

Disease Control Priorities, Fourth Edition
Volume 1, Disease Control Priorities in Practice

Lessons from the Revision Process of Ethiopia's Essential Health Service Package

Alemayehu Hailu, Getachew Teshome Eregata, Zelalem Adugna Geletu, Solomon Tessema Memirie, Wubaye Walelgne, Amanuel Yigezu, Mieraf Tadesse, Kjell Arne Johansson, Karin Stenberg, Melanie Y. Bertram, Amir Aman, Lia Tadesse, and Ole F. Norheim

Working Paper 6, February 2024

DCP⁴

Disease
Control
Priorities

economic evaluation for health

B:CEPS

- BERGEN CENTRE
- FOR ETHICS AND
- PRIORITY SETTING
- IN HEALTH



UNIVERSITY OF BERGEN



economic evaluation for health

- Title:** **Lessons from the Revision Process of Ethiopia’s Essential Health Service Package**
- Author (1):** Alemayehu Hailu
Affiliation: Federal Ministry of Health of Ethiopia, Addis Ababa, Ethiopia; Bergen Centre for Ethics and Priority Setting in Health, Department of Global Public Health and Primary Care, University of Bergen, Bergen, Norway; Department of Global Health and Population, Harvard T.H. Chan School of Public Health, Boston, USA
- Author (2):** Getachew Teshome Eregata
Affiliation: Federal Ministry of Health of Ethiopia, Addis Ababa, Ethiopia; Bergen Centre for Ethics and Priority Setting in Health, Department of Global Public Health and Primary Care, University of Bergen, Bergen, Norway
- Author (3):** Zelalem Adugna Geletu
Affiliation: Federal Ministry of Health of Ethiopia, Addis Ababa, Ethiopia
- Author (4):** Solomon Tessema Memirie
Affiliation: Bergen Centre for Ethics and Priority Setting in Health, Department of Global Public Health and Primary Care, University of Bergen, Bergen, Norway; Department of Paediatrics and Child Health, College of Health Sciences, Addis Ababa University, Addis Ababa, Ethiopia
- Author (5):** Wubaye Walelgne
Affiliation: Federal Ministry of Health of Ethiopia, Addis Ababa
- Author (6):** Amanuel Yigezu
Affiliation: Federal Ministry of Health of Ethiopia, Addis Ababa
- Author (7):** Mieraf Tadesse
Affiliation: Department of Global Health and Population, Harvard T.H. Chan School of Public Health, Boston, USA

Author (8): Kjell Arne Johansson
Affiliation: Bergen Centre for Ethics and Priority Setting in Health, Department of Global Public Health and Primary Care, University of Bergen, Bergen, Norway

Author (9): Karin Stenberg
Affiliation: Department of Health Systems Governance and Financing, World Health Organization, Geneva, Switzerland

Author (10): Melanie Y. Bertram
Affiliation: Department of Health Systems Governance and Financing, World Health Organization, Geneva, Switzerland

Author (11): Amir Aman
Affiliation: Federal Ministry of Health of Ethiopia, Addis Ababa, Ethiopia

Author (12): Lia Tadesse
Affiliation: Federal Ministry of Health of Ethiopia, Addis Ababa, Ethiopia

Author (13): Ole Frithjof Norheim
Affiliation: Bergen Centre for Ethics and Priority Setting in Health, Department of Global Public Health and Primary Care, University of Bergen, Bergen, Norway; Department of Global Health and Population, Harvard T.H. Chan School of Public Health, Boston, USA

Correspondence to: Alemayehu Hailu (alemayehu.hailu@uib.no)

Preface

Since the early 1990s, researchers involved in the Disease Control Priorities (DCP) effort have been evaluating options to decrease disease burden in low- and middle-income countries. This working paper was developed to support the Fourth Edition of this effort. It is posted to solicit comments and feedback, and ultimately will be revised and published as part of the DCP4 series.

DCP4 will be published by the World Bank. The overall DCP4 effort is being led by Series Lead Editor Ole F. Norheim, Director of the Bergen Centre for Ethics and Priority Setting in Health. Core funding is provided by the Norwegian Agency for Development Cooperation and the Norwegian Research Council.

More information on the project is available at: <https://www.uib.no/en/bceps/156731/fourth-edition-disease-control-priorities-dcp-4>.

Acknowledgements

We wish to acknowledge the Federal Ministry of Health of Ethiopia for providing the data for this study. We would also like to thank Stéphane Verguet (Harvard T. H. Chan School of Public Health) for critical feedback.

Lessons from the Revision Process of Ethiopia's Essential Health Service Package

Abstract

The Chapter discusses Ethiopia's revision of its essential health services package (EHSP) in 2019 to achieve universal health coverage. The revision process involved 35 consultative workshops with experts and the public. Seven prioritization criteria were employed, including disease burden, cost-effectiveness, and public acceptability. The process identified 1,018 relevant health interventions from an initial list of 1,749, further evaluated and ranked, resulting in 594 high-priority interventions (56%) being provided. The EHSP was assigned to healthcare delivery platforms and linked to financing mechanisms. The Chapter concludes that the process was participatory, inclusive, and evidence-based, resulting in a comprehensive EHSP.

Table of Contents

1.0 Introduction.....	6
2.0 Priority-Setting Processes	6
3.0 Analysis and Tools.....	9
4.0 HBP Implementation Plans.....	14
5.0 Limitations and Future Directions	16
6.0 Lessons Learnt	17
Declarations	19
References.....	20
Appendix.....	23

1.0 Introduction

Ethiopia signed up to the Sustainable Development Goals (SDGs) in 2015, where SDG Goal 3 (Target 3.8) is explicitly related to achieving universal health coverage (UHC) for all population segments.^{1,2} Therefore, the Ethiopian Ministry of Health (MoH) needed to define the essential health services to be delivered to the population without financial risk. Which services coverage to scale up first? For which services should the government reduce direct costs? How to expand the range of services to be delivered in the future?³⁻⁷

The Ethiopian essential health service package (EHSP) was first defined in 2005. In 2018, there were four primary rationales for its revision. First, a package that matched the current disease burden was needed. The 2005 EHSP constituted about 120 interventions focused on reproductive maternal neonatal child health (RMNCH) and preventing and controlling major communicable and vaccine-preventable diseases. In the first two decades of the 21st century, however, the disease burden profile of the country has substantially changed. Non-communicable diseases (NCDs) and injuries are rising as important causes of mortality and morbidity. Therefore, the 2005 defined health service package was not addressing the current situation adequately.⁸ Second, there was a need for a package that matched the current population's health care demand. Because of economic growth, expansion of health extension programmes increased health literacy, and the demand for health services in Ethiopia increased markedly. Third, there was a need to institutionalize a clear, transparent, and deliberative priority-setting process. Within the last 20 years, several new interventions had been introduced to the (publicly funded) healthcare delivery system without proper cost-benefit and cost-effectiveness evaluation.⁹

Therefore, in May 2018, the Executive Council of the Federal Ministry of Health (FMoH) decided to revise the Ethiopian EHSP. The revision process was launched immediately in June 2018, and the final EHSP document was launched in November 2019.¹⁰ In this Chapter, we aim to describe the rationales, objectives, scope, process, methods, context, and challenges of Ethiopia's EHSP revision process. In doing so, we emphasize the use of Disease Control Priorities (third edition; DCP-3) evidence. In addition, we discuss the Ethiopian process with similar work in other countries to draw some lessons.

2.0 Priority-Setting Processes

A. Ownership and Governance

The EHSP revision process was designed to be participatory, inclusive, and to follow an evidence-based prioritization process. MoH leadership approved a detailed road map of the revision process and the methods used from June 2018 to November 2019 (Figure 1).

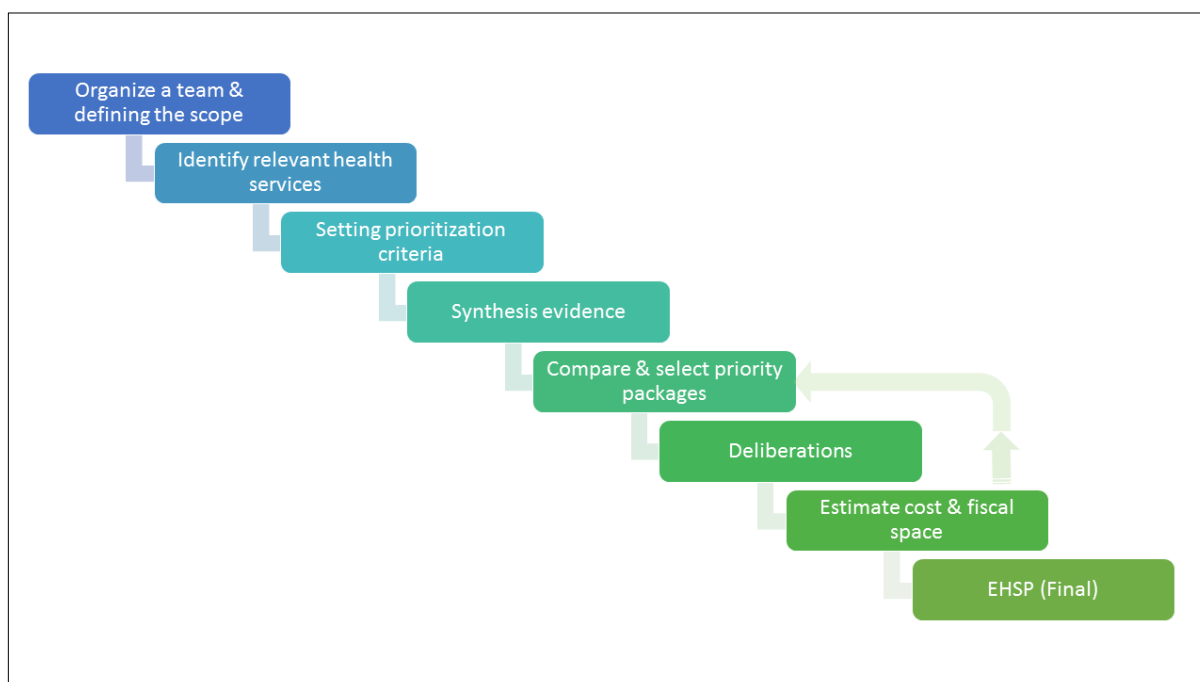


Figure 1. Road map for the revision of Ethiopia's EHSP (Source: EHSP Ethiopia 2019).

The MoH initiated the revision of the EHSP. Eight inception meetings were held from June to August 2018 to outline the detailed EHSP revision plan, define the revision road map, and determine the scope and objectives of the revised EHSP.¹¹ The existing MoH governance structure for decision-making was applied. All directorates at the MoH and representatives of all RHBs were involved throughout the process to ensure inclusiveness and transparency. Additionally, national and international experts (i.e., WHO and Disease Control Priorities–Ethiopia) provided technical support throughout the process. The minister organized an EHSP core team comprising a health economist and a health systems specialist to coordinate. The core team's role was to facilitate the development of the entire package, including developing a prioritization protocol, collating data, evidence synthesis, stakeholder engagement, and costing and fiscal space analysis. A technical working group (TWG) was established, comprising 30 senior experts on various health system dimensions. The TWG supported the core team in preparing the revision road map, which helped develop a shared understanding of the steps necessary to achieve an evidence-based package revision.

B. Scope and Content

The primary objective of the revised EHSP is to reduce the burden of disease in Ethiopia by making high-priority interventions available and affordable. It also aims to protect people from catastrophic health expenditures, increase equitable access to health services, improve the efficiency of the health system and increase public participation and transparency in decision-making in the health sector. The scope of the revised EHSP reflects the national health policy and its SDG-UHC commitments while considering the constraints of resource availability and economic growth. The EHSP has four fundamental features: (1) it was designed to address the health needs of the Ethiopian population across the whole life course regardless of income, gender or residence (urban/rural); (2) it was designed to be delivered at all service levels (i.e., primary, secondary and tertiary); (3) the package was intended to serve

for five years (2020–2025); (4) it includes promotive, preventive, curative, and rehabilitative interventions.

C. Criteria used

The prioritization criteria were prepared by reviewing the literature, national health policy documents and relevant strategic health sector documents. Also considered were the criteria for the prioritization of health services recommended by WHO's Consultative Group on Equity and Universal Health Coverage, including maximizing the total health gains for a given investment, giving priority to health services that target or benefit the less fortunate and providing financial risk protection (FRP), particularly to the poor.¹² Broadly, such a prioritization approach is based on data, dialogue and decisions.¹³ Ten consultations and deliberative meetings were held on the proposed criteria with global and local experts, public representatives and professional associations.

Finally, seven prioritization criteria were selected: burden of disease, cost-effectiveness, equity, FRP, budget impact, public acceptability, and political acceptability. Disease burden was used to identify the relevant conditions and risk factors of particular importance in the Ethiopian context. The cost-effectiveness criterion was used to rank and compare health interventions quantitatively according to the health gains they would yield per dollar spent. The equity and FRP criteria were used to compare health interventions further and give higher value to health benefits for the less fortunate and interventions that protect against catastrophic out-of-pocket health expenditures. In addition, the public and political acceptability of the interventions were considered through a qualitative deliberative process and dialogue with policymakers (Figure 2).

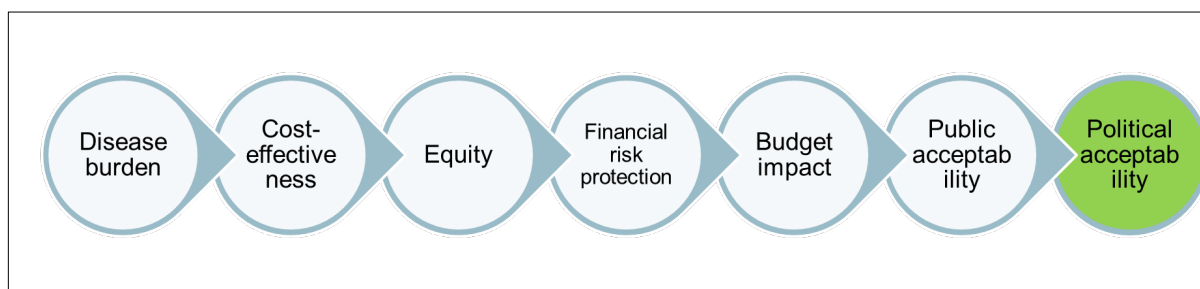


Figure 2. Priority-setting criteria in the Ethiopian EHSP (Source: EHSP Ethiopia 2019).

D. Accountability and Transparency Measures

The acceptability and legitimacy of the EHSP depend not only on the type and quality of evidence used in defining the package but also on the transparency and deliberativeness of the process. Legitimacy and trust crucially depend on a deliberative process with stakeholder involvement.¹⁴ In Ethiopia, stakeholders from a wide range of groups were actively engaged in matters ranging from setting prioritization criteria and identifying health interventions to prioritizing and ranking the interventions. The stakeholders included local experts, such as primary health care practitioners, doctors and specialists, and public representatives, including a women's association, a youth association and various professional associations. Thirty-five consultative workshops were convened with experts and the public to define the EHSP.

The core team undertaking the evaluation presented the full results to policymakers at the MoH for review, discussing whether to include or exclude specific interventions and for their

approval. The final decision was taken by the executive committee of the FMOH, which is the higher-level decision-making body in the sector.

3.0 Analysis and Tools

A. Data Sources and Tools

An exhaustive search of the Ethiopian health sector's plans, strategies and national publications was conducted along with reviews of international resources such as the DCP-3 volumes¹⁵, and also various WHO documents including a draft version of the WHO UHC intervention compendium.¹⁶ Subsequently, a two-day workshop was held to identify additional interventions, at which eighty experts participated. Experts came from various programme areas, included primary health care practitioners, doctors and specialists; and jointly identified and proposed an extensive list of health services relevant to the Ethiopian context.

The total number of interventions in the EHSP are 1018. Cost-effectiveness evidence was estimated using various methods, including a new context-specific analysis and a literature review. For 159 interventions, the generalized cost-effectiveness analysis (GCEA) method was used to calculate average cost-effectiveness ratios using local input data.¹⁷ For 393 interventions, we used CEA evidence from the literature, such as the DCP-3,¹⁵ the Tufts CEA Registry¹⁸ and peer-reviewed articles after applying appropriate contextualization to the Ethiopian context by using general transferability criteria based on the Consolidated Health Economic Evaluation Reporting Standards.¹⁹ The articles were searched using keywords constructed with a combination of the intervention's name, the study location (with priority given to studies done in Ethiopia or another low-income setting) and time (prioritizing recent studies). Two independent reviewers appraised the studies. Those studies deemed to meet a minimum quality standard were accepted for inclusion in the evidence base. For the rest of the interventions, expert opinions were applied. The health system perspective was taken for the CEA, and only data transferable to the Ethiopian context were used.²⁰

When the cost-effectiveness evidence found in the literature was estimated for a different setting, the currency difference was adjusted using the appropriate exchange rate and inflated to USD 2019 using a gross domestic product (GDP) deflator. All costs were discounted at 3% per year. The reported health effects in the study were analyzed and compared with the Ethiopian epidemiological context in mind, and adjustments were made when necessary. Healthy life years gained, disability-adjusted life years averted, and quality-adjusted life years gained were the primary health outcome measures and were discounted at 3% per year.^{21,22}

Equity and FRP scores were generated using the Delphi process. The scores for equity impact and FRP were assigned through the Delphi process with input from subject matter experts, professional associations and public representatives. The equity and FRP scores ranged from one (lowest) to five (highest), with one indicating no equity impact/no financial risk and five suggesting that it would be inequitable not to include the intervention and that people would pay large sums out of pocket. The equity and FRP estimates varied widely and were sensitive to the guiding framework of the Delphi process.

