



## Algeria - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Government Health Financing Scheme (Public Budget which is managed by MoH)
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	Yes
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	Yes
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		N/R
Actors/organizations internal to the country involved in the discussions around the benefit package design		The benefit package design is mainly on medicines reimbursement managed by health insurance agencies. A whole contracting mechanism is not yet implemented.

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	Yes	No	No
Medical Procedures	Yes	Yes	No	No
Medical Devices	No	No	No	No
Diagnostic Tests	Yes	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes

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2. "N/A" stands for 'not applicable' and "N/R" stands 'no reply'.

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## Algeria - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
	Waiting times to receive services	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		N/R
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	No	Yes	No	No	No
Specialist Outpatient Consultation	No	Yes	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Argentina - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Autonomous public sector scheme
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		Ministries of Health of each province (24 provinces); Ministry of Health and the Nation

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	No	No	No	Yes
Medical Procedures	No	No	No	Yes
Medical Devices	No	No	No	Yes
Diagnostic Tests	No	No	No	Yes
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	No	No	No	Yes
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes

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## Argentina - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
	Waiting times to receive services	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		No
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	Yes	No	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

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## Austria - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Austrian Health Insurance (all extramural services)- coverage 99% of pop
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	N/R
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	Yes
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	N/R
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		Yes
Actors/organizations internal to the country involved in the discussions around the benefit package design		all payers: health insurances for extramural services, regions (own hospitals) for intramural services

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	No	No	No	No
Medical Procedures	Yes	No	No	No
Medical Devices	Yes	No	No	No
Diagnostic Tests	Yes	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes

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## Austria - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit	Waiting times to receive services	N/R
	Other	N/R
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	Yes
	Change in reimbursement level /cost-sharing requirement.	Yes
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	Yes
	Other	N/A
The time period for regular revisions is		Between 1 and 3 years



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	Yes	No	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

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## Bangladesh - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Shasthyo Shuroksha Karmasuchi (SSK)
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	No
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	Pilot scheme for Below Poverty Line (BPL) population
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		Health Economics Unit

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	N/R	N/R	N/R	N/R
Medical Procedures	N/R	N/R	N/R	N/R
Medical Devices	N/R	N/R	N/R	N/R
Diagnostic Tests	N/R	N/R	N/R	N/R
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	N/R	N/R	N/R	N/R
Others (Please Specify)	N/R	N/R	N/R	N/R

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Which interventions are available (i.e. only cover generics or low-cost alternatives)	No
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	No
	Waiting times to receive services	No
	Other	No

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## Bangladesh - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	No
	Change in reimbursement level /cost-sharing requirement.	No
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	No
	Other	N/A
The time period for regular revisions is		Between 1 and 3 years



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	No	No	No	No	No
Specialist Outpatient Consultation	No	No	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	No	No	No	No	No

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## Belarus - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	State program "People's health and demographic security" for 2021 - 2025
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		Yes
Actors/organizations internal to the country involved in the discussions around the benefit package design		Ministry of Health, health departments of regional executive committees, health committee of the Minsk city executive committee, specialized republican health organizations, Belarusian Association of Physicians

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	Yes	No	No	No
Medical Devices	Yes	No	No	No
Diagnostic Tests	Yes	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	No
	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes

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## Belarus - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
	Waiting times to receive services	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	Yes
	Change in reimbursement level /cost-sharing requirement.	No
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	Yes
	Other	N/A
The time period for regular revisions is		Between 3 and 5 years



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	Yes	No	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

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## Belgium - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Public financing
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	N/R
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	Yes
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	N/R
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		INAMI, in collaboration with representatives of health professionals and insurance organizations

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	Yes	No	No	No
Medical Devices	Yes	No	No	No
Diagnostic Tests	Yes	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	N/R

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Elements considered as coverage conditions for interventions in the benefit	Waiting times to receive services	N/R
	Other	N/R
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	Yes
	Change in reimbursement level /cost-sharing requirement.	Yes
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		Between 1 and 3 years



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	No	Yes	No	No	No
Specialist Outpatient Consultation	No	Yes	No	No	No
Ambulance (emergency/non-emergency)	No	No	No	No	No
Emergency unit care	No	No	Yes	No	No
Acute inpatient care	No	No	Yes	No	No
Critical Care (e.g. Intensive Care Unit)	No	No	Yes	No	No

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## Belize - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Public scheme
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	Yes
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		Ministry of Health

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	No	No	No	Yes
Medical Procedures	No	No	No	Yes
Medical Devices	No	No	No	Yes
Diagnostic Tests	No	No	No	Yes
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	No	No	No	Yes
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes

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## Belize - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
	Waiting times to receive services	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		No
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	No	No	No	No	Yes
Specialist Outpatient Consultation	No	No	No	No	Yes
Ambulance (emergency/non-emergency)	No	No	No	No	Yes
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	No	No	No	No	Yes
Critical Care (e.g. Intensive Care Unit)	No	No	No	No	Yes

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

1. These results come from the 2020/2021 WHO Global Survey on HTA and Health Benefit Packages.

2. "N/A" stands for 'not applicable' and "N/R" stands 'no reply'.

3. "HBP" stands for 'Health Benefit Package'

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## Benin - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Free treatment for Malaria In pregnant women and children aged 0 to 5 years
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	No
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	Free
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		Much more choices at the level of the Cabinet of the Minister and the Government before the Technical Working Groups are called upon for readjustments

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	Yes	No	No	No
Medical Devices	Yes	No	No	No
Diagnostic Tests	Yes	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	No
	Waiting times to receive services	No
	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes

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## Benin - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	Yes
	Change in reimbursement level /cost-sharing requirement.	No
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	No
	Other	N/A
The time period for regular revisions is		In a period under a year (e.g. every 6 months)



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	Yes	No	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Bhutan - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Free Healthcare system in Bhutan (Preventive, diagnostic, curative and palliative care)
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	No
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	Yes
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		Yes
Actors/organizations internal to the country involved in the discussions around the benefit package design		1. Ministry of Health 2. Bhutan Health Trust Fund 3. Drug regulatory Authority 4. Ministry of Finance (sometimes)

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	Yes	No	No
Medical Procedures	Yes	Yes	No	No
Medical Devices	Yes	No	No	No
Diagnostic Tests	Yes	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	Yes
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	No
	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes

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## Bhutan - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
	Waiting times to receive services	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	Yes
	Change in reimbursement level /cost-sharing requirement.	No
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	Yes
	Other	N/A
The time period for regular revisions is		Between 1 and 3 years



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	Yes	No	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Bolivia (Plurinational State of) - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Public scheme
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	No
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	In Bolivia the three described schemes coexist. The public subsector provides coverage to the population without any other type of coverage and offers public insurance and national programs to the population, in addition to the primary, secondary, hospital and emergency (emergency) health care services provided by the public care network. It has its own network of care. It is a highly decentralized system in the regions and in the municipalities. Currently, the Unified Health System (SUS) is being implemented for some 5 million Bolivians so that care is free. The first stage began thanks to the emergency. Workers in a dependency relationship are compulsorily covered by short-term social security, known as the Cajas de Salud, which includes 6 public health funds, a private Health Fund, the Military Social Security Corporation (COSSMIL) and eight University Insurance. Each box has its own network of providers from which it purchases services for its beneficiaries. Finally, the private sector is voluntary coverage
Are decisions around the benefit package linked to a formalized HTA process?		N/R
Actors/organizations internal to the country involved in the discussions around the benefit package design		Ministry of Health and Sports

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	Yes	No	No
Medical Procedures	Yes	Yes	No	No
Medical Devices	No	No	No	Yes

1. These results come from the 2020/2021 WHO Global Survey on HTA and Health Benefit Packages.

2. "N/A" stands for 'not applicable' and "N/R" stands 'no reply'.

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## Bolivia (Plurinational State of) - Health Benefit Package Country/Area profile



Diagnostic Tests	No	No	No	Yes
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
	Waiting times to receive services	Yes

Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	No
	Change in reimbursement level /cost-sharing requirement.	No
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	No
	Other	N/A
The time period for regular revisions is		Between 1 and 3 years



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	No	Yes	No	No	No
Specialist Outpatient Consultation	No	Yes	No	No	No
Ambulance (emergency/non-emergency)	No	Yes	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	No	Yes	No	No	No

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## Bolivia (Plurinational State of) - Health Benefit Package Country/Area profile



Critical Care (e.g. Intensive Care Unit)	No	Yes	Yes	No	No
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For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Brazil - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Unified Health System (SUS)
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	Yes
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		Yes
Actors/organizations internal to the country involved in the discussions around the benefit package design		Ministry of Health. CONITEC. REBRATS

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	Yes	No	No	No
Medical Devices	Yes	No	No	No
Diagnostic Tests	Yes	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes

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## Brazil - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
	Waiting times to receive services	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	No
	Change in reimbursement level /cost-sharing requirement.	No
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	No
	Other	N/A
The time period for regular revisions is		N/R



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	Yes	No	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Bulgaria - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	National health insurance fund
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	No
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	Yes
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		National health insurance fund, the professional organizations of medical specialists, government

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	No	No	Yes	No
Medical Devices	No	No	Yes	No
Diagnostic Tests	No	No	Yes	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	No	No	No	Yes
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	No
	Waiting times to receive services	No
	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes

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## Bulgaria - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	No
	Change in reimbursement level /cost-sharing requirement.	No
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	Yes
	Other	N/A
The time period for regular revisions is		Between 1 and 3 years



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	No	Yes	No	No	No
Specialist Outpatient Consultation	No	Yes	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Burkina Faso - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Public administration schemes and compulsory contributory health financing schemes
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	No
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	Yes
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		General directorate of healthcare provision -General directorate of public health

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	Yes	No	No	No
Medical Devices	Yes	No	No	No
Diagnostic Tests	Yes	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes

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## Burkina Faso - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
	Waiting times to receive services	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	Yes
	Change in reimbursement level /cost-sharing requirement.	Yes
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	Yes
	Other	N/A
The time period for regular revisions is		In a period that is over 5 years (e.g. every 10 years)



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	No	Yes	No	No	No
Specialist Outpatient Consultation	No	Yes	No	No	No
Ambulance (emergency/non-emergency)	No	Yes	No	No	No
Emergency unit care	No	Yes	No	No	No
Acute inpatient care	No	Yes	No	No	No
Critical Care (e.g. Intensive Care Unit)	No	Yes	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Burundi - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Free healthcare for pregnant women and children under 5
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		Government, bilateral and multilateral donors, civil society and religious denominations intervening in health

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	No	No	No	Yes
Medical Procedures	No	No	No	Yes
Medical Devices	No	No	No	Yes
Diagnostic Tests	No	No	No	Yes
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	No	No	No	Yes
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	No
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	No
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	No
	Waiting times to receive services	No

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## Burundi - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		No
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	Yes	No	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Cabo Verde - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	N/R
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	No
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		N/R
Actors/organizations internal to the country involved in the discussions around the benefit package design		N/R

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	N/R	N/R	N/R	N/R
Medical Procedures	N/R	N/R	N/R	N/R
Medical Devices	N/R	N/R	N/R	N/R
Diagnostic Tests	N/R	N/R	N/R	N/R
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	N/R	N/R	N/R	N/R
Others (Please Specify)	N/R	N/R	N/R	N/R

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	No
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	No
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	No

1. These results come from the 2020/2021 WHO Global Survey on HTA and Health Benefit Packages.

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## Cabo Verde - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit	Waiting times to receive services	No
	Other	No
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		N/R
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	N/A	N/A	N/A	N/A	N/A
Specialist Outpatient Consultation	N/A	N/A	N/A	N/A	N/A
Ambulance (emergency/non-emergency)	N/A	N/A	N/A	N/A	N/A
Emergency unit care	N/A	N/A	N/A	N/A	N/A
Acute inpatient care	N/A	N/A	N/A	N/A	N/A
Critical Care (e.g. Intensive Care Unit)	N/A	N/A	N/A	N/A	N/A

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Chad - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Regime 1
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	No
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	Yes
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		N/R
Actors/organizations internal to the country involved in the discussions around the benefit package design		There are civil servants (public and private); people who work in the informal sector and social cases

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	Yes	No	No	No
Medical Devices	Yes	No	Yes	No
Diagnostic Tests	Yes	No	Yes	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	Yes	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	No
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	No
	Waiting times to receive services	No
	Other	No

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## Chad - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes

Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		No
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	No	Yes	No	No	No
Specialist Outpatient Consultation	No	Yes	No	No	No
Ambulance (emergency/non-emergency)	No	Yes	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Chile - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	FONASA (National Health Fund)
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	Yes
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		Yes
Actors/organizations internal to the country involved in the discussions around the benefit package design		Ministry of Health, Ministry of Finance, College of Physicians, Experts (Advisory Council), Citizens.

