enhanced elimination by urinary alkalinization • Oxygen supply • Mechanical ventilation | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

36. Non-transport injuries (falls, drowning, burns, and poisoning)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|---|---------------------------|
| TERTIARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Sensitization of parents, teachers and care givers on home hazards, burns | <p>Health education on burn prevention</p> | <ul style="list-style-type: none"> History and physical examination Accurate Total Body Surface Area (TBSA) estimation Advanced laboratory tests Adequate analgesia to facilitate assessment and patient comfort Intravenous fluid and electrolytes Continuous vital sign monitoring Adequate peripheral perfusion and need for escharotomy Prevention of hypothermia Wound management Intramuscular tetanus toxoid Blood and blood product transfusion Surgical interventions: trauma management, debridement, basic skin grafting, escharotomy, etc Antidotes and reversal medications Enhanced elimination by hemoperfusion or haemodialysis Enhanced elimination by urinary alkalinization | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT**36. Non-transport injuries (falls, drowning, burns, and poisoning)**

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---------------------------------------|---------------------------|--|----------------------------------|
| | | <ul style="list-style-type: none">• Oxygen supply• Mechanical ventilation | |

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ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

37. Bites and Envenomation

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community awareness on prevention and control of dog bites, snake bites and immediate care measures Community education about animal bites, venomous snakes and snake-bite | <ul style="list-style-type: none"> Counselling on prevention of bite and envenoming injuries Wear high, thick rubber boots when walking through snake-prone areas Eliminating rabies in dogs- through Vaccinating dogs. Pre-exposure immunization for high-risk occupations | <ul style="list-style-type: none"> Early recognition of the need for referral of bites and envenoming Injuries Wound care | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Community awareness on prevention and control of dog bites, snake bites and immediate care measures Community education about animal bites, venomous snakes and snake-bite | <ul style="list-style-type: none"> Counselling on prevention of bite and envenoming injuries Wear high, thick rubber boots when walking through snake-prone areas Eliminating rabies in dogs- through Vaccinating dogs. Pre-exposure immunization for high-risk occupations | <ul style="list-style-type: none"> History and examination for bites and envenoming injuries Wound care Oral analgesics Early recognition of the need for referral of bites and envenoming injuries | |
| SECONDARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

37. Bites and Envenomation

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none"> • History and examination for bites and envenoming injuries • Adequate analgesics • Adequate hydration • Immunoglobulin for bites and envenoming injuries • Vaccine for bites and envenoming injuries • Intravenous antivenin for bites and envenoming injuries • Surgical exploration and debridement for bites and envenoming injuries | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and examination for bites and envenoming injuries • Adequate analgesics • Adequate hydration • Immunoglobulin for bites and envenoming injuries • Vaccine for bites and envenoming injuries | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT**37. Bites and Envenomation**

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---------------------------------------|---------------------------|--|----------------------------------|
| | | <ul style="list-style-type: none">• Intravenous antivenin for bites and envenoming injuries• Surgical exploration and debridement for bites and envenoming injuries | |

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ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

38. Psychiatric or mental disorders (Anxiety, Depression, psychosis, bipolar, etc)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on psychiatric disorders, healthy diets, exercise, stress management, healthy relationships] Education directed at elimination of stigmatization of people living with mental health conditions Community planning for increased community spaces/parks | <ul style="list-style-type: none"> Encourage social participation Integrated counselling on healthy diet, physical activity, weight management, and alcohol, drug and tobacco use Encourage compliance with medications | <ul style="list-style-type: none"> Free universal crisis support line Promote functioning in activities of daily living and rehabilitation and inclusion in the community Promote self-care Psychosocial support groups Early recognition of the need for referral and appropriate referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Health education directed at creating awareness on mental disorders and elimination of stigma of people living with mental health conditions Provision of IEC/BCC materials | <ul style="list-style-type: none"> Encourage social participation Integrated counselling on healthy diet, physical activity, weight management, and alcohol, drug and tobacco use Encourage compliance with medications | <ul style="list-style-type: none"> Assessment for symptoms mental health disorders Referral to the next level for specialized mental health investigation | |
| SECONDARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

38. Psychiatric or mental disorders (Anxiety, Depression, psychosis, bipolar, etc)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | <ul style="list-style-type: none"> • History and physical examination for psychiatric disorders • Basic laboratory tests • Advanced laboratory tests • Electroencephalography (EEG) • Assessment of self-harm and suicide risk in people with mental, neurological, and substance use conditions • Promote functioning in activities of daily living and rehabilitation and inclusion in the community • Provide cognitive behavioural therapy or interpersonal therapy (IPT) • Psychoeducation and psychosocial support for patients and carers • Stress management training • Thinking about difficult memories (TDM) training • Self-help or guided self-help stress management training • Systemic desensitization therapy (SDT) • Oral and parenteral antipsychiatry drugs for first line and second line treatment | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

38. Psychiatric or mental disorders (Anxiety, Depression, psychosis, bipolar, etc)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none"> • Prompt monitoring and management of adverse drug reactions • Referral for specialized mental health and other needed services | |

TERTIARY CARE LEVEL

| | | | |
|--|--|--|--|
| | | <ul style="list-style-type: none"> • History and physical examination for psychiatric disorders • Advanced laboratory tests • Electroencephalography (EEG) • Assessment of self-harm and suicide risk in people with mental, neurological, and substance use conditions • Promote functioning in activities of daily living and rehabilitation and inclusion in the community • Provide cognitive behavioural therapy or interpersonal therapy (IPT) • Psychoeducation and psychosocial support for patients and carers • Stress management training • Thinking about difficult memories (TDM) training | |
|--|--|--|--|

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT**38. Psychiatric or mental disorders (Anxiety, Depression, psychosis, bipolar, etc)**

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---------------------------------------|---------------------------|--|----------------------------------|
| | | <ul style="list-style-type: none">• Self-help or guided self-help stress management training• Systemic desensitization therapy (SDT)• Oral and parenteral antipsychiatry drugs for first line and second line treatment• Prompt monitoring and management of adverse drug reactions• Monitor drug levels of antipsychiatry drugs• Electroconvulsive therapy (ECT) for refractory cases• Referral for specialized mental health and other needed services | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

39. Substance use disorders (Alcohol, drugs, etc.) including tobacco use

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement to educate and support individuals and communities to prevent the use and misuse of alcohol, drugs and other substances and their side effects and the consequences of the addiction. Promote comprehensive tobacco control initiatives by, prohibiting smoking in public places, preventing tobacco use among young people and banning advertising and promotion of tobacco products Increase minimum age for alcohol purchasing and consumption Increasing tobacco and alcohol excise taxes taxation | <ul style="list-style-type: none"> Counselling on substance, tobacco use, moderation and management of peer pressure Smoke-free indoor residences, workplaces and public Provide resources on healthy ways to reduce and manage stress | <ul style="list-style-type: none"> Twelve-step facilitation therapy Early recognition of need for referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement to educate and support individuals and communities to prevent the | <ul style="list-style-type: none"> Counselling on substance use and addiction and management of peer pressure | <ul style="list-style-type: none"> History and physical examination for substance use disorders Brief interventions therapy | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

39. Substance use disorders (Alcohol, drugs, etc.) including tobacco use

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|--|---------------------------|
| <p>use and misuse of alcohol, drugs and other substances and their side effects and the consequences of the addiction.</p> <ul style="list-style-type: none">• Promote comprehensive tobacco control initiatives by, prohibiting smoking in public places, preventing tobacco use among young people and banning advertising and promotion of tobacco products• Increase minimum age for alcohol purchasing and consumption• Increasing tobacco and alcohol excise taxes taxation | <ul style="list-style-type: none">• Systematic screening for substance uses among at risk population | <ul style="list-style-type: none">• Counselling and other psychosocial support• Psychoeducation for patients and their caregivers• Nicotine Replacement Therapy (NRT)• Referral to the next level | |

SECONDARY CARE LEVEL

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

39. Substance use disorders (Alcohol, drugs, etc.) including tobacco use

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none"> • History and physical examination for substance use disorders • Basic laboratory tests • Brief interventions therapy • Counselling and other psychosocial support • Psychoeducation for patients and their caregivers • Nicotine Replacement Therapy (NRT) • Cognitive behavioural therapy (CBT) • Motivational and Mutual-help groups interventions • Twelve-step facilitation treatment • Provision of multivitamins • Treatment for psychological problems • Treatment of associated medical conditions | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination for substance use disorders • Basic laboratory tests • Advanced laboratory tests • Basic and advanced imaging | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 50-64 YEARS AGE COHORT

39. Substance use disorders (Alcohol, drugs, etc.) including tobacco use

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none">• Brief interventions therapy• Counselling and other psychosocial support• Psychoeducation for patients and their caregivers• Cognitive behavioural therapy (CBT)• Motivational and Mutual-help groups interventions• Twelve-step facilitation treatment• Provision of harm reduction services; opiate substitution therapy (OST), needle and syringe programmes (NSP), overdose prevention• Provision of detoxification-withdrawal drugs• Nicotine Replacement Therapy (NRT)• Provision of multivitamins• Treatment for psychological problems• Treatment of associated medical conditions | |

4.6 Essential Health Service Package -65 Plus Age Cohort

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ESSENTIAL HEALTH SERVICE PACKAGE: 65 PLUS YEARS AGE COHORT

1. Malaria

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Mass media on malaria prevention measures • Community based campaigns to promote use of bed nets, early health seeking behaviour • Community mobilization and engagement on malaria prevention and control measures | <ul style="list-style-type: none"> • Integrated vector control management (ITN, IRS, larva source management) | <ul style="list-style-type: none"> • Diagnosis confirmation for malaria parasites using rapid diagnostic tests • Oral antimalaria for treatment of uncomplicated <i>P. falciparum</i> malaria • Follow up on malaria treatment adherence • Refer unresponsive or severe cases to the next higher level | NA |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Mass media on malaria prevention measures • Community based campaigns to promote use of bed nets, early health seeking behaviour • Community mobilization and engagement on malaria prevention and control measures | <ul style="list-style-type: none"> • Integrated vector control management (ITN, IRS, larva source management) | <ul style="list-style-type: none"> • Diagnosis confirmation for malaria parasites- microscopy or RDT • Basic laboratory tests (blood, urine, etc) • Oral antimalaria for treatment of uncomplicated <i>P. falciparum</i> malaria • Intramuscular antimalarials empiric therapy for initial phase treatment of severe malaria • Refer unresponsive or severe cases to the next higher level | |

ESSENTIAL HEALTH SERVICE PACKAGE: 65 PLUS YEARS AGE COHORT

1. Malaria

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|----------|---------------------------|
|--------------------------------|--------------------|----------|---------------------------|

SECONDARY CARE LEVEL

| | | | |
|--|--|---|--|
| <ul style="list-style-type: none"> • Same above | <ul style="list-style-type: none"> • Same above | <ul style="list-style-type: none"> • Diagnosis confirmation and parasite density monitoring using microscopy • Treatment of uncomplicated <i>P. falciparum</i> malaria with oral antimalaria • Intravenous antimalarials for treatment of severe <i>P. falciparum</i> malaria • Refer unresponsive cases and complications to the next higher level | |
|--|--|---|--|

TERTIARY CARE LEVEL

ESSENTIAL HEALTH SERVICE PACKAGE: 65 PLUS YEARS AGE COHORT**1. Malaria**

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---------------------------------------|---------------------------|---|----------------------------------|
| Same above | Same above | <ul style="list-style-type: none">• Diagnosis confirmation and parasite density monitoring using microscopy• Advanced laboratory tests (RFTs, LFTs, etc)• Oral antimalaria for treatment of uncomplicated <i>P. falciparum</i> malaria• Intravenous antimalarials for treatment of severe <i>P. falciparum</i> malaria• Intensive care unit for cerebral malaria• Blood and blood product transfusion for severe anaemia• Haemodialysis for acute kidney injury | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

2. HIV/AIDS

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness using mass media, community engagement and mobilization on STIs and HIV/AIDS risk factors and prevention methods • Social and behavioural change communication | <ul style="list-style-type: none"> • Consistent and correct use of condoms • HIV Testing including HIV self-test • Oral PrEP/Injectable PrEP • Screening high risk groups for STI and HIV • Early treatment of STIs | <ul style="list-style-type: none"> • Support treatment adherence to ARV • Refills /Supply of antiretroviral • Trace loss to follow-ups | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness using mass media, community engagement and mobilization on STIs and HIV/AIDS risk factors and prevention methods • Social and behavioural change communication | <ul style="list-style-type: none"> • Consistent and correct use of condoms • HIV Testing including HIV self-test • Oral PrEP/Injectable PrEP • Early treatment of STIs • Counselling on adherence to ARV for HIV positive mother | <ul style="list-style-type: none"> • Assess and classify for HIV • Initiate combination ARVs • Monitor clinically, CD4, viral load • Manage opportunistic infections • Manage TB co-infection • Syndromic management of STIs • Supportive management (e.g., nutritional support and supplements etc) • Medication refills • Trace loss to follow-ups • Referral to higher level for severe adverse effects, complications and non-compliance | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

2. HIV/AIDS

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|----------|---------------------------|
| | | | |

SECONDARY CARE LEVEL

| | | | |
|--|---|--|--|
| | <ul style="list-style-type: none"> • HIV Testing including HIV self-test • Oral PrEP/Injectable PrEP • Screening high risk groups for STI and HIV • Early treatment of STIs | <ul style="list-style-type: none"> • Initiate combination ARVs • Manage patients with treatment failures • Manage moderate to severe adverse reactions • Monitor using viral load • Management moderate to severe f opportunistic infections • Manage co-morbidities (viral hepatitis, NCDs) • Screening and management of latent TB infection • Diagnose and treat TB/HIV co-infection • Manage co-morbidities (viral hepatitis, NCDs) • Referral to higher level for to non-responders | <ul style="list-style-type: none"> • Opioid pain relief • Symptomatic management for patients with untreatable advanced HIV conditions |
|--|---|--|--|