The interventions were first ranked according to cost effectiveness. Next, the ranking was adjusted to account for interventions with a high equity and FRP score. Thus, all the

interventions were ranked in descending order based on their priority score, and cost-effective, equitable and financially protective health interventions were classified accordingly and included in the EHSP as high-, medium- and low-priority interventions.²³

The gap between aspirational targets and available financial and physical resources is a rate-limiting factor in implementing EHSPs in many low-income countries. The expected available budget determined the set of services to be made available. Therefore, conducting a costing exercise for the EHSP was an important step. The conceptual framework linking costs, available resources and financial gap analysis is presented in Figure 3. The costing was done using the OneHealth Tool (OHT), for which the default setup included 438 of the 1,018 interventions.²⁴ We manually estimated the costs of the remaining 580 interventions in the EHSP by using an Excel spreadsheet.²⁵ The OHT's default data on the cost of drugs and supplies and Ethiopia's default population model were updated with local country-level data.¹⁵

The budget impact and the number of interventions the health system needs and can provide depend on the number of individuals in need and the intervention coverage. The population in need was estimated from the total number of individuals affected by the condition and the proportion of those who needed the appropriate intervention. We used prevalence and incidence data estimates from national-level estimates and employed baseline UHC coverage data published by Eregata et al., supplemented by expert judgments when necessary.²⁶

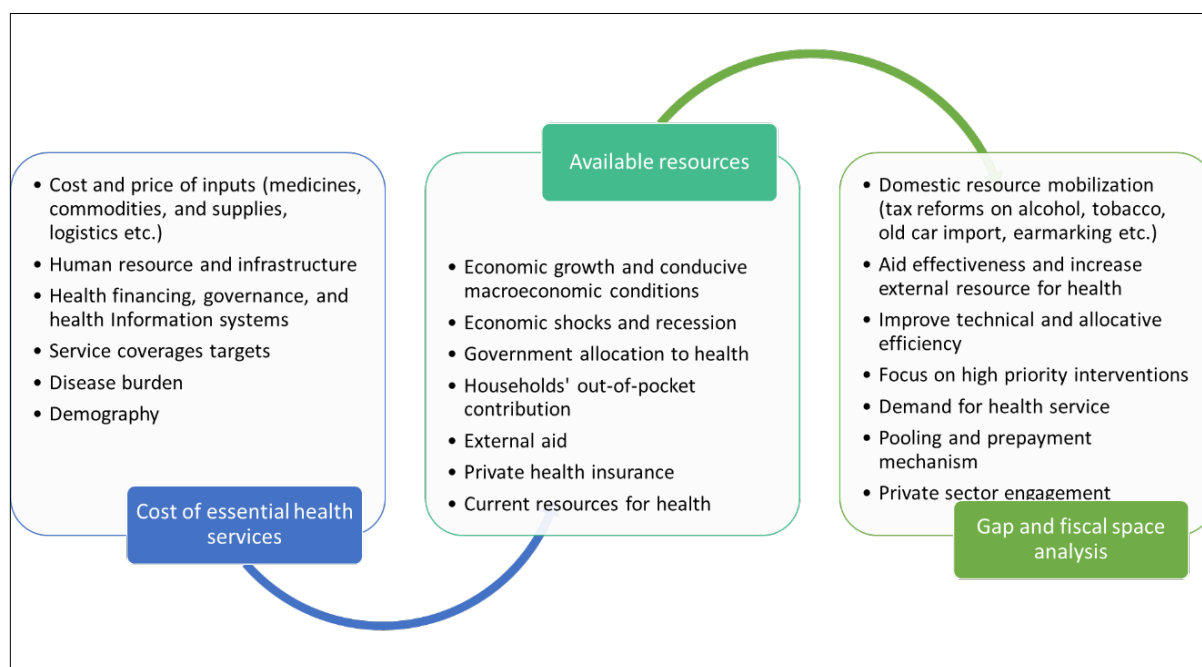


Figure 3. Conceptual framework of the study linking costs, available resources and financial gap analysis (Source: ²⁷)

B. Summary of Analysis Findings

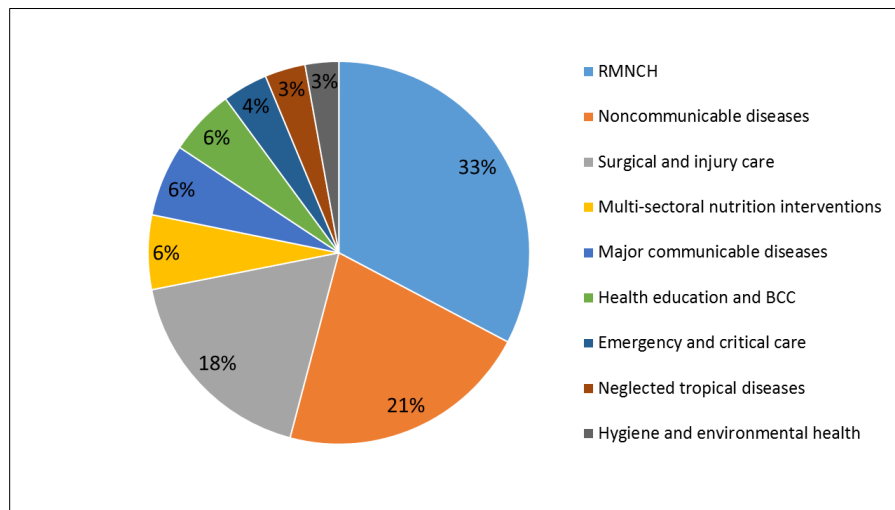
In the first comprehensive list, 1,749 interventions were included for consideration. This initial list was then revised to avoid duplication and merged into 1,442 interventions. Various directorates of the MoH then commented on the intervention list. We further compared the interventions with the magnitude of the disease burden or the targeted risk factor. After removing interventions unmatched by the burden of disease or not relevant in the Ethiopian setting, the number of interventions was reduced to 1,223. Finally, regrouping and

reorganizing health interventions yielded 1,018 interventions ready for evaluation and comparison based on the other criteria. The interventions by the major programme are presented in Figure 4A.

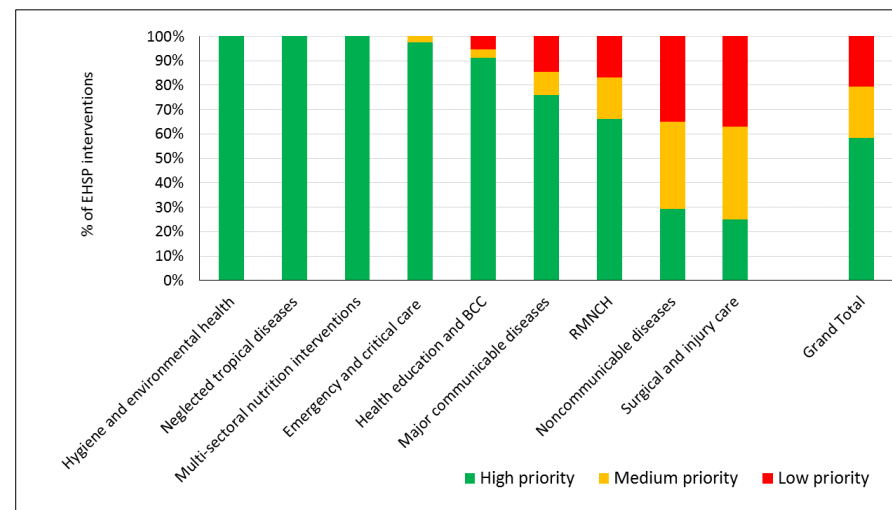
Compared with the 2005 Ethiopian EHSP, this revised EHSP includes a wide range of interventions in mental health, neurological disorders, emergency care, non-communicable diseases, and injuries. For instance, screening and treatment of cervical cancer, cardiac surgery for valvular heart disease, and the diagnosis and management of epilepsy were included.

Level of priority

The FMoH decided to make all 1,018 interventions in the EHSP available. Using the agreed criteria, 594 (58%) interventions were categorized as high-priority, 213 (21%) as medium-priority and 211 (21%) as low-priority interventions (Figure 4B).



A



B

Figure 4. EHSP interventions by major programme area (A) and priority level (B) (Source: EHSP Ethiopia 2019). *Notes: BCC = behavioural change communication; NTD = neglected tropical disease; RMNCH = reproductive maternal neonatal child health* (Source: EHSP Ethiopia 2019).

Cost of the EHSP compared to the budget constraint: The cost of delivering the ESHP interventions per capita is presented in Figure 5. To implement the EHSP, estimated per capita costs of 67 USD, 94 USD and 132 USD were required based on the low, medium and high scenarios, respectively. The resource needs steadily increased over the projection period. For example, the cost for required resources based on a medium scenario in 2030 (94 USD) was more than two times higher than its counterpart in 2020 (40 USD). The per capita required cost estimates ranged from 40 USD in 2020 to 94 USD in 2030 in the medium scenario, which corresponds most closely to SDG targets.

The projected available resources in a business-as-usual scenario were 40 USD in 2020 to 63 USD in 2030. Therefore, the resource gap ranged from 1% in 2020 to 33% in 2030. In general, the estimated required resources were comparable with the DCP-3, WHO and Chatham House cost estimates for delivering essential UHC services in a low-income country. The DCP-3 projections ranged from 60 USD to 110 USD per capita (in 2016 USD). The WHO estimates indicated a range of 92 USD to 114 USD total per capita spending (in 2014 USD), while the Chatham House report estimated 86 USD per capita (in 2012 USD).²⁸⁻³⁰

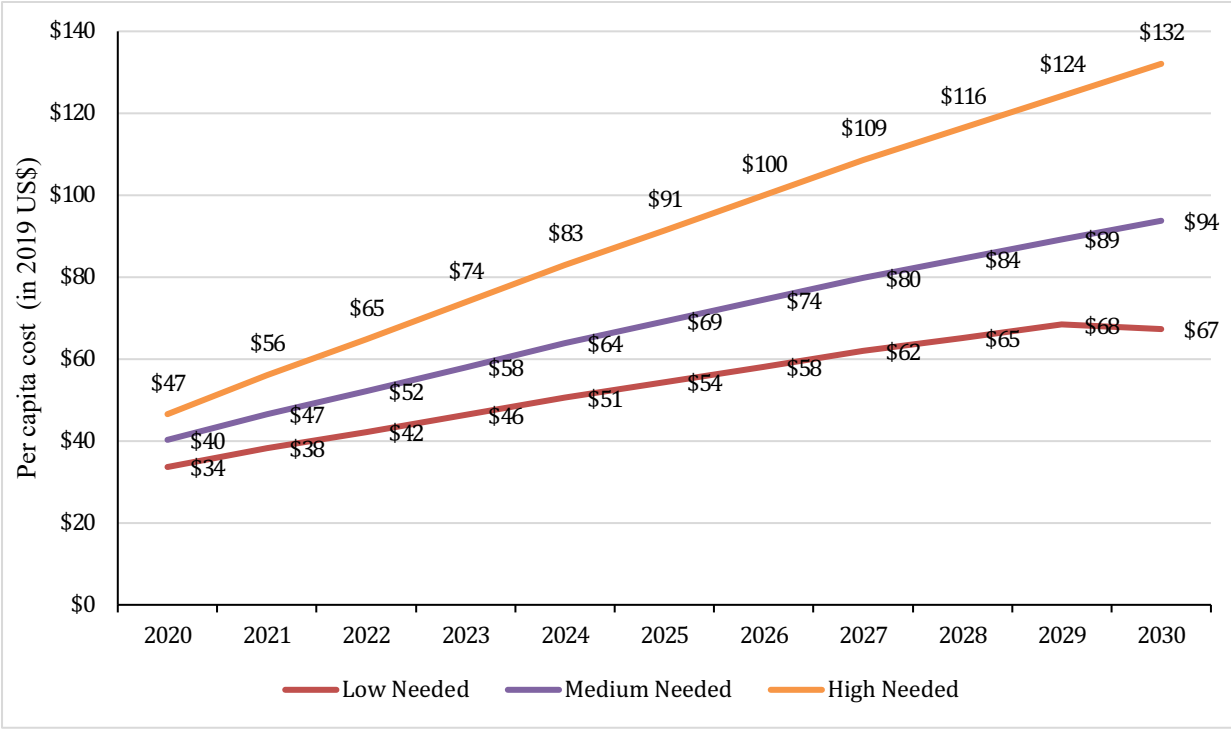


Figure 5. Required resources for the implementation of the EHSP (2020–2030) (Source: ²⁷).

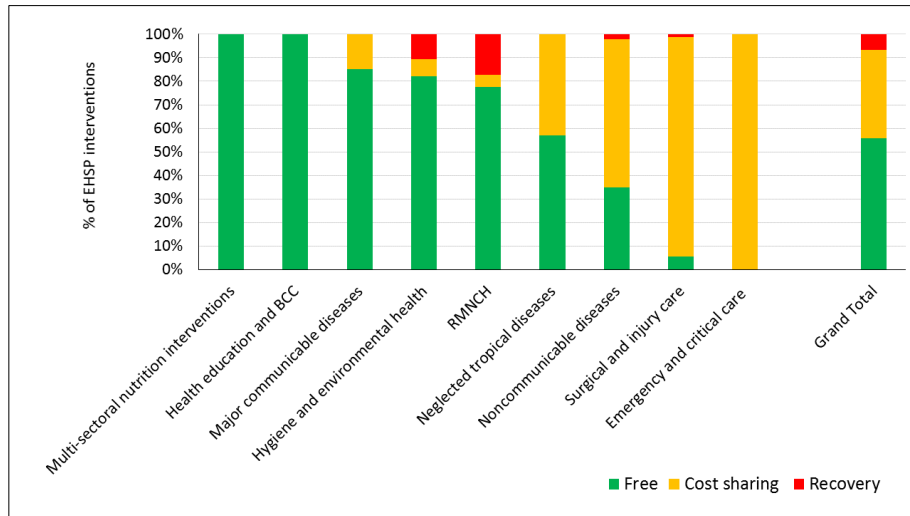
4.0 HBP Implementation Plans

About 60% of the 1018 interventions can be delivered through primary care (i.e., community-based, health posts, health centres and primary hospitals), about 20% at the secondary level of care, and about 20% at the tertiary level (Figure 6B). When we disaggregate the interventions by programme area, 70% of the RMNCH interventions can be delivered at the primary care level. In comparison, only 30% should be provided at the secondary or tertiary level of care. In all, 84% of the interventions can be delivered at primary care for hygiene and environmental health. For health education and promotion, the figure is 86%. On the other hand, 53% of the more advanced NCDs and surgical interventions should be delivered at secondary and tertiary hospitals.

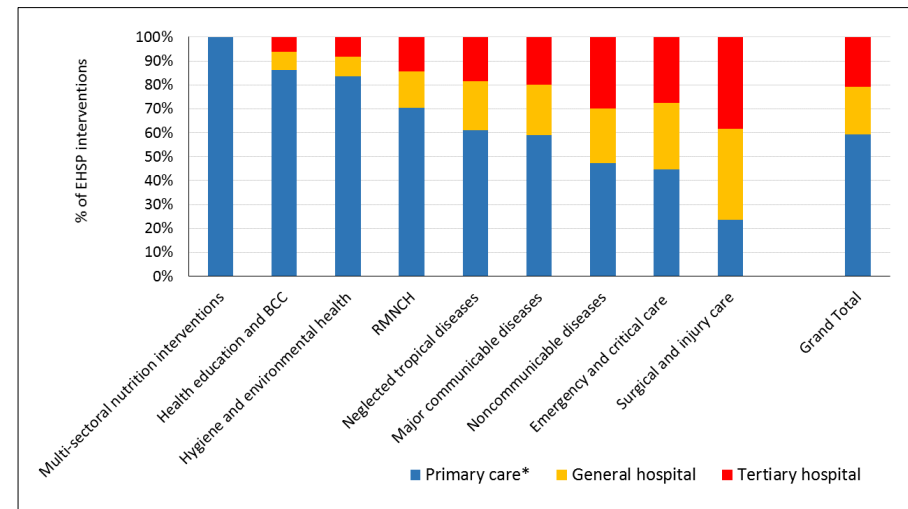
According to the revised EHSP, the MoH would provide 570 of the 1018 interventions (56%) free of charge. At the same time, the remaining services will be provided with cost-sharing (38%) and cost-recovery (6%) mechanisms (Figure 6A). All interventions under the multisectoral and health education programme should be provided free of charge. In contrast, all emergency and critical care interventions should be provided with cost-sharing arrangements. There is ongoing work to practically implement insurance mechanisms that allow for sustainable financing and guaranteed access to these services.

Linking the implantation, monitoring and evaluation system with the 'Theory of Change' is necessary to take corrective action during implementation and to document the lessons learnt in implementation.³¹ The EHSP was launched in November 2019 and serves as a policy goal for the health sector. So far, the revised EHSP has been used as basis for the health sector transformation plan (2020), human resource for health plan (2020), to inform the optimization of the health extension program (2021), and the primary care planning process.

A well-designed EHSP is expected to help decision-makers better organize the health care system in terms of delivery platforms and payment mechanisms.^{9,32} Interventions in the EHSP are linked to clearly defined levels within the current service delivery platform and a prioritization process was done to inform funding needs and financing arrangements.



A



B

Figure 6. EHSP interventions by payment mechanism (A) and delivery platform (B) (Source: EHSP Ethiopia 2019).
 Note: *Primary care includes community-based interventions, health posts, health centres and primary hospitals.

5.0 Limitations and Future Directions

Data availability was the most critical challenge in the revision of the EHSP. To systematically generate equity and FRP scores, a Delphi technique was applied based on expert opinions. This approach can synthesize expert opinions when other data are not available. Although the Delphi technique provided the opportunity to explore equity impact and FRP from a broader perspective (i.e., by including socioeconomic, geography, gender, age, etc.), it is prone to various types of biases. Therefore, more studies on equity impact analysis and more FRP studies should be conducted.

Furthermore, method development could advance the Delphi method and other nominal group techniques to better estimate interventions' equity and FRP impacts. In addition, although we extracted cost-effectiveness information for a large majority of the interventions from peer-reviewed articles of good quality and a comprehensive systematic review provided by DCP-3 and others, the transferability and standardization of the results remain imperfect because of factors including inconsistent design (discounting, perspective, currency, etc.) and irregular and non-transparent reporting. More relevant evidence would have been available if more cost-effectiveness analyses were published.

The other significant challenge was the general approach to benefit package design. There are three approaches to defining an EHSP: positive listing, negative listing and a mix of the two techniques. We applied a positive listing approach. A hybrid system might have been considered when there were significant data limitations on the cost and impact of several interventions. High-cost interventions with modest health impacts (e.g., new immunotherapies for cancer) can be included in the negative list based on evidence from high-income countries. This could have informed decision-makers about what not to invest in.³³ Because health needs, disease patterns and healthcare technology change quickly over time. In this regard, the MoH has started preparing a roadmap to institutionalize a health technology assessment (HTA) mechanism to continuously review new technologies and update the list of interventions in the health benefits package on an ongoing basis.

The fiscal space analysis on the Ethiopian EHSP indicates that the package costs are relatively high and substantial additional resources are needed. Linking the EHSP plan with the health care financing strategy will leverage the implementation of the package at national and regional levels. Therefore, domestic and external resource mobilization should remain vital components of the EHSP implementation strategy.²⁷ The ongoing work on revising the health benefits package for social health insurance and mandatory community-based health insurance is another example of such an effort to narrow the gap between what is promised in the EHSP and what can be delivered within existing financial resource constraints.

Finally, overall limited expertise in health economics and the lack of a formal HTA agency in the country was another challenge. The capacity-building activities in the Disease Control Priorities–Ethiopia project have played an important role. Continuous capacity strengthening through the training of health economists is crucial to supporting the use of evidence in strategic purchasing for UHC in Ethiopia.³⁴

6.0 Lessons Learnt

In principle, the priority setting for designing a health benefits package should employ evidence-based, open, deliberative, participatory decision-making processes. Comparing our approach to the Ethiopian EHSP revision process vis-à-vis normative recommendations, we draw some lessons for similar future work in Ethiopia or other low- and middle-income countries (LMICs).^{12,32,35-38}

Ensure political commitment: Involving policymakers from all levels from the beginning is essential. Exemplary political commitment and country ownership in Ethiopia drove the revision of the EHSP. It was well embedded in the existing governance system and structure of the MoH. MoH leadership was actively engaged from the top to the medium and low levels.

Have a road map of the revision: Road map preparation for revising the EHSP was crucial in shaping the process. Starting by preparing a road map for a revision makes the process more transparent and robust. Here, the road map included the scope, the objective and expected outcomes, methodological details, a timeline, a governance structure, a communication plan and various stakeholders' roles and responsibilities.

Timeliness: The timeliness of the revision is an essential factor for the uptake of an EHSP. An EHSP should be prepared ahead of national strategic plans (e.g., the HSTP in Ethiopia). The revision of the Ethiopian EHSP was aligned with the national health sector transformation plan. A clear understanding of the time needed for the revision is fundamental. While the initial timeline proposed in the road map for the Ethiopian revision was six months., the whole process took 18 months (i.e., from May 2018 to November 2019).

Design a participatory process: The process in Ethiopia was open, participatory and inclusive.³⁶ Many internal and external stakeholders were allowed to actively engage from the inception to the finalization of the EHSP. Five workshops were conducted with policymakers at regional and federal levels in health sectors, including ministers, state ministers, director generals, directors, technical experts, regional health bureau heads and deputy heads. These groups are responsible for decision-making in the health sector, both technically and at the policy level.⁹ Therefore, they discussed and defined the scope and goal of the revised EHSP, the selection criteria, the proposed payment mechanism, the level of health care delivery and the budget impact of the package. The same group approved the final, prioritized list of interventions.²³

Aim for a comprehensive package: The Ethiopian EHSP was defined comprehensively. Some countries have prepared a separate package for primary health care (PHC) and tertiary care. In contrast, other countries have separated the NCD package from RMNCH packages. However, having a single comprehensive package that encompasses all levels of care and all types of disease/health conditions is vital for various reasons, such as allocating the available resources for the health sector. Therefore, we recommend that other countries aim and work towards a more comprehensive package.

Use of multi-criteria decision-making: The use of multiple criteria was one lesson in revising Ethiopia's EHSP. Cost effectiveness has long been the most commonly applied prioritization criterion in defining health benefits package decision-making processes in many countries.^{39,40} Recently, using multiple criteria has become a widely accepted approach

because UHC is not merely about maximizing health.⁴¹ FRP, equity impact and budget impact are also essential and must be considered. Public and political acceptability are likewise important considerations. In this regard, the Ethiopian EHSP was revised using multiple criteria.²³ However, using a multiple-criteria approach for priority-setting decisions presents a challenging process. For instance, we did not assign specific weights to each criterion; instead, we employed the criteria holistically. Furthermore, we faced difficulties in obtaining precise data regarding the number of interventions that were either included or excluded based on specific criteria or as a result of applying a single criterion.

Accounting for local values: Prioritization criteria should be defined based on country context rather than generic criteria. Every country decides on national policy goals and the criteria for defining its essential health services. A legitimate, fair decision-making process begins with transparent and inclusive identification of local values. All appropriate stakeholders should be included in the criteria-selection process.

Declarations

Ethics approval and consent to participate

The study was approved by the Institutional Review Board of the Ethiopian Public Health Institute (Ref: EPHI/6.13/607).

Availability of data and material

The data sets supporting the conclusions of this study are fully available in the article.

Competing interests

The authors have declared that no competing interests exist. KS is a staff member of the WHO. The author alone is responsible for the views expressed in this article, which does not necessarily represent the WHO's decisions, policies or views.