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	Yes	No	No	No
Medical Devices	Yes	No	No	No
Diagnostic Tests	Yes	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes

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## Chile - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
	Waiting times to receive services	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	No
	Change in reimbursement level /cost-sharing requirement.	No
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	No
	Other	N/A
The time period for regular revisions is		Between 1 and 3 years



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	No	No	Yes	No	No
Specialist Outpatient Consultation	No	No	Yes	No	No
Ambulance (emergency/non-emergency)	No	No	Yes	No	No
Emergency unit care	No	No	Yes	No	No
Acute inpatient care	No	No	Yes	No	No
Critical Care (e.g. Intensive Care Unit)	No	No	Yes	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## China - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	urban and rural residents healthcare insurance coverage
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	Yes
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	Yes
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		Ministry of Health, National Healthcare Security Administration, China CDC

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	Yes	Yes	Yes
Medical Procedures	Yes	Yes	Yes	Yes
Medical Devices	Yes	Yes	Yes	Yes
Diagnostic Tests	Yes	Yes	Yes	Yes
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	Yes	Yes	Yes
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Waiting times to receive services	No
	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes

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## China - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	Yes
	Change in reimbursement level /cost-sharing requirement.	Yes
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	Yes
	Other	N/A
The time period for regular revisions is		Between 3 and 5 years



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	No	No	Yes	No	No
Specialist Outpatient Consultation	No	No	No	No	No
Ambulance (emergency/non-emergency)	No	No	No	No	No
Emergency unit care	No	No	No	No	No
Acute inpatient care	No	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	No	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Colombia - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	General System of Social Security in Health (SGSSS)
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	Yes
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	The SGSSS presents a coverage mix. On the one hand, the Contributory Regime (CR) for workers in a dependency relationship and who have the capacity to pay is a mandatory coverage linked to a pre-established premium that workers and employers provide automatically; on the other hand, the Subsidized Regime (RS) for those who do not have the ability to pay that have automatic coverage and finally the Special Regimes (RE) for employees of some State entities.
Are decisions around the benefit package linked to a formalized HTA process?		Yes
Actors/organizations internal to the country involved in the discussions around the benefit package design		According to article 25 of Law 1438 of 2011: The methodologies used to define and update the Benefit Plan must be published and explicit and the opinion, among others, of the entities that make up the General System of Social Security in Health, organizations health professionals, affiliates and scientific societies, or organizations and entities that are considered relevant. There are also established mechanisms of Citizen Participation for the modification of the Benefit Plan.

  

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	Yes	No	No
Medical Procedures	Yes	Yes	No	No
Medical Devices	Yes	Yes	No	No
Diagnostic Tests	Yes	Yes	No	No

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2. "N/A" stands for 'not applicable' and "N/R" stands 'no reply'.

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## Colombia - Health Benefit Package Country/Area profile



Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	Yes	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
	Other	Yes
	Waiting times to receive services	Yes

Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	No
	Change in reimbursement level /cost-sharing requirement.	No
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	Yes
	Other	N/A
The time period for regular revisions is		Between 1 and 3 years



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	No	Yes	No	No	No
Specialist Outpatient Consultation	No	Yes	No	No	No
Ambulance (emergency/non-emergency)	No	No	No	No	Yes
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	No	No	No	Yes	No

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## Colombia - Health Benefit Package Country/Area profile



Critical Care (e.g. Intensive Care Unit)	No	No	No	No	Yes
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For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Comoros - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Mutual Health
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	N/R
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	Yes
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	Yes
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		Union delegates representing the staff of various public or private companies

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	Yes	No	No	No
Medical Devices	Yes	No	No	No
Diagnostic Tests	Yes	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	No	No	No	No
Others (Please Specify)	Yes	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Waiting times to receive services	N/R
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	N/R
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	N/R

1. These results come from the 2020/2021 WHO Global Survey on HTA and Health Benefit Packages.

2. "N/A" stands for 'not applicable' and "N/R" stands 'no reply'.

3. "HBP" stands for 'Health Benefit Package'

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## Comoros - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	N/R
	Other	N/R
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		No
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	No	No	No	No	No
Specialist Outpatient Consultation	No	No	No	No	No
Ambulance (emergency/non-emergency)	No	No	No	No	No
Emergency unit care	No	Yes	No	No	No
Acute inpatient care	No	Yes	No	No	No
Critical Care (e.g. Intensive Care Unit)	No	Yes	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Costa Rica - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Costa Rican Social Security Fund (CCSS)
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	No
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	Yes
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		Ministry of Health

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	No	No	No	Yes
Medical Devices	No	No	No	Yes
Diagnostic Tests	No	No	No	Yes
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	No	No	No	Yes
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes

1. These results come from the 2020/2021 WHO Global Survey on HTA and Health Benefit Packages.

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## Costa Rica - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit	Other	Yes
	Waiting times to receive services	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		No
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	Yes	No	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Croatia - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	N/R
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		N/R
Actors/organizations internal to the country involved in the discussions around the benefit package design		N/R

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	Yes	No	No	No
Medical Devices	Yes	No	No	No
Diagnostic Tests	Yes	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	Yes	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	No
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	No
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	No

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## Croatia - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit	Other	No
	Waiting times to receive services	Yes

Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		N/R
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	N/A	N/A	N/A	N/A	N/A
Specialist Outpatient Consultation	N/A	N/A	N/A	N/A	N/A
Ambulance (emergency/non-emergency)	N/A	N/A	N/A	N/A	N/A
Emergency unit care	N/A	N/A	N/A	N/A	N/A
Acute inpatient care	N/A	N/A	N/A	N/A	N/A
Critical Care (e.g. Intensive Care Unit)	N/A	N/A	N/A	N/A	N/A

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Cuba - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	National Health System (SNS)
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	The Cuban SNS has a set of institutions that have the obligation to guarantee free and equal access to all health programs and services and provide coverage to 100% of the population. Said access is not determined by income level, occupation in the economy, or belonging to a public or private insurance system.
Are decisions around the benefit package linked to a formalized HTA process?		Yes
Actors/organizations internal to the country involved in the discussions around the benefit package design		Ministry of Public Health. Technical Advisory Health Council (CTAS)

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	No	No	No	Yes
Medical Devices	No	No	No	Yes
Diagnostic Tests	No	No	No	Yes
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	No	No	No	Yes
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes

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2. "N/A" stands for 'not applicable' and "N/R" stands 'no reply'.

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## Cuba - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
	Waiting times to receive services	Yes

Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	No
	Change in reimbursement level /cost-sharing requirement.	No
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	Yes
	Other	Inclusions and exclusions of drugs are observed from one revision to the other of the Basic Table of Medications (Official Drug List) for different reasons.
The time period for regular revisions is		N/R



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	Yes	No	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No

1. These results come from the 2020/2021 WHO Global Survey on HTA and Health Benefit Packages.

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## Cuba - Health Benefit Package Country/Area profile



Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Cyprus - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Health Insurance Organization
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	No
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	Yes
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		Government

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	Yes	No	No	No
Medical Devices	Yes	No	No	No
Diagnostic Tests	Yes	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	No	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Which interventions are available (i.e. only cover generics or low-cost alternatives)	No
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	No
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	No
	Waiting times to receive services	No

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## Cyprus - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		N/R
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	No	No	No	No	Yes
Specialist Outpatient Consultation	No	No	No	No	Yes
Ambulance (emergency/non-emergency)	No	No	No	No	Yes
Emergency unit care	No	No	No	No	Yes
Acute inpatient care	No	No	No	No	Yes
Critical Care (e.g. Intensive Care Unit)	No	No	No	No	Yes

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Czech Republic - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	compulsory insurance covering all citizens
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		Yes
Actors/organizations internal to the country involved in the discussions around the benefit package design		MoH, insurance funds

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	Yes	No	No	No
Medical Devices	Yes	No	No	No
Diagnostic Tests	Yes	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Which interventions are available (i.e. only cover generics or low-cost alternatives)	No
	Waiting times to receive services	No
	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes

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## Czech Republic - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	Yes
	Change in reimbursement level /cost-sharing requirement.	No
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	No
	Other	N/A
The time period for regular revisions is		Between 3 and 5 years



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	Yes	No	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Côte d'Ivoire - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Public administration regime
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		TECHNICAL STRUCTURES OF THE MINISTRY OF HEALTH, PUBLIC HYGIENE AND UNIVERSAL HEALTH COVER; TECHNICAL AND FINANCIAL PARTNERS; CIVIL SOCIETY ORGANIZATIONS; PRIVATE MEDICAL SECTOR

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	Yes	No	No	No
Medical Devices	Yes	No	No	No
Diagnostic Tests	Yes	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	No
	Waiting times to receive services	No
	Other	No
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes

1. These results come from the 2020/2021 WHO Global Survey on HTA and Health Benefit Packages.

2. "N/A" stands for 'not applicable' and "N/R" stands 'no reply'.

3. "HBP" stands for 'Health Benefit Package'

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## Côte d'Ivoire - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes

Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		No
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	No	Yes	No	No	No
Specialist Outpatient Consultation	No	Yes	No	No	No
Ambulance (emergency/non-emergency)	No	Yes	No	No	No
Emergency unit care	No	Yes	No	No	No
Acute inpatient care	No	Yes	No	No	No
Critical Care (e.g. Intensive Care Unit)	No	Yes	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Democratic Republic of the Congo - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Health insurance fund for the informal sector
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	No
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	Yes
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	Yes
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		Presidency of the Republic, Ministry of Health, Ministry of Labor and Social Welfare, Ministry of Social Affairs, Ministry of Interior, Ministry of Defense

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	Yes	No	Yes
Medical Procedures	No	No	No	Yes
Medical Devices	Yes	Yes	Yes	No
Diagnostic Tests	Yes	Yes	Yes	Yes
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	Yes	Yes	Yes
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	No
	Waiting times to receive services	No
	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes

1. These results come from the 2020/2021 WHO Global Survey on HTA and Health Benefit Packages.

2. "N/A" stands for 'not applicable' and "N/R" stands 'no reply'.

3. "HBP" stands for 'Health Benefit Package'

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## Democratic Republic of the Congo - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes

Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		No
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	No	Yes	Yes	No	No
Specialist Outpatient Consultation	No	No	No	No	No
Ambulance (emergency/non-emergency)	No	No	No	No	No
Emergency unit care	No	Yes	Yes	No	No
Acute inpatient care	No	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	No	Yes	Yes	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

1. These results come from the 2020/2021 WHO Global Survey on HTA and Health Benefit Packages.

2. "N/A" stands for 'not applicable' and "N/R" stands 'no reply'.

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## Dominican Republic - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Dominican Social Security System (SDSS)
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	No
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	Yes
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		The highest governing body of the health system is the Ministry of Public Health (MSP). Regarding Family Health Insurance, regulatory functions fall to the National Social Security Council (CNSS), which is in charge of conducting the system, defining the PDSS and its cost in conjunction with the Superintendency of Health (SISALRIL).

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	Yes	No	No	No
Medical Devices	Yes	No	No	No
Diagnostic Tests	Yes	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes

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2. "N/A" stands for 'not applicable' and "N/R" stands 'no reply'.

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## Dominican Republic - Health Benefit Package

### Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
	Waiting times to receive services	Yes

Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	No
	Change in reimbursement level /cost-sharing requirement.	No
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	No
	Other	N/A
The time period for regular revisions is		Between 3 and 5 years



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	No	Yes	No	No	No
Ambulance (emergency/non-emergency)	No	No	No	No	Yes
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	No	No	Yes	No	No
Critical Care (e.g. Intensive Care Unit)	No	No	Yes	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

1. These results come from the 2020/2021 WHO Global Survey on HTA and Health Benefit Packages.

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## Ecuador - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Ministry of Public Health (MSP) public sector scheme
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	Yes
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	Yes
	Other	The three coverage schemes mentioned here are in Ecuador. Social security provides coverage to dependent workers and their families, as well as to retirees and pensioners, through a mandatory contributory scheme, to the self-employed through a contributory system and to the peasantry with a semi-contributory scheme with contributions of the head of the family and subsidies of the State. The public sector, that in theory covers the entire population with an automatic coverage scheme, although the implementation of the "Tariff" causes that whoever has Social Security must request authorization from their insurance who must pay the public hospital a fee as low as possible, which limits care in the public sector (it is not like that for the APS that provides care without tariff). Finally, private insurance is voluntary.
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		Ministry of Health, IESS

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	No	No	No	Yes
Medical Devices	No	No	No	Yes
Diagnostic Tests	No	No	No	Yes

1. These results come from the 2020/2021 WHO Global Survey on HTA and Health Benefit Packages.

2. "N/A" stands for 'not applicable' and "N/R" stands 'no reply'.

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## Ecuador - Health Benefit Package Country/Area profile



Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
	Waiting times to receive services	Yes

Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		No
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	Yes	No	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

1. These results come from the 2020/2021 WHO Global Survey on HTA and Health Benefit Packages.

2. "N/A" stands for 'not applicable' and "N/R" stands 'no reply'.

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## Ecuador - Health Benefit Package Country/Area profile



For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## El Salvador - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Solidarity Fund for Health (FOSALUD)
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	Yes
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	For the subsidized scheme, automatic coverage applies (for example, based on residence). However, the total population (even those who are within the contributory scheme) can access health services, openly and anywhere in the country, since there is no affiliation. For the contributory scheme, a mandatory / compulsory coverage applies for all three types, linked to the payment of a specific contribution / premium (by individuals, households or on their behalf).
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		At the moment, it is an effort that is very specific to the MINSAL, but it is planned to coordinate with the other institutions of the SNIS to jointly develop the benefits plan to be adopted in the near future by all the institutions that make up the SNIS, in accordance with the established in article 21 of the aforementioned Law.