TERTIARY CARE LEVEL

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

2. HIV/AIDS

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|---|---|--|
| | <ul style="list-style-type: none"> • HIV Testing including HIV self-test • Oral PrEP/Injectable PrEP • Voluntary Male Medical Circumcision (VMMC) • Screening high risk groups for STI and HIV • Early treatment of STIs | <ul style="list-style-type: none"> • Initiate combination ARVs • Manage patients with treatment failures • Manage moderate to severe adverse reactions • Monitor using viral load • Management moderate to severe opportunistic infections • Screening and management of latent TB infection • Diagnose and treat TB/HIV co-infection • Manage co-morbidities (viral hepatitis, NCDs) • Manage co-morbidities (viral hepatitis, NCDs) • ICU care as clinically indicated • Linkage to care and non-medical support | <ul style="list-style-type: none"> • Opioid pain relief • Symptomatic management for patients with untreatable advanced HIV conditions |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

3. Tuberculosis

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness using mass media, community engagement and mobilization on tuberculosis risk factors, prevention and control methods • Social and behavioural change communication | <ul style="list-style-type: none"> • Isolation of confirmed or presumptive adult TB cases • Active case finding at community • TB contacts tracing • Referral of symptomatic contacts to next higher level • HIV self-testing for presumptive cough cases | <ul style="list-style-type: none"> • Directly Observed Therapy (DOTs) • Self-administrative therapy (SAT) to those with good adherence • Referral of people with presumptive TB to next level • Referral of people living HIV for regular screening and possible TPT • TB drugs refill for SAT • Trace and follow up of defaulters | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness using mass media, community engagement and mobilization on tuberculosis risk factors, prevention and control methods • Social and behavioural change communication | <ul style="list-style-type: none"> • Isolation of confirmed or presumptive adult TB cases • TB contacts tracing • Active case finding at community • HIV testing services for all TB presumptive and TB cases • Screening for LTBI and TPT provision • Screening and management of at-risk populations (Health workers, prison, military camps, clustered environments, vulnerable communities, boarding homes etc) | <ul style="list-style-type: none"> • Diagnosis confirmation using AFB microscopy and GeneXpert • Directly Observed Therapy (DOTs) • Self-administrative therapy (SAT) to those with good adherence • Referral of people living HIV for regular screening and possible TPT • TB drugs refill for SAT • Trace and follow up of defaulters • Referral of people with adverse reactions and complications | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

3. Tuberculosis

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|---|----------|---------------------------|
| | <ul style="list-style-type: none"> • Referral of symptomatic contacts to next higher level • Sputum collection and transportation for TB presumptive for definitive diagnosis | | |

SECONDARY CARE LEVEL

| | | | |
|------------|--|---|--|
| Same above | <ul style="list-style-type: none"> • Same above | <ul style="list-style-type: none"> • Diagnosis confirmation using AFB microscopy and GeneXpert • Directly Observed Therapy (DOTs) • Self-administrative therapy (SAT) to those with good adherence • ART therapy for TB/HIV co-infection • Referral of people living HIV for regular screening and possible TPT • TB drugs refill for SAT • Trace and follow up of defaulters • Referral of people with adverse reactions and complications | |
|------------|--|---|--|

TERTIARY CARE LEVEL

| | | | |
|------------|------------|--|--|
| Same above | Same above | <ul style="list-style-type: none"> • Diagnosis confirmation using chest x-ray, PPD, GeneXpert, culture, DST • Direct Observed Therapy (DOT) • Self-administered treatment (SAT) | |
|------------|------------|--|--|

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

3. Tuberculosis

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | <ul style="list-style-type: none">• Management of severe adverse infections and complications• Management of TB/HIV co-infection• ART therapy for TB/HIV co-infection• MDR/XDR TB diagnosis and management• Nutritional support and supplement• ICU care as clinically indicated• Linkage to non-medical social support | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

4. Lower respiratory tract infections

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness on respiratory tract infections including prevention measures • Distribution of IEC materials on lower respiratory tract infections especially danger signs • Advocacy for proper sanitation and good housing • Community mobilisation for seasonal flu and COVID-19 vaccination | <ul style="list-style-type: none"> • Good hygiene practices including hand washing • Avoidance of smoking within the household and secondary exposure to smoke • Avoidance of biomass combustion (particularly indoor cooking fires) and other air pollutants that contribute to acute respiratory infections. • Complete and timely immunizations, seasonal flu vaccine, COVID-19 vaccine • Early treatment of respiratory infections | <ul style="list-style-type: none"> • Identify symptoms indicative of lower respiratory tract infection (LRTI) • Identify danger signs of Lower respiratory tract infection for early referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness on respiratory tract infections including prevention measures • Distribution of IEC materials on lower respiratory tract infections especially danger signs • Advocacy for proper sanitation and good housing | <ul style="list-style-type: none"> • Good hygiene practices including hand washing • Avoidance of smoking within the household and secondary exposure to smoke • Avoidance of biomass combustion (particularly indoor cooking fires) and other air pollutants that contribute to acute respiratory infections. | <ul style="list-style-type: none"> • History and physical examination • Treat mild LRTI • Monitor progress and follow-up and refer giving urgent • Referral treatment with oxygen, antibiotics, correction of fluid loss etc.) | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

4. Lower respiratory tract infections

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|----------|---------------------------|
| <ul style="list-style-type: none"> Community mobilisation for seasonal flu and COVID-19 vaccination | <ul style="list-style-type: none"> Complete and timely immunizations, seasonal flu vaccine, COVID-19 vaccine Early treatment of respiratory infections | | |

SECONDARY CARE LEVEL

| | | | |
|------------|------------|---|--|
| Same above | Same above | <ul style="list-style-type: none"> Physical and clinical examination Monitoring using blood tests, chest x-ray, GeneXpert Hospitalization based on severity Antibiotics therapy Oxygen therapy Intravenous fluids administration Treat any underlying condition Follow-up/regular review until all symptoms and signs resolve | |
|------------|------------|---|--|

TERTIARY CARE LEVEL

| | | | |
|------------|------------|--|--|
| Same above | Same above | <ul style="list-style-type: none"> Physical and clinical examination Monitoring using blood tests, chest x-ray, GeneXpert Hospitalization based on severity Antibiotics therapy Oxygen therapy Intravenous fluids administration | |
|------------|------------|--|--|

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT**4. Lower respiratory tract infections**

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---------------------------------------|---------------------------|--|----------------------------------|
| | | <ul style="list-style-type: none">• Treatment of underlying condition• Follow-up/regular review until all symptoms and signs resolve• ICU services for those with severe disease | |

FINAL DRAFT

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

5. Diarrheal diseases, typhoid/paratyphoid and other enteric infections

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness using mass media on safe drinking-water, use of improved sanitation and hand washing with soap to reduce risk of enteric infections | <ul style="list-style-type: none"> • Observation of good hygiene practices in food preparation • Encourage utilization of safe portable water in homes and communities • Counselling on WASH services (use of safe water supply; sanitation and hygiene) • Early recognition of danger signs by the family members | <ul style="list-style-type: none"> • Rehydration with oral rehydration salts (ORS) solution • Zinc supplements • Refer moderate to severe cases and cases with vomiting or fever | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness using mass media on safe drinking-water, use of improved sanitation and hand washing with soap to reduce risk of enteric infections • Community mobilisation for routine immunisation | <ul style="list-style-type: none"> • Vaccination: typhoid • Observation of good hygiene practices in food preparation • Encourage utilization of safe portable water in homes and communities • Counselling on WASH services (use of safe water supply; sanitation and hygiene) • Early recognition of danger signs by family members | <ul style="list-style-type: none"> • History and physical examination for diarrhoea, abdominal pain. • Rehydration with oral rehydration salts (ORS) solution • Rehydration with intravenous fluids in case of severe dehydration or shock. • Antibiotics for dysentery, typhoid fever • Zinc supplements • Nutrient-rich foods | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

5. Diarrheal diseases, typhoid/paratyphoid and other enteric infections

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none"> • Referral for management of severe dehydration for other complications | |
| SECONDARY CARE LEVEL | | | |
| Same as above | Same as above | <ul style="list-style-type: none"> • History and physical examination for diarrhoea, abdominal pain. • Basic laboratory tests • Rehydration with oral rehydration salts (ORS) solution • Rehydration with intravenous fluids in case of severe dehydration or shock. • Antibiotics to treat typhoid and paratyphoid fever • Antibiotics to treat dysentery • Zinc supplements • Nutrient-rich foods • Referral for management of complications. | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination for diarrhoea, abdominal pain. • Basic laboratory tests | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

5. Diarrheal diseases, typhoid/paratyphoid and other enteric infections

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | <ul style="list-style-type: none">• Rehydration with oral rehydration salts (ORS) solution• Rehydration with intravenous fluids in case of severe dehydration or shock.• Antibiotics to treat typhoid and paratyphoid fever• Antibiotics to treat dysentery• Zinc supplements• Nutrient-rich foods• Management of complications including intestinal perforations | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

6. Neglected Tropical Diseases

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Health education to communities on the importance of clean water and safe sanitation, sleeping under ITN for prevention of NTDs Advocacy/resource mobilization, Inter sectoral collaboration and partnership for the control of NTDs | <ul style="list-style-type: none"> Preventive Chemotherapy Case management Integrated vector management/ reservoir control Provision of Safe Water, Sanitation, Hygiene | <ul style="list-style-type: none"> Recognition of NTD symptoms Basic supportive care. (e.g., fever reduction, hydration, feeding, etc.) Referrals to a health facility if symptoms worsen | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Health education to communities on the importance of clean water and safe sanitation, sleeping under ITN for prevention of NTDs Advocacy/resource mobilization, Inter sectoral collaboration and partnership for the control of NTDs | <ul style="list-style-type: none"> Preventive Chemotherapy Case management Integrated vector management/ reservoir control Provision of Safe Water, Sanitation, Hygiene | <ul style="list-style-type: none"> Recognition of NTD symptoms Basic supportive care. (e.g., fever reduction, hydration, feeding, etc.) Treatment of specific NTDs Referral to hospital for management of complications | |
| SECONDARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> | <ul style="list-style-type: none"> | <ul style="list-style-type: none"> History and physical examination Basic laboratory tests/Point of care tests/ RDTs Basic supportive care. (e.g., relief of fever and pain, hydration, etc) | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT**6. Neglected Tropical Diseases**

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---------------------------------------|---------------------------|---|----------------------------------|
| | | <ul style="list-style-type: none">• Ophthalmic examination• Nutritional support (proper nutrition)• Administer specific treatment• Prevent complications and disability• Referral to next level if there is a need | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none">• History and physical examination• Advanced laboratory tests• Basic supportive care. (e.g., relief of fever and pain, hydration, etc)• Ophthalmic examination• Nutritional support (proper nutrition)• Administer specific treatment• Manage complications | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

7. Viral hepatitis (Hepatitis B and C)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on transmission and prevention for hepatitis B and C, safe sex practices, condom use, harmful traditional practices, sharing of sharp objects, tattoos, IV drug use and needle sharing] Promote testing for Viral Hepatitis B and C Provision of IEC/BCC materials Mass awareness campaigns through such days as World Hepatitis Day and World immunization Week | <ul style="list-style-type: none"> Avoiding harmful traditional practices including sharing needles and unsafe tattoo, unsafe blood Vaccination: Hepatitis B | <ul style="list-style-type: none"> Clinical assessment for early recognition of need for referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Promote testing for Viral Hepatitis B and C Provision of IEC/BCC materials Mass awareness campaigns through such days as World Hepatitis Day and World immunization Week | <ul style="list-style-type: none"> Avoiding harmful traditional practices including sharing needles and unsafe tattoo, unsafe blood Hep B Vaccination of high-risk population groups | <ul style="list-style-type: none"> History and physical examination for viral hepatitis Condition specific counselling Point of care testing Oral antipyretics for acute hepatitis infection Oral hydration for acute viral hepatitis Intravenous fluids | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

7. Viral hepatitis (Hepatitis B and C)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | <ul style="list-style-type: none"> • Clinical assessment for early recognition of need for referral. | |

SECONDARY CARE LEVEL

| | | | |
|--|--|--|--|
| <ul style="list-style-type: none"> • Counselling on healthy diet, physical activity, weight management, and alcohol and tobacco use | <ul style="list-style-type: none"> • Avoiding harmful traditional practices including sharing needles and unsafe tattoo • Post exposure prophylaxis • Hep B Vaccination of high-risk population groups • Safe blood transfusion practice | <ul style="list-style-type: none"> • History and physical examination for viral hepatitis • Point of care testing • Basic laboratory tests • Advanced laboratory tests • Basic imaging e.g., ultrasound • Condition specific counselling • Oral antipyretics • Oral hydration • Intravenous fluids • Oral antivirals for HBV • Vaccination: HBIG • Oral pan genotypic antivirals for • HCV cure | |
|--|--|--|--|

TERTIARY CARE LEVEL

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

7. Viral hepatitis (Hepatitis B and C)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--|--|---------------------------|
| | <ul style="list-style-type: none">• Post exposure prophylaxis• Hep B Vaccination of high-risk population groups• Safe blood transfusion practice | <ul style="list-style-type: none">• History and physical examination for viral hepatitis• Point of care testing• Basic laboratory tests• Advanced laboratory tests• Basic imaging e.g., ultrasound• Condition specific counselling• Oral antipyretics• Oral hydration• Intravenous fluids• Oral antivirals for HBV• Vaccination: HBIG• Oral pan genotypic antivirals for HCV cure | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