Funding

The Bill and Melinda Gates Foundation through the Disease Control Priority (DCP)–Ethiopia project (OPP1162384) as well as the Trond Mohn Foundation and the Norwegian Agency for Development Cooperation (NORAD) through Bergen Centre for Ethics and Priority Setting (BCEPS) funded this study. The funders had no role in the study design, data collection and analysis, decision to publish, or manuscript preparation.

Author contributions

AH, GT and OFN prepared the first draft manuscript. All the authors contributed by commenting on the draft report. All the authors saw and approved their authorship.

References

1. United Nations. Sustainable Development Goals. 2015. <https://sustainabledevelopment.un.org/?menu=1300> (accessed April 10 2020).
2. World Health Organization. What is universal health coverage? 2014. http://www.who.int/features/qa/universal_health_coverage/en/ (accessed April 07 2020).
3. Rieger M, Wagner N, Bedi AS. Universal health coverage at the macro level: Synthetic control evidence from Thailand. *Soc Sci Med* 2017; **172**: 46-55.
4. Wagstaff A, Neelsen S. A comprehensive assessment of universal health coverage in 111 countries: a retrospective observational study. *Lancet Glob Health* 2020; **8**(1): e39-e49.
5. Hogan DR, Stevens GA, Hosseinpoor AR, Boerma T. Monitoring universal health coverage within the Sustainable Development Goals: development and baseline data for an index of essential health services. *The Lancet Global Health* 2018; **6**(2): e152-e68.
6. Glassman A, Giedion U, Sakuma Y, Smith PC. Defining a Health Benefits Package: What Are the Necessary Processes? *Health Systems & Reform* 2016; **2**(1): 39-50.
7. Reich MR. Introduction to the PMAC 2016 Special Issue: "Priority Setting for Universal Health Coverage". *Health Systems & Reform* 2016; **2**(1): 1-4.
8. Misganaw A, Haregu TN, Deribe K, et al. National mortality burden due to communicable, non-communicable, and other diseases in Ethiopia, 1990-2015: findings from the Global Burden of Disease Study 2015. *Population health metrics* 2017; **15**: 29.
9. Federal Ministry of Health of Ethiopia. Health sector transformation plan 2008 - 2012 EFY Addis Ababa, Ethiopia: Ministry of Health of Ethiopia, 2015.
10. Federal Democratic Republic of Ethiopia Ministry of Health. Ethiopian Essential Health Service package 2005. Addis Ababa: Ministry of Health of Ethiopia, 2005.
11. Federal Ministry of Health of Ethiopia. Roadmap for the revision of Essential Health Service Package for Ethiopia. Addis Ababa, Ethiopia: Ministry of Health of Ethiopia, 2018.
12. World Health Organization. Making Fair Choices on the Path to Universal Health Coverage: Final Report of the WHO Consultative Group on Equity and Universal Health Coverage. Geneva: World Health Organization, 2014.
13. Terwindt F, Rajan D, Soucat A. Priority- setting for national health policies, strategies and plans. In: Schmets G, Rajan D, Kadandale S, eds. Strategizing national health in the 21st century: a handbook. Geneva: World Health Organization; 2016.
14. Daniels N, Sabin JE. Setting limits fairly : can we learn to share medical resources? Second edition. Oxford: Oxford University Press; 2008.
15. University of Washington. Disease Control Priorities 3. 2018. <http://dcp-3.org/> (accessed March 30 2020).

16. World Health Organization. UHC Compendium: Health interventions for Universal Health Coverage. 2019. <https://www.who.int/universal-health-coverage/compendium> (accessed September 29 2022).
17. Eregata GT, Hailu A, Stenberg K, Johansson KA, Norheim OF, Bertram MY. Generalized cost-effectiveness analysis of 159 health interventions for the Ethiopian essential health service package. *Cost Eff Resour Alloc* 2021; **19**(1): 2.
18. Tufts Medical Center. The Global Health Cost Effectiveness Analysis (GHCEA) Registry. 2018. <https://cevr.tuftsmedicalcenter.org/databases/gh-cea-registry> (accessed 25/03 2020).
19. Husereau D, Drummond M, Petrou S, et al. Consolidated Health Economic Evaluation Reporting Standards (CHEERS) statement. *Value Health* 2013; **16**(2): e1-5.
20. Hailu A, Eregata GT, Yigezu A, Bertram MY, Johansson KA, Norheim OF. Contextualization of cost-effectiveness evidence from literature for 382 health interventions for the Ethiopian essential health services package revision. *Cost Eff Resour Alloc* 2021; **19**(1): 58.
21. Husereau D, Drummond M, Petrou S, et al. Consolidated Health Economic Evaluation Reporting Standards (CHEERS)--explanation and elaboration: a report of the ISPOR Health Economic Evaluation Publication Guidelines Good Reporting Practices Task Force. *Value Health* 2013; **16**(2): 231-50.
22. Drummond M, Barbieri M, Cook J, et al. Transferability of economic evaluations across jurisdictions: ISPOR Good Research Practices Task Force report. *Value Health* 2009; **12**(4): 409-18.
23. Federal Ministry of Health of Ethiopia. Essential Health Services Package of Ethiopia 2019. Addis Ababa, Ethiopia: Ministry of Health of Ethiopia, 2019.
24. World Health Organization, Avenir Health. One Health Tool. 2020. <https://www.avenirhealth.org/software-onehealth>.
25. Microsoft Corporation. Microsoft Excel. 2018.
26. Eregata GT, Hailu A, Memirie ST, Norheim OF. Measuring progress towards universal health coverage: national and subnational analysis in Ethiopia. *BMJ Glob Health* 2019; **4**(6): e001843.
27. Hailu A, Eregata GT, Stenberg K, Norheim OF. Is Universal Health Coverage Affordable? Estimated Costs and Fiscal Space Analysis for the Ethiopian Essential Health Services Package. *Health Syst Reform* 2021; **7**(1): e1870061.
28. Stenberg K, Hanssen O, Edejer TT, et al. Financing transformative health systems towards achievement of the health Sustainable Development Goals: a model for projected resource needs in 67 low-income and middle-income countries. *Lancet Glob Health* 2017; **5**(9): e875-e87.

29. Watkins DA, Qi J, Kawakatsu Y, Pickersgill SJ, Horton SE, Jamison DT. Resource requirements for essential universal health coverage: a modelling study based on findings from Disease Control Priorities, 3rd edition. *Lancet Glob Health* 2020; **8**(6): e829-e39.
30. McIntyre D, Meheus F. Fiscal space for domestic funding of health and other social services. London: Chatham House, Centre on Global Health Security, 2014.
31. Norheim OF. Disease Control Priorities Third Edition Is Published: A Theory of Change Is Needed for Translating Evidence to Health Policy. *International Journal of Health Policy and Management* 2018; **7**(9): 771-7.
32. Glassman A, Giedion U, Smith PC, editors. What's in, what's out? Designing benefits for universal health coverage. Washington DC: Center for Global Development; 2017.
33. Tangcharoensathien V, Patcharanarumol W, Suwanwela W, et al. Defining the Benefit Package of Thailand Universal Coverage Scheme: From Pragmatism to Sophistication. *International Journal of Health Policy and Management* 2019; **9**(4): 133-7.
34. Evans TG, Palu T. Setting Priorities, Building Prosperity Through Universal Health Coverage. *Health Systems & Reform* 2016; **2**(1): 21-2.
35. Chalkidou K, Glassman A, Marten R, et al. Priority-setting for achieving universal health coverage. *Bull World Health Organ* 2016; **94**(6): 462-7.
36. Daniels N. Accountability for reasonableness. *BMJ* 2000; **321**(7272): 1300-1.
37. Norheim OF, Baltussen R, Johri M, et al. Guidance on priority setting in health care (GPS-Health): the inclusion of equity criteria not captured by cost-effectiveness analysis. *Cost Eff Resour Alloc* 2014; **12**(1): 18.
38. Kieslich K, Bump JB, Norheim OF, Tantivess S, Littlejohns P. Accounting for Technical, Ethical, and Political Factors in Priority Setting. *Health Systems & Reform* 2016; **2**(1): 51-60.
39. Jamison DT, Mosley WH, Measham AR, Bobadilla JL. Disease control priorities in developing countries. Oxford [England]: Published for the World Bank [by] Oxford University Press; 1993.
40. Blumstein JF. The Oregon experiment: the role of cost-benefit analysis in the allocation of Medicaid funds. *Soc Sci Med* 1997; **45**(4): 545-54.
41. Baltussen R, Niessen L. Priority setting of health interventions: the need for multi-criteria decision analysis. *Cost Eff Resour Alloc* 2006; **4**(14): 14.

Appendix

Interventions by program areas, sub-program areas, and level of priority, Ethiopian EHSP 2019

IC	Major Program area	Subprogram	Interventions	Priority
1	Sexual and reproductive health	Family Planning	Outreach Family planning services	Medium
2	Sexual and reproductive health	Family Planning	Counselling on family planning	High
3	Sexual and reproductive health	Family Planning	Provision of male condoms	High
4	Sexual and reproductive health	Family Planning	Provision of female condoms	High
5	Sexual and reproductive health	Family Planning	Provision of oral contraceptive	High
6	Sexual and reproductive health	Family Planning	Provision of injectable contraceptives	High
7	Sexual and reproductive health	Family Planning	Provision of emergency contraception	Medium
8	Sexual and reproductive health	Family Planning	Provision of implants	High
9	Sexual and reproductive health	Family Planning	Provision of intrauterine devices (IUD)	High
10	Sexual and reproductive health	Family Planning	Female sterilization service	Medium
11	Sexual and reproductive health	Family Planning	Male sterilization service	Medium
12	Sexual and reproductive health	Family Planning	Provision of monthly vaginal ring or patch	low
13	Sexual and reproductive health	Family Planning	Diaphragm	Low
14	Sexual and reproductive health	Family Planning	Lactational amenorrhea	Low
15	Sexual and reproductive health	Family Planning	Provision of postpartum family planning	High
16	Sexual and reproductive health	Infertility management	Identification and management of infertility	High
17	Sexual and reproductive health	Infertility management	Psycho social counselling for individuals and a couple	medium
18	Sexual and reproductive health	Comprehensive abortion care	Safe abortion services (included medication abortion, MVA, D&C)	High
19	Sexual and reproductive health	Comprehensive abortion care	Safe abortion services: Medical abortion	High
20	Sexual and reproductive health	Comprehensive abortion care	Post abortion case management (management of unsafe abortion complications including E&C, sepsis management, etc)	High
21	Sexual and reproductive health	Comprehensive abortion care	Post abortion follow up	Medium
22	Sexual and reproductive health	Comprehensive abortion care	Ectopic pregnancy case management	high
23	Sexual and reproductive health	Prevention and treatment of gynaecological problem	Education on menstrual hygiene and cycle	Medium
24	Sexual and reproductive health	Prevention and treatment of gynaecological problem	Treatment of menstrual problems and irregularities	High
25	Sexual and reproductive health	Prevention and treatment of gynaecological problem	Cervical cancer screening	High
26	Sexual and reproductive health	Prevention and treatment of gynaecological problem	Clinical breast examination	Medium
27	Sexual and reproductive health	Prevention and treatment of gynaecological problem	Diagnosis and treatment of syphilis	High
28	Sexual and reproductive health	Prevention and treatment of gynaecological problem	Diagnosis and treatment of gonorrhoea	High
29	Sexual and reproductive health	Prevention and treatment of gynaecological problem	Diagnosis and treatment of chlamydia	Low
30	Sexual and reproductive health	Prevention and treatment of gynaecological problem	Diagnosis and treatment of trichomoniasis	Low

IC	Major Program area	Subprogram	Interventions	Priority
31	Sexual and reproductive health	Prevention and treatment of gynaecological problem	Diagnosis and treatment of Pelvic inflammatory disease (PID)	High
32	Sexual and reproductive health	Prevention and treatment of gynaecological problem	Diagnosis and treatment of Urinary tract infection (UTI)	High
33	Sexual and reproductive health	Prevention and treatment of gynaecological problem	Provision of HPV vaccine (at age 12)	High
34	Sexual and reproductive health	Sexual health issues	Comprehensive sexual health education	Low
35	Sexual and reproductive health	Sexual health issues	Adolescent sexual and reproductive health	Low
36	Sexual and reproductive health	Sexual health issues	Age appropriate comprehensive sex education	Low
37	Sexual and reproductive health	Sexual health issues	Provide adolescent friendly contraceptive services: scaling up modern contraception	High
38	Sexual and reproductive health	Sexual health issues	Expand access to and promotion of the use of condoms and other contraceptives	High
39	Sexual and reproductive health	Gender based violence	Comprehensive health education about GBV	High
40	Sexual and reproductive health	Gender based violence	Conduct community dialogue about GBV	High
41	Sexual and reproductive health	Gender based violence	Investigation, diagnosis, and reporting of GBV	Low
42	Sexual and reproductive health	Gender based violence	Pregnancy test (HCG) for GBV	High
43	Sexual and reproductive health	Gender based violence	HTC at least 3 times (initial 6 weeks and 6 months)	Medium
44	Sexual and reproductive health	Gender based violence	Emergency treatment of life threatening condition due to GBV	High
45	Sexual and reproductive health	Gender based violence	Surgical treatment for physical trauma	Medium
46	Sexual and reproductive health	Gender based violence	Treatment for burn due to GBV	Medium
47	Sexual and reproductive health	Gender based violence	Medical treatment for infection due to GBV	Medium
48	Sexual and reproductive health	Gender based violence	Medical treatment for pain due to GBV	High
59	Sexual and reproductive health	Gender based violence	Tetanus anti-toxoids	Medium
50	Sexual and reproductive health	Gender based violence	Hepatitis B vaccination for GBV victims	Medium
51	Sexual and reproductive health	Gender based violence	Comprehensive abortion care	High
52	Sexual and reproductive health	Gender based violence	Provision of psychiatric treatment for GBV victims	Medium
53	Sexual and reproductive health	Gender based violence	Provision of psychosocial support for GBV victims	High
54	Sexual and reproductive health	Gender based violence	Post exposure prophylaxis for HIV with repeat testing	Low
55	Sexual and reproductive health	Harmful traditional practice (HTP)	Health education and community advocacy against HTP	High
56	Sexual and reproductive health	Harmful traditional practice (HTP)	Family planning for child marriage	High
57	Sexual and reproductive health	Harmful traditional practice (HTP)	Special care for teen pregnancy	High
58	Sexual and reproductive health	Harmful traditional practice (HTP)	Psychiatric treatment for abduction	Medium
59	Sexual and reproductive health	Harmful traditional practice (HTP)	Counselling and management of female genital mutilation victims	Medium
60	Sexual and reproductive health	Harmful traditional practice (HTP)	Diinfibulation and surgical correction for female genital mutilation victims	Medium
61	Maternal health services	Prenatal care	Folic acid supplementation/fortification	Medium
62	Maternal health services	Antenatal care	Comprehensive health education about early ANC, skilled delivery, postpartum care, family planning, nutrition, maternal waiting services	High
63	Maternal health services	Antenatal care	Focused ANC follow up	High

IC	Major Program area	Subprogram	Interventions	Priority
64	Maternal health services	Antenatal care	Antenatal corticosteroids for for preterm labour	High
65	Maternal health services	Antenatal care	Detection and management of fetal growth restriction	Low
66	Maternal health services	Antenatal care	Gestational diabetes case management	High
67	Maternal health services	Antenatal care	Antibiotics for pre-mature rupture of membrane (PRoM)	High
68	Maternal health services	Antenatal care	Management of pre-eclampsia (antihypertensives, induction of labour, ultrasound to asses fetal growth)	High
69	Maternal health services	Antenatal care	Management of eclampsia (MgSO4)	High
70	Maternal health services	Antenatal care	Hypertensive disorder case management	High
71	Maternal health services	Skilled delivery care	Labour and Delivery Management	High
72	Maternal health services	Skilled delivery care	Induction of labour for pregnancies lasting 41+ weeks	High
73	Maternal health services	Skilled delivery care	Active management of the third stage of labour	High
74	Maternal health services	Skilled delivery care	Basic emergency obstetric and newborn care (BEmONC)	High
75	Maternal health services	Skilled delivery care	Comprehensive emergency obstetric and newborn Care (CEmONC)	High
76	Maternal health services	Skilled delivery care	Pre-referral management of labour complications	High
77	Maternal health services	Postnatal care	Maternal sepsis case management	High
78	Maternal health services	Postnatal care	Clean postnatal practices	High
79	Maternal health services	Postnatal care	Mastitis management	Medium
80	Maternal health services	Postnatal care	Treatment of postpartum haemorrhage	High
81	Maternal health services	Postnatal care	Chlorhexidine application to the cord	High
82	Newborn Health	Neonatal care	Comprehensive new born care	Medium
83	Newborn Health	Neonatal care	Detection and management of congenital anomalies (cleft lip, palate, imperforate anus, club foot, meningocele, spina bifida, dysmorphism, microcephaly)	High
84	Newborn Health	Neonatal care	Screening for congenital hypothyroidism and management	Low
85	Newborn Health	Neonatal care	Screening for congenital heart diseases and management	High
86	Newborn Health	Neonatal care	Parental chromosomal screening: amniocentesis (antenatal) for chromosomal screening	Low
87	Newborn Health	Neonatal care	Screening for retinoblastoma	Low
88	Newborn Health	Neonatal care	Kangaroo mother care	High
89	Newborn Health	Neonatal care	Voluntary Neonatal male surgical circumcision	High
90	Newborn Health	Neonatal care	Early infant diagnosis for HIV (DBS)	High
91	Newborn Health	Intensive neonatal care (specialized neonatal care)	Essential new born care	High
92	Newborn Health	Intensive neonatal care (specialized neonatal care)	Identification and treatment of Neonatal sepsis	High
93	Newborn Health	Intensive neonatal care (specialized neonatal care)	Prevention of neonatal infections	Low
94	Newborn Health	Intensive neonatal care (specialized neonatal care)	Premature sick Neonatal care: incubator and nutritional	High
95	Newborn Health	Intensive neonatal care (specialized neonatal care)	Phototherapy and exchange transfusion	Low
96	Newborn Health	Intensive neonatal care (specialized neonatal care)	Prolonged intravenous antibiotics for sever neonatal infection	Low
97	Newborn Health	Intensive neonatal care (specialized neonatal care)	Treatment of birth trauma	Medium
98	Newborn Health	Intensive neonatal care (specialized neonatal care)	Management of perinatal asphyxia	High
99	Newborn Health	Intensive neonatal care (specialized neonatal care)	Management of thermoregulation: radiant warmer therapy	High

IC	Major Program area	Subprogram	Interventions	Priority
100	Newborn Health	Intensive neonatal care (specialized neonatal care)	Nutrition: breastfeeding and feeding other than breast milk	High
101	Newborn Health	Intensive neonatal care (specialized neonatal care)	Management of neonatal tetanus	High
102	Newborn Health	Intensive neonatal care (specialized neonatal care)	Management of NEC	High
103	Newborn Health	Intensive neonatal care (specialized neonatal care)	Management of neonatal jaundice	Low
104	Newborn Health	Intensive neonatal care (specialized neonatal care)	Management of metabolic disorder	Low
105	Newborn Health	Intensive neonatal care (specialized neonatal care)	Management of meconium aspiration syndrome	High
106	Newborn Health	Intensive neonatal care (specialized neonatal care)	Management of neonatal seizure	High
107	Newborn Health	Intensive neonatal care (specialized neonatal care)	Management of neonatal hematologic problems	Medium
108	Newborn Health	Intensive neonatal care (specialized neonatal care)	Management of birth trauma	High
109	Newborn Health	Intensive neonatal care (specialized neonatal care)	Management of fluid and electronic imbalance	High
110	Newborn Health	Intensive neonatal care (specialized neonatal care)	Management of shock in neonates	Low
111	Newborn Health	Intensive neonatal care (specialized neonatal care)	Internal feeding for premature babies	High
112	Newborn Health	Intensive neonatal care (specialized neonatal care)	Management of neonatal acute emergency surgical conditions	High
113	Newborn Health	Intensive neonatal care (specialized neonatal care)	Prevention of respiratory distress syndrome in neonates using surfactants	High
114	Newborn Health	Intensive neonatal care (specialized neonatal care)	Management of neonatal respiratory distress with continuous positive airway pressure (CPAP)	Low
115	Newborn Health	Intensive neonatal care (specialized neonatal care)	Early developmental stimulation	Medium
116	Child Health	Immunization and vaccinations	Promotion and counselling on immunization	High
117	Child Health	Immunization and vaccinations	Provision of HBV: at birth	High
118	Child Health	Immunization and vaccinations	Provision of BCG: at birth	High
119	Child Health	Immunization and vaccinations	Provision of OPV: at birth, 6, 10, 14 weeks	High
120	Child Health	Immunization and vaccinations	Provision of PCV: at 6, 10, 14 weeks	High
121	Child Health	Immunization and vaccinations	Provision of Rota Virus Vaccine: at 6 and 10 week	High
122	Child Health	Immunization and vaccinations	Provision of HepB: at Birth	High
123	Child Health	Immunization and vaccinations	Provision of DPT-HepB-Hib (Pentavalent): at 6, 10, 14 weeks	high
124	Child Health	Immunization and vaccinations	Provision of 1st dose of measles vaccine at 9 month	High
125	Child Health	Immunization and vaccinations	Provision of 2nd dose of measles vaccine: at 15-18 months or first contact after 15 months	High
126	Child Health	Immunization and vaccinations	Provision of Tetanus Toxoid (TT) Vaccine	High
127	Child Health	Immunization and vaccinations	Provision of 1st doses of IPV	High
128	Child Health	Child health: iCCM	Integrated community case management of Neonatal & childhood illness (iCCM)	High
129	Child Health	Child health: IMNCI	Vitamin A for treatment of measles	High
130	Child Health	Child health: IMNCI	Treatment of severe measles	High
131	Child Health	Child health: IMNCI	Vitamin A Supplementation for treatment of xerophthalmia	High
132	Child Health	Child health: IMNCI	ORS - oral rehydration solution	High
133	Child Health	Child health: IMNCI	Treatment of severe diarrhoea (children)	high
134	Child Health	Child health: IMNCI	Antibiotics for treatment of dysentery	High
135	Child Health	Child health: IMNCI	Zinc for treatment of diarrhoea	High
136	Child Health	Child health: IMNCI	Oral antibiotics for pneumonia	High