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	No	No	No	Yes
Medical Devices	No	No	No	Yes
Diagnostic Tests	No	No	No	Yes
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

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## El Salvador - Health Benefit Package Country/Area profile



Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
	Other	Yes
	Waiting times to receive services	Yes

Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		No
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	Yes	No	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## El Salvador - Health Benefit Package Country/Area profile



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## Eritrea - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	N/R
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	government policy of high subsidy
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		The ministry of health (MoH) and the local government and ministry of finance officials are the prime actors. But the MoH is on the lead for defining the type of services to be provided to the general population.

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	Yes	No	No	No
Medical Devices	Yes	No	No	No
Diagnostic Tests	Yes	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Waiting times to receive services	No
	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes

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2. "N/A" stands for 'not applicable' and "N/R" stands 'no reply'.

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## Eritrea - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes

Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		No
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	No	Yes	No	No	No
Specialist Outpatient Consultation	No	Yes	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	No	Yes	No	No	No
Acute inpatient care	No	No	Yes	No	No
Critical Care (e.g. Intensive Care Unit)	No	No	Yes	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Eswatini - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Phalala Fund
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		Yes
Actors/organizations internal to the country involved in the discussions around the benefit package design		The is a board chaired by the director of health services and comprising of clinicians and representative of HTA

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	Yes	No	No	No
Medical Devices	Yes	No	No	No
Diagnostic Tests	Yes	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Which interventions are available (i.e. only cover generics or low-cost alternatives)	No
	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes

1. These results come from the 2020/2021 WHO Global Survey on HTA and Health Benefit Packages.

2. "N/A" stands for 'not applicable' and "N/R" stands 'no reply'.

3. "HBP" stands for 'Health Benefit Package'

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## Eswatini - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes
	Waiting times to receive services	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		No
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	No	No	No	No	No
Specialist Outpatient Consultation	No	Yes	No	No	No
Ambulance (emergency/non-emergency)	No	No	No	No	Yes
Emergency unit care	No	Yes	No	No	No
Acute inpatient care	No	Yes	No	No	No
Critical Care (e.g. Intensive Care Unit)	No	Yes	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Ethiopia - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	PUBLIC SYSTEM- Community-Based Health Insurance (CBHI)
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	Yes
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		Yes
Actors/organizations internal to the country involved in the discussions around the benefit package design		The revision of Ethiopia's EHSP has followed a participatory deliberation process involving numerous and various stakeholders including: 1. Ministry of Health with respective agencies 2. Regional health offices 3. Universities 4. Associations 5. Partners including Donors and Implementing partners 6. Ministry of Finance 7. Others line ministries etc

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	Yes	No	No	No
Medical Devices	Yes	No	No	No
Diagnostic Tests	Yes	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

1. These results come from the 2020/2021 WHO Global Survey on HTA and Health Benefit Packages.

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## Ethiopia - Health Benefit Package Country/Area profile



Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Which interventions are available (i.e. only cover generics or low-cost alternatives)	No
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	No
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	No
	Waiting times to receive services	No
	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes

Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	Yes
	Change in reimbursement level /cost-sharing requirement.	Yes
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	Yes
	Other	N/A
The time period for regular revisions is		In a period that is over 5 years (e.g. every 10 years)



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	Yes	No	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	No	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

1. These results come from the 2020/2021 WHO Global Survey on HTA and Health Benefit Packages.

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## Ethiopia - Health Benefit Package Country/Area profile



For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Gabon - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Compulsory contributory and public administration financing schemes (social insurance)
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	Yes
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		Yes
Actors/organizations internal to the country involved in the discussions around the benefit package design		Ministries of Health through all its Directorates and sub-supervisory establishments; Ministries of Finance and the Economy; Ministry of Social Affairs; United Nations System Organization (WHO, UNICEF, UNFPA, .....); Civil society

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	Yes	No	No	No
Medical Devices	Yes	No	No	No
Diagnostic Tests	Yes	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	No
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	No
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	No
	Waiting times to receive services	No

1. These results come from the 2020/2021 WHO Global Survey on HTA and Health Benefit Packages.

2. "N/A" stands for 'not applicable' and "N/R" stands 'no reply'.

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## Gabon - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		No
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	Yes	Yes	No	No
Specialist Outpatient Consultation	Yes	Yes	Yes	No	No
Ambulance (emergency/non-emergency)	No	Yes	Yes	No	No
Emergency unit care	Yes	Yes	Yes	No	No
Acute inpatient care	No	Yes	Yes	No	No
Critical Care (e.g. Intensive Care Unit)	No	Yes	Yes	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Gambia - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Private sector insurance scheme (Banking sector)
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	No
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	Private Institution contributory scheme
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		Ministry of Finance Policy Makers, Parliamentary members, development partners

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	N/R	N/R	N/R	N/R
Medical Procedures	N/R	N/R	N/R	N/R
Medical Devices	N/R	N/R	N/R	N/R
Diagnostic Tests	N/R	N/R	N/R	N/R
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	N/R	N/R	N/R	N/R
Others (Please Specify)	N/R	N/R	N/R	N/R

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	No
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	No
	Waiting times to receive services	No
	Other	No

1. These results come from the 2020/2021 WHO Global Survey on HTA and Health Benefit Packages.

2. "N/A" stands for 'not applicable' and "N/R" stands 'no reply'.

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## Gambia - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes

Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		N/R
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	N/A	N/A	N/A	N/A	N/A
Specialist Outpatient Consultation	N/A	N/A	N/A	N/A	N/A
Ambulance (emergency/non-emergency)	N/A	N/A	N/A	N/A	N/A
Emergency unit care	N/A	N/A	N/A	N/A	N/A
Acute inpatient care	N/A	N/A	N/A	N/A	N/A
Critical Care (e.g. Intensive Care Unit)	N/A	N/A	N/A	N/A	N/A

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Germany - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	mandatory social health insurance
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	No
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	Yes
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	Yes
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		Yes
Actors/organizations internal to the country involved in the discussions around the benefit package design		Ministry of Health, German Parliament, Federal Joint Committee, Social Courts

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	No	Yes	No	No
Medical Procedures	Yes	Yes	No	No
Medical Devices	Yes	Yes	No	No
Diagnostic Tests	Yes	Yes	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	No
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	No
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	No
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	No

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## Germany - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit	Waiting times to receive services	No
	Other	No
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		No
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	Yes	No	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	Yes	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	Yes	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Ghana - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	National Health Insurance Scheme
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	No
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	Yes
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	Yes
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		Ministry of Health National Health Insurance Authority Parliament Civil Society Organizations Service Delivery Agencies (Ghana Health Service, Faith Based Organizations, Private Health care providers) Professional Associations Pharmaceutical Industry Regulators (Health Facilities Regulatory Authority, )

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	Yes	No	No
Medical Procedures	Yes	Yes	No	No
Medical Devices	No	No	No	No
Diagnostic Tests	Yes	Yes	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

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## Ghana - Health Benefit Package Country/Area profile



Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	No
	Waiting times to receive services	No
	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes

Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	Yes
	Change in reimbursement level /cost-sharing requirement.	Yes
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	No
	Other	N/A
The time period for regular revisions is		N/R



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	No	No	No	No	No
Ambulance (emergency/non-emergency)	No	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	No	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Guyana - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Regional Democratic Councils
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	Yes
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		Ministry of Health

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	No	No	No	Yes
Medical Procedures	No	No	No	Yes
Medical Devices	No	No	No	Yes
Diagnostic Tests	No	No	No	Yes
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	No	No	No	Yes
Others (Please Specify)	No	No	No	Yes

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes

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## Guyana - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
	Waiting times to receive services	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		No
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	Yes	No	No	No	No
Ambulance (emergency/non-emergency)	No	No	No	No	No
Emergency unit care	No	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Honduras - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Ministry of Health (SESAL) public scheme
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	Yes
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	Yes
	Other	The Honduran health system is segmented. All inhabitants have automatic coverage by the Secretary of Health - SeSal (public effectors). In turn, formal workers, family members, retirees and pensioners contribute together with the employer and are covered by the Honduran Social Security Institute (IHSS). Finally there are voluntary contributions for private insurance
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		Health Secretary. Honduran Institute of Social Security

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	No	No	No	Yes
Medical Devices	No	No	No	Yes
Diagnostic Tests	No	No	No	Yes
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	Yes
Others (Please Specify)	No	No	No	No

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## Honduras - Health Benefit Package Country/Area profile



Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
	Waiting times to receive services	Yes

Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		No
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	Yes	No	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Iceland - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Public Health Care Service Scheme
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		Ministry of Health Icelandic Health Insurance

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	Yes	No	No	No
Medical Devices	Yes	No	No	No
Diagnostic Tests	Yes	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	No
	Other	No
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes

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## Iceland - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
	Waiting times to receive services	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	No
	Change in reimbursement level /cost-sharing requirement.	Yes
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	No
	Other	N/A
The time period for regular revisions is		Between 1 and 3 years



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	No	No	Yes	No	No
Specialist Outpatient Consultation	No	No	Yes	No	No
Ambulance (emergency/non-emergency)	No	No	Yes	No	No
Emergency unit care	No	No	Yes	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## India - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	PM JAY Ayushman Bharat
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	No
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	Yes
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		NATIONAL HEALTH AUTHORITY

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	N/R	N/R	N/R	N/R
Medical Procedures	N/R	N/R	N/R	N/R
Medical Devices	N/R	N/R	N/R	N/R
Diagnostic Tests	N/R	N/R	N/R	N/R
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	N/R	N/R	N/R	N/R
Others (Please Specify)	N/R	N/R	N/R	N/R

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Waiting times to receive services	No
	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes

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## India - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	Yes
	Change in reimbursement level /cost-sharing requirement.	Yes
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	Yes
	Other	N/A
The time period for regular revisions is		Between 1 and 3 years



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	No	No	No	No	No
Ambulance (emergency/non-emergency)	No	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Indonesia - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	National health Insurance/ Jaminan Kesehatan Nasional (JKN)
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	No
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	Yes
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		Yes
Actors/organizations internal to the country involved in the discussions around the benefit package design		Various stakeholder across relevant government institutions have been involved at the initial process of designing the benefit package, such as Ministry of Health, Ministry of Financing, the Ministry of National Development Planning, The Social Security Administrator/ BPJS Kesehatan, and The National Social Security Council/ Dewan Jaminan Sosial Nasional.

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	Yes	No	No	No
Medical Devices	Yes	No	No	No
Diagnostic Tests	Yes	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes

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## Indonesia - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
	Waiting times to receive services	Yes

Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	Yes
	Change in reimbursement level /cost-sharing requirement.	No
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	Yes
	Other	N/A
The time period for regular revisions is		Between 1 and 3 years



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	Yes	No	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Iran (Islamic Republic of) - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Basic Health Insurances Benefit Package
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	Yes
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	Yes
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		Yes
Actors/organizations internal to the country involved in the discussions around the benefit package design		<ul style="list-style-type: none"> <li>-Basic Health Insurances Organizations (Social Security Organization, Iran Health Insurance Organizations, Armed Forces Organization, Imam Khomeini Relief Committee)</li> <li>-Programme and Budget Organization</li> <li>-Ministry of Health and Medical Education (Deputy for Curative Affairs and Deputy for Public Health)</li> <li>-FDA</li> <li>-Medical Council</li> <li>-Ministry of Cooperative, Labor, and Social Welfare</li> <li>-Secretariate of the High Council for Health Insurances</li> <li>-Ministry of Economic Affairs and Finance</li> </ul>

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	Yes	No	No	No
Medical Devices	Yes	No	No	No
Diagnostic Tests	Yes	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

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## Iran (Islamic Republic of) - Health Benefit Package Country/Area profile



Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
	Waiting times to receive services	Yes
	Other	N/R

Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	Yes
	Change in reimbursement level /cost-sharing requirement.	Yes
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	Yes
	Other	N/A
The time period for regular revisions is		Between 1 and 3 years



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	Yes	No	No
Specialist Outpatient Consultation	No	No	Yes	No	No
Ambulance (emergency/non-emergency)	No	Yes	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	No	No	Yes	No	No
Critical Care (e.g. Intensive Care Unit)	No	No	Yes	No	No

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## Iran (Islamic Republic of) - Health Benefit Package Country/Area profile



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## Ireland - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Public hospital care
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		N/R
Actors/organizations internal to the country involved in the discussions around the benefit package design		N/R

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	N/R	N/R	N/R	N/R
Medical Procedures	N/R	N/R	N/R	N/R
Medical Devices	N/R	N/R	N/R	N/R
Diagnostic Tests	N/R	N/R	N/R	N/R
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	N/R	N/R	N/R	N/R
Others (Please Specify)	N/R	N/R	N/R	N/R

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	No
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	No
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	No
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	No

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## Ireland - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit	Waiting times to receive services	No
	Other	No
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		N/R
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	N/A	N/A	N/A	N/A	N/A
Specialist Outpatient Consultation	N/A	N/A	N/A	N/A	N/A
Ambulance (emergency/non-emergency)	N/A	N/A	N/A	N/A	N/A
Emergency unit care	N/A	N/A	N/A	N/A	N/A
Acute inpatient care	N/A	N/A	N/A	N/A	N/A
Critical Care (e.g. Intensive Care Unit)	N/A	N/A	N/A	N/A	N/A

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Italy - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	N/R
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		Yes
Actors/organizations internal to the country involved in the discussions around the benefit package design		In 2015 the National Commission for updating Essential Levels of Assistance (LEAs) and promoting appropriateness in the National Health Service was established, appointed and chaired by the Minister of Health, with the participation of the Regions, the Institute of Health, the Italian Medicines Agency, the Ministry of Economy and Finance and the National Agency for Regional Health Services. For updating the LEAs and identifying conditions of disbursement or indications of appropriateness, the commission makes use of the assessments of HTA on health and biomedical technologies and on organizational models and procedures. For medicine, the Ministry of Economy and Finance and the National Agency for Regional Health Services. For updating the LEAs and identifying conditions of disbursement or indications of appropriateness, the commission makes use of the assessments of HTA on health and biomedical technologies and on organizational models and procedures.