8. Ebola

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Health promotion activities on handwashing with soap, WASH services, good hygiene and maintaining a clean environment including use of Ebola vaccine | <ul style="list-style-type: none"> Vaccination: Ebola virus disease Reduce risk of wildlife-to-human transmission by avoiding contact with infected fruit bats, monkeys, apes, forest antelope or porcupines and the consumption of their raw meat Reduce risk of human-to-human transmission by avoiding direct or close contact with people with Ebola symptoms, particularly with their bodily fluids Safe and dignified burial of the dead Identifying people who may have been in contact with someone infected with Ebola and monitoring their health for 21 days, Separate the healthy from the sick to prevent further spread, Safe sex practice for men who have survived Ebola disease | <ul style="list-style-type: none"> Report suspected cases accordingly Referral to the next level | |
| PRIMARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

8. Ebola

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|---|---------------------------|
| <ul style="list-style-type: none"> • Counselling about handwashing with soap • Counselling on WASH services (use of safe water supply; sanitation and hygiene) | <ul style="list-style-type: none"> • Vaccination: Ebola virus disease • Reduce risk of wildlife-to-human transmission by avoiding contact with infected fruit bats, monkeys, apes, forest antelope or porcupines and the consumption of their raw meat • Reduce risk of human-to-human transmission by avoiding direct or close contact with people with Ebola symptoms, particularly with their bodily fluids • Safe and dignified burial of the dead • Identifying people who may have been in contact with someone infected with Ebola and monitoring their health for 21 days, • Separate the healthy from the sick to prevent further spread, • Safe sex practice for men who have survived Ebola disease | <ul style="list-style-type: none"> • Report suspected cases accordingly • Rapid antigen detection tests • Referral to the next level | |
| SECONDARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> • Vaccination: Ebola virus disease | <ul style="list-style-type: none"> • History and physical examination • Rapid antigen detection tests | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

8. Ebola

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|---|--|---------------------------|
| | <ul style="list-style-type: none"> • Safe and dignified burial of the dead | <ul style="list-style-type: none"> • Basic laboratory test • Advanced laboratory test • Ultrasound • Oral salts for Ebola virus disease • Rehydration with oral or intravenous fluids • Management of specific symptoms • Treat bacterial infections with antibiotics • Blood and blood product transfusion • Supplemental oxygen • Monoclonal antibody treatments • Mechanical ventilation • Counselling to ensure safer sexual practices | |
| TERTIARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> • Vaccination: Ebola virus disease • Safe and dignified burial of the dead | <ul style="list-style-type: none"> • Automated or semi-automated nucleic acid tests (NAT) • Rehydration with oral or intravenous fluids • Management of specific symptoms • Treat bacterial infections with antibiotics | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT**8. Ebola**

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---------------------------------------|---------------------------|--|----------------------------------|
| | | <ul style="list-style-type: none">• Manage complications such as liver and kidney failure• Blood and blood product transfusion• Supplemental oxygen• Monoclonal antibody treatments• Mechanical ventilation• Counselling to ensure safer sexual practices | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

9. COVID-19

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Promote handwashing with soap, social distancing and mask use Health promotion activities on WASH services, good hygiene and maintaining a clean environment | <ul style="list-style-type: none"> Vaccine: COVID 19 Wash hands with running water and soap following all contact with sick persons or their immediate environment. Avoid direct contact with body fluids, particularly oral or respiratory secretions or stool of the patient. Avoid sharing toothbrushes, eating utensils, dishes, drinks, towels, washcloths or bed linen with the sick person. Persons with symptoms should remain at home until their symptoms are resolved based on either clinical and/or laboratory findings. All household members should be considered contacts and their health should be monitored. Keep physical distance of at least 1 metre apart from others, even if they don't appear to be sick. | <ul style="list-style-type: none"> Surveillance and Point of care test Community Quarantine Eating balanced diet Isolation and referral to next level | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

9. COVID-19

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|---|----------|---------------------------|
| | <ul style="list-style-type: none"> Wear a properly fitted mask when physical distancing is not possible or when in poorly ventilated settings. | | |

PRIMARY CARE LEVEL

| | | | |
|---|--|--|--|
| <ul style="list-style-type: none"> Screening of vulnerable groups Promote hand washing facilities Promote use of face masks Promote maintenance of physical and social distance | <ul style="list-style-type: none"> Vaccine: COVID 19 Wash hands with running water and soap following all contact with sick persons or their immediate environment. Avoid direct contact with body fluids, particularly oral or respiratory secretions or stool of the patient. Avoid sharing toothbrushes, eating utensils, dishes, drinks, towels, washcloths or bed linen with the sick person. Persons with symptoms should remain at home until their symptoms are resolved based on either clinical and/or laboratory findings. | <ul style="list-style-type: none"> Surveillance and testing Community Quarantine Eating balanced diet Isolation and referral to next level | |
|---|--|--|--|

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

9. COVID-19

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|---|----------|---------------------------|
| | <ul style="list-style-type: none"> • All household members should be considered contacts and their health should be monitored. • Keep physical distance of at least 1 metre apart from others, even if they don't appear to be sick. • Wear a properly fitted mask when physical distancing is not possible or when in poorly ventilated settings. | | |

SECONDARY CARE LEVEL

| | | | |
|--|--|---|---|
| | | <ul style="list-style-type: none"> • History and physical examination • Clinical assessment for early recognition of need for referral • Advanced laboratory tests • Basic laboratory tests • Supplemental oxygen • Basic imaging (Ultrasound, X-ray) • Treat bacterial infections with antibiotics • Oral or IV fluid for rehydration • Oral or IM antipyretics • Oral or IV or IM steroids • Manage complications such as liver and kidney failure | Pulmonary rehabilitation for post-pneumonia |
|--|--|---|---|

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

9. COVID-19

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none"> • Mechanical ventilation (non-invasive) Antiviral medications • Immunomodulators | |

TERTIARY CARE LEVEL

| | | | |
|---|--|---|--|
| <ul style="list-style-type: none"> • Screening of vulnerable groups • Promote hand washing facilities • Promote use of face masks • Promote maintenance of physical and social distance | <ul style="list-style-type: none"> • Conduct routine and mass Vaccination • Active case finding in the community • Education on infection prevention control, including cough etiquette | <ul style="list-style-type: none"> • History and physical examination • Clinical assessment for early recognition of need for referral • Advanced laboratory tests • Basic laboratory tests • Supplemental oxygen • Basic imaging (Ultrasound, X-ray) • Treat bacterial infections with antibiotics • Oral or IV fluid for rehydration • Oral or IM antipyretics • Oral or IV or IM steroids • Manage complications such as liver and kidney failure • Mechanical ventilation (non-invasive) Antiviral medications • Immunomodulators | |
|---|--|---|--|

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

10. Hypertension

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Mass media campaign on salt reduction • Legislation to limit trans fats in processed food • Front of pack - Traffic Light Labelling of nutrition on processed foods • community sensitization on risk factors for hypertension and preventive measures such as regular exercise, healthy diet, salt reduction and stress management | <ul style="list-style-type: none"> • Lifestyle modifications, such as eating a healthier diet, quitting smoking, and getting more exercise. • Monitor blood pressure and cholesterol levels through community and facility screening services | <ul style="list-style-type: none"> • Early recognition of the need for referral • Therapeutic lifestyle modifications | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Community engagement [community sensitization on risk factors for hypertension and preventive measures such as regular exercise, healthy diet, and stress management] • Provision of IEC/BCC materials | <ul style="list-style-type: none"> • Integrated counselling on healthy diet, physical activity, weight management, and alcohol and tobacco use Regular outpatient check-ups | <ul style="list-style-type: none"> • History and physical examination for hypertension • Management of mild hypertension • Early recognition of the need for referral | |
| SECONDARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

10. Hypertension

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|---|---------------------------|
| <ul style="list-style-type: none"> Community engagement [community sensitization on risk factors for hypertension and preventive measures such as regular exercise, healthy diet, and stress management] | <ul style="list-style-type: none"> Integrated counselling on healthy diet, physical activity, weight management, and alcohol and tobacco use Regular outpatient check-ups | <ul style="list-style-type: none"> History and physical examination for hypertension Condition-specific nutrition assessment and counselling Basic laboratory tests Advanced laboratory tests Therapeutic lifestyle changes Pharmacologic management of hypertension Follow up for treatment adherence Early recognition of the need for referral | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> History and physical examination for hypertension Condition-specific nutrition assessment and counselling Identify and treat causes of secondary hypertension Basic laboratory tests Advanced laboratory tests Therapeutic lifestyle changes | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT**10. Hypertension**

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---------------------------------------|---------------------------|--|----------------------------------|
| | | <ul style="list-style-type: none">• Pharmacologic management of hypertension• Follow up for treatment adherence• Treatment for hypertensive urgencies or emergencies• Early identification and treatment of complications | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

11. Ischemic Heart Disease, Heart Failure and Stroke

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Mass media campaign on salt reduction • Legislation to limit trans fats in processed food • Front of pack - Traffic Light Labelling of nutrition on processed foods • Community sensitization on risk factors for hypertension and preventive measures such as regular exercise, healthy diet, salt reduction and stress management | <ul style="list-style-type: none"> • Lifestyle modifications, such as eating a healthier diet, quitting smoking, and getting more exercise. • Monitor blood pressure and cholesterol levels through community and facility screening services | <ul style="list-style-type: none"> • Early recognition of the need for referral • Therapeutic lifestyle modifications | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Community engagement [community sensitization on risk factors for ischaemic heart disease and preventive measures such as regular exercise, healthy diet, and stress management] • Provision of IEC/BCC materials | <ul style="list-style-type: none"> • Integrated counselling on healthy diet, physical activity, weight management, and alcohol and tobacco use • Regular outpatient check-ups • Daily low-dose aspirin for secondary prevention | <ul style="list-style-type: none"> • History and physical examination for ischaemic heart disease • Oral anti-platelet for acute chest pain • Early recognition of the need for referral | |
| SECONDARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

11. Ischemic Heart Disease, Heart Failure and Stroke

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|---|---|
| <ul style="list-style-type: none"> • Community engagement [community sensitization on risk factors for ischaemic heart disease and preventive measures such as regular exercise, healthy diet, and stress management] • Provision of IEC/BCC materials | <ul style="list-style-type: none"> • Integrated counselling on healthy diet, physical activity, weight management, and alcohol and tobacco use • Regular outpatient check-ups • Daily low-dose aspirin for secondary prevention | <ul style="list-style-type: none"> • History and physical examination for ischaemic heart disease • Therapeutic lifestyle changes • Point of care testing • Basic laboratory tests • Advanced laboratory tests (cardiac biomarkers) • Electrocardiogram (ECG) • Echocardiograph, (ECHO) • Supplemental oxygen • Treatment with aspirin, statin, beta blockers, ACE inhibitors, calcium channel blockers, Nitro-glycerine., etc.) • Stabilization and referral of acute complications (ischemic heart disease, cerebrovascular accident) | <ul style="list-style-type: none"> • Assessment of exercise capacity for IHD • Assessment of motor functions and mobility • Assessment of work capacity • Caregiver support • Physical exercise training • Vocational training • Provision and training in the use of assistive products |

TERTIARY CARE LEVEL

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

11. Ischemic Heart Disease, Heart Failure and Stroke

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none"> • History and physical examination for ischaemic heart disease • Therapeutic life style • Comprehensive investigation (Electrocardiogram (ECG), Holter monitoring Echocardiogram, cardiac biomarkers, Transoesophageal Echocardiogram (TEE), Stress test) • Cardiac Catheterization, Angiography (Arteriography), Peripheral (Doppler)Vascular Testing), • Clinical management and follow up according to Total Risk Assessment (TRA) score • Screening/examination for chronic complications • Management of ischemic heart disease (Cardioversions), myocardial infarction, stroke • Cardiac catheterization and stent insertion, valve replacement, • Surgical management of congenital cardiac malformations • Treat complicated cases in ICU | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

12. Gastrointestinal diseases including pancreatitis

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Health education to communities on Gastrointestinal and pancreas diseases their symptoms and when to seek care | <ul style="list-style-type: none"> Life style changes (avoiding excess alcohol, smoking, limiting consumption of NSAIDS) Maintain good sanitation, with handwashing and hygienic food | <ul style="list-style-type: none"> Early identification of symptoms and referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Health education to communities on Gastrointestinal and pancreas diseases their symptoms and when to seek care | <ul style="list-style-type: none"> Life style changes (avoiding excess alcohol, smoking, limiting consumption of NSAIDS) Maintain good sanitation, with handwashing and hygienic food | <ul style="list-style-type: none"> Antacid for symptomatic relief Early identification of danger symptoms and referral | |
| SECONDARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> History and physical examination Basic laboratory upper GI series X-ray upper GI endoscopy | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

12. Gastrointestinal diseases including pancreatitis

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | <ul style="list-style-type: none"> • Advanced laboratory tests (amylase, lipase, LFTs, bilirubin levels) • Basic imaging, ultrasound • Treatment of peptic ulcers and other GI disease • Antibiotics for those infected with <i>H. pylori</i> and pancreatic necrosis • Intravenous feeding in case of pancreatitis • Blood transfusion in cases of upper GI bleeding • Surgical removal of gall stone | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination • Basic laboratory • upper GI series X-ray • upper GI endoscopy • Advanced laboratory tests (amylase, lipase, LFTs, bilirubin levels) • Basic imaging, ultrasound • Treatment of peptic ulcers • Cauterization and ligation for bleeding | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT**12. Gastrointestinal diseases including pancreatitis**

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | <ul style="list-style-type: none">• Antibiotics for those infected with <i>H. pylori</i> and pancreatic necrosis• Intravenous feeding in case of pancreatitis• Surgical removal of gall stone | |

