KEY LESSONS LEARNED AND CHALLENGES FACED: THE GHANA EXPERIENCE

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Private sector embracing universal healthcare

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- History of health coverage in Ghana
- Evolution of CBHI in Ghana
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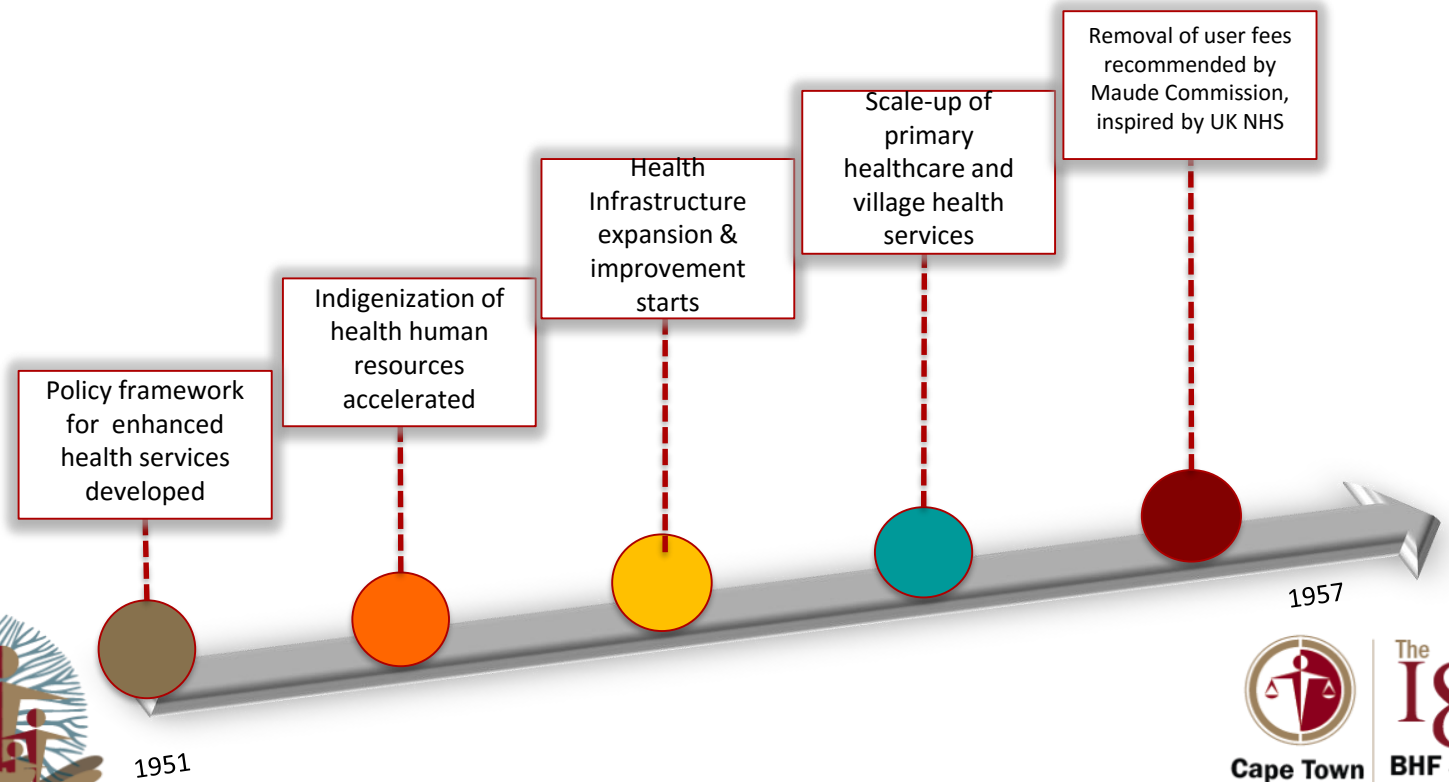
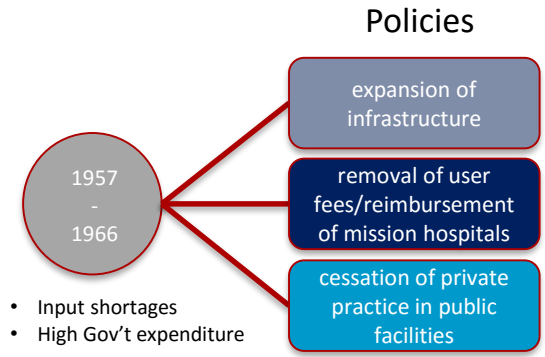
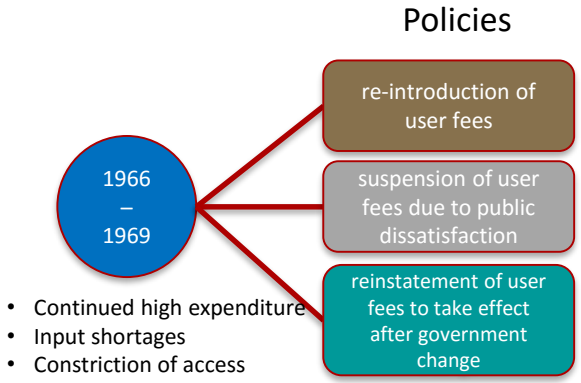
History of healthcare coverage in Ghana

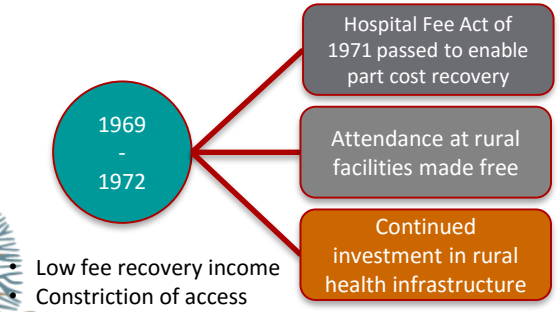
Healthcare coverage during internal self- government period