IC	Major Program area	Subprogram	Interventions	Priority
137	Child Health	Child health: IMNCI	Treatment of severe pneumonia	High
138	Child Health	Child health: IMNCI	ACTs - Artemisinin compounds for treatment of malaria	High
139	Child Health	Child health: IMNCI	Treatment of severe malaria	High
140	Child Health	Child health: IMNCI	SAM - treatment for severe acute malnutrition	High
141	Child Health	Child health: IMNCI	MAM - treatment for moderate acute malnutrition	High
142	Child Health	Child health: Deworming	Deworming every 6 months	High
143	Child Health	Vitamin A supplementation	Provision of Vitamin A every 6 months	High
144	Child Health	Child health: curative care	Paediatric HIV care and treatment Services	High
145	Child Health	Child health: curative care	Paediatric Palliative care	Medium
146	Child Health	Child health: curative care	Paediatric end of life care & support	Medium
147	Child Health	Child health: curative care	Management of Pharyngitis/Tonsillitis/Sinusitis	Medium
148	Child Health	Child health: curative care	Management of eye infections: trachoma,	High
149	Child Health	Child health: curative care	Management of ear infections: Otitis media	High
150	Child Health	Child health: curative care	Management of Croup Syndrome (laryngitis, tracheitis, epiglottitis)	Low
151	Child Health	Child health: curative care	Management of Paediatric asthma	Low
152	Child Health	Child health: curative care	Management of Paediatrics bronchiolitis	Medium
153	Child Health	Child health: curative care	Management of aspiration syndrome: foreign body, near drowning	Medium
154	Child Health	Child health: curative care	Management of Congenital Heart Diseases in Paediatrics	Low
155	Child Health	Child health: curative care	Management of infective endocarditis	High
156	Child Health	Child health: curative care	Management of rheumatic fever/ Rheumatic heart diseases	High
157	Child Health	Child health: curative care	Management of congestive heart failure	Medium
158	Child Health	Child health: curative care	Management of shock in Paediatrics	High
159	Child Health	Child health: curative care	Management of Hypertension in Paediatrics	low
160	Child Health	Child health: curative care	Management of Hepatitis/Jaundice in Paediatrics	Low
161	Child Health	Child health: curative care	Management of Liver failure in Paediatrics	Low
162	Child Health	Child health: curative care	Management of ascites	Low
163	Child Health	Child health: curative care	Management of malabsorption	Low
164	Child Health	Child health: curative care	Management of gastro intestinal bleeding	Low
165	Child Health	Child health: curative care	Management of acute abdomen	High
166	Child Health	Child health: curative care	Management of Haemolytic-Uraemia Syndrome	Low
167	Child Health	Child health: curative care	Management of Nephritis	Low
168	Child Health	Child health: curative care	Management of Nephrotic syndrome	Low
169	Child Health	Child health: curative care	Management of Renal Failure	Low
170	Child Health	Child health: curative care	Management of Urinary Tract Infections (Lower)	High
171	Child Health	Child health: curative care	Management of Pyelonephritis	Medium
172	Child Health	Child health: curative care	Management of Wilms' Tumour (Nephroblastoma)	Medium
173	Child Health	Child health: curative care	Management of Ambiguous Genitalia	Low
174	Child Health	Child health: curative care	Management of Pyomyositis	Low
175	Child Health	Child health: curative care	Management of Septic arthritis	Medium
176	Child Health	Child health: curative care	Management of Osteomyelitis	Medium

IC	Major Program area	Subprogram	Interventions	Priority
177	Child Health	Child health: curative care	Management of juvenile rheumatoid arthritis	Low
178	Child Health	Child health: curative care	Management of Impetigo	Low
179	Child Health	Child health: curative care	Management of Dermatitis/Eczema	High
180	Child Health	Child health: curative care	Management of Scabies	High
181	Child Health	Child health: curative care	Management of Fungal skin infections (ringworms)	Medium
182	Child Health	Child health: curative care	Management of Meningitis	high
183	Child Health	Child health: curative care	Management of Encephalitis	Medium
184	Child Health	Child health: curative care	Management of Seizure disorders	High
185	Child Health	Child health: curative care	Management of Cerebral palsy	Medium
186	Child Health	Child health: curative care	Management of raised intracranial pressure	Medium
187	Child Health	Child health: curative care	Coma Management	High
188	Child Health	Child health: curative care	Management of Poisoning	High
189	Child Health	Child health: curative care	Management of Diabetes Mellitus	High
190	Child Health	Child health: curative care	Management of Hypothyroidism	Low
191	Child Health	Child health: curative care	Management of Hyperthyroidism	Low
192	Child Health	Child health: curative care	Management of Anaemia	medium
193	Child Health	Child health: curative care	Management of Septicaemia	Medium
194	Child Health	Child health: curative care	Management of Haemophilia	Low
195	Child Health	Child health: curative care	Management of Idiopathic Thrombocytopenic Purpura (ITP)	Low
196	Child Health	Child health: curative care	Management of Leukaemia	Medium
197	Child Health	Child health: curative care	Management of Lymphoma	Low
198	Child Health	Child health: curative care	Prevention and management of Child Abuse	Low
199	Child Health	Child health: curative care	Paediatric social services	Low
200	Child Health	Child health: curative care	Management of Chromosomal anomalies in Paediatrics	Low
201	Child Health	Child health: curative care	Management of Down's Syndrome in Paediatrics	Low
202	Child Health	Child health: curative care	Management of Edward's Syndrome in Paediatrics	Low
203	Child Health	Child health: curative care	Management of autism	Low
204	Nutrition	Nutrition: Pregnant women	Promote one extra meal and rest during pregnancy	High
205	Nutrition	Nutrition: Pregnant women	Promote on healthy eating, diversified meal	Low
206	Nutrition	Nutrition: Pregnant women	Promote ITN use for malaria endemic areas	High
207	Nutrition	Nutrition: Pregnant women	Promote early initiation (colostrum feeding) and exclusive breast feeding	High
208	Nutrition	Nutrition: Pregnant women	Nutritional screening and weight gain monitoring during pregnancy	High
209	Nutrition	Nutrition: Pregnant women	Link pregnancy mothers to supplementary feeding program (Productive Safety Net Program (PSNP) and other programs)	High
210	Nutrition	Nutrition: Pregnant women	Treat malnourished pregnant mothers with therapeutic foods	Medium
211	Nutrition	Nutrition: Pregnant women	Iron-folic acid supplementation	High
212	Nutrition	Nutrition: Pregnant women	De-worming during pregnancy (2nd trimester)	High
213	Nutrition	Nutrition: Pregnant women	Promote family members (husband, grandparents and other HH members) involvement to provide nutritional care for pregnancy women	High

IC	Major Program area	Subprogram	Interventions	Priority
214	Nutrition	Nutrition: Pregnant women	Behaviour change communication on maternal nutrition (High
215	Nutrition	Nutrition: Pregnant women	Promote use of iodized salt	High
216	Nutrition	Nutrition: Pregnant women	Promote use of fortified foods	High
217	Nutrition	Nutrition: Pregnant women	Promote personal hygiene, environmental sanitation and infection prevention measures	Medium
218	Nutrition	Nutrition: Pregnant women	Provide outreach nutrition services	High
219	Nutrition	Nutrition: Pregnant women	Promote use of time and labour saving technologies	High
220	Nutrition	Nutrition: Pregnant women	Promote use of reproductive health services after delivery	High
221	Nutrition	Nutrition: Pregnant women	Promote gender equity and economic empowerment	High
222	Nutrition	Nutrition: Pregnant women	Calcium supplementation for prevention and treatment of pre-eclampsia and eclampsia	Medium
223	Nutrition	Nutrition: Pregnant women	Nutritional care and support for HIV+ pregnant women	Medium
224	Nutrition	Nutrition: Pregnant women	Anaemia diagnosis and treatment	High
225	Nutrition	Nutrition: Breastfeeding mothers	Counsel on two extra meals and rest during lactation	High
226	Nutrition	Nutrition: Breastfeeding mothers	Counsel on optimal breast feeding practices on, proper positioning and attachment, exclusive breast feeding and feeding on demand)	High
227	Nutrition	Nutrition: Breastfeeding mothers	Promote healthy eating, diversified diet during lactation	medium
228	Nutrition	Nutrition: Breastfeeding mothers	Nutritional screening and counselling during lactation	High
229	Nutrition	Nutrition: Breastfeeding mothers	Counsel on exposing infants to sun light	High
230	Nutrition	Nutrition: Breastfeeding mothers	Promote continued use of iron folate (to complete 90 tabs)	High
231	Nutrition	Nutrition: Breastfeeding mothers	Measure birth weight, length and head circumference in the first 1 hour	High
232	Nutrition	Nutrition: Breastfeeding mothers	Link Breastfeeding mothers to supplementary feeding program (PSNP and other programs)	High
233	Nutrition	Nutrition: Breastfeeding mothers	Treat malnourished Breastfeeding mothers with therapeutic foods	High
234	Nutrition	Nutrition: Breastfeeding mothers	Promote family members (husband, grandparents and other HH members) involvement to provide nutritional care for Breastfeeding women	High
235	Nutrition	Nutrition: Breastfeeding mothers	Promote shift in food taboos using religious leaders and influential community members	High
236	Nutrition	Nutrition: Breastfeeding mothers	Promote access to reproductive health services	High
237	Nutrition	Nutrition: Breastfeeding mothers	Strengthen women economic control and equitable decision making role to improve nutrition	High
238	Nutrition	Nutrition: Breastfeeding mothers	Nutritional care and support (HIV+ pregnant and Breastfeeding women)	Low
239	Nutrition	Nutrition: Non-pregnant and non-Breastfeeding women	Promote adequate intake of diversified food	High
240	Nutrition	Nutrition: Non-pregnant and non-Breastfeeding women	Nutritional care and support for HIV+ women	Medium
241	Nutrition	Nutrition: Neonatal and infants (0-5 months)	Early initiation of breast feeding within one hour	High
242	Nutrition	Nutrition: Neonatal and infants (0-5 months)	Feeding of colostrum	High
243	Nutrition	Nutrition: Neonatal and infants (0-5 months)	Avoidance of pre-lacteal feeding	High

IC	Major Program area	Subprogram	Interventions	Priority
244	Nutrition	Nutrition: Neonatal and infants (0-5 months)	Promote exclusive breast feeding up to 6 months (Breast feeding on demand and day and night and empty one breast at a time)	High
245	Nutrition	Nutrition: Neonatal and infants (0-5 months)	Demonstrate proper positioning and attachment	High
246	Nutrition	Nutrition: Neonatal and infants (0-5 months)	Promote appropriate feeding options for infants born to HIV infected mothers	High
247	Nutrition	Nutrition: Neonatal and infants (0-5 months)	Promote Kangaroo mother care for pre-term and LBW infants	High
248	Nutrition	Nutrition: Neonatal and infants (0-5 months)	Monthly growth monitoring and promotion (measure weight and age, record, interpret and counsel accordingly)	High
249	Nutrition	Nutrition: Neonatal and infants (0-5 months)	Continued breast feeding during illness and recovery	High
250	Nutrition	Nutrition: Neonatal and infants (0-5 months)	Zinc and ORS for diarrheal treatment	High
251	Nutrition	Nutrition: Neonatal and infants (0-5 months)	Early detection and management of acute malnutrition	High
252	Nutrition	Nutrition: Neonatal and infants (0-5 months)	Establish BFHF Initiative in all public and private health facilities	High
253	Nutrition	Nutrition: Neonatal and infants (0-5 months)	Enforce international code of marketing for breast milk substitutes	High
254	Nutrition	Nutrition: Neonatal and infants (0-5 months)	Promote enactment of maternity leave according to international labour organization convention No. 183	High
255	Nutrition	Nutrition: Neonatal and infants (0-5 months)	Promote designated breast feeding rooms in all service providing institutions	High
256	Nutrition	Nutrition: Neonatal and infants (0-5 months)	Support breast feeding working mothers to breast feed until 6 months	High
257	Nutrition	Nutrition: Neonatal and infants (0-5 months)	Provide age appropriate immunization services	High
258	Nutrition	Nutrition: Infant and young child nutrition (6-23)	Nutrition screening and counselling in health facility and community	High
259	Nutrition	Nutrition: Infant and young child nutrition (6-23)	Counsel on optimal complementary feeding practices (age appropriate amount, frequency and diversity of feeding, responsive feeding)	High
260	Nutrition	Nutrition: Infant and young child nutrition (6-23)	Timely initiation of complementary feeding at 6 months	High
261	Nutrition	Nutrition: Infant and young child nutrition (6-23)	Continued breast feeding until 24 months and beyond	High
262	Nutrition	Nutrition: Infant and young child nutrition (6-23)	Promote feeding of sick child during illness and recovery	High
263	Nutrition	Nutrition: Infant and young child nutrition (6-23)	Zinc and ORS for diarrhoeal treatment	High
264	Nutrition	Nutrition: Infant and young child nutrition (6-23)	Vitamin A supplementation biannually	High
265	Nutrition	Nutrition: Infant and young child nutrition (6-23)	Zinc supplementation	Medium
266	Nutrition	Nutrition: Infant and young child nutrition (6-23)	Detect and manage Acute Malnutrition	High
267	Nutrition	Nutrition: Infant and young child nutrition (6-23)	Link malnourished children to supplementary food support (B/TSFP, PSNP,	High
268	Nutrition	Nutrition: Infant and young child nutrition (6-23)	Promote micronutrient powder in areas where iron deficiency is > 20%	High
269	Nutrition	Nutrition: Infant and young child nutrition (6-23)	Promote enforcement of minimum standard nutritional services for young children in special situations (refugee camps, orphanage, day care centres, PSNP public work sites etc)	High
270	Nutrition	Nutrition: Infant and young child nutrition (6-23)	Promote local production of enriched complementary foods	High
271	Nutrition	Nutrition: Infant and young child nutrition (6-23)	Demonstrate preparation and utilization of diversified complementary foods	High

IC	Major Program area	Subprogram	Interventions	Priority
272	Nutrition	Nutrition: Infant and young child nutrition (6-23)	Promote key actions for diversification and utilization of complementary foods at household levels	High
273	Nutrition	Nutrition: Infant and young child nutrition (6-23)	Promote production and utilization of bio fortified foods	High
274	Nutrition	Nutrition: Infant and young child nutrition (6-23)	Promote food technologies (powder meat, etc)	High
275	Nutrition	Nutrition: Infant and young child nutrition (6-23)	Identify and treat anaemia	High
276	Nutrition	Nutrition: Infant and young child nutrition (6-23)	Support local food processing factories to participate in production of ready to use therapeutic food and supplementary food	High
277	Nutrition	Nutrition: Infant and young child nutrition (6-23)	Provide free medical treatment to malnourished children	High
278	Nutrition	Nutrition: Infant and young child nutrition (6-23)	Support food for care takers whose children admitted to Stabilization Centre	High
279	Nutrition	Nutrition: Infant and young child nutrition (6-23)	Promote hygiene and sanitation and access to safe and clean water	High
280	Nutrition	Nutrition: Infant and young child nutrition (6-23)	Promote hand washing at critical times with soap	High
281	Nutrition	Nutrition: Infant and young child nutrition (6-23)	Promote use of household water treatment practices	High
282	Nutrition	Nutrition: Infant and young child nutrition (6-23)	Promote safe and hygienic preparation, storage and handling of food	High
283	Nutrition	Nutrition: Infant and young child nutrition (6-23)	Promote safe and clean household environment (in relation to poultry, small remnants, household waste management, etc)	High
284	Nutrition	Nutrition: Infant and young child nutrition (6-23)	Promote construction and use of household latrine	Medium
285	Nutrition	Nutrition: Infant and young child nutrition (6-23)	Link food insecure households with children under two to social protection services and nutrition sensitive livelihood and economic opportunities	High
286	Nutrition	Nutrition: Infant and young child nutrition (6-23)	Integrate early childhood care and development stimulation with existing community and facility based nutrition programs	High
287	Nutrition	Nutrition: Infant and young child nutrition (6-23)	Promote use of ITN	High
288	Nutrition	Nutrition: Infant and young child nutrition (6-23)	Promote prevention of food taboos and mal-feeding practices	High
289	Nutrition	Nutrition: Infant and young child nutrition (6-23)	Promote family members involvement during child feeding practices	High
290	Nutrition	Nutrition: Child nutrition (24 - 59 months)	De-worming on biannual basis	High
291	Nutrition	Nutrition: Child nutrition (24 - 59 months)	Promote enforcement of minimum standard nutritional services for young children in special situations (refugee camps, orphanage, day care centres, chronic infections, PSNP public work sites etc)	High
292	Nutrition	Nutrition: Child nutrition (24 - 59 months)	Demonstrate preparation and utilization of diversified foods	High
293	Nutrition	Nutrition: Child nutrition (24 - 59 months)	Promote key actions for diversification and utilization of diversified foods at household levels	High
294	Nutrition	Nutrition: Child nutrition (24 - 59 months)	Promote home or kitchen gardening and small scale food production that support a diverse range of nutrient dense foods (small animals, cows,	High
295	Nutrition	Nutrition: For school age children (5-10 years)	Promote nutrition education for young children	Low
296	Nutrition	Nutrition: For school age children (5-10 years)	Promote nutrition in schools using teachers and parents association and schools nutrition clubs	High
297	Nutrition	Nutrition: For school age children (5-10 years)	Demonstrate and promote food diversification through school gardening nutrition clubs	High