FINAL DRAFT

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

13. Chronic Liver Diseases/Cirrhosis

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Health promotion and education programmes to reduce alcohol consumption, excessive weight, and diabetes • Community engagement [community sensitization on transmission and prevention for hepatitis B and C, including ingestion of native herbs, practices, sharing of sharp objects, tattoos, IV drug use and needle • Dispel myths related to abdominal distension • Promote vaccination, testing, avoiding alcohol or drinking in moderation | <ul style="list-style-type: none"> • Behavioural counselling on tobacco cessation. sensitisation on the harmful effect of excessive herbal ingestions. • Integrated counselling on healthy diet, physical activity, weight management, and alcohol and tobacco use • Education on sexuality and safe sex practices • Encourage compliance with medications | <ul style="list-style-type: none"> • Clinical assessment for early recognition and need for referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Health promotion and education programmes to reduce alcohol consumption, excessive weight, and diabetes | <ul style="list-style-type: none"> • Regular clinical check-ups for abdominal masses. • Safe blood transfusion | <ul style="list-style-type: none"> • History and physical examination for cirrhosis and other chronic liver diseases | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

13. Chronic Liver Diseases/Cirrhosis

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|--|---------------------------|
| <ul style="list-style-type: none"> Community engagement [community sensitization on transmission and prevention for hepatitis B and C, including ingestion of native herbs, practices, sharing of sharp objects, tattoos, IV drug use and needle Dispel myths related to abdominal distension Promote vaccination, testing, alcohol use, drinking in moderation | <ul style="list-style-type: none"> Safe injection practice including eliminating unnecessary and unsafe injections Early identification and treatment of schistosomiasis Vaccination: Hepatitis B for individuals, families of carriers Counselling on partner notification, diagnosis and treatment (Index case testing) Screening high risk population groups for Hepatitis B+C | <ul style="list-style-type: none"> Counselling on avoidance of exacerbating factors Referral for regular screening Clinical assessment for early recognition of need for referral | |

SECONDARY CARE LEVEL

| | | | |
|--|--|---|---|
| | <ul style="list-style-type: none"> Regular clinical check-ups for abdominal masses. Safe blood transfusion Safe injection practice including eliminating unnecessary and unsafe injections Early identification and treatment of schistosomiasis Vaccination: Hepatitis B for individuals, families of carriers | <ul style="list-style-type: none"> History and physical examination for cirrhosis and other chronic liver diseases Counselling on avoidance of exacerbating factors Point of care testing Basic laboratory tests Advanced laboratory tests Basic imaging: ultrasound, Transient elastography Advanced imaging: CT scan | <p>*Early palliative care to improve symptom management and quality of life</p> |
|--|--|---|---|

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

13. Chronic Liver Diseases/Cirrhosis

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--|---|---------------------------|
| | <ul style="list-style-type: none"> • Counselling on partner notification, diagnosis and treatment (Index case testing) • Screening high risk population groups for Hepatitis B+C | <ul style="list-style-type: none"> • Treatment of viral hepatitis B with antivirals • Treatment of viral hepatitis C with pan genotypic DAA • Manage complications of chronic liver diseases: UGI bleeding, abdominal ascites • Vaccination: HBIG • Clinical assessment for early recognition of need for referral | |

TERTIARY CARE LEVEL

| | | | |
|--|---|---|---|
| | <ul style="list-style-type: none"> • Regular clinical check-ups for abdominal masses. • Safe blood transfusion • Safe injection practice including eliminating unnecessary and unsafe injections • Early identification and treatment of schistosomiasis • Vaccination: Hepatitis B for individuals, families of carriers • Vaccination: HBIG | <ul style="list-style-type: none"> • History and physical examination for cirrhosis and other chronic liver diseases • Counselling on avoidance of exacerbating factors • Point of care testing • Basic laboratory tests • Advanced laboratory tests • Basic imaging: ultrasound, Transient elastography • Advanced imaging: CT scan • Liver biopsy | <p>Palliative care services for decompensated cirrhosis (end-stage liver disease)</p> |
|--|---|---|---|

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

13. Chronic Liver Diseases/Cirrhosis

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|---|---|---------------------------|
| | <ul style="list-style-type: none">• Counselling on partner notification, diagnosis and treatment (Index case testing)• Screening high risk population groups for Hepatitis B+C | <ul style="list-style-type: none">• Treatment of viral hepatitis B with antivirals• Treatment of viral hepatitis C with pan genotypic DAA• Manage oesophageal variceal bleeding, by resuscitation, blood transfusion, therapeutic endoscopy with ligation• Manage ascites with therapeutic paracentesis• Liver transplant | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

14. Appendicitis, Ileus and Obstruction

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on symptoms of surgical emergencies when to seek care] Community engagement [community sensitization on healthy diet, fluid intake, risk factors and symptoms of ileus and obstruction] | <ul style="list-style-type: none"> Integrated counselling on healthy diet, physical activity, weight management, and alcohol and tobacco use Counselling on seeking care for abdominal pain and mass Health education on recognition of signs and symptoms in postoperative patients | <ul style="list-style-type: none"> Early recognition of need for referral and appropriate referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on healthy diet, fluid intake, risk factors and symptoms of obstruction] | <ul style="list-style-type: none"> Integrated counselling on healthy diet (high fibre and low saturated fat), physical activity, weight management, and alcohol and tobacco use Condition-specific nutrition assessment and counselling Assess for risk factors for obstruction (History of abdominal/Pelvic surgery, hernia) | <ul style="list-style-type: none"> History and physical examination Early recognition of need for referral | |
| SECONDARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

14. Appendicitis, Ileus and Obstruction

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none"> • History and physical examination for gastrointestinal diseases • Point of care testing • Basic laboratory tests • Basic imaging: Ultrasound • Pharmacological intervention as clinically indicated including electrolytes, fluids, analgesic • Non-surgical reduction of intestinal obstruction • Laparotomy • Surgical procedures for appendicitis, mechanical bowel obstruction | |

TERTIARY CARE LEVEL

| | | | |
|--|--|--|--|
| | | <ul style="list-style-type: none"> • History and physical examination for gastrointestinal diseases • Point of care testing • Basic laboratory tests • Basic imaging: Ultrasound • Pharmacological intervention as clinically indicated including electrolytes, fluids, analgesic • Non-surgical reduction of intestinal obstruction • Laparotomy | |
|--|--|--|--|

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT**14. Appendicitis, Ileus and Obstruction**

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---------------------------------------|---------------------------|--|----------------------------------|
| | | <ul style="list-style-type: none">• Surgical procedures for appendicitis, mechanical bowel obstruction | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

15. Renal injury (Acute Renal failure and Chronic Renal Disease)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on kidney disease and risk factors, healthy diets, exercise, hydration, appropriate medication use especially NSAIDs] Provision of IEC/BCC materials | <ul style="list-style-type: none"> Healthy, balanced diet and exercise to control blood sugar, blood pressure and cholesterol Adequate hydration Avoid nephrotoxic medicines and traditional herbs Monitor blood pressure, sugar and cholesterol levels through community screening services | <ul style="list-style-type: none"> Provide dietary advice including avoidance of high sodium and excessive protein intake; Advice on blood glucose and blood pressure control Early recognition of kidney disease symptoms of need for referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on kidney disease and risk factors, healthy diets, exercise, hydration, appropriate medication use especially NSAIDs] Provision of IEC/BCC materials | <ul style="list-style-type: none"> Healthy, balanced diet and exercise to control blood sugar, blood pressure and cholesterol Adequate hydration Avoid nephrotoxic medicines and traditional herbs Monitor blood pressure, sugar and cholesterol levels through community screening services | <ul style="list-style-type: none"> Provide dietary advice including avoidance of high sodium and excessive protein intake Advice on blood glucose and blood pressure control Early recognition of kidney disease symptoms of need for referral | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

15. Renal injury (Acute Renal failure and Chronic Renal Disease)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|---|---------------------------|
| SECONDARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • | <ul style="list-style-type: none"> • Healthy, balanced diet and exercise to control blood sugar, blood pressure and cholesterol • Adequate hydration • Avoid nephrotoxic medicines and traditional herbs • Monitor blood pressure, sugar and cholesterol levels through community screening services | <ul style="list-style-type: none"> • History and physical examination • Basic laboratory tests • Advance laboratory tests • Basic imaging: x-ray, ultrasound, • Advanced imaging: CT scan, MRI • Therapeutic lifestyle modifications • Appropriate management of infections and other febrile illnesses • Pharmaceutical management to prevent or decrease the rate of progression to end-stage renal disease • Optimal management of comorbidities such as diabetes and other cardiovascular diseases • Statin therapy to reduce the risk of cardiovascular events • Avoid or reduce nephrotoxic medications • Monitor and manage CKD complications including: anaemia, electrolyte imbalance, and malnutrition • Early referral for peritoneal dialysis or haemodialysis | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

15. Renal injury (Acute Renal failure and Chronic Renal Disease)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--|---|---------------------------|
| TERTIARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> • Healthy, balanced diet and exercise to control blood sugar, blood pressure and cholesterol • Adequate hydration • Avoid nephrotoxic medicines and traditional herbs • Monitor blood pressure, sugar and cholesterol levels through community screening services | <ul style="list-style-type: none"> • History and physical examination • Basic laboratory tests • Advance laboratory tests • Basic imaging: x-ray, ultrasound, • Advanced imaging: CT scan, MRI • Therapeutic lifestyle modifications • Appropriate management of infections and other febrile illnesses • Pharmaceutical management to prevent or decrease the rate of progression to end-stage renal disease • Optimal management of comorbidities such as diabetes and other cardiovascular diseases • Statin therapy to reduce the risk of cardiovascular events • Avoid or reduce nephrotoxic medications • Monitor and manage CKD complications including: anaemia, electrolyte imbalance, and malnutrition • Early referral for peritoneal dialysis or haemodialysis | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

15. Renal injury (Acute Renal failure and Chronic Renal Disease)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---------------------------------------|---------------------------|---|----------------------------------|
| | | <ul style="list-style-type: none">• Renal replacement therapy | |

FINAL DRAFT

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65+ YEARS AGE COHORT

16. Prostate diseases (BPH and Prostate cancer)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on prostate cancer, importance of screening] Provision of IEC/BCC materials | <ul style="list-style-type: none"> Targeted behavioural modification for smoking cessation Integrated counselling on healthy diet, physical activity, weight management, and alcohol and tobacco use Guidance on self-observance and taking note of any unusual symptoms e.g., "FUN" frequency, urgency, nocturia, hesitancy/interrupted stream Counselling on symptoms and early care seeking | <ul style="list-style-type: none"> Early identification of prostate diseases and referral to next level | |
| PRIMARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> History and physical examination Rectal examination Antibiotics treatment for infection Referral to the next level for further management | |
| SECONDARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65+ YEARS AGE COHORT**16. Prostate diseases (BPH and Prostate cancer)**

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---------------------------------------|---------------------------|---|----------------------------------|
| | | <ul style="list-style-type: none">• History and physical examination including rectal examination• Basic laboratory tests• Advanced laboratory tests including Prostate specific antigen test (PSA)• Basic imaging: x-ray, ultrasound,• Medical management of BPH, Prostate cancer• Surgical management of BPH and prostate cancer• Appropriate management of infections• Management of urinary incontinence and erectile dysfunction• Early referral for other surgical procedures | |

TERTIARY CARE LEVEL

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65+ YEARS AGE COHORT

16. Prostate diseases (BPH and Prostate cancer)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|--|
| | | <ul style="list-style-type: none"> • History and physical examination including rectal examination • Basic laboratory tests • Advanced laboratory tests including Prostate specific antigen test (PSA) • Basic imaging: x-ray, ultrasound, • Advance imaging: Transrectal ultrasound (TRUS), Computed tomography (CT) scan, Bone density (DEXA) scan, Magnetic resonance imaging (MRI) • Medical management of BPH, Prostate cancer • Surgical management of BPH and prostate cancer • Radiotherapy for prostate cancer • Appropriate management of infections • Management of urinary incontinence and erectile dysfunction | <ul style="list-style-type: none"> • Counselling for psycho-oncology • Counselling on nutrition, food safety, and healthy diet • Counselling on sexual health |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65+ YEARS AGE COHORT

17. Tracheal, bronchus and lung cancer

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Public education about dangers of smoking, Education on risk factors and occupational and environmental exposure (e.g., coal mining, cement factories, etc.) Public education on signs and symptoms of lung cancer | <ul style="list-style-type: none"> Not starting smoking, or to quitting smoke and avoiding second hand smoke. Referral of people with cough, chest pain or weight loss to hospital for further assessment | <ul style="list-style-type: none"> Support of treated people in smoking cessation Early identification of symptoms and referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Public education about dangers of smoking, Education on risk factors and occupational and environmental exposure (e.g., coal mining, cement factories, etc.) Public education on signs and symptoms of lung cancer | <ul style="list-style-type: none"> Not starting smoking, or to quitting smoke and avoiding second hand smoke. Referral of people with cough, chest pain or weight loss to hospital for further assessment | <ul style="list-style-type: none"> Support of treated people in smoking cessation Early identification of symptoms and referral Follow up care of treated patients | |
| SECONDARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> History and physical examination Basic laboratory tests Advanced laboratory tests Pulmonary function tests | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65+ YEARS AGE COHORT

17. Tracheal, bronchus and lung cancer

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---|
| | | <ul style="list-style-type: none"> • Basic imaging: Bronchoscopy, x-ray, ultrasound, • Appropriate management of infections • Referral to the next level for diagnostic workup and treatment | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination • Basic laboratory tests • Advanced laboratory tests • Pulmonary function tests • Basic imaging: Bronchoscopy, x-ray, ultrasound, • Advance imaging: Bone density (DEXA) scan, Positron emission tomography (PET), Computed tomography (CT) scan, Magnetic resonance imaging (MRI) • Biopsy and histopathological exam • Staging and grading • Bronchoscopic treatment for cancers • Resection, or surgical removal of the tumours • Radiotherapy • Chemotherapy | <ul style="list-style-type: none"> • Psycho social support for people who have received treatment • Ensuring that treated people comply with follow up regime • Support of treated people in smoking cessation • Physiotherapy • Opioid pain relief for people with advanced disease • Provision of end-of-life care • Speech and language therapy |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65+ YEARS AGE COHORT