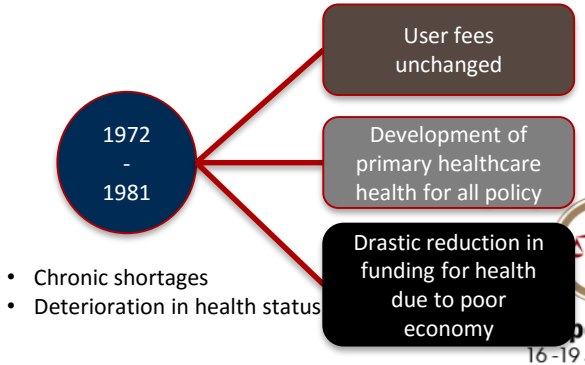


Evolution of healthcare coverage in Post Independence Ghana

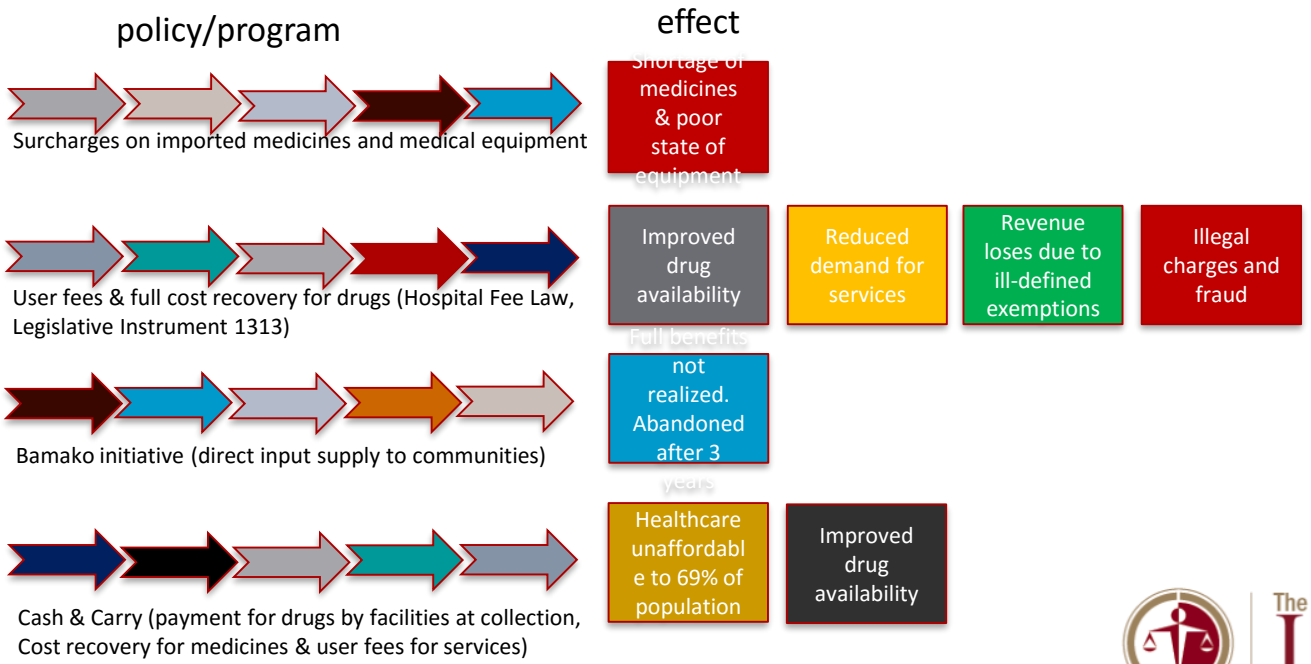








Period before rapid evolution of community health insurance (1984 – 1999)



Ghana's healthcare system prior to the NHIS

- Founded on 'free health care' model.
- Could not be sustained therefore token user fees first introduced in 1972.
- Fully-fledged user fee system known as 'Cash and Carry' came into effect 1985 to recover 15% of operating costs.
- System was not ideal, given Ghana's socio-economic, cultural and political context.
- Community health insurance schemes were developed as a response to these challenges however most schemes were not viable.
- The NHIS was therefore developed with a view to extending financial access to healthcare for the population.

Evolution of CBHI in Ghana

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Ghana's first formal Mutual Health Organization

Name: Nkoranza Mutual Health Organization

Sponsor: Catholic Diocese of Sunyani

Implementer: St. Theresa's Hospital

Year of Establishment: 1986 (formal launch in 1992)

Funding Partner: Memissa (Dutch Christian NGO)

Objectives of Scheme:

- Encourage residents of district district to pool financial resources to pay for hospitalization needs.
- Improve the district population's access to curative care by making health care delivery more affordable.

Provider Payment Method: Fee for Service

Contributions: GHC1.2

Membership: Family based membership

Benefits: hospitalization, including medical consultations, drugs, laboratory services, surgery, X-ray services, admission fees, and complicated delivery. Outpatient services for snakebites. Ailments related to alcoholism and complications arising from criminal abortions excluded

Lessons Learnt from Community Health Insurance initiatives in Ghana (1)

- Best practices in scheme design are required for CBHIs to be viable.
- Small risk pools present challenges as few schemes had in excess of 10,000 members.
- Inadequate quality of care, especially at public health facilities, a key factor constraining growth.
- Perception that CBHIs offer poor quality is off-putting for potential members.
- Strong provider contracting regimes are important for CBHI survival.
- Direct reimbursement of claims to members encourages fraud.
- Strong population willingness to participate in the NHIS due to previous exposure to risk pooling principles.