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	Yes	No	No	No
Medical Devices	Yes	No	Yes	No
Diagnostic Tests	Yes	No	No	No

1. These results come from the 2020/2021 WHO Global Survey on HTA and Health Benefit Packages.

2. "N/A" stands for 'not applicable' and "N/R" stands 'no reply'.

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## Italy - Health Benefit Package Country/Area profile



Population Level Health Interventions (i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Waiting times to receive services	No
	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes

Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	Yes
	Change in reimbursement level /cost-sharing requirement.	No
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	Yes
	Other	N/A
The time period for regular revisions is		In a period under a year (e.g. every 6 months)



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	No	Yes	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	Yes	No	No	No	No

1. These results come from the 2020/2021 WHO Global Survey on HTA and Health Benefit Packages.

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## Italy - Health Benefit Package Country/Area profile



Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Jamaica - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	The public sector scheme - Ministry of Health
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	Yes
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		Ministry of Health

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	No	No	No	Yes
Medical Devices	No	No	No	Yes
Diagnostic Tests	No	No	No	Yes
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	No	No	No	Yes
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes

1. These results come from the 2020/2021 WHO Global Survey on HTA and Health Benefit Packages.

2. "N/A" stands for 'not applicable' and "N/R" stands 'no reply'.

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## Jamaica - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
	Waiting times to receive services	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		No
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	Yes	No	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Kenya - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	National scheme (supa cover)
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	No
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	Yes
	Other	Obligatory for formal employees
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		Ministry of Health NHIF Counties Research institutions Providers Patient groups Other stakeholders in health sector e.g. partners; NGOs

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	N/R	N/R	N/R	N/R
Medical Procedures	N/R	N/R	N/R	N/R
Medical Devices	N/R	N/R	N/R	N/R
Diagnostic Tests	N/R	N/R	N/R	N/R
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	N/R	N/R	N/R	N/R
Others (Please Specify)	N/R	N/R	N/R	N/R

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	No
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	No

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## Kenya - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Waiting times to receive services	No
	Other	No
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes

Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	No
	Change in reimbursement level /cost-sharing requirement.	Yes
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	No
	Other	N/A
The time period for regular revisions is		Between 3 and 5 years



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	Yes	No	No	No
Specialist Outpatient Consultation	Yes	Yes	No	No	No
Ambulance (emergency/non-emergency)	No	Yes	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	No	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	No	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Kuwait - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	N/R
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	No
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		N/R
Actors/organizations internal to the country involved in the discussions around the benefit package design		N/R

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	N/R	N/R	N/R	N/R
Medical Procedures	N/R	N/R	N/R	N/R
Medical Devices	N/R	N/R	N/R	N/R
Diagnostic Tests	N/R	N/R	N/R	N/R
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	N/R	N/R	N/R	N/R
Others (Please Specify)	N/R	N/R	N/R	N/R

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	No
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	No
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	No

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## Kuwait - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit	Waiting times to receive services	No
	Other	No
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		N/R
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	Yes	No	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Kyrgyzstan - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	The program of state guarantees for providing citizens with health care
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	No
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	Yes
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		Government of the Kyrgyz Republic. Ministry of Health of the Kyrgyz Republic. Compulsory Health Insurance Fund. Professional medical organizations. Academic, civil sector.

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	Yes	No	No	No
Medical Devices	Yes	No	No	No
Diagnostic Tests	Yes	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Which interventions are available (i.e. only cover generics or low-cost alternatives)	No
	Waiting times to receive services	No
	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes

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## Kyrgyzstan - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	No
	Change in reimbursement level /cost-sharing requirement.	No
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	No
	Other	N/A
The time period for regular revisions is		Between 3 and 5 years



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	Yes	No	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Lao People's Democratic Republic - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	National Insurance
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	Yes
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	Yes
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		We do not have any specific actors/organizations to review or discuss on the benefit package. We are as the national health insurance bureau determining the package by ourself and approved by the Minister of MOH.

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	Yes	Yes
Medical Procedures	Yes	No	No	No
Medical Devices	Yes	No	No	No
Diagnostic Tests	Yes	No	Yes	Yes
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	No	Yes	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	No
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	No
	Waiting times to receive services	No

1. These results come from the 2020/2021 WHO Global Survey on HTA and Health Benefit Packages.

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## Lao People's Democratic Republic - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Other	No
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	No
	Change in reimbursement level /cost-sharing requirement.	Yes
	Additions to the Benefit Package	No
	Withdrawals from the benefit package	No
	Other	N/A
The time period for regular revisions is		Between 1 and 3 years



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	No	Yes	No	No	No
Specialist Outpatient Consultation	No	Yes	No	No	No
Ambulance (emergency/non-emergency)	No	Yes	No	No	No
Emergency unit care	No	Yes	No	No	No
Acute inpatient care	No	Yes	No	No	No
Critical Care (e.g. Intensive Care Unit)	No	Yes	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Latvia - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	National level Health financing scheme
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	N/R
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	N/R
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		Yes
Actors/organizations internal to the country involved in the discussions around the benefit package design		Cabinet of Ministers, patient organizations, government, non-governmental organizations, medical institutions, Saeima (Parliament of the Republic of Latvia)

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	Yes	Yes	No	No
Medical Devices	Yes	Yes	No	No
Diagnostic Tests	Yes	Yes	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	N/R
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	N/R
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	N/R

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3. "HBP" stands for 'Health Benefit Package'

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## Latvia - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit	Waiting times to receive services	N/R
	Other	N/R
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		Between 1 and 3 years



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	No	Yes	No	No	No
Specialist Outpatient Consultation	No	Yes	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	No	Yes	No	No	No
Acute inpatient care	No	Yes	No	No	No
Critical Care (e.g. Intensive Care Unit)	No	Yes	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Lebanon - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Hospitalization system for groups not covered by the sponsorship of other guarantors
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	No
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	Covering 85% of the value of the hospitalization bill
Are decisions around the benefit package linked to a formalized HTA process?		N/R
Actors/organizations internal to the country involved in the discussions around the benefit package design		Other guarantors

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	N/R	N/R	N/R	N/R
Medical Procedures	N/R	N/R	N/R	N/R
Medical Devices	N/R	N/R	N/R	N/R
Diagnostic Tests	N/R	N/R	N/R	N/R
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	N/R	N/R	N/R	N/R
Others (Please Specify)	N/R	N/R	N/R	N/R

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Which interventions are available (i.e. only cover generics or low-cost alternatives)	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	No
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	No
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	No

1. These results come from the 2020/2021 WHO Global Survey on HTA and Health Benefit Packages.

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## Lebanon - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit	Waiting times to receive services	No
	Other	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	No
	Change in reimbursement level /cost-sharing requirement.	No
	Additions to the Benefit Package	No
	Withdrawals from the benefit package	No
	Other	N/A
The time period for regular revisions is		N/R



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	No	No	No	No	No
Specialist Outpatient Consultation	No	No	No	No	No
Ambulance (emergency/non-emergency)	No	No	No	No	No
Emergency unit care	No	Yes	No	No	No
Acute inpatient care	No	Yes	No	No	No
Critical Care (e.g. Intensive Care Unit)	No	Yes	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Liberia - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Government Health Financing Schemes
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	Yes
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		Government of Liberia through the Ministry of Health, other line ministries and agencies, the development partners(DPs), Civil society organizations, etc.

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	Yes	Yes
Medical Procedures	Yes	No	Yes	Yes
Medical Devices	Yes	No	Yes	Yes
Diagnostic Tests	Yes	No	Yes	Yes
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	Yes	Yes
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	No
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	No
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	No
	Other	No

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## Liberia - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Waiting times to receive services	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	Yes
	Change in reimbursement level /cost-sharing requirement.	Yes
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	Yes
	Other	Sometime the revision is based on policy requirements
The time period for regular revisions is		Between 3 and 5 years



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	Yes	No	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Libya - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	General budget
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	Some entities pay health insurance for their employees
Are decisions around the benefit package linked to a formalized HTA process?		N/R
Actors/organizations internal to the country involved in the discussions around the benefit package design		N/R

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	N/R	N/R	N/R	N/R
Medical Procedures	N/R	N/R	N/R	N/R
Medical Devices	N/R	N/R	N/R	N/R
Diagnostic Tests	N/R	N/R	N/R	N/R
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	N/R	N/R	N/R	N/R
Others (Please Specify)	N/R	N/R	N/R	N/R

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	No
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	No
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	No

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## Libya - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit	Waiting times to receive services	No
	Other	No
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		N/R
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	No	No	No	No	No
Specialist Outpatient Consultation	No	No	No	No	No
Ambulance (emergency/non-emergency)	No	No	No	No	No
Emergency unit care	No	No	No	No	No
Acute inpatient care	No	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	No	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Malawi - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Tax financed Free public Health Services
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		Ministry of Health, Academia, Development partners, Local and International NGOs

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	Yes	No	No	No
Medical Devices	Yes	No	No	No
Diagnostic Tests	Yes	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	No
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	No
	Waiting times to receive services	No
	Other	No

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## Malawi - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	No
	Change in reimbursement level /cost-sharing requirement.	No
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	Yes
	Other	N/A
The time period for regular revisions is		Between 3 and 5 years



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	No	No	No	No	No
Ambulance (emergency/non-emergency)	No	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	No	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Malaysia - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Tax-based Financing scheme - all Malaysian
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		Yes
Actors/organizations internal to the country involved in the discussions around the benefit package design		MOH

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	No	No	No	Yes
Medical Devices	No	No	No	Yes
Diagnostic Tests	No	No	No	Yes
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	No
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	No
	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes

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## Malaysia - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Waiting times to receive services	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	Yes
	Change in reimbursement level /cost-sharing requirement.	No
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	No
	Other	N/A
The time period for regular revisions is		N/R



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	Yes	No	No	No
Specialist Outpatient Consultation	Yes	Yes	No	No	No
Ambulance (emergency/non-emergency)	Yes	Yes	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	Yes	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	Yes	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Maldives - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Aasandha (National Social Health Insurance Scheme)
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		President's Office, Ministry of Finance, Ministry of Health, NSPA & Aasandha

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	Yes	No	No
Medical Procedures	No	Yes	No	No
Medical Devices	Yes	No	No	No
Diagnostic Tests	No	Yes	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Which interventions are available (i.e. only cover generics or low-cost alternatives)	No
	Waiting times to receive services	No
	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes

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## Maldives - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes

Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		No
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	Yes	No
Specialist Outpatient Consultation	Yes	No	No	Yes	No
Ambulance (emergency/non-emergency)	Yes	No	No	Yes	No
Emergency unit care	Yes	No	No	Yes	No
Acute inpatient care	Yes	No	No	Yes	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	Yes	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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2. "N/A" stands for 'not applicable' and "N/R" stands 'no reply'.

3. "HBP" stands for 'Health Benefit Package'

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## Mali - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	N/R
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	No
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	Yes
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		N/R
Actors/organizations internal to the country involved in the discussions around the benefit package design		Ministry -PTF -Order professional civil -Society

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	Yes	No	No	No
Medical Devices	Yes	No	No	No
Diagnostic Tests	Yes	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	No	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Waiting times to receive services	No
	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes

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## Mali - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	Yes
	Change in reimbursement level /cost-sharing requirement.	Yes
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	No
	Other	N/A
The time period for regular revisions is		Between 3 and 5 years



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	No	No	Yes	No	No
Specialist Outpatient Consultation	No	No	Yes	No	No
Ambulance (emergency/non-emergency)	No	No	No	No	No
Emergency unit care	No	No	Yes	No	No
Acute inpatient care	No	No	Yes	No	No
Critical Care (e.g. Intensive Care Unit)	No	No	Yes	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Malta - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Government Hospital Services
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		Yes
Actors/organizations internal to the country involved in the discussions around the benefit package design		Advisory Committee on Healthcare Benefits.