17. Tracheal, bronchus and lung cancer

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---------------------------------------|---------------------------|---|--|
| | | <ul style="list-style-type: none">• Targeted therapy• Appropriate management of infections | <ul style="list-style-type: none">• Assistive technology (e.g. for communication or voice) |

FINAL DRAFT

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65+ YEARS AGE COHORT

18. Colon/Rectal Cancer

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on increasing physical activity, keeping a healthy weight, limiting alcohol consumption, and avoiding tobacco and recognition of symptoms] | <ul style="list-style-type: none"> Integrated counselling on healthy diet (high fibre, low saturated fats), physical activity, weight management, and alcohol and tobacco use | <ul style="list-style-type: none"> Recognition of danger symptoms and signs for early referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on healthy diet, fluid intake, risk factors and recognition of GI disease symptoms] Health education on recognition of risk factors, signs and symptoms of colon and rectal cancer | <ul style="list-style-type: none"> Integrated counselling on healthy diet (high fibre, low saturated fats), physical activity, weight management, and alcohol and tobacco use Screen for at risk patients (e.g. those presenting with fever, weight loss, blood in stool, etc) | <ul style="list-style-type: none"> Recognition of danger symptoms and signs for early referral | |
| SECONDARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> History and physical examination including rectal examination Basic laboratory tests Advanced laboratory tests | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65+ YEARS AGE COHORT

18. Colon/Rectal Cancer

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|--|
| | | <ul style="list-style-type: none"> • FOBT (Fecal occult blood test) • Biopsy for histopathology • Staging and grading • Colonoscopy/Sigmoidoscopy • Basic imaging: x-ray, ultrasound, • Appropriate management of infections • Early referral for additional procedures | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination including rectal examination • Basic laboratory tests • Advanced laboratory tests • FOBT (Fecal occult blood test) • Biopsy for histopathology • Staging and grading • Colonoscopy/Sigmoidoscopy • Basic imaging: x-ray, ultrasound, • Surgery to remove the cancer. • Radiation therapy • Chemotherapy, • Appropriate management of infections • Nutritional support | <ul style="list-style-type: none"> • Counselling for psycho-oncology • Counselling on nutrition, food safety, and healthy diet • Counselling on sexual health |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65+ YEARS AGE COHORT

19. Musculoskeletal conditions

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on musculoskeletal diseases, risk factors, safe lifting, safe sitting, safe exercise] | <ul style="list-style-type: none"> Integrated counselling on healthy diet, safe physical activity, weight management, and alcohol and tobacco use | <ul style="list-style-type: none"> Early recognition and referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Provision of IEC/BCC materials | <ul style="list-style-type: none"> Life style changes, weight loss, exercise | <ul style="list-style-type: none"> History and physical examination Motor function and pain assessment. Point of care testing Basic laboratory tests Condition-specific nutrition assessment and counselling Topical/oral analgesics for arthropathies Education and advice on self-management. Refer as required. | |
| SECONDARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> History and physical examination Basic laboratory tests Advanced laboratory tests Basic imaging: x-ray, ultrasound | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65+ YEARS AGE COHORT

19. Musculoskeletal conditions

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | <ul style="list-style-type: none"> • Advance imaging: Computed tomography (CT) scan, arthroscopy • Condition-specific nutrition assessment and counselling • Management with NSAID and steroid anti-inflammatory drugs • Surgical interventions when indicated | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination • Basic laboratory tests • Advanced laboratory tests • Basic imaging: x-ray, ultrasound • Advance imaging: Computed tomography (CT) scan, arthroscopy • Condition-specific nutrition assessment and counselling • Management with NSAID and steroid anti-inflammatory drugs • Surgical interventions when indicated | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

20. Anaemia and Hemoglobinopathies

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on screening for sickle cell disease, myths associated with sickle cell disease] Community education and awareness regarding the transmission of disease, stigma related to disease and carrier states, and informing the community about appropriate prevention options *Community education and sensitization with links to civil society organizations, parents' groups, schools, and school clubs Sensitize and use local governance structures to establish community-based intervention program | <ul style="list-style-type: none"> Genetic counselling for carriers of haemoglobin disorders, including premarital counselling Educate patients and caregivers about sickle cell disease including on warning signs and what to do in acute conditions before coming to the hospital. Adequate hydration by teaching the patients to drink enough fluids to make their urine clear Prophylaxis for infection, pneumococcal vaccines, oral penicillin, use of insecticide treated bed nets, and anti-malaria Folate supplementation with folic acid Counselling of SCD (including avoidance of iron supplements) | <ul style="list-style-type: none"> Recognition of danger signs and referral for management | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on screening for sickle cell disease, | <ul style="list-style-type: none"> Genetic counselling for carriers of haemoglobin disorders, including premarital counselling | <ul style="list-style-type: none"> History and physical examination for sickle cell disease | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

20. Anaemia and Hemoglobinopathies

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|---|---|
| <p>myths associated with sickle cell disease]</p> <ul style="list-style-type: none"> Community education and awareness regarding the transmission of disease, stigma related to disease and carrier states, and informing the community about appropriate prevention options Community education and sensitization with links to civil society organizations, parents' groups, schools, and school clubs Sensitize and use local governance structures to establish community-based intervention program | <ul style="list-style-type: none"> Educate patients and caregivers about sickle cell disease including on warning signs and what to do in acute conditions before coming to the hospital. Adequate hydration by teaching the patients to drink enough fluids to make their urine clear Prophylaxis for infection, pneumococcal vaccines, oral penicillin, use of insecticide treated bed nets, and anti-malaria Folate supplementation with folic acid Counselling of SCD (including avoidance of iron supplements) | <ul style="list-style-type: none"> Screening for sickle cell disease using rapid point of care test Management of pain Referral to the next higher level | |
| SECONDARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> History and physical examination for sickle cell disease Screening for sickle cell disease using rapid point of care test Condition-specific nutrition assessment and counselling Basic and advanced laboratory tests Investigations such as X-ray, | <ul style="list-style-type: none"> Early palliative care to improve symptom management and quality of life |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

20. Anaemia and Hemoglobinopathies

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---|
| | | <ul style="list-style-type: none"> • Electrocardiogram (ECG) • Chemoprophylaxis for sickle cell disease • Intravenous fluids • Supplemental oxygen • Intramuscular analgesics for pain relief • Intramuscular/ Intravenous Antibiotics • Blood and blood product transfusion • Referral to the next higher level | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination for sickle cell disease • Newborn screening for sickle cell disease using rapid point-of-care test • Condition-specific nutrition assessment and counselling • Basic and advanced laboratory tests • Basic and advanced imaging; X-ray, ultrasound, CT scan • Electrocardiogram (ECG) | <ul style="list-style-type: none"> • Early palliative care to improve symptom management and quality of life |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

20. Anaemia and Hemoglobinopathies

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | <ul style="list-style-type: none">• Incentive spirometry for sickle cell disease• Chemoprophylaxis for sickle cell disease• Oral hydroxyurea for prevention of vaso-occlusive crises• Intravenous fluids• Supplemental oxygen• Parenteral analgesics for pain relief• Parenteral antibiotics• Blood and blood product transfusion• Splenectomy for splenic sequestration crisis• Red cell exchange transfusion | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65+ YEARS AGE COHORT

21. Cervical cancer

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on HPV vaccine, prevention of cervical cancer, importance of screening, condom use] Provision of IEC/BCC materials | <ul style="list-style-type: none"> Counselling on STI prevention, risk reduction, and safer sex Targeted behavioural modification for smoking cessation Promote and provide condoms | <ul style="list-style-type: none"> Early recognition of need for referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Health education on prevention and management of cervical cancer | <ul style="list-style-type: none"> Counselling on STI prevention, risk reduction, and safer sex Vaccination: human papillomavirus (HPV) | <ul style="list-style-type: none"> Counselling on self-sampled HPV-based screening test (at health facility) Syndromic management of STIs Early recognition of need for referral | |
| SECONDARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Health education on prevention and management of cervical cancer | <ul style="list-style-type: none"> Vaccination: human papillomavirus (HPV) Screening to detect precancerous changes or early cancers | <ul style="list-style-type: none"> History and physical examination for cervical cancer Cervical cancer screening using HPV-test or Visual inspection with acetic acid (VIA) Treatment of precancerous lesions with Cryotherapy and/or LEEP Early recognition of need for referral | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65+ YEARS AGE COHORT

21. Cervical cancer

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---|
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination for cervical cancer • Cervical cancer screening using HPV-test or Pap test • Treatment of precancerous lesions with Cryotherapy and/or loop electrosurgical excision procedure (LEEP) • Treatment for cervical cancer with surgery/radiotherapy/chemotherapy/targeted drug therapy/immunotherapy | <p>Provide palliative and supportive care</p> <p>Psychological support with counselling</p> |

FINAL

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65+ YEARS AGE COHORT

22. Breast cancer

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|----------|---------------------------|
|--------------------------------|--------------------|----------|---------------------------|

COMMUNITY LEVEL

| | | | |
|--|---|---|--|
| <ul style="list-style-type: none"> Community engagement [community sensitization on breast cancer, importance of screening with regular breast exams and mammography] Provision of IEC/BCC materials | <ul style="list-style-type: none"> Keep a healthy life style: healthy weight, physically active, no alcoholic drink or in moderation, no smoking, eat vegetables and fruits Guidance on self-observance and taking note of any unusual symptoms e.g., nipple discharge, skin change, pitting, breast mass | <p>Early recognition of need for referral</p> | |
|--|---|---|--|

PRIMARY CARE LEVEL

| | | | |
|--|---|--|--|
| <ul style="list-style-type: none"> Health education on prevention and management of cervical cancer | <ul style="list-style-type: none"> Keep a healthy life style: healthy weight, physically active, no alcoholic drink or in moderation, no smoking, eat vegetables and fruits Guidance on self-observance and taking note of any unusual symptoms e.g., nipple discharge, skin change, pitting, breast mass | <ul style="list-style-type: none"> Early recognition of need for referral | |
|--|---|--|--|

SECONDARY CARE LEVEL

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65+ YEARS AGE COHORT

22. Breast cancer

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|---|---------------------------|
| <ul style="list-style-type: none"> Health education on prevention and management of cervical cancer | <ul style="list-style-type: none"> Counselling and referral for early diagnosis of breast cancer | <ul style="list-style-type: none"> History and physical examination for breast cancer Basic laboratory tests Advanced laboratory tests Advanced imaging for screening and diagnosis: Mammography Biopsy and fine needle aspiration Early recognition of need for referral | |

TERTIARY CARE LEVEL

| | | | |
|--|---|---|---|
| | <ul style="list-style-type: none"> Counselling and referral for early diagnosis of breast cancer | <ul style="list-style-type: none"> History and physical examination for breast cancer Basic laboratory tests Advanced laboratory tests Advanced imaging for screening and diagnosis: Mammography, CT scan Biopsy and fine needle aspiration Treatment for breast cancer with Mastectomy/radiotherapy/chemotherapy/targeted drug therapy/immunotherapy | <p>Provide palliative and supportive care</p> <p>Psychological support with counselling</p> |
|--|---|---|---|

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

23. Asthma/COPD

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness on the possible triggers/possible risk factors of asthma and preventive measures • Provide IEC materials on Asthma • Multi sectoral approach to ensure clean environments | <ul style="list-style-type: none"> • Avoidance of indoor, outdoor asthma triggers • Avoidance of exposure to exhaust fumes or other types of pollution • Vaccination against influenza and pneumonia to prevent trigger flare ups | <ul style="list-style-type: none"> • Counselling on recognition of symptoms • Guidance to patient on how to monitor their breathing and how to recognize warning signs • Guidance on use of medication as prescribed • Recognition of danger signs and referral to the next higher level | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Create awareness on the possible triggers/possible risk factors of asthma and preventive measures • Provide IEC materials on Asthma • Multi sectoral approach to ensure clean environments | <ul style="list-style-type: none"> • Avoidance of indoor, outdoor asthma triggers • Avoidance of exposure to exhaust fumes or other types of pollution • Vaccination against influenza and pneumonia to prevent trigger flare ups | <ul style="list-style-type: none"> • History and physical examination for asthma • Pulse oximetry for oxygen monitoring • Counselling on personalised asthma management plan • Short-acting beta agonists inhalers • Referral to the next higher level in sever and not responding to treatment | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

23. Asthma/COPD

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|----------|---------------------------|
|--------------------------------|--------------------|----------|---------------------------|

SECONDARY CARE LEVEL

| | | | |
|--|--|---|--|
| | <ul style="list-style-type: none"> • Vaccination against influenza and pneumonia to prevent trigger flare ups | <ul style="list-style-type: none"> • History and physical examination for asthma • Basic laboratory tests • Advanced laboratory tests • Basic imaging test • Advanced imaging test • Monitor oxygen levels e.g., using spirometry • Treat asthma/COPD using short-acting bronchodilator, low-dose inhaled corticosteroid (ICS) or Long-acting bronchodilator (LABA) or long-acting muscarinic agonist (LAMA) • Supplemental oxygen • Bilevel Positive Airway Pressure (BiPAP) for respiratory support • Counselling on personalised asthma management plan • Referral to higher level for further management | |
|--|--|---|--|