IC	Major Program area	Subprogram	Interventions	Priority
298	Nutrition	Nutrition: For school age children (5-10 years)	Initiate home grown school feeding program for school age children	High
299	Nutrition	Nutrition: For school age children (5-10 years)	Promote access to safe potable water and sanitation in schools and at home	High
300	Nutrition	Nutrition: For school age children (5-10 years)	Promote proper disposal of human, animal and environmental waste	High
301	Nutrition	Nutrition: For school age children (5-10 years)	Provide school based de-worming service	High
302	Nutrition	Nutrition: For school age children (5-10 years)	Promote healthy eating and exercise to prevent childhood obesity	Low
303	Nutrition	Nutrition: For school age children (5-10 years)	Detect and treat anaemia	High
304	Nutrition	Nutrition: For school age children (5-10 years)	Detect and treat acute malnutrition	High
305	Nutrition	Nutrition: Adolescent (10 - 19 years)	Intermittent weekly iron-folic acid supplementation in HFs and schools	Medium
306	Nutrition	Nutrition: Adolescent (10 - 19 years)	Nutritional assessment, education and counselling	Medium
307	Nutrition	Nutrition: Adolescent (10 - 19 years)	De-worming for school and out of school children	High
308	Nutrition	Nutrition: Adolescent (10 - 19 years)	School feeding program for vulnerable adolescents	High
309	Nutrition	Nutrition: Adolescent (10 - 19 years)	Promotion of iodized salt use	High
310	Nutrition	Nutrition: Adolescent (10 - 19 years)	Promote physical exercise and healthy eating in youth centres	Medium
311	Nutrition	Nutrition: Adolescent (10 - 19 years)	Socio-behavioural change communication to prevent HTP (food taboos, diversified food intake,)	High
312	Nutrition	Nutrition: Adolescent (10 - 19 years)	Promote delay in early marriage	High
313	Nutrition	Nutrition: Adolescent (10 - 19 years)	Nutrition for adolescent girls in special situation (HIV, emergency, obesity, eating disorder)	High
314	Nutrition	Nutrition: Adolescent (10 - 19 years)	Management of acute malnutrition in adolescents	Medium
315	Nutrition	Nutrition: Adolescent (10 - 19 years)	Promote adolescent RH services	High
316	Nutrition	Nutrition: Adolescent (10 - 19 years)	Promote establishment of nutrition clubs in schools	High
317	Nutrition	Nutrition: Adolescent (10 - 19 years)	Promote establishment of school gardening program	High
318	Nutrition	Nutrition: Adolescent (10 - 19 years)	Promote school nutrition demonstration program	High
319	Nutrition	Nutrition: Productive work force (19-65 yrs): Communicable and NCD	Nutrition assessment, counselling and support for HIV+, TB and other infectious diseases	medium
320	Nutrition	Nutrition: Productive work force (19-65 yrs): Communicable and NCD	Promote healthy dietary behaviours and exercise to prevent obesity/reduce risk of NCDs	High
321	Nutrition	Nutrition: Productive work force (19-65 yrs): Communicable and NCD	Promote salt, alcohol, cigarettes, chat and sugar restrictions	High
322	Nutrition	Nutrition: Productive work force (19-65 yrs): Communicable and NCD	Enforce taxation of alcohol, cigarette, chat and sugary beverages	High
323	Nutrition	Nutrition: Productive work force (19-65 yrs): Communicable and NCD	Utilize tax recovery to support nutrition	High
324	Nutrition	Nutrition: Productive work force (19-65 yrs): Communicable and NCD	Link HIV+ and TB clients with IGAs and other nutrition sensitive interventions	High
325	Nutrition	Nutrition: Productive work force (19-65 yrs): Communicable and NCD	Promote local food processing factories to produce RUTF and RUSF for HIV+ and TB	High

IC	Major Program area	Subprogram	Interventions	Priority
326	Nutrition	Nutrition: Productive work force (19-65 yrs): Communicable and NCD	Promote nutrition education for improve nutrition behaviour and practices	Low
327	Nutrition	Nutrition: Productive work force (19-65 yrs): Communicable and NCD	promote nutrition education, healthy eating and Exercises at industry parks	Medium
328	Nutrition	Nutrition: Productive work force (19-65 yrs): Communicable and NCD	promote and ensure food safety and quality to the general population	High
329	Nutrition	Nutrition: Productive work force (19-65 yrs): Communicable and NCD	Promote production and consumption of organic foods	High
330	Nutrition	Nutrition: Elderly (>65 yrs)	Nutrition assessment, counselling and support to elderly people	Medium
331	Nutrition	Nutrition: Elderly (>65 yrs)	Promote healthy eating and exercise to prevent obesity/reduce risk of NCDs	Medium
332	Nutrition	Nutrition: Elderly (>65 yrs)	Strengthen community care and support for the elderly	Low
333	Nutrition	Nutrition: Elderly (>65 yrs)	Extended nutrition intervention in older hospitalized patients	Low
334	Nutrition Multisector	Nutrition multisector: With agriculture and Livestock sector	Promote production and consumption of fruits and vegetables	High
335	Nutrition Multisector	Nutrition multisector: With agriculture and Livestock sector	Promote production and consumption of nutrient dese cereals and pulses	High
336	Nutrition Multisector	Nutrition multisector: With agriculture and Livestock sector	Promote production and consumption of animal source foods (meat, milk, fish and egg)	High
337	Nutrition Multisector	Nutrition multisector: With agriculture and Livestock sector	Promote homestead and school gardening	High
338	Nutrition Multisector	Nutrition multisector: With agriculture and Livestock sector	Promote and support urban agriculture	High
339	Nutrition Multisector	Nutrition multisector: With agriculture and Livestock sector	Promote production and consumption of bio fortified foods	High
340	Nutrition Multisector	Nutrition multisector: With agriculture and Livestock sector	Promote post-harvest management	High
341	Nutrition Multisector	Nutrition multisector: With agriculture and Livestock sector	Promote technologies for post-harvest food processing, handling, preservation and preparation	High
342	Nutrition Multisector	Nutrition multisector: With agriculture and Livestock sector	Promote assets building interventions	High
343	Nutrition Multisector	Nutrition multisector: With agriculture and Livestock sector	Target vulnerable households (malnourished children and PLW)	High
344	Nutrition Multisector	Nutrition multisector: With agriculture and Livestock sector	Improve nutritional value of PSNP food basket	High
345	Nutrition Multisector	Nutrition multisector: With agriculture and Livestock sector	Implement soft conditionality for HHs with vulnerable households (malnourished children and PLW)	High
346	Nutrition Multisector	Nutrition multisector: With agriculture and Livestock sector	Promote women labour and time saving technologies	High
347	Nutrition Multisector	Nutrition multisector: With agriculture and Livestock sector	Promote small scale high tech irrigation for priority areas for better nutrition outcomes	High

IC	Major Program area	Subprogram	Interventions	Priority
348	Nutrition Multisector	Nutrition multisector: With agriculture and Livestock sector	Promote nutrition sensitive agriculture and livestock knowledge and practice among farmers and AEWs	High
349	Nutrition Multisector	Nutrition multisector: With agriculture and Livestock sector	Promote climate smart and nutrition sensitive agriculture	High
350	Nutrition Multisector	Nutrition multisector: With agriculture and Livestock sector	Promote wild and indigenous foods	High
351	Nutrition Multisector	Nutrition multisector: With Education sector	Promote school feeding program	High
352	Nutrition Multisector	Nutrition multisector: With Education sector	Promote school gardening	High
353	Nutrition Multisector	Nutrition multisector: With Education sector	Promote school WASH	High
354	Nutrition Multisector	Nutrition multisector: With Education sector	Promote nutrition clubs in schools	High
355	Nutrition Multisector	Nutrition multisector: With Education sector	Celebrate nutrition days in schools	High
356	Nutrition Multisector	Nutrition multisector: With Education sector	Establish school mini-medias	High
357	Nutrition Multisector	Nutrition multisector: With Education sector	School deworming	High
358	Nutrition Multisector	Nutrition multisector: With Education sector	Weekly Intermittent IFA supplementation	High
359	Nutrition Multisector	Nutrition multisector: With Education sector	Strengthen community based nutrition service provision by higher education institutes	High
360	Nutrition Multisector	Nutrition multisector: With Education sector	Mainstream nutrition in school curriculum	High
361	Nutrition Multisector	Nutrition multisector: With Education sector	Train nutrition professionals in higher education	High
362	Nutrition Multisector	Nutrition multisector: With Water supply sector	Promote access to safe and clean water	High
363	Nutrition Multisector	Nutrition multisector: With Water supply sector	Promote access to high tech small and large scale irrigation for better nutrition outcomes	High
364	Nutrition Multisector	Nutrition multisector: With Water supply sector	Strengthen fluorosis mitigation interventions through nutritional interventions	High
365	Nutrition Multisector	Nutrition multisector: With Industry sector	Produce and distribute fortified food	High
366	Nutrition Multisector	Nutrition multisector: With Industry sector	Conduct awareness creation on nutrition related requirements and standards for locally manufactured food items	High
367	Nutrition Multisector	Nutrition multisector: With Industry sector	Strengthen food producers and millers capacity to produce fortified foods	High
368	Nutrition Multisector	Nutrition multisector: With Industry sector	Support in availing industrial inputs (pre-mix, equipment, raw materials) for food fortification	High
369	Nutrition Multisector	Nutrition multisector: With Industry sector	Ensure quality and safety of locally produced foods	High
370	Nutrition Multisector	Nutrition multisector: With Trade sector	Ensure the quality and safety of imported food items as per national standard	High
371	Nutrition Multisector	Nutrition multisector: With Trade sector	Regulate the quality and safety of locally produced foods	High
372	Nutrition Multisector	Nutrition multisector: With Trade sector	Promote the use of safe fortified foods	High
373	Nutrition Multisector	Nutrition multisector: With Trade sector	Ensure safety and quality of street foods	High
374	Nutrition Multisector	Nutrition multisector: With Trade sector	Create awareness to public and private sectors on nutrition related requirements and standards for improved food items	High
375	Nutrition Multisector	Nutrition multisector: With Trade sector	Support importation of fortified foods	High
376	Nutrition Multisector	Nutrition multisector: With Trade sector	Ensure access to and supply chain for food and food items	High
377	Nutrition Multisector	Nutrition multisector: With Social Protection sector	Ensure targeting of vulnerable HHs by PSNP	High

IC	Major Program area	Subprogram	Interventions	Priority
378	Nutrition Multisector	Nutrition multisector: With Social Protection sector	Implement conditional support for malnourished PLW and children under two through PSNP	High
379	Nutrition Multisector	Nutrition multisector: With Social Protection sector	Integrate nutrition practices and services in PSNP	High
380	Nutrition Multisector	Nutrition multisector: With Social Protection sector	Promote income generating activities for improved access to nutritious food	High
381	Nutrition Multisector	Nutrition multisector: With Social Protection sector	Employ fee waiver scheme for management of acute malnutrition	High
382	Nutrition Multisector	Nutrition multisector: With Social Protection sector	Promote nutrition services for elderly and person with disability,	High
383	Nutrition Multisector	Nutrition multisector: With Disaster Risk Management sector	Strengthen and scale up early warning system for food and nutrition information	High
384	Nutrition Multisector	Nutrition multisector: With Disaster Risk Management sector	Support nutrition emergency response and recovery through participatory risk assessment and preparedness planning	High
385	Nutrition Multisector	Nutrition multisector: With Disaster Risk Management sector	Promote SBCC strategies to impart information about resilience to nutrition related shocks	High
386	Nutrition Multisector	Nutrition multisector: With Food and Drug Authority sector	Certify competent food and nutrition product manufacturers, importers, exporters, distributors, quality control laboratories,	High
387	Nutrition Multisector	Nutrition multisector: With Food and Drug Authority sector	Control the quality and safety of food products by developing directives, standards, legislations and manuals	High
388	Nutrition Multisector	Nutrition multisector: With Food and Drug Authority sector	Enforce and regulate food manufacturers, importers and distributors	High
389	Nutrition Multisector	Nutrition multisector: With Food and Drug Authority sector	Ensure the quality and safety of infant formulas, complementary foods, fortified foods, food fortificants, pre-mix, therapeutic and supplementary foods	High
390	Nutrition Multisector	Nutrition multisector: With Food and Drug Authority sector	Register and issue market authorization for nutritious food products	High
391	Nutrition Multisector	Nutrition multisector: With Food and Drug Authority sector	Ensure safety and quality of public and bottled water and food products used up to standard	High
392	Nutrition Multisector	Nutrition multisector: with Gender sector	Ensure gender responsive nutrition implementation and reporting	High
393	Nutrition Multisector	Nutrition multisector: with Gender sector	Ensure gender integration in sector nutrition implementation strategy, guidelines and programs	High
394	Nutrition Multisector	Nutrition multisector: with Gender sector	Mobilize women groups in nutrition advocacy and skill transfer	High
395	Nutrition Multisector	Nutrition multisector: with Gender sector	Ensure women economic empowerment	High
396	Nutrition Multisector	Nutrition multisector: with Gender sector	Promote women empowerment and child protection interventions	High
397	Nutrition Multisector	Nutrition multisector: with Gender sector	Create awareness on HTPs that affect the nutritional status of women and children	High
398	HIV/AIDS	HIV/AIDS: prevention	Targeted BCC for the most at risk population and vulnerable groups	High
399	HIV/AIDS	HIV/AIDS: prevention	HIV/AIDS BCC for the general populations	High
400	HIV/AIDS	HIV/AIDS: prevention	Condom distribution for the most at risk population and vulnerable groups	High

IC	Major Program area	Subprogram	Interventions	Priority
401	HIV/AIDS	HIV/AIDS: prevention	Prevention and treatment of STI in the context of HIV prevention	High
402	HIV/AIDS	HIV/AIDS: prevention	Targeted quality assured HIV testing and counselling services: self-testing	High
403	HIV/AIDS	HIV/AIDS: prevention	Targeted quality assured HIV testing and counselling services: VCT	High
404	HIV/AIDS	HIV/AIDS: prevention	Targeted quality assured HIV testing and counselling services: PITC	High
405	HIV/AIDS	HIV/AIDS: prevention	PMTCT	High
406	HIV/AIDS	HIV/AIDS: prevention	Voluntary medical male circumcisions	High
407	HIV/AIDS	HIV/AIDS: prevention	Post exposure prophylaxis (PEP) for occupational exposure and sexual assault victims	Low
408	HIV/AIDS	HIV/AIDS: prevention	Pre-Exposure prophylaxis (PrEP) for FSWs and sero-discordant HIV negative partner	Low
409	HIV/AIDS	HIV/AIDS: prevention	Ensuring quality assured testing of all donated load for transfusion transmissible infections (TTIs) HIV,HBV,HCV & Syphilis	high
410	HIV/AIDS	HIV/AIDS: care and treatment	ART (First-Line Treatment) for adults	High
411	HIV/AIDS	HIV/AIDS: care and treatment	ART (Second-Line Treatment) for adults	High
412	HIV/AIDS	HIV/AIDS: care and treatment	ART (Third-line treatment) for adults	Medium
413	HIV/AIDS	HIV/AIDS: care and treatment	Cotrimoxazole for children	Medium
414	HIV/AIDS	HIV/AIDS: care and treatment	Paediatric ART	High
415	HIV/AIDS	HIV/AIDS: care and treatment	Additional ART for TB patients	High
416	HIV/AIDS	HIV/AIDS: care and treatment	Management of opportunistic infections associated with HIV/AIDS	High
417	HIV/AIDS	HIV/AIDS: care and treatment	Nutrition supplements in first 6 months for HIV/AIDS cases	High
418	HIV/AIDS	HIV/AIDS: care and treatment	Collaborative HIV/AIDS and TB interventions	High
419	HIV/AIDS	HIV/AIDS: care and treatment	Screen HIV+ cases for TB	High
420	HIV/AIDS	HIV/AIDS: care and treatment	ART (+CPT) for TB HIV+ patients	high
421	HIV/AIDS	HIV/AIDS: care and treatment	HIV prevention for TB patients	high
422	STI	STI: prevention	BCC on safer sexual behaviour	Medium
423	STI	STI: prevention	Partner notification and treatment	medium
424	STI	STI: prevention	Provision of condoms to key and priority populations	High
425	STI	STI: prevention	HIV testing in STI patients	High
426	STI	STI: prevention	Provide Human Papilloma Virus (HPV) vaccination	Low
427	STI	STI: prevention	Hepatitis B Virus Vaccination	High
428	STI	STI: treatment	Syndromic case management	Low
429	STI	STI: treatment	Aeitiologic case management	High
430	STI	STI: treatment	Provide STI clinical services and outreach to female sex workers and their male clients	High
431	STI	STI: treatment	Screening and Treatment for Syphilis in Pregnancy	High
432	STI	STI: treatment	Adolescent friendly STI services (provision of condom, STI screening and treatment) with in schools or health facilities	Low
433	Tuberculosis	Tuberculosis: diagnosis	Treatment+Detection (smear + Xpert) +Drug Sensitivity analysis	High

IC	Major Program area	Subprogram	Interventions	Priority
434	Tuberculosis	Tuberculosis: diagnosis	Treatment+Detection (smear + Xpert) +Drug Sensitivity analysis & ART Prioritization for TB cases	High
435	Tuberculosis	Tuberculosis: diagnosis	Treatment+Detection (smear + Xpert) +Drug Sensitivity analysis & ART Prioritization for TB cases & Preventive therapy&Preventive therapy for children	High
436	Tuberculosis	Tuberculosis: diagnosis	Treatment+Detection (smear + Xpert) +Drug Sensitivity analysis & Preventive therapy	High
437	Tuberculosis	Tuberculosis: diagnosis	Treatment+Detection (smear + Xpert) +Drug Sensitivity analysis & Preventive therapy for children	High
438	Tuberculosis	Tuberculosis: diagnosis	Treatment+Detection (smear generally and culture for MDR) +Drug Sensitivity analysis	High
439	Tuberculosis	Tuberculosis: diagnosis	Treatment+Detection (smear generally and culture for MDR) +Drug Sensitivity analysis & ART Prioritization for TB cases	High
440	Tuberculosis	Tuberculosis: diagnosis	Treatment+Detection (smear generally and culture for MDR) +Drug Sensitivity analysis & ART Prioritization for TB cases & Preventive therapy&Preventive therapy for children	High
441	Tuberculosis	Tuberculosis: diagnosis	Treatment+Detection (smear generally and culture for MDR) +Drug Sensitivity analysis & Preventive therapy	High
442	Tuberculosis	Tuberculosis: diagnosis	Treatment+Detection (smear generally and culture for MDR) +Drug Sensitivity analysis & Preventive therapy for children	High
443	Leprosy	Leprosy: Elimination	[Detection] and treatment of leprosy	High
444	Leprosy	Leprosy: Elimination	Treatment of drug resistant leprosy	High
445	Leprosy	Leprosy: Elimination	Chemoprophylaxis for contacts of leprosy cases	High
446	Leprosy	Leprosy: Elimination	Detection and management of disability due to leprosy	High
457	Malaria	Malaria: Prevention	Long Lasting Insecticide-Treated Nets (LLIN)	High
458	Malaria	Malaria: Prevention	Indoor residual spraying with propoxure	High
459	Malaria	Malaria: Prevention	Other vector control: Mosquito repellent	Medium
450	Malaria	Malaria: Prevention	Other vector control: window screening	Low
451	Malaria	Malaria: Prevention	Other vector control: Larviciding	Low
452	Malaria	Malaria: Prevention	Other vector control: drainage of breeding swampy and marshy sites/irrigation canals	Low
453	Malaria	Malaria: Prevention	Intermittent preventive treatments (pregnant women)	Low
454	Malaria	Malaria: Prevention	Active surveillance of cases	High
455	Malaria	Malaria: case management	Detection [RDT] and treatment of uncomplicated malaria	High
456	Malaria	Malaria: case management	Detection [Microscopy] and treatment of uncomplicated	High
457	Malaria	Malaria: case management	Detection [RDT] and treatment of severe malaria	High
458	Malaria	Malaria: case management	Detection [Microscopy] and treatment of severe malaria	High
459	Malaria	Malaria: case management	G6PD testing and radical cure treatment for vivax	Medium
460	NTDs	NTD: Lymphatic filariasis elimination	BCC for targeted areas	High
461	NTDs	NTD: Lymphatic filariasis elimination	Mass drug administration for lymphatic filariasis	High
462	NTDs	NTD: Lymphatic filariasis elimination	Vector control using IRS, house screening, LLITN, larvicides, and environmental management	High