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	No	No	No	No
Medical Devices	No	No	No	No
Diagnostic Tests	No	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	No	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes

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## Malta - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
	Waiting times to receive services	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	Yes
	Change in reimbursement level /cost-sharing requirement.	No
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	No
	Other	N/A
The time period for regular revisions is		N/R



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	Yes	No	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Mauritania - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Public administration regime
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	Yes
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		N/R

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	Yes	No	Yes	No
Medical Devices	No	No	Yes	Yes
Diagnostic Tests	No	No	Yes	Yes
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	Yes	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	No
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	No
	Waiting times to receive services	No
	Other	No

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## Mauritania - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	No
	Change in reimbursement level /cost-sharing requirement.	No
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	Yes
	Other	N/A
The time period for regular revisions is		Between 3 and 5 years



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	No	Yes	No	No	No
Specialist Outpatient Consultation	No	Yes	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	No	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Mauritius - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	N/R
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		Yes
Actors/organizations internal to the country involved in the discussions around the benefit package design		Ministry of Health and Wellness Ministry of Finance, Economic Planning and Development WHO Local Office

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	Yes	No	No	No
Medical Devices	Yes	No	No	No
Diagnostic Tests	Yes	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	No
	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes

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## Mauritius - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
	Waiting times to receive services	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	No
	Change in reimbursement level /cost-sharing requirement.	No
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	Yes
	Other	N/A
The time period for regular revisions is		Between 3 and 5 years



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	Yes	No	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Mexico - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Social Security Scheme - Mexican Institute of Social Security (IMSS)
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	No
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	Yes
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	This survey is completed for the IMSS, which is the largest coverage scheme
Are decisions around the benefit package linked to a formalized HTA process?		Yes
Actors/organizations internal to the country involved in the discussions around the benefit package design		Health Secretary. IMSS

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	Yes	Yes	No	No
Medical Devices	Yes	Yes	No	No
Diagnostic Tests	Yes	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes

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## Mexico - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
	Waiting times to receive services	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	No
	Change in reimbursement level /cost-sharing requirement.	No
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	Yes
	Other	N/A
The time period for regular revisions is		Between 1 and 3 years



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	Yes	No	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Micronesia (Federated States of) - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	MiCare
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	No
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	Yes
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		The national government, board members, state governments and providers

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	Yes	No	No	No
Medical Devices	Yes	No	No	No
Diagnostic Tests	Yes	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Waiting times to receive services	No
	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes

1. These results come from the 2020/2021 WHO Global Survey on HTA and Health Benefit Packages.

2. "N/A" stands for 'not applicable' and "N/R" stands 'no reply'.

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## Micronesia (Federated States of) - Health Benefit Package

### Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	Yes
	Change in reimbursement level /cost-sharing requirement.	Yes
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	Yes
	Other	N/A
The time period for regular revisions is		Between 1 and 3 years



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	No	Yes	No	No	No
Specialist Outpatient Consultation	No	Yes	No	No	No
Ambulance (emergency/non-emergency)	No	No	No	No	No
Emergency unit care	No	No	No	Yes	No
Acute inpatient care	No	Yes	No	No	No
Critical Care (e.g. Intensive Care Unit)	No	Yes	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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# Mongolia - Health Benefit Package Country/Area profile



## HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	The State Budget
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	No
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	Yes
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		The Health and Health Insurance laws of Mongolia differentiate the health and medical care services that are to be provided to the population according to whether they are funded from the government health budget or the Health Insurance Fund

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	Yes	No	No	No
Medical Devices	Yes	No	No	No
Diagnostic Tests	Yes	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Waiting times to receive services	No
	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes

1. These results come from the 2020/2021 WHO Global Survey on HTA and Health Benefit Packages.

2. "N/A" stands for 'not applicable' and "N/R" stands 'no reply'.

3. "HBP" stands for 'Health Benefit Package'

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# Mongolia - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		No
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



## Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	No	No	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	No	No	Yes	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Morocco - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Public health financing scheme
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	No
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	Yes
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		N/R
Actors/organizations internal to the country involved in the discussions around the benefit package design		N/R

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	Yes	No	No	No
Medical Devices	Yes	No	No	No
Diagnostic Tests	Yes	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	No
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	No
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	No

1. These results come from the 2020/2021 WHO Global Survey on HTA and Health Benefit Packages.

2. "N/A" stands for 'not applicable' and "N/R" stands 'no reply'.

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## Morocco - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit	Waiting times to receive services	No
	Other	No
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	Yes
	Change in reimbursement level /cost-sharing requirement.	Yes
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	No
	Other	N/A
The time period for regular revisions is		N/R



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	No	Yes	No	No	No
Specialist Outpatient Consultation	No	Yes	No	No	No
Ambulance (emergency/non-emergency)	No	Yes	No	No	No
Emergency unit care	No	Yes	No	No	No
Acute inpatient care	No	Yes	No	No	No
Critical Care (e.g. Intensive Care Unit)	No	Yes	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Mozambique - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	financing through the Government Budget
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	We have automatic coverage but is not based on any specific rule. Everyone can access any health facility. It is not based on residence or nationality. It
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		MOH (Central and Provincial); Partners (Technical NGOs and United Nations Agencies)

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	No	No	No	Yes
Medical Procedures	No	No	No	Yes
Medical Devices	No	No	No	Yes
Diagnostic Tests	No	No	No	Yes
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	No	No	No	Yes
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Waiting times to receive services	No
	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes

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## Mozambique - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		No
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	Yes	No	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Myanmar - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Government Schemet (including Ministry of Health and Sports, Ministry of Defense, other health related ministries)
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		Within Ministry of Health and Sports: 1) National Health Plan Implementation Monitoring Unit, Minister's Office, 2) Department of Medical Services, 3) Department of Public Health

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	Yes
Medical Procedures	No	No	No	Yes
Medical Devices	No	No	No	Yes
Diagnostic Tests	Yes	No	No	Yes
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	No	No	No	Yes
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	No
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	No
	Waiting times to receive services	No

1. These results come from the 2020/2021 WHO Global Survey on HTA and Health Benefit Packages.

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## Myanmar - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Other	No
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		No
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	No	No	No	No	No
Ambulance (emergency/non-emergency)	No	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	No	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Namibia - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Public Health Sector
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	N/R
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	N/R
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		Ministry of Health and Social Services and the Ministry of Finance

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	Yes	No	No	No
Medical Devices	Yes	No	No	No
Diagnostic Tests	Yes	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
	Waiting times to receive services	N/R
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	N/R

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## Namibia - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	N/R
	Other	N/R
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		No
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	No	No	Yes	No	No
Specialist Outpatient Consultation	No	No	Yes	No	No
Ambulance (emergency/non-emergency)	No	No	Yes	No	No
Emergency unit care	No	No	Yes	No	No
Acute inpatient care	No	No	Yes	No	No
Critical Care (e.g. Intensive Care Unit)	No	No	Yes	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Nepal - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Social Health Insurance with health benefit package
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	N/R
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	N/R
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	Yes
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		Service Providers - Hospitals Health financing experts Medical consultants, doctors, surgeons External development partners Different subject experts from different divisions and centres of Department of Health Services and Ministry of Health and Population

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	Yes	No	No	No
Medical Devices	No	No	No	No
Diagnostic Tests	Yes	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes

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## Nepal - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
	Waiting times to receive services	Yes
	Other	N/R
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	Yes
	Change in reimbursement level /cost-sharing requirement.	Yes
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	Yes
	Other	Health care services cost / price; Medicine price revisions
The time period for regular revisions is		Between 1 and 3 years



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	Yes	No	No	No	No
Ambulance (emergency/non-emergency)	No	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

1. These results come from the 2020/2021 WHO Global Survey on HTA and Health Benefit Packages.

2. "N/A" stands for 'not applicable' and "N/R" stands 'no reply'.

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## Nepal - Health Benefit Package Country/Area profile



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## Netherlands - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	basic health care package (cure and long time care) for all citizens: private insurance withing public boundaries
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	No
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	Yes
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		Yes
Actors/organizations internal to the country involved in the discussions around the benefit package design		Health Care Institute MoH Parliament

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	Yes	No	No
Medical Procedures	No	Yes	No	No
Medical Devices	No	Yes	No	No
Diagnostic Tests	No	Yes	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	No	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Waiting times to receive services	No
	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes

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## Netherlands - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	Yes
	Change in reimbursement level /cost-sharing requirement.	No
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	Yes
	Other	N/A
The time period for regular revisions is		In a period under a year (e.g. every 6 months)



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	No	No	No	Yes	No
Ambulance (emergency/non-emergency)	No	No	No	Yes	No
Emergency unit care	No	No	No	Yes	No
Acute inpatient care	No	No	No	Yes	No
Critical Care (e.g. Intensive Care Unit)	No	No	No	Yes	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

1. These results come from the 2020/2021 WHO Global Survey on HTA and Health Benefit Packages.

2. "N/A" stands for 'not applicable' and "N/R" stands 'no reply'.

3. "HBP" stands for 'Health Benefit Package'

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## Nicaragua - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Ministry of Health (MINSa) Public sector scheme
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	Yes
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	Yes
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		MINSa

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	No	No	No	Yes
Medical Devices	No	No	No	Yes
Diagnostic Tests	No	No	No	Yes
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes

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## Nicaragua - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
	Waiting times to receive services	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		No
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	Yes	No	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Nigeria - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Formal Sector, Federal Government employees only
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	No
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	Yes
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		National Health Insurance Scheme Federal Ministry of Health Labour groups Civil Society groups

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	Yes	No	No	No
Medical Devices	Yes	No	No	No
Diagnostic Tests	Yes	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes

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## Nigeria - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
	Waiting times to receive services	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		No
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	Yes	No	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	No	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	No	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## North Macedonia - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Scheme for health insurance for general population
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	No
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	Yes
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		Health Insurance Fund, Ministry of Health, Tertiary health care providers

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	No	Yes	No	No
Medical Devices	Yes	No	No	No
Diagnostic Tests	No	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes

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## North Macedonia - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
	Waiting times to receive services	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		No
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	No	Yes	Yes	No	No
Ambulance (emergency/non-emergency)	No	Yes	Yes	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	No	Yes	Yes	No	No
Critical Care (e.g. Intensive Care Unit)	No	Yes	Yes	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Norway - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	The National System for Managed Introduction of New Health Technologies within the Specialist Health Service in Norway
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	N/R
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	N/R
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		N/R
Actors/organizations internal to the country involved in the discussions around the benefit package design		N/R

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	Yes	No	No
Medical Procedures	Yes	Yes	No	No
Medical Devices	Yes	Yes	No	No
Diagnostic Tests	Yes	Yes	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	No	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Waiting times to receive services	N/R
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	N/R
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	N/R
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	N/R

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## Norway - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Which interventions are available (i.e. only cover generics or low-cost alternatives)	N/R
	Other	N/R
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		N/R
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	N/A	N/A	N/A	N/A	N/A
Specialist Outpatient Consultation	N/A	N/A	N/A	N/A	N/A
Ambulance (emergency/non-emergency)	N/A	N/A	N/A	N/A	N/A
Emergency unit care	N/A	N/A	N/A	N/A	N/A
Acute inpatient care	N/A	N/A	N/A	N/A	N/A
Critical Care (e.g. Intensive Care Unit)	N/A	N/A	N/A	N/A	N/A

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Occupied Palestinian territory, including east Jerusalem - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Government health insurance scheme
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	Yes
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	Yes
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		Ministry of Health

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	Yes	No	No	No
Medical Devices	No	No	No	No
Diagnostic Tests	Yes	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Waiting times to receive services	No
	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes

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## Occupied Palestinian territory, including east Jerusalem - Health Benefit Package Country/Area profile

Elements considered as coverage conditions for interventions in the benefit package:	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes

Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		N/R
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	Yes	No	No	No	No
Ambulance (emergency/non-emergency)	No	No	No	No	No
Emergency unit care	No	Yes	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Oman - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Public financing scheme nor all nationals
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		Undersecretary of Administrative, Finance and Planning Affairs

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	No	No	No	Yes
Medical Procedures	No	No	No	Yes
Medical Devices	No	No	No	Yes
Diagnostic Tests	No	No	No	Yes
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	No	No	No	Yes
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Which interventions are available (i.e. only cover generics or low-cost alternatives)	No
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	No
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	No
	Waiting times to receive services	No

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## Oman - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		No
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	N/A	N/A	N/A	N/A	N/A
Specialist Outpatient Consultation	N/A	N/A	N/A	N/A	N/A
Ambulance (emergency/non-emergency)	N/A	N/A	N/A	N/A	N/A
Emergency unit care	N/A	N/A	N/A	N/A	N/A
Acute inpatient care	N/A	N/A	N/A	N/A	N/A
Critical Care (e.g. Intensive Care Unit)	N/A	N/A	N/A	N/A	N/A

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Panama - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	The Social Security Fund
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	Yes
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	Yes
	Other	Panama presents the three coverage schemes: the automatic by residence by the Ministry of Health, the mandatory contributory by the Social Security Fund and the voluntary with private contributions. Here the broadest coverage option was marked, which is the contributory mandatory
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		Ministry of Health for the public sector and the Social Security Fund for its beneficiaries.

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	Yes	No	No	Yes
Medical Devices	No	No	No	Yes
Diagnostic Tests	No	No	No	Yes
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes

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2. "N/A" stands for 'not applicable' and "N/R" stands 'no reply'.

3. "HBP" stands for 'Health Benefit Package'

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## Panama - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
	Waiting times to receive services	Yes

Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		No
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	Yes	No	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Papua New Guinea - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Not Applicable (Free Healthcare Policy and Subsidized Specialized Medical Care)
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		Discussions around benefit package design are undertaken with involvement of government agencies and development partners.