TERTIARY CARE LEVEL

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

23. Asthma/COPD

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|---|--|---------------------------|
| | <ul style="list-style-type: none"> • Vaccination against influenza and pneumonia to prevent trigger flare ups exercise | <ul style="list-style-type: none"> • History and physical examination for asthma • Basic laboratory tests • Advanced laboratory tests • Basic imaging test • Advanced imaging test • Monitor oxygen levels e.g., using spirometry • Treat asthma/COPD using short-acting bronchodilator, low-dose inhaled corticosteroid (ICS) or Long-acting bronchodilator (LABA) or long-acting muscarinic agonist (LAMA) • Supplemental oxygen • Bilevel Positive Airway Pressure (BiPAP) for respiratory support • Counselling on personalised asthma management plan | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

24. Diabetes Mellitus

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on diabetes and risk factors, healthy diets, regular blood sugar testing, and exercise]. Provision of IEC/BCC materials | <ul style="list-style-type: none"> Integrated counselling on healthy diet, physical activity, Encourage compliance with medications, and regular clinical check-ups and prevention of complications | <ul style="list-style-type: none"> Management of suspected low blood sugar with a fast-acting carbohydrate Counselling on frequent blood sugar monitoring Early recognition of need for referral and appropriate referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on diabetes and risk factors, healthy diets, regular blood sugar testing, and exercise]. Provision of IEC/BCC materials | <ul style="list-style-type: none"> Integrated counselling on healthy diet, physical activity, Encourage compliance with medications, and regular clinical check-ups and prevention of complications | <ul style="list-style-type: none"> History and physical examination for diabetes mellitus Point of care testing Basic laboratory tests Condition-specific nutrition assessment and counselling Oral antidiabetics Provision of blood glucose monitoring device and test strips Diabetic foot examination Test for visual acuity Counselling on home glucose monitoring | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

24. Diabetes Mellitus

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|----------|---------------------------|
|--------------------------------|--------------------|----------|---------------------------|

SECONDARY CARE LEVEL

| | | | |
|--|--|--|--|
| | | <ul style="list-style-type: none"> • History and physical examination for diabetes mellitus • Point of care testing • Basic laboratory tests • Advanced laboratory tests • Condition-specific nutrition assessment and counselling • Counselling on home glucose monitoring, and self-insulin administration. • Provision of blood glucose monitoring device and test strips • Diabetic foot examination Test for visual acuity • Direct ophthalmoscopy • Intravenous fluids • Insulin treatment • Oral hypoglycaemics • Monitoring of acid base status | |
|--|--|--|--|

TERTIARY CARE LEVEL

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT**24. Diabetes Mellitus**

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---------------------------------------|---------------------------|--|----------------------------------|
| | | <ul style="list-style-type: none">• History and physical examination for diabetes mellitus• Point of care testing• Basic laboratory tests• Advanced laboratory tests• Condition-specific nutrition assessment and counselling• Counselling on home glucose monitoring, and self-insulin administration.• Provision of blood glucose monitoring device and test strips• Diabetic foot examination Test for visual acuity• Direct ophthalmoscopy• Intravenous fluids• Insulin treatment• Oral hypoglycaemics• Monitoring of acid base status | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

25. Seizure disorders

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Provide information and awareness creation on seizures disorders including Epilepsy, its recognition and prevention measures • Education to prevent misunderstanding, discrimination and social stigma. • Multi-sectoral approach to reduce incidences of trauma e.g., falls, burns and promote access to education | <ul style="list-style-type: none"> • Prevention and seeking treatment early for febrile infections such as malaria and other viral/bacterial infections and head trauma • Education on prevention of infections • Prevention of falls, drownings, burns | <ul style="list-style-type: none"> • Early recognition of signs of seizures disorders • Relieve of any pain due to physical injuries as a result of seizures through use of pain medications • First aid on any other complication due to seizures e.g., burns • Referral to a health facility for management | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Provide information and awareness creation on seizures disorders including Epilepsy, its recognition and prevention measures | <ul style="list-style-type: none"> • Prevention and seeking treatment early for febrile infections such as malaria and other viral/bacterial infections and head trauma • Education on prevention of infections • Prevention of falls, drownings, burns | <ul style="list-style-type: none"> • History and physical examination for epilepsy • Point of care testing • Glucose for hypoglycaemia • Condition specific nutrition assessment and counselling • Antiepileptics for epilepsy | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

25. Seizure disorders

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--------------------|---|---------------------------|
| <ul style="list-style-type: none"> • Education to prevent misunderstanding, discrimination and social stigma. • Multi-sectoral approach to reduce incidences of trauma e.g., falls, burns and promote access to education • | | <ul style="list-style-type: none"> • Antipyretics for febrile seizures | |

SECONDARY CARE LEVEL

| | | | |
|--|--|--|---|
| | | <ul style="list-style-type: none"> • History and physical examination for epilepsy • Point of care testing • Basic laboratory tests • Lumbar puncture • Condition specific nutrition assessment and counselling • Antiepileptics for epilepsy • Antipyretics for seizures • Monitor therapeutic drug level | <ul style="list-style-type: none"> • Psychoeducation and psychosocial support (including for patient's carers) |
|--|--|--|---|

TERTIARY CARE LEVEL

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT**25. Seizure disorders**

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---------------------------------------|---------------------------|--|----------------------------------|
| | | <ul style="list-style-type: none">• History and physical examination for epilepsy• Basic laboratory test• Lumbar puncture for CSF exam• Electroencephalography (EEG)Electrocardiogram (ECG)• Advance imaging: MRI, CT scan• Condition specific nutrition assessment and counselling• Psychoeducation and psychosocial support (including for patient's carers)• Antiepileptics for epilepsy• Epilepsy surgery• Monitor therapeutic drug level | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

26. Headache disorders

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Education and awareness creation/information to communities on headache prevention measures | <ul style="list-style-type: none"> • Guidance to patient on healthy behaviours Including; getting plenty of sleep, staying physically active, eating healthy meals and snacks, drinking plenty of water daily, management of stress, practicing relaxation techniques • Guidance on avoidance of headache triggers (such as caffeine) • Adherence to any medications as prescribed | <ul style="list-style-type: none"> • Analgesics for mild headaches • Identify warning features of serious headaches or headaches due to underlying conditions • Referral for management of serious headaches or headaches due to other underlying conditions | |
| PRIMARY CARE LEVEL | | | |
| <p>Education and awareness creation/information to communities on headache prevention measures</p> | <ul style="list-style-type: none"> • Guidance to patient on healthy behaviours Including; getting plenty of sleep, staying physically active, eating healthy meals and snacks, drinking plenty of water daily, management of stress, practicing relaxation techniques • Guidance on avoidance of headache triggers (such as caffeine) • Adherence to any medications as prescribed | <ul style="list-style-type: none"> • Analgesics for mild headaches • Identify warning features of serious headaches or headaches due to underlying conditions • Basic laboratory to rule out treatable infections • Referral for management of serious headaches or headaches due to other underlying conditions | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

26. Headache disorders

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| SECONDARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination for headache disorders • Point of care testing • Basic laboratory tests • Advanced laboratory tests • Computed tomography (CT) scan • Lumbar puncture • Non-pharmacological management of headache e.g., lifestyle changes to reduce stress and improve relaxation • Investigate and treat underlying cause • Pharmacological management of headache | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination for headache disorders • Point of care testing • Basic laboratory tests • Advanced laboratory tests • Computed tomography (CT) scan | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT**26. Headache disorders**

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---------------------------------------|---------------------------|--|----------------------------------|
| | | <ul style="list-style-type: none">• Lumbar puncture• Non-pharmacological management of headache e.g., lifestyle changes to reduce stress and improve relaxation• Investigate and treat underlying cause• Pharmacological management of headache | |

FINAL

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65+ YEARS AGE COHORT

27. Ear infections and conditions

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Sensitization on the risk factors, prevention measures of ear infections and hearing problems that come with age • Distribution of IEC materials on ear diseases and conditions | <ul style="list-style-type: none"> • Vaccination: seasonal flu • Keep ears dry to prevent further infection • Avoid loud noises and limit noise exposure | <ul style="list-style-type: none"> • Clinical assessment for early recognition of need for referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • Sensitization on the risk factors, prevention measures of ear infections and hearing problems that come with age • Distribution of IEC materials on ear diseases and conditions | <ul style="list-style-type: none"> • Vaccination: seasonal flu | <ul style="list-style-type: none"> • History and physical examination for ENT infections • Identify Age-Related Hearing Loss • Antibiotics for ear infections • Analgesics for pain relief • Removing wax blockage • Referral for other ear conditions | |
| SECONDARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> • Vaccination: haemophilus influenzae type b (Hib) | <ul style="list-style-type: none"> • History and physical examination for ENT infections • Assess for Age-Related Hearing Loss using general screening tests, tuning fork tests, etc. | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65+ YEARS AGE COHORT**27. Ear infections and conditions**

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---------------------------------------|---------------------------|---|----------------------------------|
| | | <ul style="list-style-type: none">• Analgesics for pain relief• Antibiotics for ear infections• Removing wax blockage• Referral to next level for non-responders | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none">• History and physical examination• Assess hearing loss using audiometry test• Advanced imaging: computed tomography (CT) magnetic resonance imaging (MRI)• Antibiotics for Ear infections• Analgesics for relief of pain• Surgical procedures• Hearing aid• Assistive devices, such as telephone amplifiers | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

28. Oral conditions

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community awareness on dental caries, periodontal disease and prevention measures Fully integrating oral health into community health programmes. Multi sectoral approach in addressing socio-cultural determinants such as poor living conditions Multi-sectoral approach in ensuring access to clean safe water including Community water fluoridation | <ul style="list-style-type: none"> Counselling on daily oral hygiene including toothbrushing with fluoride toothpaste, flossing daily Counselling on a well-balanced diet low in free sugars and high in fruit and vegetables, and favouring water as the main drink Stopping use of all forms of tobacco, including chewing of kola nuts and reducing alcohol consumption Encourage use of protective equipment when doing sports and travelling on bicycles and motorcycles (to reduce the risk of facial injuries). | <ul style="list-style-type: none"> Screening, treatment of minor oral conditions Provide disinfectant mouthwash Referral to a health facility for management of oral diseases | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Community awareness on dental caries, periodontal disease and prevention measures Fully integrating oral health into community health programmes. Multi sectoral approach in addressing socio-cultural | <ul style="list-style-type: none"> Counselling on daily oral hygiene including toothbrushing with fluoride toothpaste, flossing daily Counselling on a well-balanced diet low in free sugars and high in fruit and vegetables, and favouring water as the main drink | <ul style="list-style-type: none"> History and intraoral examination Provide disinfectant mouthwash Application of fluoride varnish on tooth surface Silver diamine fluoride application Counselling on use of saline mouthwash | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

28. Oral conditions

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|---|---------------------------|
| <p>determinants such as poor living conditions</p> <ul style="list-style-type: none"> Multi-sectoral approach in ensuring access to clean safe water including Community water fluoridation | <ul style="list-style-type: none"> Stopping use of all forms of tobacco, including chewing of kola nuts and reducing alcohol consumption Encourage use of protective equipment when doing sports and travelling on bicycles and motorcycles (to reduce the risk of facial injuries). | <ul style="list-style-type: none"> Analgesics for oral diseases pain Antibiotics for dental infections Referral for management of oral diseases | |
| SECONDARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> History and intraoral examination Application of fluoride varnish on tooth surface Basic imaging: X-ray Analgesics for oral diseases Antibiotics for dental abscess Dental extraction Incision and drainage Atraumatic restorative treatment Filling dental caries using advanced procedures Silver diamine fluoride application Monitor and manage any complications Fixing of dentures | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

28. Oral conditions

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and intraoral examination • Application of fluoride varnish on tooth surface • Basic imaging: X-ray • Analgesics for oral diseases • Antibiotics for dental abscess • Dental extraction • Treatments for gum disease • Incision and drainage • Atraumatic restorative treatment • Filling dental caries using advanced procedures • Silver diamine fluoride application • Monitor and manage any complications • Fixing of dentures | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

29. Eye conditions

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community awareness on the importance of early and regular comprehensive eye examinations and healthy foods | <ul style="list-style-type: none"> Job aids (protocols) for eye conditions | <ul style="list-style-type: none"> Early identification of eye conditions and refer | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Community awareness on the importance of early and regular comprehensive eye examinations and healthy foods | <ul style="list-style-type: none"> Counselling on adherence to treatment regimen for chronic eye diseases Counselling to promote good eye health practices and prevention strategies Counselling and education on importance of spectacle compliance | <ul style="list-style-type: none"> Screening and diagnosis of eye diseases and vision impairment Test for visual acuity Visual field assessment Torchlight examination (external eye assessment) | |
| SECONDARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> Screening and diagnosis of eye diseases and vision impairment in the community | <ul style="list-style-type: none"> Correction of refractive error, Correction of amblyopia Treatment of cataract Treatment of glaucoma Antibiotic for eye infections Patching for the treatment of amblyopia Topical cycloplegic drugs | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT**29. Eye conditions**

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---------------------------------------|---------------------------|---|----------------------------------|
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none">• Correction of refractive error,• Correction of amblyopia and strabismus• Treatment of cataract• Treatment of glaucoma• Antibiotic for eye infections• Topical cycloplegic drugs• Strabismus surgery• Management of ocular cancer | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65+ YEARS AGE COHORT