Lessons Learnt from Community Health Insurance initiatives in Ghana (2)

- CBHIs helped decrease in OOP.
- CBHIs often use fee-for-service as they lack the capacity to develop more complex provider payment methods.
- Most CBHIs lack suitable managerial and insurance-specific technical knowledge, community mobilization and monitoring and evaluation skills.
- Enrolment of informal sector workers presents numerous problems.
- Good regulatory regime essential for sustainability of CBHIs.
- Political will and public support critical for scaling up CBHIs as a basis for moving towards UHC.
- Scaling up CBHIs into national models require critical adaptations/leveraging of governance structures at all levels.

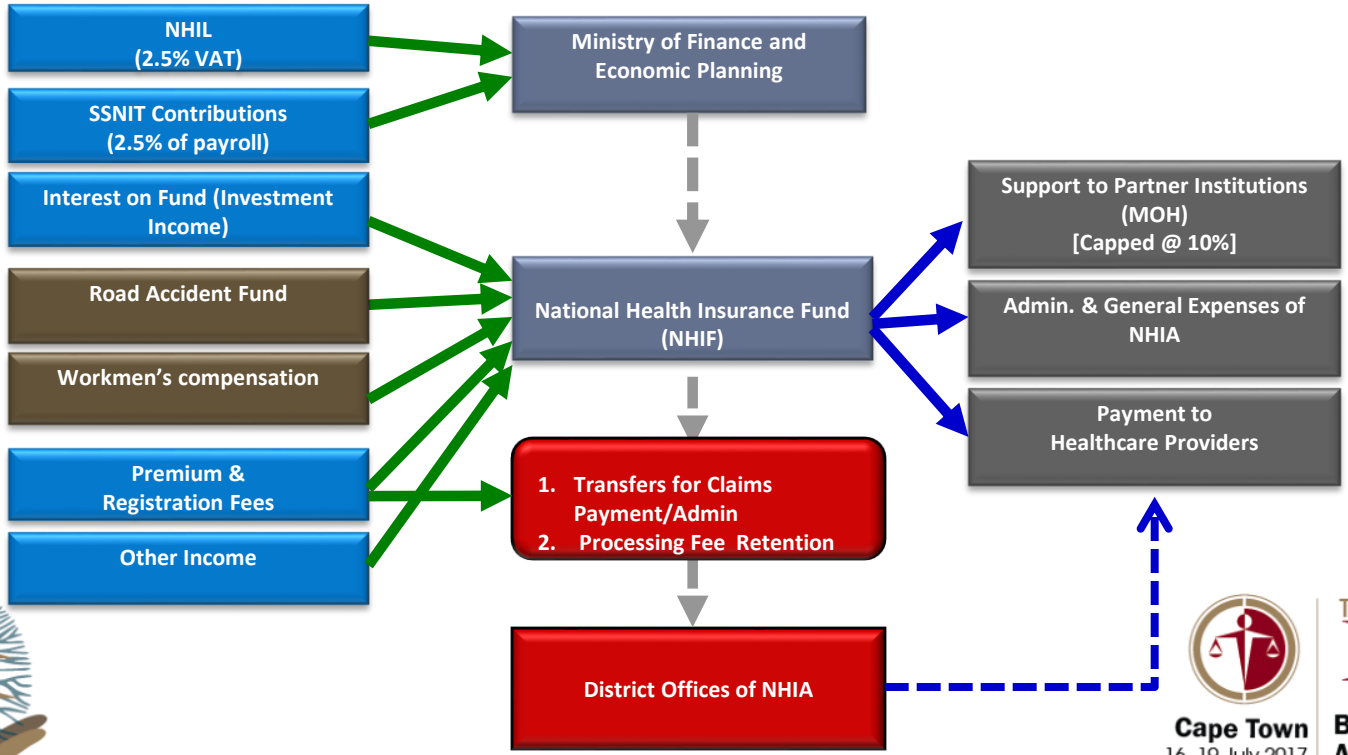
Transition from CBHI to NHI

- **Lessons learned from CBHI shaped design of NHIS.**
- **The NHIS was established by an Act of Parliament** in 2003

  (Act 650).
- **Majority of the258 CHBIs in existence in 2003 were integrated into NHIS.**
- **Initiative by Government to secure financial risk protection** against the cost of healthcare services for all residents in Ghana.
- **Act was revised in 2012** – NHIS Act 852.