IC	Major Program area	Subprogram	Interventions	Priority
463	NTDs	NTD: Lymphatic filariasis elimination	Screening and management of scrotal swelling (hydrocelectomy)	High
464	NTDs	NTD: Lymphatic filariasis elimination	Lymphedema morbidity management	High
465	NTDs	NTD: Lymphatic filariasis elimination	Management of acute attack dermato-lymphangioadenitis with appropriate antibiotics	High
466	NTDs	NTD: Lymphatic filariasis elimination	Avail custom-made shoes for those with lymphedema	High
467	NTDs	NTD: Onchocerciasis elimination	Mass drug administration	High
468	NTDs	NTD: Onchocerciasis elimination	Vector control using ground larviciding using environmentally safe insecticides	High
469	NTDs	NTD: Onchocerciasis elimination	Treatment with Ivermectin	High
470	NTDs	NTD: Trachoma elimination	BCC (face washing, Open defecation free environment, etc)	High
471	NTDs	NTD: Trachoma elimination	Early diagnosis and treatment active trachoma	High
472	NTDs	NTD: Trachoma elimination	Screening and diagnosis of TT cases (TT surgery)	High
473	NTDs	NTD: Trachoma elimination	Post-operative Azithromycin	High
474	NTDs	NTD: Schistosomiasis control	BCC for targeted areas (avoid swimming in fresh water, promotion of use of toilets, hygiene and sanitation)	High
475	NTDs	NTD: Schistosomiasis control	Snail control for schistosomiasis Molluscicides (Niclosamide)	High
476	NTDs	NTD: Schistosomiasis control	Urine filtration for S. haematobium eggs	High
477	NTDs	NTD: Schistosomiasis control	Case management using praziquantel	High
478	NTDs	NTD: Soil Transmitted Helminths control	BCC for targeted areas (Promotion of use of toilets, hygiene and sanitation, Footwear use)	High
479	NTDs	NTD: Soil Transmitted Helminths control	Mass drug administration for PreSAC, SAC and women in reproductive age group	High
480	NTDs	NTD: Soil Transmitted Helminths control	Treatment of pregnant mothers	High
481	NTDs	NTD: Soil Transmitted Helminths control	Case management Soil Transmitted Helminths using Mebendazole and Albendazole	High
482	NTDs	NTD: Scabies control	Preventive chemotherapy via mass drug administration	High
483	NTDs	NTD: Scabies control	Case management of scabies using scabicides (Permethrin, BBL, Ivermectin Sulphur)	High
484	NTDs	NTD: Leishmaniasis control	Early diagnosis and management of VL (Rapid test, DAT test, Splenic Aspirate, Lymph node aspirate)	High
485	NTDs	NTD: Leishmaniasis control	Early diagnosis and management of CL (clinical examination and skin snip)	High
486	NTDs	NTD: Guinea Worm Disease cases control	Management of Guinea Worm disease	High
487	NTDs	NTD: Guinea Worm Disease cases control	Treat unsafe water sources with ABATE	High
488	NTDs	NTD: Guinea Worm Disease cases control	Controlled immersion and bandaging for Guinea Worm Disease cases.	High
489	NTDs	NTD: Podoconiosis elimination	BCC for targeted areas (promotion of footwear use, hygiene)	High
490	NTDs	NTD: Podoconiosis elimination	Preventing episodes of dermato lymphangioadenitis among lymphedema or elephantiasis cases	High
491	NTDs	NTD: Podoconiosis elimination	Screening of patients with lower leg swelling	High
492	NTDs	NTD: Podoconiosis elimination	Lymphedema morbidity management	High

IC	Major Program area	Subprogram	Interventions	Priority
493	NTDs	NTD: Podoconiosis elimination	Management of dermato-lymphangioadenitis with appropriate antibiotics	High
494	NTDs	NTD: Podoconiosis elimination	Surgical nodulectomy for people with nodules	High
495	NCDs: ALL	All NCDs: BCC and policy interventions	Physical activity + obesity reduction	Low
496	NCDs: ALL	All NCDs: BCC and policy interventions	Tobacco: Protect people from tobacco smoke	High
497	NCDs: ALL	All NCDs: BCC and policy interventions	Tobacco: Warn about danger: Warning labels	Medium
498	NCDs: ALL	All NCDs: BCC and policy interventions	Tobacco: Warn about danger: Mass media campaign	Medium
499	NCDs: ALL	All NCDs: BCC and policy interventions	Tobacco: Enforce bans on tobacco advertising	High
500	NCDs: ALL	All NCDs: BCC and policy interventions	Tobacco: Enforce youth access restriction	Medium
501	NCDs: ALL	All NCDs: BCC and policy interventions	Raise taxes on all tobacco products	High
502	NCDs: ALL	All NCDs: BCC and policy interventions	Hazardous alcohol use: Enforce restrictions on availability of retailed alcohol	Low
503	NCDs: ALL	All NCDs: BCC and policy interventions	Hazardous alcohol use: Enforce restrictions on alcohol advertising	medium
504	NCDs: ALL	All NCDs: BCC and policy interventions	Physical inactivity: Awareness campaigns to encourage increased physical activity	Low
505	NCDs: ALL	All NCDs: BCC and policy interventions	Raise taxes on alcoholic beverages	Medium
506	NCDs: ALL	All NCDs: BCC and policy interventions	Sodium: Harness industry for reformulation	High
507	NCDs: ALL	All NCDs: BCC and policy interventions	Sodium: Adopt standards: Front of pack labelling	High
508	NCDs: ALL	All NCDs: BCC and policy interventions	Sodium: Knowledge: Education and communication	High
509	NCDs: ALL	All NCDs: BCC and policy interventions	Sodium: Environment: Salt reduction strategies in community-based eating spaces	High
510	NCDs: ALL	All NCDs: BCC and policy interventions	Offer to help quit tobacco use: Brief intervention	Medium
511	NCDs: ALL	All NCDs: BCC and policy interventions	Screening and brief intervention for hazardous and harmful alcohol use	Medium
512	NCDs: ALL	All NCDs: BCC and policy interventions	Physical inactivity: Brief advice as part of routine care	High
513	NCDs: ALL	All NCDs: BCC and policy interventions	Restrictions on retail and use of <i>khat</i> and other substances	Medium
514	NCDs: ALL	All NCDs: BCC and policy interventions	Implement large graphic health warnings on all tobacco packages	Medium
515	NCDs: ALL	All NCDs: BCC and policy interventions	Nutritional labelling (reduce salt, sugar and fat intake through the implementation of front-of pack labelling)	Medium
516	NCDs: ALL	All NCDs: BCC and policy interventions	Health and age warnings on alcohol products	Medium
527	NCDs: ALL	All NCDs: BCC and policy interventions	Implement community-wide mass sporting, education and awareness campaign for physical activity	Medium
518	NCDs: ALL	All NCDs: BCC and policy interventions	Enact policies on design of buildings and roads which encourage physical activity (play grounds parks, sidewalks, bicycle tracks, work place exercise corners)	Medium
519	NCDs: ALL	All NCDs: BCC and policy interventions	Enact and enforce restrictions on the physical availability of retailed alcohol (via reduced hours and age of sale)	Medium
520	NCDs: ALL	All NCDs: BCC and policy interventions	Provide brief psychosocial intervention for persons with hazardous and harmful alcohol use	Low
521	NCDs: ALL	All NCDs: BCC and policy interventions	Setting of target levels for the amount of salt in foods and meals	Medium
522	NCDs: ALL	All NCDs: BCC and policy interventions	Encourage production and/or importation of healthy (mon and poly unsaturated) fats	Medium

IC	Major Program area	Subprogram	Interventions	Priority
523	NCDs: ALL	All NCDs: BCC and policy interventions	Eliminate industrial trans-fats through the development of legislation to ban their use in food chain	Medium
524	NCDs: ALL	All NCDs: BCC and policy interventions	Increase access to electricity and low emission energy efficient cooking stoves	Medium
525	NCDs: ALL	All NCDs: BCC and policy interventions	Raise tax on <i>Khat</i>	Medium
526	NCDs: ALL	All NCDs: BCC and policy interventions	Screening for <i>Khat</i> use and brief intervention	Medium
527	NCDs: ALL	All NCDs: BCC and policy interventions	Management of <i>khat</i> intoxication and withdrawal	Medium
528	Cancer	All cancers	Basic palliative care for cancer at home, community and health facility based	Medium
529	Cancer	All cancers	Awareness raising on risk factors of cancers	Medium
530	Cancer	All cancers	Early detection/screening of most common cancers	Medium
531	Cancer	Breast cancer	Basic breast cancer awareness education and education on self-examination	Medium
532	Cancer	Breast cancer	Screening: Clinical breast exam	Medium
533	Cancer	Breast cancer	Screening: Mammography	Low
534	Cancer	Breast cancer	Breast cancer treatment: Stage 1	Medium
535	Cancer	Breast cancer	Breast cancer treatment: Stage 2	Medium
536	Cancer	Breast cancer	Breast cancer treatment: Stage 3	Medium
537	Cancer	Breast cancer	Breast cancer treatment: Stage 4	Medium
538	Cancer	Breast cancer	Basic palliative care for breast cancer	Medium
539	Cancer	Breast cancer	Extended palliative care for breast cancer	Low
540	Cancer	Cervical cancer	Vaccination against HPV of ages 9-14 old girls	High
541	Cancer	Cervical cancer	Cervical conization /Loop Electro-surgical Excision Procedure (LEEP)	Medium
542	Cancer	Cervical cancer	HPV DNA and Cryotherapy	High
543	Cancer	Cervical cancer	VIA and cryotherapy	High
544	Cancer	Cervical cancer	PAP smear and Cryotherapy	High
545	Cancer	Cervical cancer	HPV DNA test	High
546	Cancer	Cervical cancer	Visual inspection with acetic acid (VIA)	High
547	Cancer	Cervical cancer	Papanicolaou test (Pap smear)	High
548	Cancer	Cervical cancer	HPV DNA + VIA	High
549	Cancer	Cervical cancer	HPV DNA + Pap smear	High
550	Cancer	Cervical cancer	Cryotherapy	Medium
551	Cancer	Cervical cancer	Loop Electrosurgical Excision Procedure (LEEP)	Medium
552	Cancer	Cervical cancer	Cervical cancer treatment: Stage I	High
553	Cancer	Cervical cancer	Cervical cancer treatment: Stage II	Medium
554	Cancer	Cervical cancer	Cervical cancer treatment: Stage III	Medium
555	Cancer	Cervical cancer	Cervical cancer treatment: Stage IV	Medium
556	Cancer	Cervical cancer	Basic palliative care for cervical cancer	Low
557	Cancer	Cervical cancer	Extended palliative care for cervical cancer	Low
558	Cancer	Ovarian Cancer	Diagnosis and Management of Ovarian Cancer (Surgery)	Low

IC	Major Program area	Subprogram	Interventions	Priority
559	Cancer	Thyroid Cancer	Diagnosis and Management of Thyroid Cancer	Medium
560	Cancer	Colorectal cancer	Screening: Fecal occult blood testing	Low
561	Cancer	Colorectal cancer	Screening: Sigmoidoscopy	Low
562	Cancer	Colorectal cancer	Screening: Colonoscopy	Low
563	Cancer	Colorectal cancer	Colorectal cancer treatment: Stage I	Low
564	Cancer	Colorectal cancer	Colorectal cancer treatment: Stage II	Low
565	Cancer	Colorectal cancer	Colorectal cancer treatment: Stage III	Low
566	Cancer	Colorectal cancer	Colorectal cancer treatment: Stage IV	Low
567	Cancer	Colorectal cancer	Basic palliative care for colorectal cancer	Low
568	Cancer	Colorectal cancer	Extended palliative care for colorectal cancer	Low
569	Cancer	Esophageal cancer	Diagnosis with endoscopy, biopsy/pathology,	High
570	Cancer	Esophageal cancer	Treatment with chemotherapy, surgery, radiotherapy	Low
571	Cancer	Lip and oral cancer	Lip and oral cancer treatment: Surgery+chemotherapy	High
572	Cancer	Lip and oral cancer	Lip and oral cancer treatment radiotherapy+chemothrapy	Low
573	Cancer	Lip and oral cancer	Treatment with Chemo/hormonal therapy	medium
574	Cancer	Nasopharynx cancer	Nasopharynx cancer treatment: Surgery+chemotherapy	medium
575	Cancer	Nasopharynx cancer	Nasopharynx cancer treatment: radiotherapy+chemothrapy	Medium
576	Cancer	Liver cancer (hepatoma)	Diagnosis: Blood tests, ultrasound/fine needle aspiration, pathology	Medium
577	Cancer	Liver cancer (hepatoma)	Treatment of hepatitis C	Low
578	Cancer	Liver cancer (hepatoma)	Biopsy, surgery, chemotherapy	Low
579	Cancer	Liver cancer (hepatoma)	Treat late stage liver cancer	Low
580	Cancer	Liver cancer (hepatoma)	Viral Hepatitis Surveillance	High
581	Cancer	Liver cancer (hepatoma)	Screening blood transfusion for hepatitis B and C	Medium
582	Cancer	Liver cancer (hepatoma)	Hepatitis B vaccination (including birth dose)	High
583	Cancer	Liver cancer (hepatoma)	Vaccination of health care workers	High
584	Cancer	Liver cancer (hepatoma)	Diagnosis and Treatment of HBV	High
585	Cancer	Liver cancer (hepatoma)	Diagnosis and Treatment of HCV	Medium
586	Cancer	Liver cancer (hepatoma)	Treatment of decompensated cirrhosis	Medium
587	Cancer	Prostate cancer	Diagnosis of prostate cancer: PSA, blood tests, rectal examination	Low
588	Cancer	Prostate cancer	Treatment of prostate cancer: surgery, chemotherapy, radiotherapy	Low
589	Cancer	Hodgkin lymphoma	Diagnosis of Hodgkin lymphoma cancer	Low
590	Cancer	Childhood cancers	Diagnosis and treatment of childhood leukemias	Medium
591	Cancer	Childhood cancers	Diagnosis and treatment of childhood Non Hodgkin's Lymphomas	Low
592	Cancer	Childhood cancers	Diagnosis and treatment of Wilm's Tumor	Low
593	Cancer	Childhood cancers	Diagnosis and treatment of Retinoblastoma	Low
594	Cancer	Childhood cancers	Diagnosis and treatment of childhood Hodgkin's Lymphomas	Medium
595	Cancer	Childhood cancers	Diagnosis and management childhood Bone and Cartilage cancers	Low
596	Cardiovascular disease	Hypertension	Targeted screening for hypertension	High
597	Cardiovascular disease	Hypertension	Management of Hypertension (pharmacologic and life style modifications)	High

IC	Major Program area	Subprogram	Interventions	Priority
598	Cardiovascular disease	Hypertension	Healthy Life Style Counselling for management of hypertension(tobacco cessation, brief interventions for problematic alcohol use, unhealthy diet and physical inactivity)	High
599	Cardiovascular disease	Hypertension	Management of hypertensive crisis	High
600	Cardiovascular disease	Ischemic heart disease, stroke, and peripheral artery diseases	Screening for risk of CVD	Medium
601	Cardiovascular disease	Ischemic heart disease, stroke, and peripheral artery diseases	Follow-up care for those at low to moderate risk of CVD (absolute risk: 10-30%)	Medium
602	Cardiovascular disease	Ischemic heart disease, stroke, and peripheral artery diseases	Treatment for those with high absolute risk of CVD (>30%) with combination of drugs	High
603	Cardiovascular disease	Ischemic heart disease, stroke, and peripheral artery diseases	Treatment for those with high blood pressure but low absolute risk of CVD (< 20%)	High
604	Cardiovascular disease	Ischemic heart disease, stroke, and peripheral artery diseases	Treatment for those with absolute risk of CVD 20-30%	High
605	Cardiovascular disease	Ischemic heart disease, stroke, and peripheral artery diseases	Treatment for those with high absolute risk of CVD (>30%)	High
606	Cardiovascular disease	Ischemic heart disease, stroke, and peripheral artery diseases	Treatment adherence counselling	Medium
607	Cardiovascular disease	Ischemic heart disease, stroke, and peripheral artery diseases	Palliative care to ischemic heart disease, stroke, PAD with amputation	Medium
608	Cardiovascular disease	Acute myocardial infarction (AMI)	Treatment of new cases of acute myocardial infarction (AMI) with aspirin	Low
609	Cardiovascular disease	Acute myocardial infarction (AMI)	Follow up of AMI cases	Low
610	Cardiovascular disease	Acute myocardial infarction (AMI)	Management of acute coronary syndrome	Medium
611	Cardiovascular disease	Acute myocardial infarction (AMI)	Treatment of cases with established ischemic heart disease (IHD)	Low
612	Cardiovascular disease	Acute myocardial infarction (AMI)	Prehospital and emergency care for suspected Acute Myocardial Infarction	Low
613	Cardiovascular disease	Acute myocardial infarction (AMI)	Treatment of new cases of MI with primary Percutaneous Coronary Intervention	Low
614	Cardiovascular disease	Acute myocardial infarction (AMI)	Treatment of cases with MI with Coronary artery bypass graft	Low
615	Cardiovascular disease	Acute myocardial infarction (AMI)	Treatment of cases with MI with Percutaneous Coronary Intervention	low
616	Cardiovascular disease	Acute myocardial infarction (AMI)	Prehospital and emergency care for suspected stroke (CVA)	Low
617	Cardiovascular disease	Acute myocardial infarction (AMI)	Treatment of acute ischemic stroke with intravenous thrombolytic therapy	Low
618	Cardiovascular disease	Acute myocardial infarction (AMI)	Treatment for those with established cerebrovascular disease and post stroke	Low
619	Cardiovascular disease	Peripheral artery diseases	Management for acute critical limb ischemia with unfractionated heparin and revascularization if available, with amputation as a last resort	Medium
620	Cardiovascular disease	Rheumatic heart disease	Treatment of acute suspected bacterial tonsilopharyngitis to prevent rheumatic fever	High

IC	Major Program area	Subprogram	Interventions	Priority
621	Cardiovascular disease	Rheumatic heart disease	Treatment of cases with rheumatic heart disease (with benzathine penicillin)	High
622	Cardiovascular disease	Rheumatic heart disease	Management of Rheumatic Heart Disease complications (Heart failure, anticoagulation, Surgical Interventions)	High
623	Cardiovascular disease	Heart Failure	Medical management of heart failure with diuretics, beta-blockers ACE inhibitors, and mineralocorticoid antagonists	Low
624	Risparatory diseases	Asthma	Asthma: Inhaled short acting beta agonist for intermittent asthma	Low
625	Risparatory diseases	Asthma	Asthma: Low dose inhaled beclometasone + SABA	Low
626	Risparatory diseases	Asthma	Asthma: High dose inhaled beclometasone + SABA	Low
627	Risparatory diseases	Asthma	Asthma: Theophylline + High dose inhaled beclometasone + SABA	Low
628	Risparatory diseases	Asthma	Asthma: Oral Prednisolone + Theophylline + High dose inhaled beclometasone + SABA	Low
629	Risparatory diseases	Chronic respiratory disorders	COPD: Smoking cessation	High
630	Risparatory diseases	Chronic respiratory disorders	COPD: Inhaled salbutamol	Medium
631	Risparatory diseases	Chronic respiratory disorders	COPD: Low-dose oral theophylline	Medium
632	Risparatory diseases	Chronic respiratory disorders	COPD: Ipratropium inhaler	Low
633	Risparatory diseases	Chronic respiratory disorders	COPD: Exacerbation treatment with antibiotics	Low
634	Risparatory diseases	Chronic respiratory disorders	COPD: Exacerbation treatment with oral prednisolone	High
635	Risparatory diseases	Chronic respiratory disorders	COPD: Exacerbation treatment with oxygen	Low
636	Risparatory diseases	Bronchiectasis	Diagnosis, Management including rehabilitation for bronchiectasis (with Antibiotics, rehabilitative, preventive)	Low
637	Risparatory diseases	Occupational Lung Diseases	Diagnosis, management and prevention of occupational lung diseases	Medium
638	Diabetes Melitus	Diabetes mellitus treatment	Targeted screening for type 2 diabetes	Medium
639	Diabetes Melitus	Diabetes mellitus treatment	Healthy Life Style Counselling for management of diabetes (tobacco cessation, brief interventions for problematic alcohol use, unhealthy diet and physical inactivity)	Medium
640	Diabetes Melitus	Diabetes mellitus treatment	Comprehensive Management of Type 2 DM	Low
641	Diabetes Melitus	Diabetes mellitus treatment	Diagnosis and Comprehensive Management of Type 1 DM	High
642	Diabetes Melitus	Diabetes mellitus treatment	Screening of people with diabetes for microvascular complications(retinopathy, nephropathy, neuropathy) at the time of diagnosis for type 2 DM and 5years after diagnosis of type 1 DM	Medium
643	Diabetes Melitus	Diabetes mellitus treatment	Screening of people with diabetes for macrovascular complications (Coronary artery disease, Peripheral arterial disease and Cerebro-vascular disease) at the time of diagnosis for type 2 DM	Low
644	Renal diseases	Acute renal failure	Dialysis for acute, reversible kidney injury	Medium
645	Renal diseases	Chronic Kidney Diseases	Haemodialysis for chronic kidney failure	Low
646	Renal diseases	Chronic Kidney Diseases	Peritoneal dialysis for chronic kidney failure	Low
647	Renal diseases	Chronic Kidney Diseases	Screening for chronic kidney disease in high risk groups	Low
648	Renal diseases	Chronic Kidney Diseases	Diagnosis and treatment of CKD; treat comorbid conditions; slow progression of CKD	Low