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	No	No	No	Yes
Medical Devices	Yes	No	No	No
Diagnostic Tests	Yes	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes

1. These results come from the 2020/2021 WHO Global Survey on HTA and Health Benefit Packages.

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## Papua New Guinea - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
	Waiting times to receive services	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		No
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	No	No	Yes	No	No
Ambulance (emergency/non-emergency)	No	Yes	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Paraguay - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	The Ministry of Public Health and Social Welfare public sector scheme
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	The National Health System, created by law 1032/96, is made up of public and private institutions, characterized by its segmentation and fragmentation sustained by high household spending and asymmetric territorial coverage. It presents all these coverage schemes that are presented here. The Paraguayan health system is made up of two subsectors, the public and the private. The public sector includes the Ministry of Public Health and Social Welfare (MSPyBS), the Social Security Institute (IPS), the Health Services of the Armed Forces and the Police, the National University of Asunción and the assistance services of the decentralized companies Itaipú Binacional and Yacretá. The private sector includes private insurers, for-profit providers, non-profit providers, and mixed providers. The survey has been completed for the scheme of the Ministry of Public Health and Social Welfare.
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		Ministry of Public Health and Social Welfare and the Social Security Institute for its beneficiaries. For the preparation of the Document "Portfolio of Services", more than 100 technicians have participated, according to the same document: "The first edition of the Portfolio of Health Services of Paraguay constitutes a management tool developed and agreed upon in a participatory manner, through coordination of an executive technical team and the development of three workshops and numerous review meetings for the incorporation of adjustments and updating of services that the MSPBS provides in health facilities by life course and levels of care and complexity. to more than 100 professionals and technicians from managerial, hospital settings, and referents of priority public health programs, who have contributed knowledge and experience for the construction of this guide." To complete this survey regarding specific interventions we have relied on said document

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## Paraguay - Health Benefit Package Country/Area profile



For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	No	No	No	Yes
Medical Devices	No	No	No	Yes
Diagnostic Tests	No	No	No	Yes
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	No	No	No	Yes
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
	Waiting times to receive services	Yes

Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		No
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

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## Paraguay - Health Benefit Package Country/Area profile



For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	Yes	No	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Peru - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Comprehensive Health Insurance (SIS) Public scheme
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	Yes
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	The SIS provides coverage to the population without coverage with treasury funds. Coverage is automatic. EsSalud provides coverage to workers in a dependency relationship through a contribution related to wages on a mandatory basis. A third scheme has to do with private coverage through voluntary contributions but that covers a minimum percentage of the population
Are decisions around the benefit package linked to a formalized HTA process?		Yes
Actors/organizations internal to the country involved in the discussions around the benefit package design		The PEAS was prepared in 2009 with very little participation, even from the Peruvian MINSAL technicians. In December 2019, a temporary Multisectoral Commission was created to review the PEAS, made up of: a. One or a representative of the Vice Ministry of Benefits and Health Insurance of the Ministry of Health, who presided over it; b. A representative of the Ministry of Labor and Employment Promotion; c. A representative of the Ministry of Development and Social Inclusion; d. One or a representative of the Ministry of Economy and Finance; and e. A representative of the Social Health Security - ESSALUD; f. One or a representative of the Comprehensive Health Insurance - SIS; g. One or a representative of the Administrative Institutions of Health Insurance Funds - IAFAS in charge of the Ministry of Defense; and h. One or a representative of the Administrative Institution of Health Insurance Funds - IAFAS of the National Police of Peru in charge of the Ministry of the Interior. This commission in turn summoned experts to comment.

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## Peru - Health Benefit Package Country/Area profile



For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	Yes	No	No	No
Medical Devices	Yes	No	No	No
Diagnostic Tests	Yes	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	Yes	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
	Other	Yes
	Waiting times to receive services	Yes

Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	No
	Change in reimbursement level /cost-sharing requirement.	No
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	No

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## Peru - Health Benefit Package Country/Area profile



The common forms of revisions of the health benefit package are:	Other	The AUS law states that MINSA should update the PEAS every two years, and that the update should produce additions to the PEAS and not decreases and to progressively include more health conditions, according to financial availability and the offer of services. The first update should have been made in 2011. However, the first adjustment was only made in 2019, 10 years later.
The time period for regular revisions is		In a period that is over 5 years (e.g. every 10 years)



### Contents of health benefit package - General interventions

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## Peru - Health Benefit Package Country/Area profile



For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	Yes	No	No
Specialist Outpatient Consultation	Yes	No	Yes	No	No
Ambulance (emergency/non-emergency)	No	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	Yes	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Philippines - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Social health insurance - individual patient care
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		Yes
Actors/organizations internal to the country involved in the discussions around the benefit package design		Philhealth is the national health insurance agency tasked to administer the social health insurance program for all Filipinos.

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	Yes	No	No	No
Medical Devices	No	No	Yes	Yes
Diagnostic Tests	No	No	Yes	Yes
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	Yes	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Waiting times to receive services	No
	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes

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## Philippines - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	Yes
	Change in reimbursement level /cost-sharing requirement.	Yes
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	No
	Other	N/A
The time period for regular revisions is		Between 3 and 5 years



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	No	No	No	No	No
Ambulance (emergency/non-emergency)	No	No	Yes	No	No
Emergency unit care	No	No	Yes	No	No
Acute inpatient care	No	No	Yes	No	No
Critical Care (e.g. Intensive Care Unit)	No	No	Yes	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Poland - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	general population
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	No
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	Yes
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		Yes
Actors/organizations internal to the country involved in the discussions around the benefit package design		Agency of Health Technology Appraisal and Tariff System, MoH, NHS, Clinical experts in various medical fields

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	Yes
Medical Procedures	Yes	No	No	No
Medical Devices	Yes	No	No	No
Diagnostic Tests	Yes	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	Yes	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Which interventions are available (i.e. only cover generics or low-cost alternatives)	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes

1. These results come from the 2020/2021 WHO Global Survey on HTA and Health Benefit Packages.

2. "N/A" stands for 'not applicable' and "N/R" stands 'no reply'.

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## Poland - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit	Waiting times to receive services	Yes
	Other	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	Yes
	Change in reimbursement level /cost-sharing requirement.	Yes
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	Yes
	Other	N/A
The time period for regular revisions is		Between 1 and 3 years



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	Yes	No	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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2. "N/A" stands for 'not applicable' and "N/R" stands 'no reply'.

3. "HBP" stands for 'Health Benefit Package'

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## Portugal - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	National Health Service (NHS)
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		Yes
Actors/organizations internal to the country involved in the discussions around the benefit package design		Regarding benefit packages linked to a formalized HTA process, HTA Committee is responsible for the appraisal; the patient's associations can give their input on the PICO phase; The HTA Department and the INFARMED's Executive Board negotiate with the company and make the proposal of funding; and finally, the decision is taken by the Ministry of Health. Other NHS institutions such as DGS (General Directorate of Health) or ACSS (Central Administration of the Health System, I. P.) might be involved, depending on the category of the benefit package.

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	Yes	Yes	No
Medical Procedures	Yes	No	Yes	No
Medical Devices	Yes	No	Yes	No
Diagnostic Tests	Yes	No	Yes	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

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## Portugal - Health Benefit Package Country/Area profile



Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
	Waiting times to receive services	Yes

Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	Yes
	Change in reimbursement level /cost-sharing requirement.	Yes
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	Yes
	Other	Change in the Managed Entry Agreements conditions
The time period for regular revisions is		Between 1 and 3 years



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	Yes	No	No	No
Specialist Outpatient Consultation	Yes	Yes	No	No	No
Ambulance (emergency/non-emergency)	Yes	Yes	No	No	No
Emergency unit care	Yes	Yes	No	No	No
Acute inpatient care	Yes	No	No	No	No

1. These results come from the 2020/2021 WHO Global Survey on HTA and Health Benefit Packages.

2. "N/A" stands for 'not applicable' and "N/R" stands 'no reply'.

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## Portugal - Health Benefit Package Country/Area profile



Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No
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For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Republic of Korea - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	N/R
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	N/R
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	N/R
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	N/R
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		N/R
Actors/organizations internal to the country involved in the discussions around the benefit package design		N/R

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	No	No	No	No
Medical Procedures	No	No	No	No
Medical Devices	No	No	No	No
Diagnostic Tests	Yes	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	N/R
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	N/R
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	N/R
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	N/R

1. These results come from the 2020/2021 WHO Global Survey on HTA and Health Benefit Packages.

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## Republic of Korea - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit	Waiting times to receive services	N/R
	Other	N/R
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	Yes
	Other	N/A
The time period for regular revisions is		In a period under a year (e.g. every 6 months)



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	No	No	Yes	No	No
Specialist Outpatient Consultation	No	No	Yes	No	No
Ambulance (emergency/non-emergency)	No	No	No	No	No
Emergency unit care	No	No	No	No	No
Acute inpatient care	No	No	Yes	No	No
Critical Care (e.g. Intensive Care Unit)	No	No	Yes	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Republic of Moldova - Health Benefit Package

### Country/Area profile



#### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	the entire employed population pays compulsory health insurance contributions in the form of a percentage contribution
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	No
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	Yes
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		Yes
Actors/organizations internal to the country involved in the discussions around the benefit package design		Ministry of Health, Labor and Social Protection; National Health Insurance Company; specialized commissions; ONG

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	No	No	No	No
Medical Devices	No	No	No	No
Diagnostic Tests	No	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	No	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	No
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	No
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	No
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	No

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## Republic of Moldova - Health Benefit Package

### Country/Area profile



Elements considered as coverage conditions for interventions in the benefit	Waiting times to receive services	No
	Other	No
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	No
	Change in reimbursement level /cost-sharing requirement.	No
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	Yes
	Other	N/A
The time period for regular revisions is		Between 1 and 3 years



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	Yes	No	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Romania - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	National Insurance scheme (basic benefit package) - covers 95% of the population
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	No
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	Yes
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		Yes
Actors/organizations internal to the country involved in the discussions around the benefit package design		NHII, College of physicians, other health, hospital services providers, organisations,

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	Yes	No	No	No
Medical Devices	Yes	No	No	No
Diagnostic Tests	Yes	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Which interventions are available (i.e. only cover generics or low-cost alternatives)	No
	Waiting times to receive services	No
	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes

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## Romania - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes

Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		N/R
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	Yes	No	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Rwanda - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Community based health insurance
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	No
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	Yes
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		Ministries; Ministry of health and its implementing agencies , Ministry of finance and economic planning Rwanda social security board Development partners

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	Yes	No	No	No
Medical Devices	Yes	No	No	No
Diagnostic Tests	Yes	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Waiting times to receive services	No
	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes

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## Rwanda - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	No
	Change in reimbursement level /cost-sharing requirement.	No
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	No
	Other	N/A
The time period for regular revisions is		Between 3 and 5 years



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	Yes	Yes	No	No
Specialist Outpatient Consultation	Yes	Yes	Yes	No	No
Ambulance (emergency/non-emergency)	Yes	Yes	Yes	No	No
Emergency unit care	Yes	Yes	Yes	No	No
Acute inpatient care	Yes	Yes	Yes	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	Yes	Yes	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## San Marino - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Total population are eligible to receive all health service
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		Istitute for Health and Security

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	Yes	No	No	No
Medical Devices	Yes	No	No	No
Diagnostic Tests	Yes	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	No
	Waiting times to receive services	No
	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes

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## San Marino - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes

Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		No
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	Yes	No	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Senegal - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Households
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	No
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	Direct Payment
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		The departments of the Ministry of Health and Social Action (MSAS): Direction, Division, service and cell.

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	No	No	Yes	Yes
Medical Procedures	No	No	Yes	Yes
Medical Devices	No	No	Yes	Yes
Diagnostic Tests	No	No	Yes	Yes
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	No	No	Yes	Yes
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	No
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	No
	Waiting times to receive services	No
	Other	No

1. These results come from the 2020/2021 WHO Global Survey on HTA and Health Benefit Packages.

2. "N/A" stands for 'not applicable' and "N/R" stands 'no reply'.

3. "HBP" stands for 'Health Benefit Package'

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## Senegal - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes

Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		No
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	No	No	Yes	Yes	No
Specialist Outpatient Consultation	No	No	Yes	Yes	No
Ambulance (emergency/non-emergency)	No	No	Yes	Yes	No
Emergency unit care	No	No	Yes	Yes	No
Acute inpatient care	No	No	Yes	Yes	No
Critical Care (e.g. Intensive Care Unit)	No	No	Yes	Yes	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Serbia - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Compulsory health insurance, which is mostly provided by the payment of contributions
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	No
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	Yes
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	Yes
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		At the proposal of the Republic Fund, the Minister, for each calendar year, regulates the content and scope of the right to health care from compulsory health insurance, for certain types of health services and certain types of diseases and injuries, the percentage of payment for health services, ie prices of diagnostically related groups. health insurance, as well as the percentage of payment of the insured person up to the full amount of the price of the health service, ie the price of the diagnostically related group. In addition to the general criteria for determining priorities, which are stated in this general act, there are no detailed criteria on the basis of which a positive, i.e. negative HSP or on the basis of which the percentage coverage of the HSP parts is defined.