Design of the NHIS

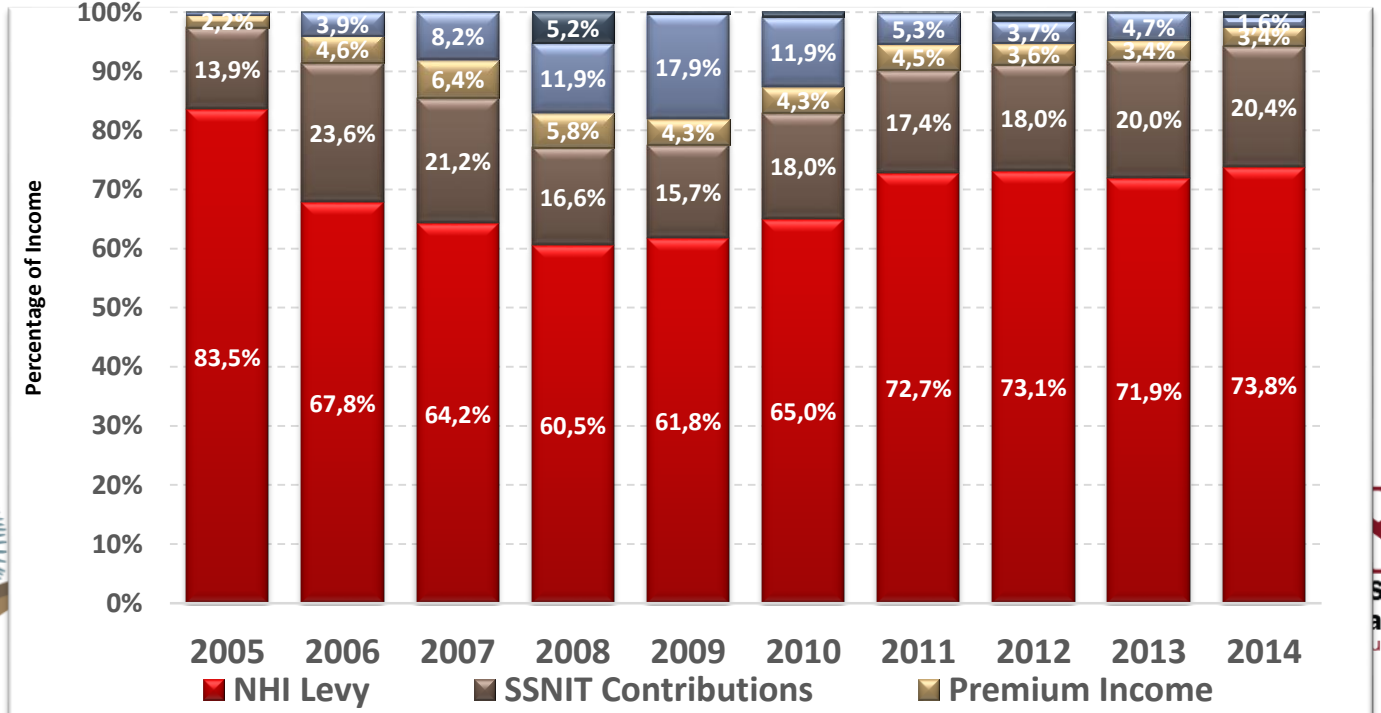
NHIS Risk Pooling Architecture



NHIS sources of funding

Mainly comprises a combination of the following three sources:

- National Health Insurance levy (NHIL) – 2.5% VAT
- 2.5 percentage points of Social Security (SSNIT) contributions
- Graduated informal sector premium



Benefits package

Outpatient Services

- General and specialist consultation including reviews.
- Requested investigations including laboratory investigations, x-rays and ultrasound scanning.
- Medication, namely, prescription drugs on National Health Insurance Medicines List, traditional medicines approved by the Food and Drugs Board and prescribed by accredited medical and traditional practitioners.
- HIV/AIDS symptomatic treatment for opportunistic infections.
- Out-patient/Day Surgical Operations.
- Out-patient Physiotherapy.

Benefits package (2)

Inpatient Services

- General and Specialist in-Patient care.
- Requested investigations including laboratory investigations, X-Rays and Ultrasound scanning for in-patient care.
- Medications: prescription drugs on National Health Insurance Medicines List, traditional medicines approved by the Food and Drugs Authority and prescribed by accredited medical and traditional medicine practitioners, blood and blood products.
- Cervical and Breast Cancer Treatment.
- Surgical Operations.
- In-patient physiotherapy.
- Accommodation in the general ward.
- Feeding (where available).

Benefits package (3)

Emergencies

- All emergencies covered. These refer to crisis health situations that demand urgent intervention and include:
  - Medical emergencies.
  - Surgical emergencies including brain surgeries due to accidents.
  - Pediatric emergencies.
  - Obstetric and gynecological emergencies including caesarian sections.
  - Road traffic accidents.
  - Industrial and workplace accidents.

Exemptions policy

Category	Premium	Processing Fee
Informal sector	✓	✓
Under 18 years	No	✓
70 years and above	No	✓
SSNIT contributors	No	✓
SSNIT pensioners	No	✓
Indigents/LEAP beneficiaries	No	No
Pregnant Women	No	No
Persons with mental disorder	No	No

NHIS Operational Performance

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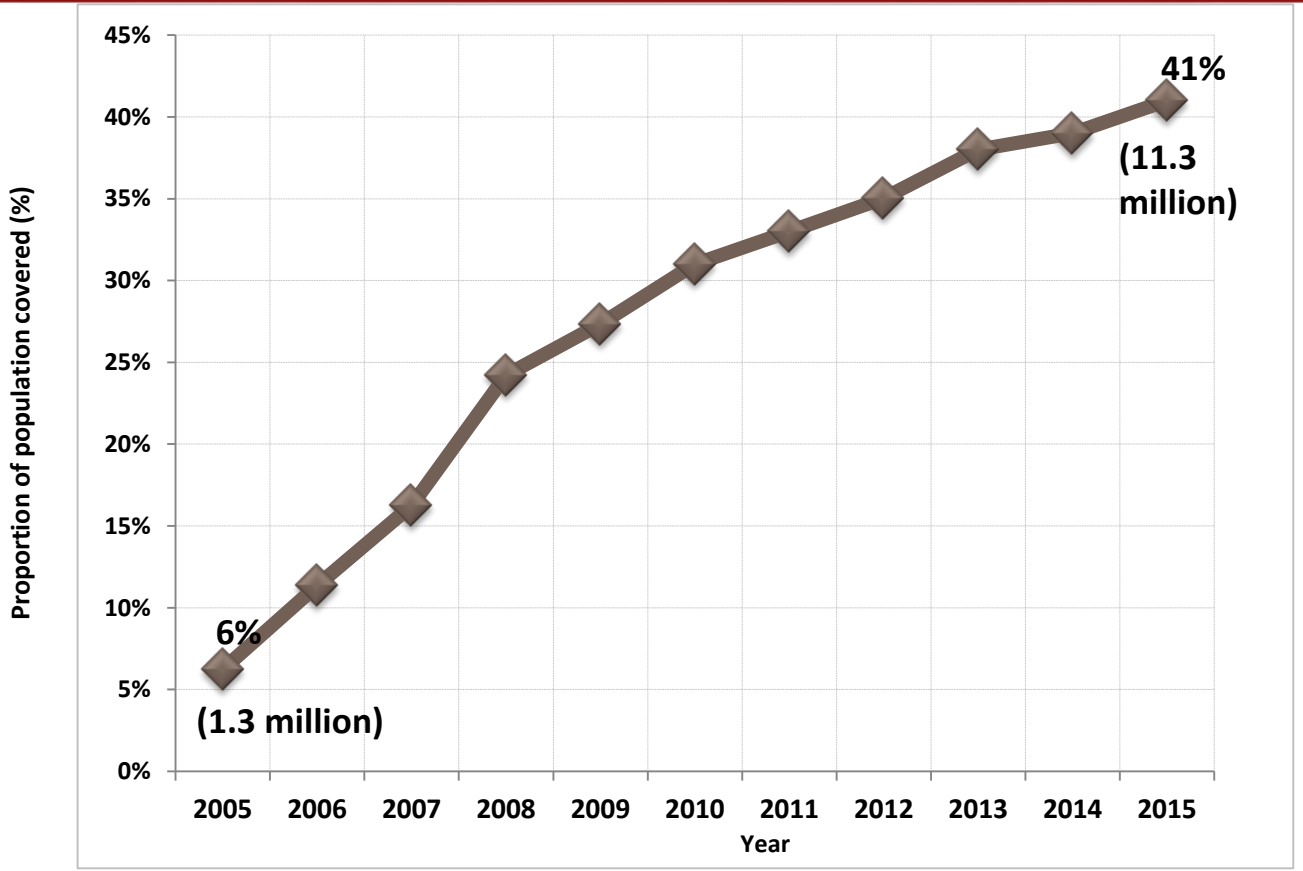
NHIS membership trend