IC	Major Program area	Subprogram	Interventions	Priority
649	Renal diseases	Chronic Kidney Diseases	Treatment of hypertension in kidney disease	Medium
650	Renal diseases	Chronic Kidney Diseases	Management of Complications of CKD	High
651	Renal diseases	Chronic Kidney Diseases	Kidney transplantation	Low
652	Non-communicable eye health problems	Cataract	Awareness creation and Screening for cataract	Medium
653	Non-communicable eye health problems	Cataract	Cataract surgery	High
654	Non-communicable eye health problems	Refractive error	Awareness creation of RE and Importance of eye glasses	Medium
655	Non-communicable eye health problems	Refractive error	School screening	Medium
656	Non-communicable eye health problems	Refractive error	Opportunistic screening for refractive errors in Adults in health facilities	High
657	Non-communicable eye health problems	Refractive error	Correction of Refractive error with eye glass	High
658	Non-communicable eye health problems	Glaucoma	Awareness creation on glaucoma and screening for glaucoma for selected population groups	High
659	Non-communicable eye health problems	Glaucoma	Medical and surgical treatment of glaucoma	Medium
660	MNSD: ALL	MNSD: BCC and policy interventions	BCC and awareness creation program on all MNSD	High
661	MNSD: ALL	MNSD: BCC and policy interventions	Enact mental health legislation	High
662	MNSD: ALL	MNSD: BCC and policy interventions	Workplace stress reduction programs- physical exercise and cognitive and behavioural approaches such as problem-solving techniques, meditation, and relaxation training	Medium
663	MNSD: ALL	MNSD: BCC and policy interventions	In school -mental health awareness among school children and structured physical activity, programs that advance positive thinking, stress reduction programs, psychological and educational counselling	High
664	MNSD: Mental disorders	Depressive disorders	Basic psychosocial treatment for mild depression	High
665	MNSD: Mental disorders	Depressive disorders	Basic psychosocial treatment and anti-depressant medication of first episode moderate-severe cases	High
666	MNSD: Mental disorders	Depressive disorders	Intensive psychosocial treatment and anti-depressant medication of first episode moderate-severe cases	High
667	MNSD: Mental disorders	Depressive disorders	Intensive psychosocial treatment and anti-depressant medication of recurrent moderate-severe cases on an episodic basis	High
668	MNSD: Mental disorders	Depressive disorders	Intensive psychosocial treatment and anti-depressant medication of recurrent moderate-severe cases on a maintenance basis	High
669	MNSD: Mental disorders	Depressive disorders	Psychosocial care for peri-natal depression	High
670	MNSD: Mental disorders	Psychotic disorders	Diagnosis and management of psychosis with first generation and second generation antipsychotics and CBT	Low
671	MNSD: Mental disorders	Psychotic disorders	Basic psychosocial support and anti-psychotic medication	Medium

IC	Major Program area	Subprogram	Interventions	Priority
672	MNSD: Mental disorders	Psychotic disorders	CBT as adjunctive treatment for positive symptoms. Cognitive remediation therapies, in early stages of the disorder. Psychoeducation reduces relapse, readmission,	Low
673	MNSD: Mental disorders	Psychotic disorders	Basic psychosocial support and anti-psychotic medication	Medium
674	MNSD: Mental disorders	Psychotic disorders	Psychosocial interventions to reducing the need for antipsychotic medications	High
675	MNSD: Mental disorders	Psychotic disorders	Intensive psychosocial support and anti-psychotic medication	Low
676	MNSD: Mental disorders	Psychotic disorders	Continuing care of schizophrenia	High
677	MNSD: Mental disorders	Psychotic disorders	Management of refractory psychosis with clozapine	Low
678	MNSD: Mental disorders	Bipolar disorder	Basic psychosocial treatment, advice, and follow-up for bipolar disorder, plus mood-stabilizing medication	Low
679	MNSD: Mental disorders	Bipolar disorder	Intensive psychosocial intervention for bipolar disorder, plus mood-stabilizing medication	Low
680	MNSD: Mental disorders	Anxiety disorders	Basic psychosocial treatment for anxiety disorders (mild cases)	High
681	MNSD: Mental disorders	Anxiety disorders	Basic psychosocial treatment and anti-depressant medication for anxiety disorders (moderate-severe cases)	High
682	MNSD: Mental disorders	Anxiety disorders	Intensive psychosocial treatment and anti-depressant medication for anxiety disorders (moderate-severe cases)	High
683	MNSD: Mental disorders	Stress related disorders (PTSD)	Non-trauma focused CBT and eye movement desensitization and reprocessing ,CBT (particularly trauma-focused CBT)	High
684	MNSD: Neurological disorders	Epilepsy	Diagnosis and management of epilepsy	Low
685	MNSD: Neurological disorders	Epilepsy	Epilepsy: Basic psychosocial support, advice, and follow-up, plus anti-epileptic medication	High
686	MNSD: Neurological disorders	Dementia	Diagnosis and management of dementia	Low
687	MNSD: Neurological disorders	Dementia	Opportunistic screening for detection of dementia	Low
688	MNS: Childhood Mental Disorders	Childhood and adolescent mental, behavioural & developmental disorders	Parenting programs in infancy to promote early child development	High
689	MNS: Childhood Mental Disorders	Childhood and adolescent mental, behavioural & developmental disorders	Improve the quality of antenatal and perinatal care to reduce risk factors associated with intellectual disability	High
690	MNS: Childhood Mental Disorders	Childhood and adolescent mental, behavioural & developmental disorders	Screening for congenital hypothyroidism among infants	Low
691	MNS: Childhood Mental Disorders	Developmental Disorders	Family psychoeducation	High
692	MNS: Childhood Mental Disorders	Behavioural Disorders	Psychosocial interventions for treatment of behavioural disorders	Low
693	MNS: Childhood Mental Disorders	ADHD	Diagnosis and treatment of ADHD including Methylphenidate	Low
694	MNS: Childhood Mental Disorders	ADHD	Family psychoeducation (ADHD)	Medium
695	MNS: Childhood Mental Disorders	Common Childhood Mental disorders	Identification of children with MNS disorders in schools	Medium

IC	Major Program area	Subprogram	Interventions	Priority
696	MNS: Childhood Mental Disorders	Emotional Disorders	Psychosocial interventions, treatment of emotional disorders	Low
697	MNS: Childhood Mental Disorders	Depression in Older children and adolescents	Antidepressants among adolescents with moderate-severe depressive disorder for whom psychosocial interventions have proven ineffective	Medium
698	MNS: Childhood Mental Disorders	Childhood and adolescent mental, behavioural & developmental disorders	Anxiety, post-traumatic stress disorder-Cognitive and behavioural therapy	Medium
699	MNS: Substance use disorders	Alcohol use disorders	Screening and brief interventions for alcohol use disorders	medium
700	MNS: Substance use disorders	Alcohol use disorders	Management of alcohol withdrawal	medium
701	MNS: Substance use disorders	Alcohol use disorders	Relapse prevention medication for alcohol use/dependence	medium
702	MNS: Substance use disorders	Opioid Use Disorder	Opioid substitution therapy (methadone and buprenorphine) for opioid dependence	Low
703	MNS: Substance use disorders	Others drug use disorders (illicit, cannabis, <i>Khat</i> , tobacco and others)	Identification and assessment of new cases of drug use/dependence	Low
704	MNS: Substance use disorders	Others drug use disorders (illicit, cannabis, <i>Khat</i> , tobacco and others)	Brief interventions and follow-up for drug use/dependence	Low
705	MNS: Substance use disorders	Others drug use disorders (illicit, cannabis, <i>Khat</i> , tobacco and others)	Management of drug withdrawal	Low
706	MNS: Substance use disorders	Others drug use disorders (illicit, cannabis, <i>Khat</i> , tobacco and others)	Management of tobacco (Nicotine) dependence	Medium
707	MNS: Substance use disorders	Suicide and self-harm	Assess and care for person with self-harm	Low
708	MNS: Substance use disorders	Suicide and self-harm	Basic psychosocial treatment, advice, and follow-up for self-harm/suicide	High
709	MNS: Substance use disorders	Suicide and self-harm	Safer storage of pesticides in the community and farming households	Medium
710	MNS: Substance use disorders	Suicide and self-harm	Emergency management of poisoning	High
711	MNS: Substance use disorders	Suicide and self-harm	Planned follow-up and monitoring of suicide attempters*	Low
712	MNS: Substance use disorders	Suicide and self-harm	Treatment of comorbid mood and substance use disorder*	Medium
713	Surgical care	Surgical care: Gynaecology and obstetrics conditions	Caesarean section	High
714	Surgical care	Surgical care: Gynaecology and obstetrics conditions	Abdominal hysterectomy	medium
715	Surgical care	Surgical care: Gynaecology and obstetrics conditions	Repair of uterine perforation and rupture	High
716	Surgical care	Surgical care: Gynaecology and obstetrics conditions	Surgical management of pelvic organ prolapse	Medium
717	Surgical care	Surgical care: Gynaecology and obstetrics conditions	Conservative management of pelvic organ prolapse	Medium
718	Surgical care	Surgical care: Gynaecology and obstetrics conditions	Repair of obstetric fistula	High
719	Surgical care	Surgical care: Gynaecology and obstetrics conditions	Cervical biopsy	Low

IC	Major Program area	Subprogram	Interventions	Priority
720	Surgical care	Surgical care: Gynaecology and obstetrics conditions	Endometrial biopsy	High
721	Surgical care	Surgical care: Gynaecology and obstetrics conditions	Surgical management of major benign gynaecological conditions	Medium
722	Surgical care	Surgical care: Gynaecology and obstetrics conditions	Surgical management of major malignant gynaecological conditions	High
723	Surgical care	Surgical care: Gynaecology and obstetrics conditions	Female genital anomalies surgeries	Low
724	Surgical care	Surgical care: Gynaecology and obstetrics conditions	Salpingo-oophorectomy	Medium
725	Surgical care	Surgical care: Gynaecology and obstetrics conditions	Colposcopy	Low
726	Surgical care	Surgical care: Gynaecology and obstetrics conditions	Hystero-salpingography	Medium
727	Surgical care	Surgical care: Gynaecology and obstetrics conditions	Ectopic pregnancy laparotomy	Medium
728	Surgical care	Surgical care: Gynaecology and obstetrics conditions	Destructive delivery	High
729	Surgical care	Surgical care: Gynaecology and obstetrics conditions	Laparotomy for gynaecologic emergency	High
730	Surgical care	Surgical care: Gynaecology and obstetrics conditions	Diagnostic and therapeutic laparoscopy	Low
731	Surgical care	Surgical care: Trauma and injury	Laceration repair and wound care	Low
732	Surgical care	Surgical care: Trauma and injury	Air way procedures including Tracheostomy and crico-thyroideotomy	Low
733	Surgical care	Surgical care: Trauma and injury	Tube thoracotomy for air or fluid collection in the pleura	Low
734	Surgical care	Surgical care: Trauma and injury	Focused assessment of sonography for trauma (FAST)	Medium
735	Surgical care	Surgical care: Trauma and injury	Explorative laparotomy for trauma	Medium
736	Surgical care	Surgical care: Trauma and injury	Emergency thoracotomy for severe chest injury	Medium
737	Surgical care	Surgical care: Trauma and injury	Vascular exploration and repair/anastomosis for trauma	Medium
738	Surgical care	Surgical care: Trauma and injury	Neck exploration for severe neck injuries	Low
739	Surgical care	Surgical care: Trauma and injury	Cut down for vascular access	Low
740	Surgical care	Surgical care: Trauma and injury	Non operative management of fracture and dislocation (pain management, immobilization, POP application, traction, dislocation reduction)	Medium
741	Surgical care	Surgical care: Trauma and injury	Operative management of fractures(internal and external fixations)	High
742	Surgical care	Surgical care: Trauma and injury	Non operative burns management (resuscitation, oxygen delivering, pain management and wound care)	Medium
743	Surgical care	Surgical care: Trauma and injury	Burn management: Escharotomy and Fasciotomy	Medium
744	Surgical care	Surgical care: Trauma and injury	Skin graft and flap	Medium
745	Surgical care	Surgical care: Trauma and injury	Management of acute hand trauma (tendon and neurovascular)	Medium
746	Surgical care	Surgical care: Trauma and injury	Trauma related amputation	High

IC	Major Program area	Subprogram	Interventions	Priority
747	Surgical care	Surgical care: Trauma and injury	Basic wound management including wound toilet, debridement repair of lacerations and splinting of fractures	Low
748	Surgical care	Surgical care: Trauma and injury	Burr-hole and elevation of depressed skull fracture for head injuries	Medium
749	Surgical care	Surgical care: Trauma and injury	Comprehensive intracranial pressure management/monitoring	Medium
750	Surgical care	Surgical care: Trauma and injury	Cervical and back protection	Medium
751	Surgical care	Surgical care: Trauma and injury	Post trauma extremity rehabilitation	Medium
752	Surgical care	Surgical care: Non-trauma surgical conditions	Draining superficial abscesses	Medium
753	Surgical care	Surgical care: Non-trauma surgical conditions	Excision of small soft tissue tumours: cysts, lipoma and ganglion	Low
754	Surgical care	Surgical care: Non-trauma surgical conditions	Male circumcision	High
755	Surgical care	Surgical care: Non-trauma surgical conditions	Hydrocelectomy	High
756	Surgical care	Surgical care: Non-trauma surgical conditions	Relieving acute urinary retention by catheterization, closed supra-pubic cystectomy	Low
757	Surgical care	Surgical care: Non-trauma surgical conditions	Orchidopexy	Low
758	Surgical care	Surgical care: Non-trauma surgical conditions	Trans vesical prostatectomy (TVP)	Low
759	Surgical care	Surgical care: Non-trauma surgical conditions	Trans urethral removal of bladder tumour (TURBT)	Medium
760	Surgical care	Surgical care: Non-trauma surgical conditions	Cysto-lithotomy	Low
761	Surgical care	Surgical care: Non-trauma surgical conditions	Rectal tube deflation for sigmoid volvulus	High
762	Surgical care	Surgical care: Non-trauma surgical conditions	Management of intussusception	High
763	Surgical care	Surgical care: Non-trauma surgical conditions	Colostomy for ano-rectal malformation	Medium
764	Surgical care	Surgical care: Non-trauma surgical conditions	Management of foreign body swallowing/aspiration	High
765	Surgical care	Surgical care: Non-trauma surgical conditions	Explorative laparotomy for acute abdomen (acute appendicitis, ectopic pregnancy, ovarian torsion, perforation and trauma)	High
766	Surgical care	Surgical care: Non-trauma surgical conditions	Laparoscopy Cholecystectomy and appendectomy	High
767	Surgical care	Surgical care: Non-trauma surgical conditions	Biliary bypass procedures and T-tube insertion for hepato-biliary pathologies	High
768	Surgical care	Surgical care: Non-trauma surgical conditions	Repair of hernias: tissue repair and mesh repair	High
769	Surgical care	Surgical care: Non-trauma surgical conditions	Colostomy construction and reversal	Medium
770	Surgical care	Surgical care: Non-trauma surgical conditions	Hemicolectomies	Medium
771	Surgical care	Surgical care: Non-trauma surgical conditions	Surgical management of peri-anal conditions: Haemorrhoids, fistula in anos, Anal fissures, peri-anal abscess)	Medium
772	Surgical care	Surgical care: Non-trauma surgical conditions	Repair of cleft lip and palate	High
773	Surgical care	Surgical care: Non-trauma surgical conditions	Shunt for hydrocephalus	Low
774	Surgical care	Surgical care: Non-trauma surgical conditions	Cardiac surgery for congenital heart disease	High
775	Surgical care	Surgical care: Non-trauma surgical conditions	Repair of neural tube defects	Medium
776	Surgical care	Surgical care: Non-trauma surgical conditions	Modified radical mastectomy	Medium
777	Surgical care	Surgical care: Non-trauma surgical conditions	Thyroidectomy (all forms): STT, NTT, and TT	Medium
778	Surgical care	Surgical care: Non-trauma surgical conditions	Gastrectomy	Medium
779	Surgical care	Surgical care: Non-trauma surgical conditions	Esophactemies	Low
780	Surgical care	Surgical care: Non-trauma surgical conditions	Pulmonary resections and mediastinal procedures for chest pathologies	Low
781	Surgical care	Surgical care: Non-trauma surgical conditions	Tenotomy for club foot and ponsetti cast for club foot	Medium

IC	Major Program area	Subprogram	Interventions	Priority
782	Surgical care	Surgical care: Non-trauma surgical conditions	Surgical management of Septic Arthritis,	Low
783	Surgical care	Surgical care: Non-trauma surgical conditions	Surgical management of Osteomyelitis,	Medium
784	Surgical care	Surgical care: Non-trauma surgical conditions	Surgical management of Pyomyositis	Medium
785	Surgical care	Surgical care: Non-trauma surgical conditions	Surgical management of hand infection	Medium
786	Surgical care	Surgical care: Non-trauma surgical conditions	Complex orthopaedic trauma care including hemi arthroplasty, intra-articular fractures, spine and pelvic fracture management)	Medium
787	Surgical care	Surgical care: Non-trauma surgical conditions	Cardiac surgery for valvular heart disease	Low
788	Surgical care	Surgical care: Non-trauma surgical conditions	Skin grafting	Medium
789	Surgical care	Surgical care: Non-trauma surgical conditions	Splenectomy	Medium
790	Surgical care	Surgical care: Non-trauma surgical conditions	Pancreatic pseudo cyst operation	Medium
791	Surgical care	Surgical care: Non-trauma surgical conditions	Cystocele repair	Medium
792	Surgical care	Surgical care: Non-trauma surgical conditions	Diaphragmatic hernia repair	Medium
793	Surgical care	Surgical care: Non-trauma surgical conditions	Antrectomy with vagotomy	Medium
795	Surgical care	Surgical care: Non-trauma surgical conditions	Abdominal dehiscence repair	Medium
796	Surgical care	Surgical care: Non-trauma surgical conditions	Small intestinal resection/ E-Anastomosis	Low
797	Surgical care	Surgical care: Non-trauma surgical conditions	Intestinal derotation	Medium
798	Surgical care	Surgical care: Non-trauma surgical conditions	Anterior resection	Medium
799	Surgical care	Surgical care: Non-trauma surgical conditions	Abdominal perineal resection (APR)	Medium
800	Surgical care	Surgical care: Non-trauma surgical conditions	Colectomy right or left	Low
801	Surgical care	Surgical care: Non-trauma surgical conditions	Total colectomy	Low
802	Surgical care	Surgical care: Non-trauma surgical conditions	Anal sphincterotomy	Low
803	Surgical care	Surgical care: Non-trauma surgical conditions	Fistiulectomy	High
804	Surgical care	Surgical care: Non-trauma surgical conditions	Cystic hygroma excision	Low
805	Surgical care	Surgical care: Non-trauma surgical conditions	Mesenteric mass excision	Medium
806	Surgical care	Surgical care: Non-trauma surgical conditions	Excision of retroperitoneal tumour	Medium
807	Surgical care	Surgical care: Non-trauma surgical conditions	Meatotomy	Medium
808	Surgical care	Surgical care: Non-trauma surgical conditions	Breast lump removal	Medium
809	Surgical care	Surgical care: Non-trauma surgical conditions	Gastroscopy with biopsy: UGIE	Low
810	Surgical care	Surgical care: Non-trauma surgical conditions	Pyelolithotomy	Low
811	Surgical care	Surgical care: Non-trauma surgical conditions	Ureterolithotomy	Medium
812	Surgical care	Surgical care: Non-trauma surgical conditions	Nephrectomy	Low
813	Surgical care	Surgical care: Non-trauma surgical conditions	Urethroplasty	Low
814	Surgical care	Surgical care: Non-trauma surgical conditions	Thoracotomy	Low
815	Surgical care	Surgical care: Non-trauma surgical conditions	Pneumonectomy	Low
816	Surgical care	Surgical care: Non-trauma surgical conditions	Lobar pneumonectomy	Low
817	Surgical care	Surgical care: Non-trauma surgical conditions	Parotidectomy	Low
818	Surgical care	Surgical care: Non-trauma surgical conditions	Neck dissection for head and neck cancers	High
819	Surgical care	Surgical care: Non-trauma surgical conditions	Uretroscopy	Low
820	Surgical care	Surgical care: Non-trauma surgical conditions	Trans urethral resection	Medium
821	Surgical care	Surgical care: Non-trauma surgical conditions	Urinary diversion	Medium
822	Surgical care	Surgical care: Non-trauma surgical conditions	Whipple's procedure	Low