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	Yes	No	No	No
Medical Devices	Yes	No	No	No
Diagnostic Tests	Yes	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

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## Serbia - Health Benefit Package Country/Area profile



Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
	Waiting times to receive services	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	No
	Change in reimbursement level /cost-sharing requirement.	No
	Additions to the Benefit Package	No
	Withdrawals from the benefit package	No
	Other	The right of the insured person to health care from Art. 51-70. of the Health Insurance Act is determined on the basis of the health care plan from compulsory health insurance issued on the basis of: 1) health needs of insured persons; 2) provided financial resources for the implementation

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## Serbia - Health Benefit Package Country/Area profile



		tation of compulsory health insurance; 3) established priorities for the implementation of health care at the primary, secondary and tertiary levels; 4) available capacities of the health service. The Government, on the proposal of the Minister, adopts a Plan for each calendar year. The proposal of this plan is determined by the Minister in cooperation with the IPHR of Serbia and with the Republic Fund. The plan must be harmonized with the financial plan of the Republic Fund.
The time period for regular revisions is		In a

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## Serbia - Health Benefit Package Country/Area profile



		period under a year (e.g. every 6 months)
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### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	Yes	No	No	No
Specialist Outpatient Consultation	Yes	Yes	No	No	No
Ambulance (emergency/non-emergency)	Yes	Yes	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	Yes	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Sierra Leone - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Free health Care Initiative
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	No
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	Target population
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		CSOs, Donors, Partners

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	N/R	N/R	N/R	N/R
Medical Procedures	N/R	N/R	N/R	N/R
Medical Devices	N/R	N/R	N/R	N/R
Diagnostic Tests	N/R	N/R	N/R	N/R
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	N/R	N/R	N/R	N/R
Others (Please Specify)	N/R	N/R	N/R	N/R

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Which interventions are available (i.e. only cover generics or low-cost alternatives)	No
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	No
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	No
	Waiting times to receive services	No

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## Sierra Leone - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes

Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		No
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	No	No	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	No	No	No	No	No
Acute inpatient care	No	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	No	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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# Singapore - Health Benefit Package Country/Area profile



## HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Government subsidies for all healthcare services provided across public healthcare settings (subsidies typically range from 50-75%)
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	Yes
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	Yes
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		Yes
Actors/organizations internal to the country involved in the discussions around the benefit package design		MOH Healthcare Finance division (government)

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	Yes	No
Medical Procedures	Yes	No	No	No
Medical Devices	Yes	No	Yes	No
Diagnostic Tests	Yes	No	Yes	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Waiting times to receive services	No
	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes

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## Singapore - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	Yes
	Change in reimbursement level /cost-sharing requirement.	Yes
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	Yes
	Other	N/A
The time period for regular revisions is		In a period under a year (e.g. every 6 months)



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	No	No	Yes	Yes	No
Specialist Outpatient Consultation	No	No	Yes	Yes	No
Ambulance (emergency/non-emergency)	No	No	No	Yes	No
Emergency unit care	No	No	Yes	Yes	No
Acute inpatient care	No	No	Yes	Yes	No
Critical Care (e.g. Intensive Care Unit)	No	No	Yes	Yes	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Slovakia - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	The Constitution of the Slovak Republic guarantees all its inhabitants universal and free access to a wide package of basic health care covered by the public health insurance system. All residents are insured and they are obliged to pay a contribution to the public health insurance fund, which is operated by several health insurance companies. In Slovakia, a pluralistic system of health insurance companies is in place, and three health insurance companies operated in the Slovak market.
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	N/R
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	Yes
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	N/R
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		Yes
Actors/organizations internal to the country involved in the discussions around the benefit package design		The Slovak Ministry of Health established the Reimbursement (or Categorization) Committee to act as its advisory body in regards to reimbursement processes. The Categorization Committee consists of three representatives from the Ministry of Health, three representatives from the Slovak Medical Chamber, and five representatives from health insurance companies. The Categorization Committee is supported by different advisory working groups, a medical board (assessing the effectiveness, safety and importance of the medicine), and the Working Group for Pharmacoeconomics, Clinical Outcomes, and HTA of the Ministry of Health.

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	Yes	No	No	No
Medical Devices	Yes	No	No	No
Diagnostic Tests	Yes	No	No	No

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## Slovakia - Health Benefit Package Country/Area profile



Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
	Waiting times to receive services	Yes
	Other	N/R

Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	Yes
	Change in reimbursement level /cost-sharing requirement.	Yes
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	Yes
	Other	N/A
The time period for regular revisions is		In a period under a year (e.g. every 6 months)



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	Yes	No	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	Yes	No	No	No	No

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2. "N/A" stands for 'not applicable' and "N/R" stands 'no reply'.

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## Slovakia - Health Benefit Package Country/Area profile



Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Solomon Islands - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	N/R
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	No
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		N/R
Actors/organizations internal to the country involved in the discussions around the benefit package design		N/R

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	N/R	N/R	N/R	N/R
Medical Procedures	N/R	N/R	N/R	N/R
Medical Devices	N/R	N/R	N/R	N/R
Diagnostic Tests	N/R	N/R	N/R	N/R
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	N/R	N/R	N/R	N/R
Others (Please Specify)	N/R	N/R	N/R	N/R

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	No
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	No
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	No

1. These results come from the 2020/2021 WHO Global Survey on HTA and Health Benefit Packages.

2. "N/A" stands for 'not applicable' and "N/R" stands 'no reply'.

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## Solomon Islands - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit	Waiting times to receive services	No
	Other	No

Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		N/R
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	Yes	No	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Somalia - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Funding from Development Partners
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		Yes
Actors/organizations internal to the country involved in the discussions around the benefit package design		Ministry of health, Donors, UN Organizations, CSOs

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	No	No	Yes	No
Medical Procedures	No	No	Yes	No
Medical Devices	No	No	No	Yes
Diagnostic Tests	No	No	No	Yes
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	Yes	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Waiting times to receive services	No
	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes

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## Somalia - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	No
	Change in reimbursement level /cost-sharing requirement.	No
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	Yes
	Other	N/A
The time period for regular revisions is		In a period that is over 5 years (e.g. every 10 years)



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	No	No	No	No	No
Ambulance (emergency/non-emergency)	No	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	No	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## South Africa - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	South African Public Health Sector *provided by 9 provinces
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		Yes
Actors/organizations internal to the country involved in the discussions around the benefit package design		Ministry of Health and appointed advisory Committees as outlined in part A (HTA Section) of survey

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	Yes	Yes	No
Medical Procedures	No	No	Yes	No
Medical Devices	No	No	Yes	No
Diagnostic Tests	No	No	Yes	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	Yes	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes

1. These results come from the 2020/2021 WHO Global Survey on HTA and Health Benefit Packages.

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## South Africa - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
	Waiting times to receive services	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	Yes
	Change in reimbursement level /cost-sharing requirement.	No
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	Yes
	Other	N/A
The time period for regular revisions is		Between 3 and 5 years



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	No	No	No	Yes	No
Specialist Outpatient Consultation	No	No	No	Yes	No
Ambulance (emergency/non-emergency)	No	No	No	Yes	No
Emergency unit care	No	No	No	Yes	No
Acute inpatient care	No	No	No	Yes	No
Critical Care (e.g. Intensive Care Unit)	No	No	No	Yes	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## South Sudan - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Government basic package of health and nutrition services - service provision for the general population
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		All health sector stakeholders, under the leadership of the Ministry of Health

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	Yes	No	No	No
Medical Devices	Yes	No	No	No
Diagnostic Tests	Yes	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Which interventions are available (i.e. only cover generics or low-cost alternatives)	No
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	No
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	No
	Waiting times to receive services	No

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## South Sudan - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	No
	Change in reimbursement level /cost-sharing requirement.	No
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	No
	Other	N/A
The time period for regular revisions is		In a period that is over 5 years (e.g. every 10 years)



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	No	No	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	No	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Spain - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Public Financing through community taxes and INGESA
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		Yes
Actors/organizations internal to the country involved in the discussions around the benefit package design		Spanish Network of Health Technology Assessment Agencies and SNS Benefits (RedETS) coordinated by the Ministry of Health. Commission of benefits, insurance and financing (CPAF). Interterritorial Council of the National Health System. Scientific Societies. Patient organizations

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	No	No	No	No
Medical Procedures	Yes	Yes	No	No
Medical Devices	Yes	Yes	No	No
Diagnostic Tests	Yes	Yes	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Which interventions are available (i.e. only cover generics or low-cost alternatives)	No
	Waiting times to receive services	No
	Other	No

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## Spain - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	Yes
	Change in reimbursement level /cost-sharing requirement.	No
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	No
	Other	N/A
The time period for regular revisions is		N/R



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	Yes	No	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Sri Lanka - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Government funded Free health care delivery
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	N/R
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	N/R
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		N/R
Actors/organizations internal to the country involved in the discussions around the benefit package design		Ministry of Health Sri Lanka, Ministry of Finance, Ministry of Public Administration,

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	No	No	No	Yes
Medical Procedures	No	No	No	Yes
Medical Devices	No	No	No	Yes
Diagnostic Tests	No	No	No	Yes
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	No	No	No	Yes
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	N/R
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	N/R
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	N/R

1. These results come from the 2020/2021 WHO Global Survey on HTA and Health Benefit Packages.

2. "N/A" stands for 'not applicable' and "N/R" stands 'no reply'.

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## Sri Lanka - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit	Waiting times to receive services	N/R
	Other	N/R
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		Between 3 and 5 years



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	Yes	No	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Sweden - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Tax-funded health-care for all Swedish citizens
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	N/R
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	N/R
	Other	Registration in the Tax Agency population register
Are decisions around the benefit package linked to a formalized HTA process?		Yes
Actors/organizations internal to the country involved in the discussions around the benefit package design		<p>The Swedish Regions (sub-national): Responsibility to organise Health- and medical care and thereby to provide all citizens with good healthcare.</p> <p>The National Board of Health and Welfare (SoS): Recommendations and general guidelines to support decisions in the regions and the social service sectors.</p> <p>Swedish Agency for Health technology assessment and assessment of social services (SBU): HTA reports to support regional decisions.</p> <p>The Dental and Pharmaceutical Benefits Agency (TLV): Reimbursement decisions for pharmaceuticals and Medical device consumables. TLV also makes HTA to support decision-making in the regions (e.g. for drugs for inpatient care and Medical devices). TLV decides what dental procedures are reimbursable and decides the reference prices for dental procedures.</p> <p>Public Health Agency of Sweden: Support for decision-making on national vaccination programs</p>

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	No	No	No	Yes
Medical Devices	No	No	No	Yes
Diagnostic Tests	No	No	No	Yes

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## Sweden - Health Benefit Package Country/Area profile



Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Other	Yes
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	N/R
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	N/R
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	N/R
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	N/R
	Waiting times to receive services	N/R

Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	Yes
	Change in reimbursement level /cost-sharing requirement.	Yes
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	Yes
	Other	N/A
The time period for regular revisions is		N/R



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	No	Yes	No	No	No
Specialist Outpatient Consultation	No	Yes	No	No	No
Ambulance (emergency/non-emergency)	Yes	Yes	No	No	No
Emergency unit care	No	Yes	No	No	No
Acute inpatient care	No	Yes	No	No	No
Critical Care (e.g. Intensive Care Unit)	No	Yes	No	No	No

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## Sweden - Health Benefit Package Country/Area profile



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## Switzerland - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Federal Compulsory health insurance
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	N/R
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	Yes
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	N/R
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		Federal Department of Home Affairs

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	No	Yes	No	Yes
Medical Devices	Yes	No	No	No
Diagnostic Tests	Yes	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	No	No	No	Yes
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Other	Yes
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	N/R
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	N/R
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	N/R

1. These results come from the 2020/2021 WHO Global Survey on HTA and Health Benefit Packages.

2. "N/A" stands for 'not applicable' and "N/R" stands 'no reply'.

3. "HBP" stands for 'Health Benefit Package'

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## Switzerland - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	N/R
	Waiting times to receive services	N/R
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		N/R
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	No	No	Yes	No	No
Specialist Outpatient Consultation	No	No	Yes	No	No
Ambulance (emergency/non-emergency)	No	No	Yes	No	No
Emergency unit care	No	No	Yes	No	No
Acute inpatient care	No	No	Yes	No	No
Critical Care (e.g. Intensive Care Unit)	No	No	Yes	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Syrian Arab Republic - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Free services financed from the budget of the Ministry of Health
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		N/R
Actors/organizations internal to the country involved in the discussions around the benefit package design		Entities concerned with providing health services

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	Yes	No	No	No
Medical Devices	Yes	No	No	No
Diagnostic Tests	Yes	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes

1. These results come from the 2020/2021 WHO Global Survey on HTA and Health Benefit Packages.

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## Syrian Arab Republic - Health Benefit Package

### Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
	Waiting times to receive services	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		N/R
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	Yes	No	No	No
Specialist Outpatient Consultation	No	Yes	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	Yes	Yes	No	No	No
Acute inpatient care	Yes	Yes	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	Yes	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Tajikistan - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Regional (local) public health financing scheme
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	N/R
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	N/R
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		N/R
Actors/organizations internal to the country involved in the discussions around the benefit package design		Ministry of Health and Social Protection of the Population

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	Yes	No
Medical Procedures	Yes	No	Yes	No
Medical Devices	Yes	No	Yes	No
Diagnostic Tests	Yes	No	Yes	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	No	No	Yes	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes

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## Tajikistan - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit	Other	Yes
	Waiting times to receive services	N/R
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	Yes
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		Between 1 and 3 years



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	Yes	No	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Thailand - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Universal Coverage Scheme (UCS)
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		Yes
Actors/organizations internal to the country involved in the discussions around the benefit package design		The National Health Security Board (NHSB) comprising stakeholders from the Thai Ministry of Public Health (MoPH) and others is the decision-making body for benefits under UCS. This is a multi-sectoral process and involves various stakeholders throughout the decision-making process.