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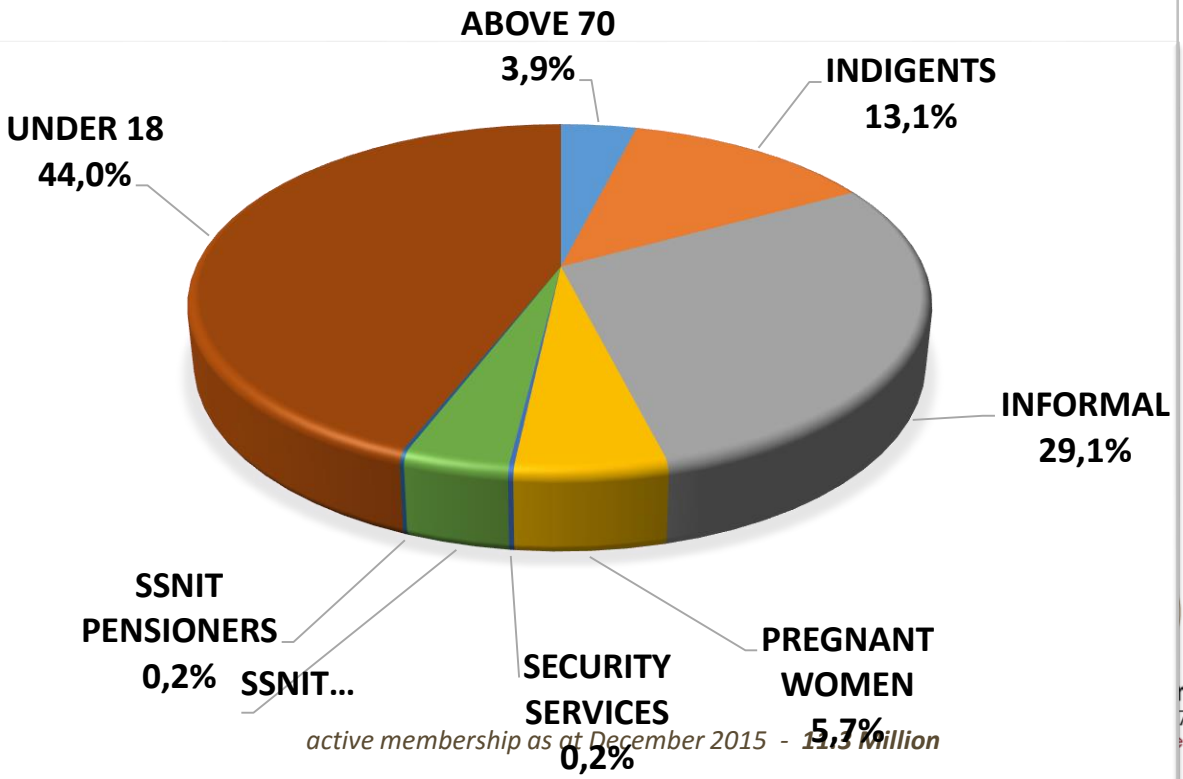
NHIS membership by category



