

Article title: The Use of Evidence-Informed Deliberative Processes for Designing the Essential Package of Health Services in Pakistan

Journal name: International Journal of Health Policy and Management (IJHPM)

Authors' information: Rob Baltussen^{1*}¶, Maarten Jansen¹¶, Syeda Shehirbano Akhtar², Leon Bijlmakers¹, Sergio Torres-Rueda³, Muhammad Khalid⁴, Wajeeha Raza⁵, Maryam Huda⁶, Gavin Surgey¹, Wahaj Zulfiqar⁴, Anna Vassall³, Raza Zaidi⁴, Sameen Siddiqi⁶, Ala Alwan⁷

¹Department of Health Evidence, Radboud University Medical Center, Nijmegen, The Netherlands.

²Department of Health Services Policy and Management, Arnold School of Public Health, University of South Carolina, Columbia, SC, USA.

³Department of Global Health & Development, London School of Hygiene and Tropical Medicine, London, UK.

⁴Ministry of National Health Services, Regulations and Coordination, Islamabad, Pakistan.

⁵Centre for Health Economics, University of York, York, UK.

⁶Department of Community Health Sciences, Aga Khan University, Karachi, Pakistan.

⁷DCP3 Country Translation Project, London School of Hygiene and Tropical Medicine, London, UK.

***Correspondence to:** Rob Baltussen; Email: Rob.Baltussen@Radboudumc.nl

¶ Both authors contributed equally to this paper.

Citation: Baltussen R, Jansen M, Akhtar SS, et al. The use of evidence-informed deliberative processes for designing the essential package of health services in Pakistan. *Int J Health Policy Manag.* 2023;12:8004. doi:10.34172/ijhpm.2023.8004

Supplementary file 2. Appraisal Sub-step D2.2 – Instructions for the NAC Chair

As the NAC Chair you are charged with supporting the NAC members in arriving at a draft recommendation on UHC/BP interventions.

Introduction

The Chair will firstly provide the NAC members with a general introduction of what is expected of them and how the NAC will achieve this. Points to emphasize:

- Over the past 2 days, the 4 TWGs (divided in a total of 8 groups) have prioritized interventions into low/medium/high priority ‘buckets’
- A consolidated rank-ordering of interventions is being created for each of the low/medium/high priority buckets based on the voting results of the TWGs
- The aim of the NAC meeting is to further review part of this consolidated rank-ordering and adjust it – where appropriate – by identifying interventions that should be ‘in’ or ‘out’ of the EPHS supported by the necessary argumentation
- The agenda for day 3 and 4 is as outlined below

Proceedings for day 3 (first day of NAC meeting)

- i. During the morning of day 3 you will invite each of the TWG representatives on the NAC to briefly present their TWG recommendations (8 groups, 10-15 mins each).
 - a. TWG representatives will present which of their respective interventions are in each priority bucket and the main argumentation
 - i. For each of the TWGs the project team will provide 2-3 template PowerPoint slides specifying which of the interventions are given high/medium/low priority by TWG participants – based on majority votes
 - ii. Presentations on the high and low priority buckets will be short; the presentation of medium priority buckets can be a bit more elaborate.

Proceedings for day 4 (second day of NAC meeting)

- i. At the start of day 4 all NAC members will receive a printed version of the combined rank-ordering of interventions, created by combining all TWG recommendations obtained into one overall rank-ordering. The budget limit will have been added to this rank-ordering.
 - a. Discussions will focus on inclusion or exclusion of medium-priority interventions, starting with the highest ranked intervention, followed by the second highest ranked intervention and so on, down to the lowest ranked intervention in the medium-priority class.
- ii. As the NAC Chair you will work towards formulating recommendations on each of the interventions in the medium-priority bucket. For each intervention:

- a. You first invite the TWG representative to summarize the argumentations used by TWG participants
 - b. Then you invite NAC members to provide additional argumentations to either:
 - i. Include the intervention in the EPHS
 - ii. Exclude the intervention from the EPHS
 - iii. Defer the decision on inclusion/exclusion to a later point in time in case the available evidence is insufficient to reach a justifiable decision
 - c. When no (more) arguments are provided, or time is up, you will call for a vote on whether the intervention should be (i) Included, (ii) Excluded or (iii) Deferred.
 - d. Depending on the voting results there will be four possible recommendations:
 - i. Include the intervention if voting is (almost) unanimous in favor of inclusion
 - ii. Exclude the intervention if voting is (almost) unanimous in favor of exclusion
 - iii. Defer the recommendation if the available evidence is insufficient
 - iv. Defer the recommendation if the available evidence appears sufficient but there is no clear majority for either inclusion or exclusion.
- iii. As a final step, the NAC recommendations will be used to further narrow down the list of interventions recommended for inclusion into the EPHS.

Figure S3: Evidence sheets

Service # and name:

Health gain for money spent	
Medium health gains for PKR spent 44/86	Applicability of the evidence to Pakistan 

Budget impact
<0.5% of budget 0.2 PKR per capita

Avoidable BoD by the intervention
Low avoidable BoD

Equity: *Does it target vulnerable groups?*

Financial risk protection: *Does it protect against financial risk?*

Social and economic impact: *Does it have broader socio-economic consequences?*

Feasibility: *Can it be delivered and is it socio-culturally acceptable?*