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	No	Yes	No	No
Medical Devices	No	Yes	No	No
Diagnostic Tests	No	Yes	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	No
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	No

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## Thailand - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	No
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	No
	Waiting times to receive services	No
	Other	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	Yes
	Change in reimbursement level /cost-sharing requirement.	No
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	No
	Other	N/A
The time period for regular revisions is		Between 1 and 3 years



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	Yes	No	No	No	No
Ambulance (emergency/non-emergency)	No	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Timor-Leste - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Universally Free Health Care system, financed By Government Budget, complemented with Donor Support
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	All Timorese are entitle to free healthcare services
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		Ministry of Health - and its entities

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	N/R	N/R	N/R	N/R
Medical Procedures	N/R	N/R	N/R	N/R
Medical Devices	N/R	N/R	N/R	N/R
Diagnostic Tests	N/R	N/R	N/R	N/R
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	N/R	N/R	N/R	N/R
Others (Please Specify)	N/R	N/R	N/R	N/R

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes

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## Timor-Leste - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
	Waiting times to receive services	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		N/R
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	N/A	N/A	N/A	N/A	N/A
Specialist Outpatient Consultation	N/A	N/A	N/A	N/A	N/A
Ambulance (emergency/non-emergency)	N/A	N/A	N/A	N/A	N/A
Emergency unit care	N/A	N/A	N/A	N/A	N/A
Acute inpatient care	N/A	N/A	N/A	N/A	N/A
Critical Care (e.g. Intensive Care Unit)	N/A	N/A	N/A	N/A	N/A

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Trinidad and Tobago - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Public Health System
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	Yes
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		Ministry of Health

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	No	No	No	Yes
Medical Devices	No	No	No	No
Diagnostic Tests	No	No	No	Yes
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	No	No	No	Yes
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes

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## Trinidad and Tobago - Health Benefit Package

### Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
	Waiting times to receive services	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		No
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	Yes	No	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Tunisia - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	National Health Insurance Fund (Caisse Nationale d'Assurance Maladie)
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	No
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	Yes
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		Ministry of Social Affairs, Ministry of health, National Health Insurance Fund (Caisse Nationale d'Assurance Maladie), INEAS

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	Yes	No	No
Medical Procedures	Yes	No	No	Yes
Medical Devices	Yes	No	No	Yes
Diagnostic Tests	Yes	No	No	Yes
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	No	No	No	Yes
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Which interventions are available (i.e. only cover generics or low-cost alternatives)	No
	Waiting times to receive services	No
	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes

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## Tunisia - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes

Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	Yes
	Change in reimbursement level /cost-sharing requirement.	Yes
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	Yes
	Other	N/A
The time period for regular revisions is		N/R



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	No	Yes	No	No	No
Specialist Outpatient Consultation	No	Yes	No	No	No
Ambulance (emergency/non-emergency)	No	No	No	No	No
Emergency unit care	No	No	No	No	No
Acute inpatient care	No	No	No	Yes	No
Critical Care (e.g. Intensive Care Unit)	No	No	No	Yes	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Tuvalu - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Health services are free to all citizens
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		N/R
Actors/organizations internal to the country involved in the discussions around the benefit package design		The Senior management team within the Ministry of Health including the Permanent Secretary/representatives, Director of Health, Chief Public Health, Medical Superintendent and Chief Nursing Officer.

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	No	No	No	Yes
Medical Procedures	No	No	No	Yes
Medical Devices	No	No	Yes	No
Diagnostic Tests	No	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	No	No	No	Yes
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	No
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	No
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	No
	Waiting times to receive services	No

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## Tuvalu - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Other	No
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	Yes
	Change in reimbursement level /cost-sharing requirement.	No
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	Yes
	Other	N/A
The time period for regular revisions is		Between 1 and 3 years



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	Yes	No	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Ukraine - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Medical Guarantees Program
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		Ministry of Health National Health Service of Ukraine Public Health Centre

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	No	Yes	No	No
Medical Devices	No	No	Yes	No
Diagnostic Tests	No	Yes	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	No	Yes	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes

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## Ukraine - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
	Waiting times to receive services	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	Yes
	Change in reimbursement level /cost-sharing requirement.	No
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	Yes
	Other	N/A
The time period for regular revisions is		In a period under a year (e.g. every 6 months)



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	Yes	No	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## United Arab Emirates - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Government Health Financing Scheme - Local
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	Entitlement
Are decisions around the benefit package linked to a formalized HTA process?		N/R
Actors/organizations internal to the country involved in the discussions around the benefit package design		Department of Health of the emirate of Abu Dhabi and Dubai Health Authority

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	Yes	No	No
Medical Procedures	Yes	Yes	No	No
Medical Devices	Yes	Yes	No	No
Diagnostic Tests	Yes	Yes	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	Yes	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	No
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	No
	Waiting times to receive services	No
	Other	No

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## United Arab Emirates - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	Yes
	Change in reimbursement level /cost-sharing requirement.	Yes
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	Yes
	Other	N/A
The time period for regular revisions is		Between 1 and 3 years



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	Yes	No	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## United Kingdom - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	National Health Service (NHS)
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		Yes
Actors/organizations internal to the country involved in the discussions around the benefit package design		UK National Government - especially the Department for Health and Social Care NHS England Devolved administrations - Scottish and Welsh governments and the Northern Ireland Executive

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	Yes	Yes	No
Medical Procedures	Yes	Yes	Yes	No
Medical Devices	Yes	Yes	Yes	No
Diagnostic Tests	Yes	Yes	Yes	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	Yes	Yes	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes

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## United Kingdom - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
	Waiting times to receive services	Yes
Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	No
	Change in reimbursement level /cost-sharing requirement.	No
	Additions to the Benefit Package	No
	Withdrawals from the benefit package	No
	Other	Health policy and priorities in the UK are kept under regular review with the aim of ensuring the services continue to meet the health needs of the population in a responsive, cost effective and efficient way.
The time period for regular revisions is		Between 1 and 3 years



### Contents of health benefit package - General interventions

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## United Kingdom - Health Benefit Package Country/Area profile



For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	Yes	No	No	No	No
Ambulance (emergency/non-emergency)	Yes	No	No	No	No
Emergency unit care	Yes	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## United Republic of Tanzania - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	The largest scheme is the government financing scheme through taxation/budget
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	N/R
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	Yes
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	N/R
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		Yes
Actors/organizations internal to the country involved in the discussions around the benefit package design		Government only

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	No	No	No	No
Medical Procedures	No	No	No	No
Medical Devices	No	No	No	No
Diagnostic Tests	No	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	No	No	No	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	N/R
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	N/R
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	N/R

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## United Republic of Tanzania - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit	Waiting times to receive services	N/R
	Other	N/R

Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		No
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	N/A	N/A	N/A	N/A	N/A
Specialist Outpatient Consultation	N/A	N/A	N/A	N/A	N/A
Ambulance (emergency/non-emergency)	N/A	N/A	N/A	N/A	N/A
Emergency unit care	N/A	N/A	N/A	N/A	N/A
Acute inpatient care	N/A	N/A	N/A	N/A	N/A
Critical Care (e.g. Intensive Care Unit)	N/A	N/A	N/A	N/A	N/A

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## United States of America - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Medicare
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	No
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	Different parts (hospital, outpatient, drug coverage) have different enrollment mechanisms
Are decisions around the benefit package linked to a formalized HTA process?		Yes
Actors/organizations internal to the country involved in the discussions around the benefit package design		Decisions are made by CMS at the national level or by CMS contractors at the local level <a href="https://www.cms.gov/Medicare/Coverage/DeterminationProcess">https://www.cms.gov/Medicare/Coverage/DeterminationProcess</a>

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	N/R	N/R	N/R	N/R
Medical Procedures	N/R	N/R	N/R	N/R
Medical Devices	N/R	N/R	N/R	N/R
Diagnostic Tests	N/R	N/R	N/R	N/R
Population Level Health Interventions (i.e. large scale screening/vaccination programs)	N/R	N/R	N/R	N/R
Others (Please Specify)	N/R	N/R	N/R	N/R

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Which interventions are available (i.e. only cover generics or low-cost alternatives)	No
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	No
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	No

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## United States of America - Health Benefit Package

### Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Waiting times to receive services	No
	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes

Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		No
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	No	No	Yes	No	No
Specialist Outpatient Consultation	No	No	Yes	No	No
Ambulance (emergency/non-emergency)	No	No	Yes	No	No
Emergency unit care	No	No	Yes	No	No
Acute inpatient care	No	No	Yes	No	No
Critical Care (e.g. Intensive Care Unit)	No	No	Yes	No	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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2. "N/A" stands for 'not applicable' and "N/R" stands 'no reply'.

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# Uruguay - Health Benefit Package Country/Area profile



## HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Integrated National Health System (SNIS)
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	No
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	Yes
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		Yes
Actors/organizations internal to the country involved in the discussions around the benefit package design		The Ministry of Public Health (MSP), the National Resource Fund (FNR) and the Social Security Institute with advice from the Institute of Clinical Sanitary Effectiveness of Argentina and clinical experts in various specialties and in benefit management. For the list of drugs, there is a drug commission within the scope of the MSP in charge of the inclusion / exclusion process. For highly complex practices and drugs, the Honorary Commission administering the FNR with technical support from doctors and public accountants is in charge of defining the inclusions / exclusions. This commission is based on scientific evidence regarding effectiveness, as well as safety and financial sustainability.

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	Yes	No	No	No
Medical Procedures	Yes	No	No	No
Medical Devices	Yes	No	No	No
Diagnostic Tests	Yes	No	No	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	Yes	No	No	No
Others (Please Specify)	No	No	No	No

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## Uruguay - Health Benefit Package Country/Area profile



Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Other	No
	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	Yes
	Which interventions are available (i.e. only cover generics or low-cost alternatives)	Yes
	Waiting times to receive services	Yes

Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		Yes
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	No
	Change in reimbursement level /cost-sharing requirement.	No
	Additions to the Benefit Package	Yes
	Withdrawals from the benefit package	Yes
	Other	N/A
The time period for regular revisions is		Between 1 and 3 years



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	No	Yes	No	No	No
Specialist Outpatient Consultation	No	Yes	No	No	No
Ambulance (emergency/non-emergency)	No	No	No	No	Yes
Emergency unit care	No	No	Yes	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	Yes	No	No	No	No

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## Uruguay - Health Benefit Package Country/Area profile



For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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## Zambia - Health Benefit Package Country/Area profile



### HBP features and processes

Question	Option	Response
The largest, in terms of population covered, government health financing scheme is:	Scheme 1	Government Grants
Coverage for this scheme is determined using the following:	Automatic coverage (e.g. based on residence)	Yes
	Compulsory/mandatory coverage, linked to the payment of a specific contribution/premium (by individuals, households or on their behalf)	No
	Voluntary coverage, obtained through individual or household premiums (which may benefit from tax-financed public subsidies, means-tested or not)	No
	Other	N/R
Are decisions around the benefit package linked to a formalized HTA process?		No
Actors/organizations internal to the country involved in the discussions around the benefit package design		Ministry of Health Academia - University of Zambia

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	A positive list is established at the central level	A negative list (of noncovered technologies) is established at the central level	Providers under budget constraints establish their own lists at the local level	The range of benefits covered is not defined, providers give services until resources are consumed
Pharmaceuticals/Medicines	No	No	Yes	No
Medical Procedures	No	No	Yes	No
Medical Devices	No	No	Yes	No
Diagnostic Tests	No	No	Yes	No
Population Level Health Interventions(i.e. large scale screening/vaccination programs)	No	No	Yes	No
Others (Please Specify)	No	No	No	No

Question	Option	Response
Elements considered as coverage conditions for interventions in the benefit package:	Which interventions are available (i.e. only cover generics or low-cost alternatives)	No
	Cost-sharing arrangements (e.g. co-payments, deductibles, caps, cost recovery, etc.)	No
	Waiting times to receive services	No
	Other	No

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## Zambia - Health Benefit Package Country/Area profile



Elements considered as coverage conditions for interventions in the benefit package:	Which population groups can access services (e.g. based on age, geography, socioeconomic status, etc.)	Yes
	Where interventions can be delivered (e.g. physician gate-keeping, level of service delivery, etc.)	Yes

Question	Option	Response
Are there periodic revisions to the contents of the health benefit package?		No
The common forms of revisions of the health benefit package are:	Changes in conditions of "covered use" (e.g. restricted target population, second line treatment)	N/A
	Change in reimbursement level /cost-sharing requirement.	N/A
	Additions to the Benefit Package	N/A
	Withdrawals from the benefit package	N/A
	Other	N/A
The time period for regular revisions is		N/A



### Contents of health benefit package - General interventions

For different categories of interventions, how is the range of covered technologies established by this financing scheme?	Free at point of care	Fixed Co-payment	Percentage Co-payment	Other	I am uncertain about the financial arrangement
General Outpatient Consultation	Yes	No	No	No	No
Specialist Outpatient Consultation	No	No	No	Yes	No
Ambulance (emergency/non-emergency)	No	No	No	No	No
Emergency unit care	No	No	No	No	No
Acute inpatient care	Yes	No	No	No	No
Critical Care (e.g. Intensive Care Unit)	No	No	No	Yes	No

For detailed information on the content of health benefit packages for specific interventions and medicines, please visit the survey database at - <https://www.who.int/teams/health-systems-governance-and-financing/economic-analysis/health-technology-assessment-and-benefit-package-design/survey-homepage>

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