active membership as at December 2015 - 11.3 million

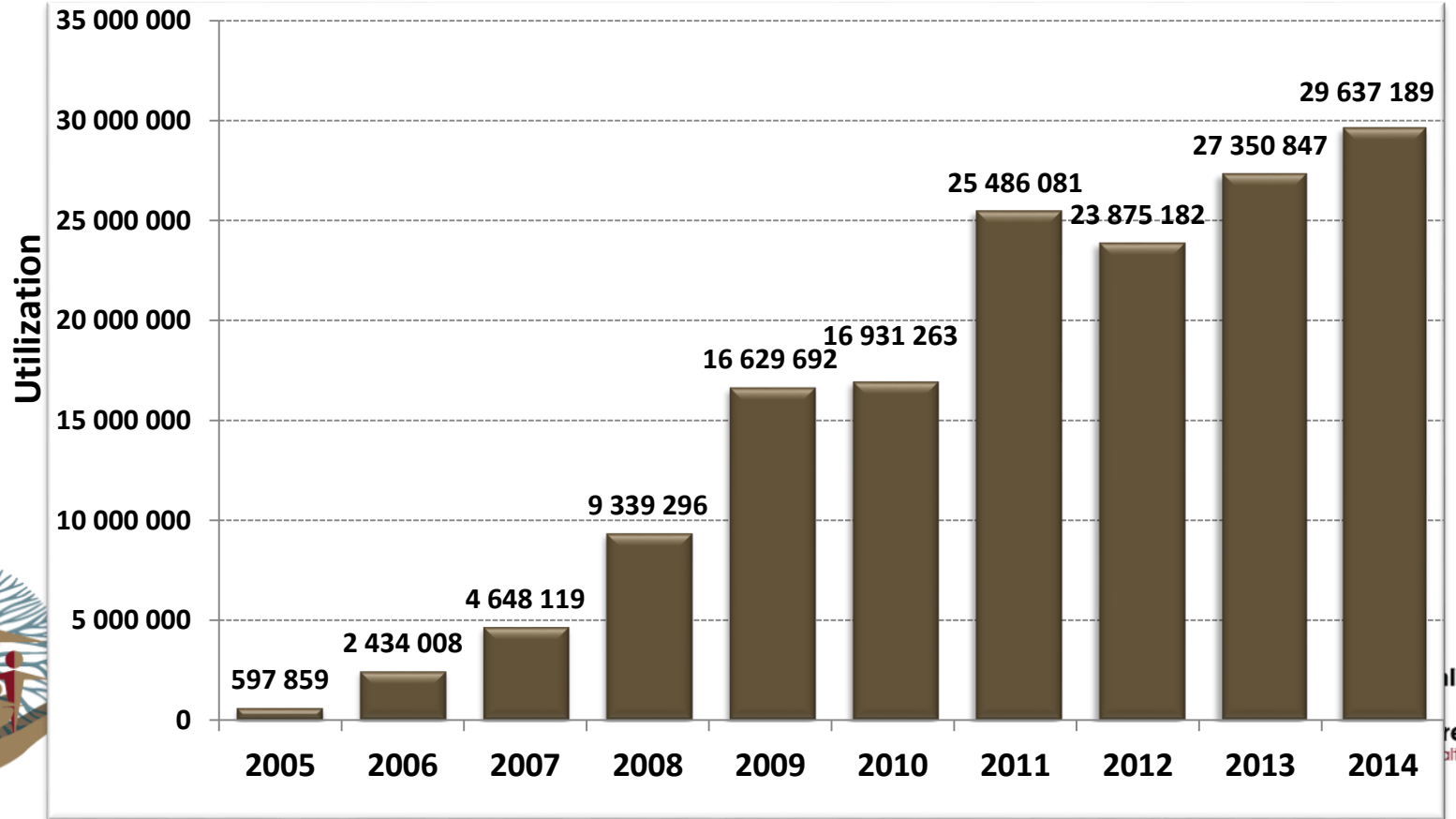
NHIS accredited facilities by grade (2014)

GRADE	NUMBER OF FACILITIES	PERCENTAGE (%)
GRADE A+	13	0.32
GRADE A	187	4.67
GRADE B	1155	28.85
GRADE C	1698	42.41
Grade D	951	23.7
TOTAL	**3949**	**100.0**

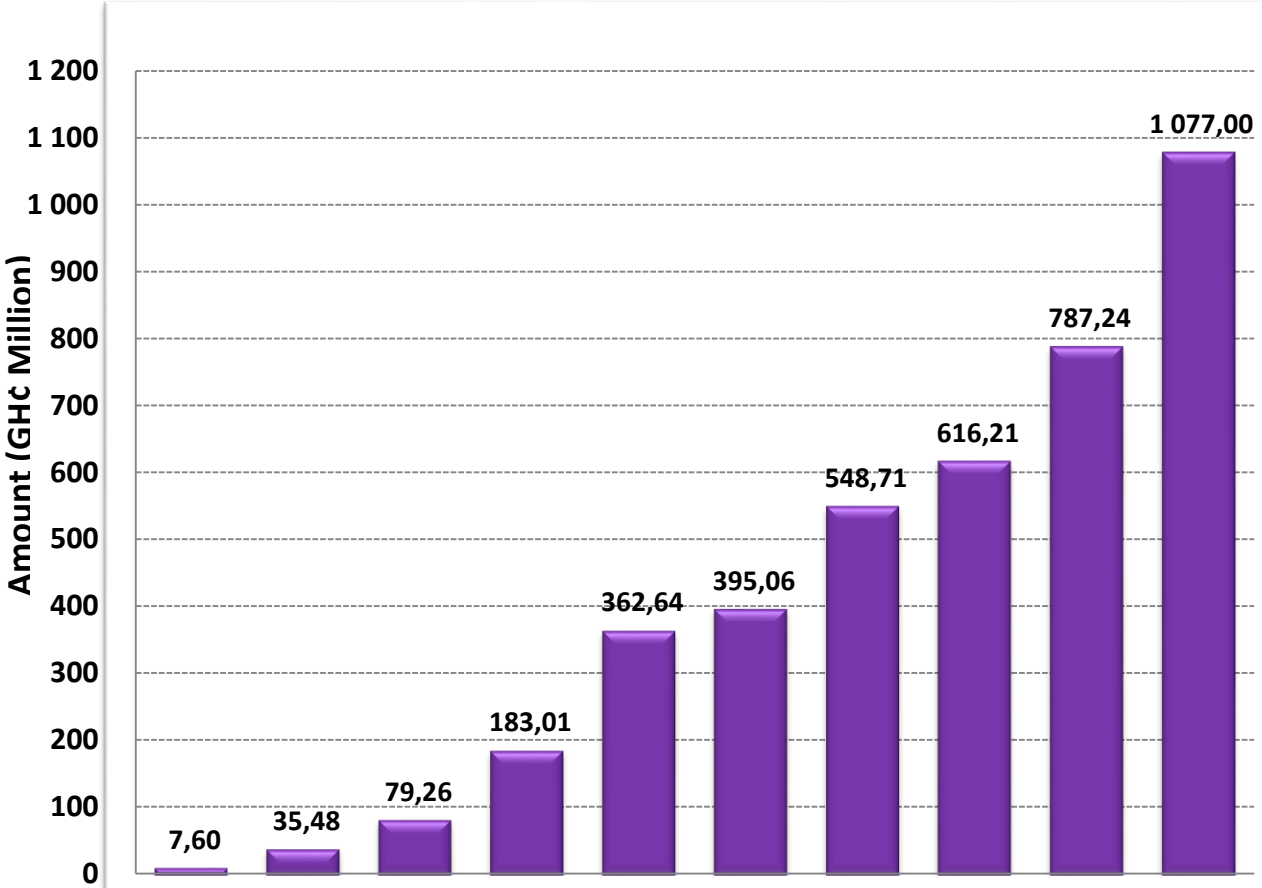
NHIS accredited facilities by type (2014)