30. Dementia (including Alzheimer's)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <p>* Awareness creation among the communities on memory loss including prevention measures</p> | <ul style="list-style-type: none"> • Guidance to the elderly persons on mental exercise including engagement in intellectual activities (reading, playing board games, completing crossword puzzles, playing musical instruments, • Encourage the elderly persons to participate in regular social interaction • Guidance on modifiable risk factors (healthy diet, physical exercise /physical activities, cessation of tobacco smoking and avoidance of secondary smoke, stopping alcohol, prevention of head injuries, sleep patterns) | <ul style="list-style-type: none"> • Recognition of the symptoms of dementia including difficulty in remembering recent events, problems with language, disorientation (including easily getting lost), mood swings, loss of motivation, not managing self-care, and behavioural issues. • Monitoring of any indications that Alzheimer's is getting worse including swallowing difficulties, oral and dental disease, hygiene problems, skin, or eye infections. • Referral of an elderly person with Alzheimer's to a health facility for further management | |
| PRIMARY CARE LEVEL | | | |
| | <ul style="list-style-type: none"> • Guidance to the elderly persons on mental exercise including engagement in intellectual activities (reading, playing | <ul style="list-style-type: none"> • History and physical examination for dementia (including Alzheimer disease) | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65+ YEARS AGE COHORT

30. Dementia (including Alzheimer's)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|---|--|--|
| | <p>board games, completing crossword puzzles, playing musical instruments,</p> <ul style="list-style-type: none"> • Encourage the elderly persons to participate in regular social interaction • Guidance on modifiable risk factors (healthy diet, physical exercise /physical activities, cessation of tobacco smoking and avoidance of secondary smoke, stopping alcohol, prevention of head injuries, sleep patterns) | <ul style="list-style-type: none"> • Clinical examination including behavioural observations (including mini mental status exam) • Psychosocial therapy –including behavioural therapy • Monitoring of any indications that Alzheimer's is getting worse including swallowing difficulties, oral and dental disease, hygiene problems, skin, or eye infections. • Referral of an elderly person with Alzheimer's to a health facility for further management | |
| SECONDARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination for dementia (including Alzheimer disease) • Clinical Examinations including behavioural observations. • Assessments of intellectual functioning including memory testing/cognitive testing • Drug management including cholinesterase inhibitors | <p>Psychoeducation and psychosocial support (including for patient's carers)</p> |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65+ YEARS AGE COHORT

30. Dementia (including Alzheimer’s)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none"> • Psychosocial therapy – including behavioural therapy • Monitoring of any indications that Alzheimer’s is getting worse including swallowing difficulties, oral and dental disease, hygiene problems, skin, or eye infections. • Relieving discomfort especially in the later stages of the disease • Investigations, blood tests to rule out other possible diagnosis such as thyroid disorders; vitamin deficiencies • Medical imaging (CT scan, MRI, PET Scan) • Relieving discomfort especially in the later stages of the disease • Blood tests to rule out other possible diagnosis such as thyroid disorders; vitamin deficiencies • Referral of an elderly person with Alzheimer’s to a health facility for further management | |

TERTIARY CARE LEVEL

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65+ YEARS AGE COHORT

30. Dementia (including Alzheimer’s)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|--|
| | | <ul style="list-style-type: none"> • History and physical examination for dementia (including Alzheimer disease) • Clinical Examinations including behavioural observations. • Assessments of intellectual functioning including memory testing/cognitive testing • Drug management including cholinesterase inhibitors • Psychosocial therapy – including behavioural therapy • Monitoring of any indications that Alzheimer’s is getting worse including swallowing difficulties, oral and dental disease, hygiene problems, skin, or eye infections. • Relieving discomfort especially in the later stages of the disease • Investigations, blood tests to rule out other possible diagnosis such as thyroid disorders; vitamin deficiencies • Medical imaging (CT scan, MRI, PET Scan) | <p>Psychoeducation and psychosocial support (including for patient’s carers)</p> |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65+ YEARS AGE COHORT**30. Dementia (including Alzheimer's)**

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---------------------------------------|---------------------------|---|----------------------------------|
| | | <ul style="list-style-type: none">• Relieving discomfort especially in the later stages of the disease• Blood tests to rule out other possible diagnosis such as thyroid disorders; vitamin deficiencies | |

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ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

31. Parkinson's disease

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Health education/ Awareness creation among the elderly and communities on Parkinson disease and related conditions Advocacy programs on parkinsonism | <ul style="list-style-type: none"> Encourage elderly persons to Exercise regularly to reduce the risk of Parkinson's disease Avoidance of exposure to pesticides and herbicides Use of vitamins such as Vitamin C and E Advice on diet/use of balance diet | <ul style="list-style-type: none"> Recognition of cardinal signs of parkinsonism Advice on diet/use of balance diet Monitoring any indication of progression or severity of the disease Pain relief and exercise Encourage adherence to medication Referral to a health facility for management | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Health education/ Awareness creation among the elderly and communities on Parkinson disease and related conditions Advocacy programs on parkinsonism | <ul style="list-style-type: none"> Encourage elderly persons to Exercise regularly to reduce the risk of Parkinson's disease Avoidance of exposure to pesticides and herbicides Use of vitamins such as Vitamin C and E Advice on diet/use of balance diet | <ul style="list-style-type: none"> Regular Physical Exercise programs for elderly persons with Parkinsonism disease to improve mobility and flexibility Generalized relaxation techniques such as gentle rocking to improve flexibility | |
| SECONDARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

31. Parkinson’s disease

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|--|---|
| | | <ul style="list-style-type: none"> • Medical history and neurological examination • Diet therapy/guidance on balanced diet • Pharmacological therapy • Monitoring the disease progression and management of any complications arising • Management of difficulties in swallowing/feeding e.g., through use of feeding tube • Managing breathing complications e.g., through use of non-invasive ventilator, and tracheostomy. • Management of Urine incontinence • Management of constipation, pain, blood pressure • Management of secondary causes of parkinsonism’s such as stroke | |
| TERTIARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> • | <ul style="list-style-type: none"> • | <ul style="list-style-type: none"> • Medical history and neurological examination | <ul style="list-style-type: none"> • Regular Physical Exercise programs to |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

31. Parkinson's disease

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---|
| | | <ul style="list-style-type: none"> • Diagnosis through neuro-imaging - MRI • Symptomatic treatment • Diet therapy/guidance on balanced diet • Pharmacological therapy • Monitoring the disease progression and management of any complications arising • Management of difficulties in swallowing/feeding e.g., through use of feeding tube • Managing breathing complications e.g., through use of non-invasive ventilator, and tracheostomy. • Management of Urine incontinence • Management of constipation, pain, blood pressure • Management of secondary causes of parkinsonism's such as stroke • Surgery for deep brain stimulation to reduce motor symptoms in severe cases | <ul style="list-style-type: none"> • improve mobility and flexibility • Physiotherapy services to improve mobility, gait, speed, flexibility • Generalized relaxation techniques such as gentle rocking to improve flexibility • Speech therapy-Lee Silverman Voice treatment • Occupational therapy to promote health and quality of life by helping elderly persons with the disease to participate in as many of their daily living activities as possible. |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65+ YEARS AGE COHORT

32. Road traffic injuries

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|--|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community awareness on safe environment Community awareness on how to identify and modify hazards that might lead to falls, burns and drowning accidents in indoor and outdoor environment Discourage harmful traditional practice in the management of injuries | <ul style="list-style-type: none"> Enforcement of traffic regulations including seatbelt use Installation of speed bumps at high-risk intersections Requirement and enforcement of helmets Breath testing for alcohol Enforcement of environmental laws Empowerment of community health agents to conduct activities for a hazard free environment Formation of health committees on the prevention of injury | <ul style="list-style-type: none"> Early identification and referral of victims Introduce first aid practice by community health agents Formalize and set a referral system Follow up for early detection of complications | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Community awareness on safe environment Community awareness on how to identify and modify hazards that might lead to falls, burns and drowning accidents in indoor and outdoor environment | <ul style="list-style-type: none"> Counselling on fall prevention Counselling on safety and injury prevention | <ul style="list-style-type: none"> Resuscitation with basic life support Provide the necessary basic treatment as indicated (e.g., fracture reduction with external immobilization) Strengthen follow-up services | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65+ YEARS AGE COHORT

32. Road traffic injuries

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--------------------|---|---------------------------|
| <ul style="list-style-type: none"> Discourage harmful traditional practice in the management of injuries | | <ul style="list-style-type: none"> Referral of severe cases to higher level. | |

SECONDARY CARE LEVEL

| | | | |
|--|--|---|--|
| <ul style="list-style-type: none"> | | <ul style="list-style-type: none"> History and physical examination for serious injury Provide emergency treatment based on Paediatric Advanced Life Support (PALS) and Advanced Trauma Life Support (ATLS) management Resuscitate with iv fluids, blood and blood components Advanced laboratory and imaging services including CT scan and MRI Implement surgical interventions like acute trauma management, internal fixation, debridement and amputation, basic skin grafting, escharotomy/fasciotomy-myectomy Referral to higher centres of complicated cases | |
|--|--|---|--|

TERTIARY CARE LEVEL

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65+ YEARS AGE COHORT

32. Road traffic injuries

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--------------------|--|---------------------------|
| <ul style="list-style-type: none"> • | | <ul style="list-style-type: none"> • History and physical examination for serious injury • Provide emergency treatment based on Paediatric Advanced Life Support (PALS) and Advanced Trauma Life Support (ATLS) management • Advanced imaging, scanning services and diagnostic facilities like contrast CT scan and MRI • Minor and major surgical interventions • Advanced and specialized treatment like re-constructive surgery • Advanced laboratory tests • Blood and blood product transfusion • products transfusion services • Advanced physiotherapy services | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

33. Non-transport injuries (falls, drowning, burns, and poisoning)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> • Community awareness on safe environment • Community awareness on how to identify and modify hazards that might lead to indoor and outdoor environment accidents • Discourage harmful traditional practice in the management of non-transport unintentional injuries | <ul style="list-style-type: none"> • Group and home-based exercise programs, containing balance and strength-training exercises • Multifactorial interventions, including home safety modifications • Home safety interventions providing free, low-cost, or subsidized safety equipment • Legislation and enforcement of personal flotation devices (PFDs) use for recreational boaters • Legislation and enforcement to control alcohol use, especially in relation to aquatic activities • Use of a safer and cleaner kerosene stove design • Safe storage of medicines and poisons; • Enacting and enforcing poisoning prevention legislation. | <ul style="list-style-type: none"> • First aid: immobilization, applying ice and compression to reduce swelling for falls, artificial respiration for drowning, cooling in running water for burns • Early recognition of the need for referral | |
| PRIMARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

33. Non-transport injuries (falls, drowning, burns, and poisoning)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|---|---------------------------|
| <ul style="list-style-type: none"> • Community awareness on creating safe environment, how to identify and modify hazards that might lead to in indoor and outdoor environment accidents • Discourage harmful traditional practice in the management of non-transport unintentional injuries | <ul style="list-style-type: none"> • Group and home-based exercise programs, containing balance and strength-training exercises • Multifactorial interventions, including home safety modifications • Home safety interventions providing free, low-cost, or subsidized safety equipment • Legislation and enforcement of personal flotation devices (PFDs) use for recreational boaters • Legislation and enforcement to control alcohol use, especially in relation to aquatic activities • Use of a safer and cleaner kerosene stove design • Safe storage of medicines and poisons; storing medicines and poisons in high places or locked cupboards • Enacting and enforcing poisoning prevention legislation. | <ul style="list-style-type: none"> • First aid: immobilization, applying ice and compression to reduce swelling for falls, artificial respiration for drowning, cooling in running water for burns • Early recognition of the need for referral | |

SECONDARY CARE LEVEL

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

33. Non-transport injuries (falls, drowning, burns, and poisoning)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|-------------------------------------|--|---------------------------|
| | Health education on burn prevention | <ul style="list-style-type: none"> • History and physical examination • Accurate Total Body Surface Area (TBSA) estimation • Advanced laboratory tests • Adequate analgesia to facilitate assessment and patient comfort • Intravenous fluid and electrolytes • Continuous vital sign monitoring • Adequate peripheral perfusion and need for escharotomy • Prevention of hypothermia • Wound management • Intramuscular tetanus toxoid • Blood and blood product transfusion • Surgical interventions: trauma management, debridement, basic skin grafting, escharotomy, etc • Antidotes and reversal medications • Enhanced elimination by hemoperfusion or haemodialysis • Enhanced elimination by urinary alkalinization • Oxygen supply • Mechanical ventilation | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

33. Non-transport injuries (falls, drowning, burns, and poisoning)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|---|---------------------------|
| TERTIARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Sensitization of parents, teachers and care givers on home hazards, burns | <p>Health education on burn prevention</p> | <ul style="list-style-type: none"> History and physical examination Accurate Total Body Surface Area (TBSA) estimation Advanced laboratory tests Adequate analgesia to facilitate assessment and patient comfort Intravenous fluid and electrolytes Continuous vital sign monitoring Adequate peripheral perfusion and need for escharotomy Prevention of hypothermia Wound management Intramuscular tetanus toxoid Blood and blood product transfusion Surgical interventions: trauma management, debridement, basic skin grafting, escharotomy, etc Antidotes and reversal medications Enhanced elimination by hemoperfusion or haemodialysis Enhanced elimination by urinary alkalinization | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT**33. Non-transport injuries (falls, drowning, burns, and poisoning)**

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---------------------------------------|---------------------------|--|----------------------------------|
| | | <ul style="list-style-type: none">• Oxygen supply• Mechanical ventilation | |

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ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

34. Bites and Envenomation

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community awareness on prevention and control of dog bites, snake bites and immediate care measures Community education about animal bites, venomous snakes and snake-bite | <ul style="list-style-type: none"> Counselling on prevention of bite and envenoming injuries Wear high, thick rubber boots when walking through snake-prone areas Eliminating rabies in dogs- through Vaccinating dogs. Pre-exposure immunization for high-risk occupations | <ul style="list-style-type: none"> Early recognition of the need for referral of bites and envenoming Injuries Wound care | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Community awareness on prevention and control of dog bites, snake bites and immediate care measures Community education about animal bites, venomous snakes and snake-bite | <ul style="list-style-type: none"> Counselling on prevention of bite and envenoming injuries Wear high, thick rubber boots when walking through snake-prone areas Eliminating rabies in dogs- through Vaccinating dogs. Pre-exposure immunization for high-risk occupations | <ul style="list-style-type: none"> History and examination for bites and envenoming injuries Wound care Oral analgesics Early recognition of the need for referral of bites and envenoming injuries | |
| SECONDARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