IC	Major Program area	Subprogram	Interventions	Priority
823	Surgical care	Surgical care: Non-trauma surgical conditions	Radical cystectomy	Low
824	Surgical care	Surgical care: Non-trauma surgical conditions	Decortication	Low
825	Surgical care	Surgical care: Non-trauma surgical conditions	Pyeloplasty	Medium
826	Surgical care	Surgical care: Non-trauma surgical conditions	Hellers myotomy	Medium
827	Surgical care	Surgical care: Non-trauma surgical conditions	Nissen's fundoplication	Low
828	Surgical care	Surgical care: Non-trauma surgical conditions	Inguinal orchidectomy	Low
829	Surgical care	Surgical care: Non-trauma surgical conditions	Bronchoscopy with GA	Medium
830	Surgical care	Surgical care: Non-trauma surgical conditions	UGIE and biopsy	Low
831	Surgical care	Surgical care: Non-trauma surgical conditions	Pericardial window	Low
832	Surgical care	Surgical care: Non-trauma surgical conditions	Pericardiectomy	Low
833	Surgical care	Surgical care: Non-trauma surgical conditions	Kidney transplant surgery	Low
834	Surgical care	Surgical care: Non-trauma surgical conditions	Pull through , pyloromyotomy, Paediatrics procedures	Low
835	Surgical care	Surgical care: Dermatology procedures	Dermatological curetting and electrosurgery	Low
836	Surgical care	Surgical care: Dermatology procedures	Cryotherapy	Medium
837	Surgical care	Surgical care: Dermatology procedures	Skin biopsy examination (punch, incisional or shave)	Low
838	Surgical care	Surgical care: Dermatology procedures	Patch test	Low
839	Surgical care	Surgical care: Dermatology procedures	Laser therapy	Medium
840	Surgical care	Surgical care: Dermatology procedures	Narrow band UVB photo therapy	Low
841	Surgical care	Surgical care: Dermatology procedures	Slit skin smear for leishmaniasis	Medium
842	Surgical care	Surgical care: Dermatology procedures	Complex skin biopsy excision and repair	Low
843	Surgical care	Surgical care: Dermatology procedures	Electro cauterization	Low
844	Surgical care	Surgical care: Dermatology procedures	Punch biopsy	Low
845	Surgical care	Surgical care: Dermatology procedures	Skin snip for microfilaria	Medium
846	Surgical care	Surgical care: Dermatology procedures	Interalesional steroid injection	Low
847	Surgical care	Surgical care: Oral and Dental procedures	Extraction of primary and permanent tooth	High
848	Surgical care	Surgical care: Oral and Dental procedures	Periodontal and dental abscess incision and drainage	High
849	Surgical care	Surgical care: Oral and Dental procedures	Dental caries treatments and scaling	High
850	Surgical care	Surgical care: Oral and Dental procedures	Management facial bone fractures and/or dislocation and injury to dentition (inter-dental wiring, arch bar, IMF and open reduction)	High
851	Surgical care	Surgical care: Oral and Dental procedures	Management of oro-facial infection	High
852	Surgical care	Surgical care: Oral and Dental procedures	Management of common benign tumours and cyst of oral & maxillofacial regions	Low
853	Surgical care	Surgical care: Oral and Dental procedures	Management of common malignant tumours and cyst of oral & maxillofacial regions	Medium
854	Surgical care	Surgical care: Oral and Dental procedures	Dental trauma care	High
855	Surgical care	Surgical care: Ophthalmic procedures	Cataract extraction and insertion of intraocular lens	High
856	Surgical care	Surgical care: Ophthalmic procedures	Eyelid surgery for trachoma (Tarsotomy)	High
857	Surgical care	Surgical care: Ophthalmic procedures	Glaucoma surgery (Canaloplasty)	Medium
858	Surgical care	Surgical care: Ophthalmic procedures	Corneal surgery	High
859	Surgical care	Surgical care: Ophthalmic procedures	Corneal transplant	Low
860	Surgical care	Surgical care: Ophthalmic procedures	Oculoplastic surgery	Low

IC	Major Program area	Subprogram	Interventions	Priority
871	Surgical care	Surgical care: Ophthalmic procedures	Strabismus surgery	Medium
862	Surgical care	Surgical care: Ophthalmic procedures	Retinal detachment repair	Medium
863	Surgical care	Surgical care: Ophthalmic procedures	Vitrectomy	Low
864	Surgical care	Surgical care: Ophthalmic procedures	Eye enucleation	Low
865	Surgical care	Surgical care: Ophthalmic procedures	Eye irrigation	High
866	Surgical care	Surgical care: Ophthalmic procedures	Lasertherapy	Low
867	Surgical care	Surgical care: ENT procedure	Ear irrigation	Medium
868	Surgical care	Surgical care: ENT procedure	Hearing aid placement(including audiometry)	Medium
869	Surgical care	Surgical care: ENT procedure	Myringotomy for otitis media	High
870	Surgical care	Surgical care: ENT procedure	Management of nasal and ear obstruction (foreign body removal from nose and ears)	High
871	Surgical care	Surgical care: ENT procedure	polypectomy (Nose)	Medium
872	Surgical care	Surgical care: ENT procedure	Tonsillectomy	High
873	Surgical care	Surgical care: ENT procedure	Sleep disorder surgery	Low
874	Surgical care	Surgical care: ENT procedure	Corrective breathing surgery	Low
875	Surgical care	Surgical care: ENT procedure	Sinus surgery	Low
876	Surgical care	Surgical care: ENT procedure	Mastoidectomy and drainage	Medium
877	Surgical care	Surgical care: ENT procedure	Laryngeal polyp excision	Medium
878	Surgical care	Surgical care: ENT procedure	Thympanoplasty	High
879	Anesthesia	Anaesthesia and critical care	Local Anaesthesia	High
880	Anesthesia	Anaesthesia and critical care	General Anaesthesia with LMA; with intubation ETT (video or glydoscope)	High
881	Anesthesia	Anaesthesia and critical care	Difficult intubation (Bugie, Stylet, Fibro, video/Glydoscope)	High
882	Anesthesia	Anaesthesia and critical care	Lumbar puncture	Medium
883	Anesthesia	Anaesthesia and critical care	Spinal Anaesthesia	High
884	Anesthesia	Anaesthesia and critical care	Caudal Anaesthesia/analgesia	Low
885	Anesthesia	Anaesthesia and critical care	Epidural Anaesthesia/analgesia	Low
886	Anesthesia	Anaesthesia and critical care	Peripheral nerve blocks	Low
887	Anesthesia	Anaesthesia and critical care	Procedural sedation	Low
888	Anesthesia	Anaesthesia and critical care	Central venous catheter insertion	High
889	Anesthesia	Anaesthesia and critical care	Arterial catheter insertion	High
890	Anesthesia	Anaesthesia and critical care	Blood transfusion (including exchabge)	High
891	Anesthesia	Anaesthesia and critical care	Intubation/ Extubation (single and duoubel lumen)	High
892	Anesthesia	Anaesthesia and critical care	Fiberoptic bronchoscopy	Low
893	Anesthesia	Anaesthesia and critical care	Mechanical ventilation non invasive - CPAP	Low
894	Anesthesia	Anaesthesia and critical care	Mechanical ventilation invasive	High
895	Pre-hospital emergency care	Pre-hospital emergency care	Initial syndrome-based management at scene and during transport for difficulties in breathing, shock and altered mental status	High
896	Pre-hospital emergency care	Pre-hospital emergency care	Initial syndrome-based management at scene and during transport for polytrauma	High

IC	Major Program area	Subprogram	Interventions	Priority
897	Pre-hospital emergency care	Pre-hospital emergency care	Basic initial assessment and management at scene and during transport of labour, precipitous childbirth and complications of pregnancy and childbirth	High
898	Pre-hospital emergency care	Pre-hospital emergency care	Ambulance transport with direct provider monitoring and management during transport (in procedures – structured handover to hospital personnel)	High
899	Pre-hospital emergency care	Pre-hospital emergency care	User-activated dispatch of basic ambulance services	High
900	Pre-hospital emergency care	Pre-hospital emergency care	Basic initial assessment and management of acute pain (use existing interventions)	High
901	Pre-hospital emergency care	Pre-hospital emergency care	Advanced pre-hospital care	Medium
902	Pre-hospital emergency care	Pre-hospital emergency care	Community-based first aid delivery	High
903	Basic Emergency care	Basic emergency care services	Initial assessment and management of acute difficulties in breathing, shock and altered mental status	High
904	Basic Emergency care	Basic emergency care services	Basic initial assessment and management of acute injury (BTLS, ATLS)	High
905	Advanced Emergency Care	Advanced emergency care services	Initial advanced assessment and management of acute difficulty in breathing, shock and altered mental status	High
906	Advanced Emergency Care	Advanced emergency care services	Initial assessment and management of wounds (including burns)	High
907	Advanced Emergency Care	Advanced emergency care services	Initial assessment and management of acute head injury	High
908	Advanced Emergency Care	Advanced emergency care services	Initial assessment and management of acute thoracic injury	High
909	Advanced Emergency Care	Advanced emergency care services	Initial assessment and management of acute intra-abdominal injury (non-bony)	High
910	Advanced Emergency Care	Advanced emergency care services	Initial assessment and management of acute musculoskeletal injury (including fracture/dislocations)	High
911	Advanced Emergency Care	Advanced emergency care services	Initial assessment and management of acute neurologic injury	High
912	Advanced Emergency Care	Advanced emergency care services	Initial management of cardiovascular emergencies (ischemia, failure, arrhythmia, critical limb ischemia and stroke) including defibrillation, pacing and synchronised cardioversion	High
913	Advanced Emergency Care	Advanced emergency care services	Initial management of gastrointestinal emergencies (including obstruction, bleeding and peritonitis)	High
914	Advanced Emergency Care	Advanced emergency care services	Initial management of metabolic emergencies (glucose, thyroid, potassium, calcium and sodium)	High
915	Advanced Emergency Care	Advanced emergency care services	Advanced management of sepsis	High
916	Advanced Emergency Care	Advanced emergency care services	Advanced management of acute pain	High
917	Advanced Emergency Care	Advanced emergency care services	Management of acute toxic ingestions/exposures	High
918	Advanced Emergency Care	Advanced emergency care services	Management of ocular emergencies	High
919	Advanced Emergency Care	Advanced emergency care services	Management of urgent soft tissue conditions	High
920	Advanced Emergency Care	Advanced emergency care services	Management of ENT emergencies	High
921	Advanced Emergency Care	Advanced emergency care services	Management of acute urinary obstruction	High
922	Advanced Emergency Care	Advanced emergency care services	Management of acute infectious exposures (including sexual exposures, needle stick, rabies and tetanus)	High

IC	Major Program area	Subprogram	Interventions	Priority
923	Advanced Emergency Care	Advanced emergency care services	Management of snake bite (in-procedures include wound care, pressure dressing and anti-venin)	High
924	Advanced Emergency Care	Advanced emergency care services	Management of acute psychosis	High
925	Advanced Emergency Care	Advanced emergency care services	Acute management of dental emergencies	High
926	Advanced Emergency Care	Advanced emergency care services	Advanced management of post-partum haemorrhage	High
927	Advanced Emergency Care	Advanced emergency care services	Management of ectopic pregnancy	High
928	Advanced Emergency Care	Advanced emergency care services	Management of precipitous delivery	High
929	Emergency and critical care: All	Emergency and critical care: all	Establish acuity based triage clinical checklist implementation	High
930	Emergency and critical care: All	Emergency and critical care: all	Establish rapid surge of service delivery capacity	High
931	Emergency and critical care: All	Emergency and critical care: all	Establish case based syndrome surveillance and reporting of emerging and infectious diseases	High
932	Emergency and critical care: All	Emergency and critical care: all	Establish protocol for management of mass casualty and emerging infectious disease surveillance	High
933	Emergency and critical care: All	Emergency and critical care: all	Mass casualty management (protocol-based) for rapid surge of service delivery capacity	High
934	Hygiene & environmental health	HEH: Sanitation	Promote proper/improved latrine construction in all households	High
935	Hygiene & environmental health	HEH: Sanitation	Promote construction of hand washing facilities near/in the latrine	High
936	Hygiene & environmental health	HEH: Sanitation	Construct communal latrines	High
937	Hygiene & environmental health	HEH: Sanitation	Avail proper liquid waste collection and disposal mechanism	High
938	Hygiene & environmental health	HEH: Sanitation	Avail proper domestic solid waste collection and disposal services	High
939	Hygiene & environmental health	HEH: Personal hygiene	Promote appropriate personal hygiene practice	High
940	Hygiene & environmental health	HEH: Personal hygiene	Create awareness on menstrual hygiene management	High
941	Hygiene & environmental health	HEH: Personal hygiene	Avail communal cloth washing facilities	High
942	Hygiene & environmental health	HEH: Personal hygiene	Create awareness on proper face washing with soap	High
943	Hygiene & environmental health	HEH: Personal hygiene	Create awareness on proper oral hygiene practice	High
944	Hygiene & environmental health	HEH: Water supply	Promote proper water management at household level as per water safety plan	High
945	Hygiene & environmental health	HEH: Water supply	Avail improved adequate and potable water within the standard distance (30 min to 1 hr.)	High
946	Hygiene & environmental health	HEH: Water supply	Conduct water quality sanitary surveillance	High
947	Hygiene & environmental health	HEH: Water supply	Household disinfection and storage for people living with HIV	High
948	Hygiene & environmental health	HEH: Water supply	Point use of water filter for HIV infected Adult	High
949	Hygiene & environmental health	HEH: Water supply	Point use of water filter	High
950	Hygiene & environmental health	HEH: Water supply	Centralized water treatment system	High
951	Hygiene & environmental health	HEH: Water supply	Source based protection OF Water supply	High
952	Hygiene & environmental health	HEH: Water supply	Household chlorination	High
953	Hygiene & environmental health	HEH: Water supply	Household filtration	High
954	Hygiene & environmental health	HEH: Water supply	Household Solar disinfection	High
955	Hygiene & environmental health	HEH: Water supply	Household flocculation	High
956	Hygiene & environmental health	HEH: Water supply	Household connection with water supply	High
957	Hygiene & environmental health	HEH: Sanitation	Sanitation promotion only	High

IC	Major Program area	Subprogram	Interventions	Priority
958	Hygiene & environmental health	HEH: Sanitation	Safe Sanitation facilities	High
959	Hygiene & environmental health	HEH: Sanitation	Wet pit latrine	High
960	Hygiene & environmental health	HEH: Sanitation	Social marketing and education on Hygiene alone	High
961	Hygiene & environmental health	HEH: Sanitation	Social marketing and education on top of existing hardware	High
962	Hygiene & environmental health	HEH: Sanitation	Social marketing and education, and hardware together	High
963	Health education and promotion	HEP: RMNCH/FP	Family planning demand creation: IEC, BCC, advocacy, community dialogue, conduct counselling about family planning at household level	High
964	Health education and promotion	HEP: RMNCH/FP	Develop tailored SBCC materials on FP	High
965	Health education and promotion	HEP: RMNCH/FP	Demonstrate FP methods	High
966	Health education and promotion	HEP: RMNCH/FP	Conduct mass awareness on FP	High
967	Health education and promotion	HEP: RMNCH/FP	Conduct community mobilization on FP	High
968	Health education and promotion	HEP: Fertility	Provision of counselling on fertility	High
969	Health education and promotion	HEP: Fertility	Conduct community awareness creation against fertility related stigma and discrimination	High
970	Health education and promotion	HEP: Sexual and Reproductive Health	Promote adolescent life skill interventions (in-schools, out-of schools, community)	High
971	Health education and promotion	HEP: Sexual and Reproductive Health	Create awareness on impacts of unsafe abortion	High
972	Health education and promotion	HEP: Sexual and Reproductive Health	Strengthen AYSRH promotional services (in-schools, out-of schools, community)	High
973	Health education and promotion	HEP: Sexual and Reproductive Health	Promote provision of user friendly services	High
974	Health education and promotion	HEP: Sexual and Reproductive Health	Facilitate post-abortion counselling services	High
975	Health education and promotion	HEP: Cervical & Breast Cancer	Promote cervical cancer screening	High
976	Health education and promotion	HEP: Cervical & Breast Cancer	Promote cervical cancer vaccination	High
977	Health education and promotion	HEP: Cervical & Breast Cancer	Promote self-examination and routine medical check-up for breast cancer	High
978	Health education and promotion	HEP: Gender based violence	Promote the impact of positive gender norms on health	High
979	Health education and promotion	HEP: Gender based violence	promote life skill interventions on prevention gender based violence	Low
980	Health education and promotion	HEP: Gender based violence	create awareness on impact of gender based violence on health	High
981	Health education and promotion	HEP: Gender based violence	Promote/strengthen psychosocial support for victims of GBV (one window service, hotlines)	High
982	Health education and promotion	HEP: Harmful traditional practices	awareness creation on impacts of HTP	High
983	Health education and promotion	HEP: Harmful traditional practices	conduct community dialogue and mobilization on HTP	High
984	Health education and promotion	HEP: Harmful traditional practices	provide psychosocial support to victims of HTPs	High
985	Health education and promotion	HEP: Harmful traditional practices	promote testimonials of HT practioners on the health impacts of HTP	High
986	Health education and promotion	HEP: Prenatal care (pre-pregnancy)	promote early ANC	High
987	Health education and promotion	HEP: Prenatal care (pre-pregnancy)	Promote pregnancy readiness services	High
988	Health education and promotion	HEP: Antenatal care	Promote the use of optimal ANC	High
989	Health education and promotion	HEP: Skilled delivery	Promote the use of delivery at health facilities	High

IC	Major Program area	Subprogram	Interventions	Priority
990	Health education and promotion	HEP: Postnatal care	Provide postnatal counselling to create awareness on postnatal danger signs	High
991	Health education and promotion	HEP: Postnatal care	Conduct home visit to promote health services to Neonatal	High
992	Health education and promotion	HEP: Community based Neonatal care	Create awareness on proper Neonatal care (washing, KMC, Exclusive breast feeding)	High
993	Health education and promotion	HEP: Community based Neonatal care	Conduct home visit to promote the impact of HTPs	High
994	Health education and promotion	HEP: Community based Neonatal care	Create awareness on danger signs of Neonatal and measures to be taken	High
995	Health education and promotion	HEP: Community based Neonatal care	demonstrate Neonatal care (washing, KMC, Exclusive breast feeding)	High
996	Health education and promotion	HEP: Immunization	Promote the importance of immunization	High
997	Health education and promotion	HEP: IMNCI	Create awareness on signs and symptoms of childhood illness	High
998	Health education and promotion	HEP: IMNCI	Promote early visit of health facilities	High
999	Health education and promotion	HEP: IMNCI	Promote adherence to medical recommendations (treatment and advices)	High
1000	Health education and promotion	HEP: IMNCI	Promote supplementary feeding practices	high
1001	Health education and promotion	HEP: IMNCI	Promote visit of U5 children to facilities for GMP , deworming , Vitamin A supplementation and screening programs	Low
1002	Health education and promotion	HEP: IMNCI	Promote good feeding practice (balanced diet, hygienic practice)	High
1003	Health education and promotion	HEP: IMNCI	Conduct food demonstration for children with Severe Acute Malnutrition (SAM)	High
1004	Health education and promotion	HEP: IMNCI	Create awareness on the type of services provide at health facilities for U5 children	High
1005	Health education and promotion	HEP: IMNCI	Promote child care including personal hygiene (proper baby WASH)	High
1006	Health education and promotion	HEP: IMNCI	Create awareness on prevention of childhood accidents, injuries	Medium
1007	Health education and promotion	HEP: IMNCI	Create awareness on the reduction of HTPs	High
1008	Health education and promotion	HEP: Adolescent health and pre-conception nutrition	Awareness creation on balanced diet	high
1009	Health education and promotion	HEP: Adolescent health and pre-conception nutrition	Promote healthy and hygienic feeding practices	Medium
1010	Health education and promotion	HEP: Pregnant and Breastfeeding women nutrition	Promote balanced diet and intake of micronutrients	High
1011	Health education and promotion	HEP: Micronutrient supplementation and fortification	Promote use of fortified products	high
1012	Health education and promotion	HEP: all CVD, CRD, DM and RD	Promote adherence to medications	High
1013	Health education and promotion	HEP: all CVD, CRD, DM and RD	Promote healthy life style including physical exercise, feeding habits	High
1014	Health education and promotion	HEP: all CVD, CRD, DM and RD	Promote reduction of use of alcohol, tobacco, sweetened beverages	High
1015	Health education and promotion	HEP: all CVD, CRD, DM and RD	Create awareness on impacts of saturated fat products	High
1016	Health education and promotion	HEP: all CVD, CRD, DM and RD	Promote the use of unsaturated fat products	Low
1017	Health education and promotion	HEP: all CVD, CRD, DM and RD	Promote regular medical check-ups	High

IC	Major Program area	Subprogram	Interventions	Priority
1018	Health education and promotion	HEP: all CVD, CRD, DM and RD	Promote establishment of support groups for substance abusers, chronic patients	High
1019	Health education and promotion	HEP: all CVD, CRD, DM and RD	Advocate for proper standards and protocols of products during advertisement	High