Type	Number Of Facilities	Percentage (%)
Chemical Shops	197	4.92
Pharmacies	317	7.92
CHPS	1399	34.94
Clinics	302	7.54
Dental Clinic	9	0.22
Diagnostic Centres	61	1.52
Eye Clinic	13	0.32
ENT	1	0.02
Health Centres	939	23.45
Laboratories	111	2.77
Maternity Homes	214	5.34
Physiotherapy	1	0.02
Polyclinics	26	0.65
Primary Hospitals	330	8.24
Secondary Hospital	8	0.2
Tertiary Hospital	2	0.02
Ultrasound	75	1.87
Total	**4004**	**100.0**

Outpatient Utilization Trend

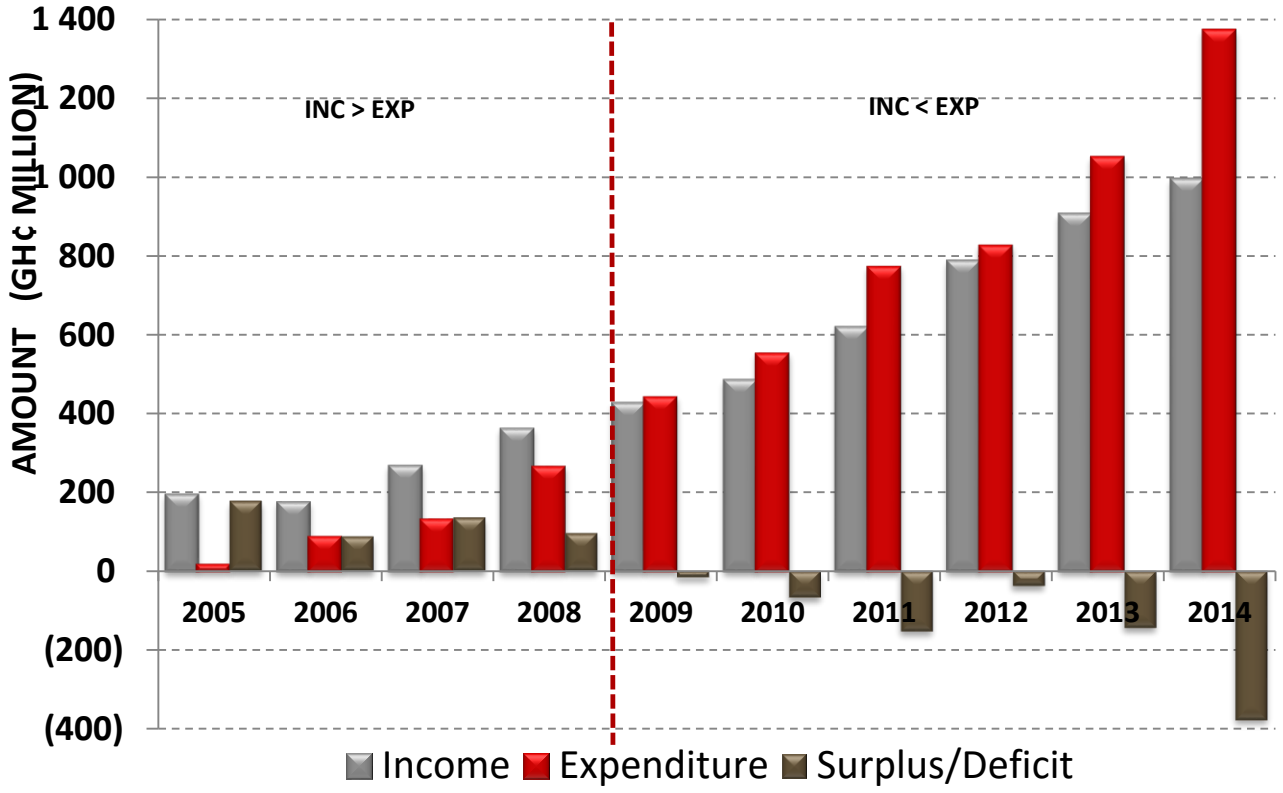


Claims Payment Trend (GH¢ Million)



Financial Sustainability

NHIS Income & Expenditure Trend (GH¢ Million)



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Efficiency measures (1)

The NHIA has embarked on a number of cost containment measures to ensure financial sustainability including:

1) **Institution of Clinical Audits.**

2) **Linking Diagnoses to treatment** to:
   i. Improve quality of care and contain cost.
   ii. Improve efficiency in claims processing.
   iii. Simplify claims processing.

