

EHTP JUSTIFICATION:

The **burden of disease** has become an important part of deciding health in many countries.. Many organizations have helped governments understand their country's disease burden. This is closely linked to economic issues, quality of life, and disability in health care.. However, many global health programs have been developed to fight specific diseases (like IMCI, IMP,)

IMCI – *Integrated Management of Childhood Illness*

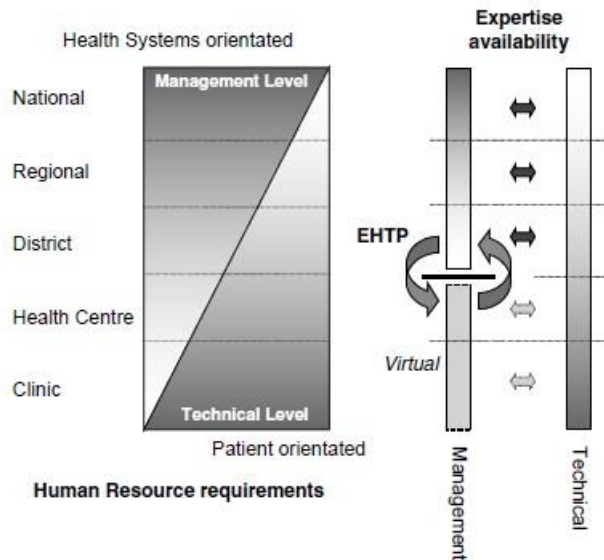
IMP – *Integrated Management of Pregnancy*

and to improve overall well-being . This is done by Essential Programme on Immunization [EPI]. These programs are supported internationally with guidelines, funding, and help from the UN governments, and NGOs. Most countries have included them in their national health action plans.

The challenge is not designing these programs but **putting them into practice**.

Another issue is how these programs work at different levels of health care:

- At the **top level**, strong planning and management are needed.
- At the **local level**, patient care becomes more important than management.
- At the **regional and district levels**, doctors and nurses focus only on patient care, while planning is done by separate offices.
- Below the district level, one person (often a nurse) must handle both patient care and management. Because of this, management and planning are often ignored in small clinics. This causes shortages of medicines, equipment, and staff.



A further problem is the lack of **communication** between local clinics and higher authorities. Without feedback from the ground level, resources like drugs, staff, and equipment are not allocated properly.

Finally, another weakness is that resources are often given mainly to specific health programs, not to the overall health system. This makes the general health services weaker.

The **Essential Health Technology Package (EHTP)** helps solve this by linking management with patient-care needs. It lets managers see what resources are needed, predict patient numbers, and plan better.

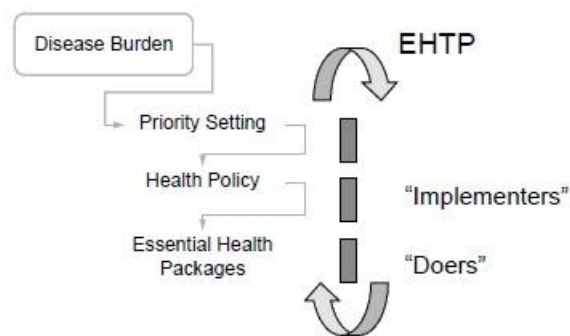
One more problem is the assumption that resources are given directly for special health programs (like IMCI). In reality, governments provide money to **departments and functions**, not directly to specific health initiatives. This makes it very hard, and often impossible, to set aside resources just for one program.

At the national level, creating health priorities, policies, and Essential Health Packages (EHPs) usually gets a lot of attention. These steps also receive more money and political support, which helps them succeed. But when it comes to **actually implementing** the EHPs, they often do not get the same importance. As a result, implementation fails or is done poorly.

For proper implementation, countries need not only political and financial support but also **accurate information**. Lower levels of health care (like district hospitals and clinics) often cannot provide good feedback to the central ministries. Because of this, central planners may not know the real situation at the local level, leading to poor design and poor implementation of EHTPs.

Other reasons why EHPs fail include:

- Not enough funds for implementation
- Shortage of trained staff
- No system to monitor and evaluate progress
- Missing guidelines
- Lack of details about real problems at the local health care level



The **Essential Health Technology Package (EHTP)** was created to solve these problems. It provides detailed information to decision-makers so that the EHTP can be designed realistically and applied in practice.

The EHTP focuses on linking **local-level feedback** (district level) with the **central level**, so both benefit from accurate information and better planning.