34. Bites and Envenomation

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none"> • History and examination for bites and envenoming injuries • Adequate analgesics • Adequate hydration • Immunoglobulin for bites and envenoming injuries • Vaccine for bites and envenoming injuries • Intravenous antivenin for bites and envenoming injuries • Surgical exploration and debridement for bites and envenoming injuries | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and examination for bites and envenoming injuries • Adequate analgesics • Adequate hydration • Immunoglobulin for bites and envenoming injuries • Vaccine for bites and envenoming injuries | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT**34. Bites and Envenomation**

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---------------------------------------|---------------------------|--|----------------------------------|
| | | <ul style="list-style-type: none">• Intravenous antivenin for bites and envenoming injuries• Surgical exploration and debridement for bites and envenoming injuries | |

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ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

35. Psychiatric or mental disorders (Anxiety, Depression, Psychosis, Bipolar, etc)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|--|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement [community sensitization on psychiatric disorders, healthy diets, exercise, stress management, healthy relationships] Education directed at elimination of stigmatization of people living with mental health conditions Community planning for increased community spaces/parks | <ul style="list-style-type: none"> Encourage social participation Integrated counselling on healthy diet, physical activity, weight management, and alcohol, drug and tobacco use Encourage compliance with medications | <ul style="list-style-type: none"> Free universal crisis support line Promote functioning in activities of daily living and rehabilitation and inclusion in the community Promote self-care Psychosocial support groups Early recognition of the need for referral and appropriate referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Health education directed at creating awareness on mental disorders and elimination of stigma of people living with mental health conditions Provision of IEC/BCC materials | <ul style="list-style-type: none"> Encourage social participation Integrated counselling on healthy diet, physical activity, weight management, and alcohol, drug and tobacco use Encourage compliance with medications | <ul style="list-style-type: none"> Assessment for symptoms mental health disorders Referral to the next level for specialized mental health investigation | |
| SECONDARY CARE LEVEL | | | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

35. Psychiatric or mental disorders (Anxiety, Depression, Psychosis, Bipolar, etc)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|---|---------------------------|
| | | <ul style="list-style-type: none"> • History and physical examination for psychiatric disorders • Basic laboratory tests • Advanced laboratory tests • Electroencephalography (EEG) • Assessment of self-harm and suicide risk in people with mental, neurological, and substance use conditions • Promote functioning in activities of daily living and rehabilitation and inclusion in the community • Provide cognitive behavioural therapy or interpersonal therapy (IPT) • Psychoeducation and psychosocial support for patients and carers • Stress management training • Thinking about difficult memories (TDM) training • Self-help or guided self-help stress management training • Systemic desensitization therapy (SDT) • Oral and parenteral antipsychiatry drugs for first line and second line treatment | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

35. Psychiatric or mental disorders (Anxiety, Depression, Psychosis, Bipolar, etc)

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none"> • Prompt monitoring and management of adverse drug reactions • Referral for specialized mental health and other needed services | |

TERTIARY CARE LEVEL

| | | | |
|--|--|--|--|
| | | <ul style="list-style-type: none"> • History and physical examination for psychiatric disorders • Advanced laboratory tests • Electroencephalography (EEG) • Assessment of self-harm and suicide risk in people with mental, neurological, and substance use conditions • Promote functioning in activities of daily living and rehabilitation and inclusion in the community • Provide cognitive behavioural therapy or interpersonal therapy (IPT) • Psychoeducation and psychosocial support for patients and carers • Stress management training • Thinking about difficult memories (TDM) training | |
|--|--|--|--|

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT**35. Psychiatric or mental disorders (Anxiety, Depression, Psychosis, Bipolar, etc)**

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---------------------------------------|---------------------------|--|----------------------------------|
| | | <ul style="list-style-type: none">• Self-help or guided self-help stress management training• Systemic desensitization therapy (SDT)• Oral and parenteral antipsychiatry drugs for first line and second line treatment• Prompt monitoring and management of adverse drug reactions• Monitor drug levels of antipsychiatry drugs• Electroconvulsive therapy (ECT) for refractory cases• Referral for specialized mental health and other needed services | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

36. Substance use disorders (Alcohol, drugs, etc.) including tobacco use

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--|---|---|---------------------------|
| COMMUNITY LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement to educate and support individuals and communities to prevent the use and misuse of alcohol, drugs and other substances and their side effects and the consequences of the addiction. Promote comprehensive tobacco control initiatives by, prohibiting smoking in public places, preventing tobacco use among young people and banning advertising and promotion of tobacco products Increase minimum age for alcohol purchasing and consumption Increasing tobacco and alcohol excise taxes taxation | <ul style="list-style-type: none"> Counselling on substance, tobacco use, moderation and management of peer pressure Smoke-free indoor residences, workplaces and public Provide resources on healthy ways to reduce and manage stress | <ul style="list-style-type: none"> Twelve-step facilitation therapy Early recognition of need for referral | |
| PRIMARY CARE LEVEL | | | |
| <ul style="list-style-type: none"> Community engagement to educate and support individuals and communities to prevent the | <ul style="list-style-type: none"> Counselling on substance use and addiction and management of peer pressure | <ul style="list-style-type: none"> History and physical examination for substance use disorders Brief interventions therapy | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

36. Substance use disorders (Alcohol, drugs, etc.) including tobacco use

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|---|--|---|---------------------------|
| <p>use and misuse of alcohol, drugs and other substances and their side effects and the consequences of the addiction.</p> <ul style="list-style-type: none"> • Promote comprehensive tobacco control initiatives by, prohibiting smoking in public places, preventing tobacco use among young people and banning advertising and promotion of tobacco products • Increase minimum age for alcohol purchasing and consumption • Increasing tobacco and alcohol excise taxes taxation | <ul style="list-style-type: none"> • Systematic screening for substance uses among at risk population | <ul style="list-style-type: none"> • Counselling and other psychosocial support • Psychoeducation for patients and their caregivers • Nicotine Replacement Therapy (NRT) • Referral to the next level | |

SECONDARY CARE LEVEL

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

36. Substance use disorders (Alcohol, drugs, etc.) including tobacco use

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none"> • History and physical examination for substance use disorders • Basic laboratory tests • Brief interventions therapy • Counselling and other psychosocial support • Psychoeducation for patients and their caregivers • Nicotine Replacement Therapy (NRT) • Cognitive behavioural therapy (CBT) • Motivational and Mutual-help groups interventions • Twelve-step facilitation treatment • Provision of multivitamins • Treatment for psychological problems • Treatment of associated medical conditions | |
| TERTIARY CARE LEVEL | | | |
| | | <ul style="list-style-type: none"> • History and physical examination for substance use disorders • Basic laboratory tests • Advanced laboratory tests • Basic and advanced imaging | |

ESSENTIAL HEALTH SERVICE PACKAGE FOR 65 PLUS YEARS AGE COHORT

36. Substance use disorders (Alcohol, drugs, etc.) including tobacco use

| Health Promotion Interventions | Disease Prevention | Curative | Rehabilitative/Palliative |
|--------------------------------|--------------------|--|---------------------------|
| | | <ul style="list-style-type: none">• Brief interventions therapy• Counselling and other psychosocial support• Psychoeducation for patients and their caregivers• Cognitive behavioural therapy (CBT)• Motivational and Mutual-help groups interventions• Twelve-step facilitation treatment• Provision of harm reduction services; opiate substitution therapy (OST), needle and syringe programmes (NSP), overdose prevention• Provision of detoxification-withdrawal drugs• Nicotine Replacement Therapy (NRT)• Provision of multivitamins• Treatment for psychological problems• Treatment of associated medical conditions | |

ANNEXES

Annex 1: Participants in Attendance for the EHSP Retreat 7th - 11th November 2022, Freetown

| NO | NAME | SEX | DESIGNATION | ORGANIZATION | CELL NUMBER | Email Address |
|----|---------------------|-----|-------------------------|---------------------|-------------|--|
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| 22 | DR. DAVID I. KAMARA | M | MANAGER | ORAL HEALTH | 23276607853 | drkamara7@gmail.com |
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| 24 | MABINTY TARAWALLIE | F | NPHS | CH/EPI | 23278203092 | tarawalliemabintyimnci@gmail.com |
| 25 | DR. D.M. KANGBAI | M | PM | CH/EPI | 23278626923 | desmakay@yahoo.com |

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|----|-------------------------|---|----------------------------|----------|-------------|--|
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Annex 2: Participants in Attendance for The EHSP Consultation 16th November 2022, Kenema

| NO | NAME | SEX | DESIGNATION | ORGANIZATION | CELL NUMBER | Email Address |
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Annex 3: Participants in Attendance for The EHSP Consultation 18th November 2022, Makeni

| NO | NAME | SEX | DESIGNATION | ORGANIZATION | CELL NUMBER | Email Address |
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Annex 4: Participants in Attendance for The EHSP Consultation ... November 2022, Freetown

| NO | NAME | SEX | DESIGNATION | ORGANIZATION | CELL NUMBER | Email Address |
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Ministry of Health and Sanitation

**The CMO's Meeting with Directors and Managers
Monday 28th November, 2022 – 2:00PM**

Agenda

- 1. Prayers**
- 2. Introductions**
- 3. CMO's Opening Remarks**
- 4. SLeSHI - Presentation on Medication Supply Chain Management - Med4All Accreditation**
- 5. Sierra Leone Essential Health Care Package Development**
- 6. Discussion / Resolutions**
- 7. AOB**

Abbreviations and acronyms

| | |
|-------|---|
| ANC | Antenatal care |
| ART | Antiretroviral therapy |
| ARV | Antiretrovirals |
| ATLS | Advanced Trauma Life Support |
| BCC | Behavioural change communication |
| BiPAP | Bilevel Positive Airway Pressure |
| BPEHS | Basic Package of Essential Health Services |
| CHC | Community Health Centre |
| CHP | Community Health Post |
| CHW | Community health worker |
| CKD | Chronic kidney disease |
| CSF | Cerebrospinal fluid |
| CSO | Civil Society Organizations |
| CT | Computerized tomography |
| CVD | Cardiovascular disease |
| DAA | Direct acting antiretrovirals |
| DHS | Demographic Health Survey |
| DM | Diabetes mellitus |
| DMO | District Medical Officer |
| DOTS | Directly Observed Treatment Short course |
| DST | Drug sensitivity test |
| ECG | Electrocardiography |
| EEG | Electroencephalography |
| EHSP | Essential Health Services Package |
| eMTCT | Elimination of mother to child transmission |
| EPI | Expanded program on immunization |
| FGM | Female genital mutilation |
| FHCI | Free Health Care Initiative (FHCI) |
| GI | Gastrointestinal |

| | |
|-------|--|
| GoSL | Government of Sierra Leone |
| HBV | Hepatitis B virus |
| HCV | Hepatitis C virus |
| Hib | Haemophilus influenzae type b |
| HIV | Human immunodeficiency virus |
| HPV | Human papilloma virus |
| iCCM | Integrated Community Case Management |
| ICS | Inhaled corticosteroid |
| ICU | Intensive care unit |
| IEC | Information education & communication |
| IM | Intramuscular |
| IMAM | Integrated Management of Acute Malnutrition |
| IMNCI | Integrated management of newborn and childhood illnesses |
| IPC | Infection Prevention and Control |
| ITNs | Insecticide treated nets |
| IUD | Intrauterine device |
| IV | Intravenous |
| IYCN | Infant and Young Child Nutrition |
| KFC | Kangaroo father care |
| KMC | Kangaroo mother care |
| LABA | Long-acting bronchodilator |
| LAMA | Long-acting muscarinic agonist |
| LFT | Liver function test |
| LRTI | Lower respiratory tract infections |
| LTBI | Latent TB infection |
| MCHP | Maternal and Child Health Post |
| MDA | Mass drug administration |
| MDG | Millennium Development Goal |
| MDR | Multi drug resistant TB |

| | |
|-------|--|
| MNT | Maternal & neonatal tetanus |
| MOHS | Ministry of Health & Sanitation |
| MRI | Magnetic resonance imaging |
| MSG | Mothers Support Groups |
| MUAC | Mid-upper arm circumference |
| NA | Not applicable |
| NAT | Nucleic acid tests |
| NCDs | Non-communicable diseases |
| NHSSP | National Health Sector Strategic Plan |
| NTD | Neglected tropical diseases |
| ORS | Oral rehydration salts |
| PALS | Pediatric Advanced Life Support |
| PCR | Polymerase chain reaction |
| PEP | Post-exposure prophylaxis |
| PET | Positron emission tomography |
| PHL | Public Health Laboratory |
| PHU | Peripheral Health Units |
| PLHA | People living with HIV/AIDS |
| PMTCT | Prevention of mother to child transmission |
| PPD | Purified Protein Derivative |
| PrEP | Pre-exposure prophylaxis |
| PSA | Prostate specific antigen |
| RDT | Rapid diagnostic test |
| RFT | Renal function test |
| SAM | Severe Acute Malnutrition |
| SAT | Self-administrative therapy |
| SCD | Sickle cell disease |
| SDG | Sustainable Development Goal |
| SOP | Standard operating procedures |
| STI | Sexually transmitted infections |

| | |
|--------|-------------------------------------|
| TB | Tuberculosis |
| TPT | TB prevention treatment |
| UGI | Upper gastro intestinal |
| UHC | Universal Health Coverage |
| VMMC | Voluntary Male Medical Circumcision |
| VPD | Vaccine preventable diseases |
| WASH | Water, sanitation and hygiene |
| WHO | World Health Organization |
| XDR TB | Extensively drug-resistant TB |

FINAL DRAFT