3) **Enforcement of prescribing levels** as stipulated in the Essential Medicines List of the Ministry of Health to ensure quality care for subscribers and minimize supply-side moral hazard.

4) **Enforcement of adherence to treatment protocols.**

5) **Establishment of Claims Processing Centers.**

Efficiency measures (2)

6) **Strengthening the monitoring of provider payment methods**.

7) **Introduction of electronic claims** submission and processing to inject greater efficiency, speed and uniformity in claims management.

8) **Improving information systems** to obtain credible data for analysis to provide pointers towards unusual trends.

9) **Reviewing operational processes** to ensure efficient use of resources.

Sustainability levers

Key Income side factors	Level of Control	Impact Level
• **NHIL**	Limited	Very High
• **SSNIT Contributions**	Limited	High
• **Premium**	Little Control	Low
• **Efficiency gains**	Full Control	Medium

Key Expenditure side factors

- Benefits Package (Cost of services and medicines).
- Membership coverage.
- Utilization of health care services.

Achievements & Challenges

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Achievements of the NHIS

Ghana's NHIS has:

- Made significant progress in **providing financial risk protection** for residents in Ghana over the past decade.
- **Improved health-seeking behaviour** of a significant proportion of the population evidenced by substantial increase in membership and utilization of health care services.
- **Increased financial flows for health service delivery**, however, there has been a retrogression in the last few years.
- **Engendered private sector investment in the delivery of healthcare services** thereby improving access.
- **Been recognized** as a promising model for social protection in health.

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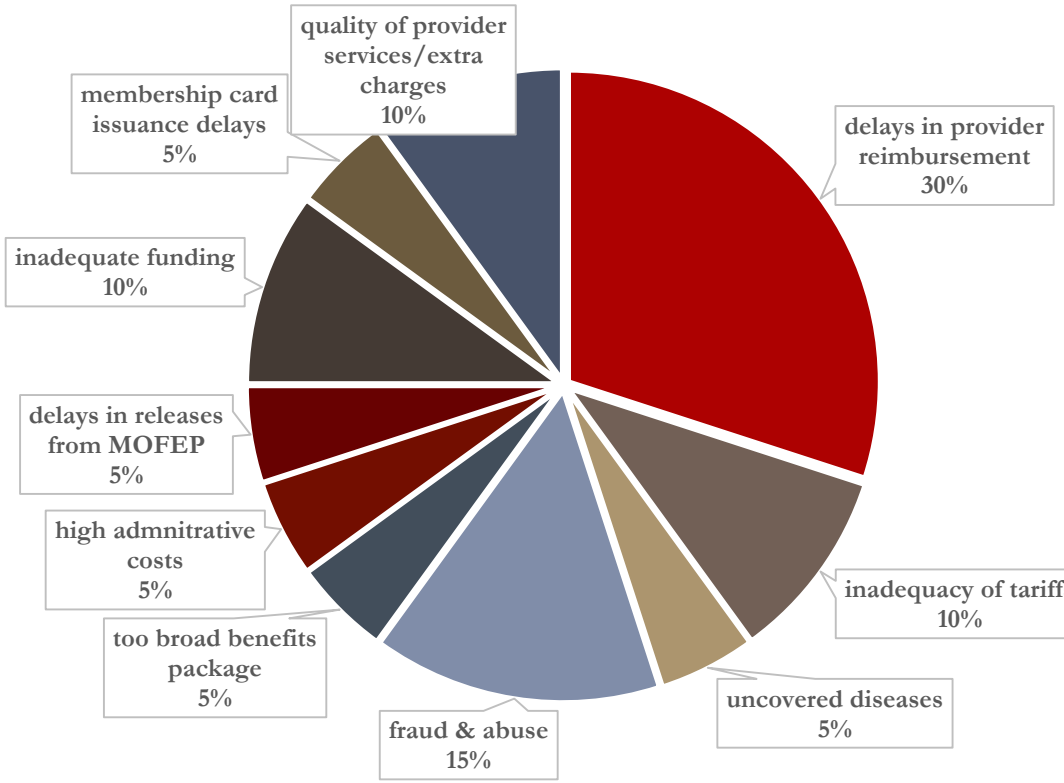
Challenges

- How to sustain the pro-poor focus.
- Financial sustainability
- Fraud and abuse.
- Poor evidence bases for the formulation of the NHIS benefits package.
- Agitation for higher tariffs.
- Increasing enrolment under current financial constraints.
- Quality of healthcare services.
- Governance & stakeholder management.
- Excessive politicization of the NHIS undermining ability to take critical decisions.
- Poorly developed strategic purchasing systems.
- Patchy and uncoordinated health information systems that inhibit effective monitoring and generation of evidence for decision

Emerging NHIS Challenges based on limited media content analysis



Review of NHIS instituted by the Government in September 2015

- To establish a sustainable, pro-poor and a more efficient NHIS, by redesigning, reorganizing and reengineering the scheme.
- To create a solid ground for improved service delivery across the scheme, in order to facilitate better provision of services to residents.
- To create a smart scheme based on knowledge and evidence.

Objectives of NHIS Review

- Improve financial sustainability of the scheme.
- Increase public confidence of the scheme.
- Increase coverage of poor and vulnerable groups in the scheme.
- Increase efficiency in health service purchasing.
- Improve knowledge and information systems for decision making.
- Increase accountability and efficiency in the operations of the scheme.
- Provide a framework for periodic review of the scheme.
- Alignment the scheme to broad health sector goals.

Partnering with Private Sector for Successful NHI implementation

If well planned and conceived, the private sector could be a reliable partner for:

- Regulation.
- Governance.
- Health service provision.
- Quality improvement.
- Financial intermediation.
- Information systems support.
- Commodity supply chain improvement.
- Customer care.

THANK YOU

Ndiyabulela
Siyabonga
Dankie
Asante Sana
Shukran
Obrigado

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