



IOM Meeting NHIS Ghana Case study

Dr Albert Akpalu

Korle Bu Teaching Hospital Ghana

10 years of Financial Access to Quality Healthcare.

***“Towards Universal Health Coverage: Increasing Enrolment whilst
Ensuring Sustainability”***

Reforms in Ghana's Health System



1957

Free health care policy implemented.

1970s

Ghana experienced economic shocks and began structural adjustment programs.
Nominal payments for health services introduced.

1985

User fees (cash & carry) was introduced. This policy excluded majority of people from access to healthcare

1990s

Community-based mutual health insurance schemes were introduced.

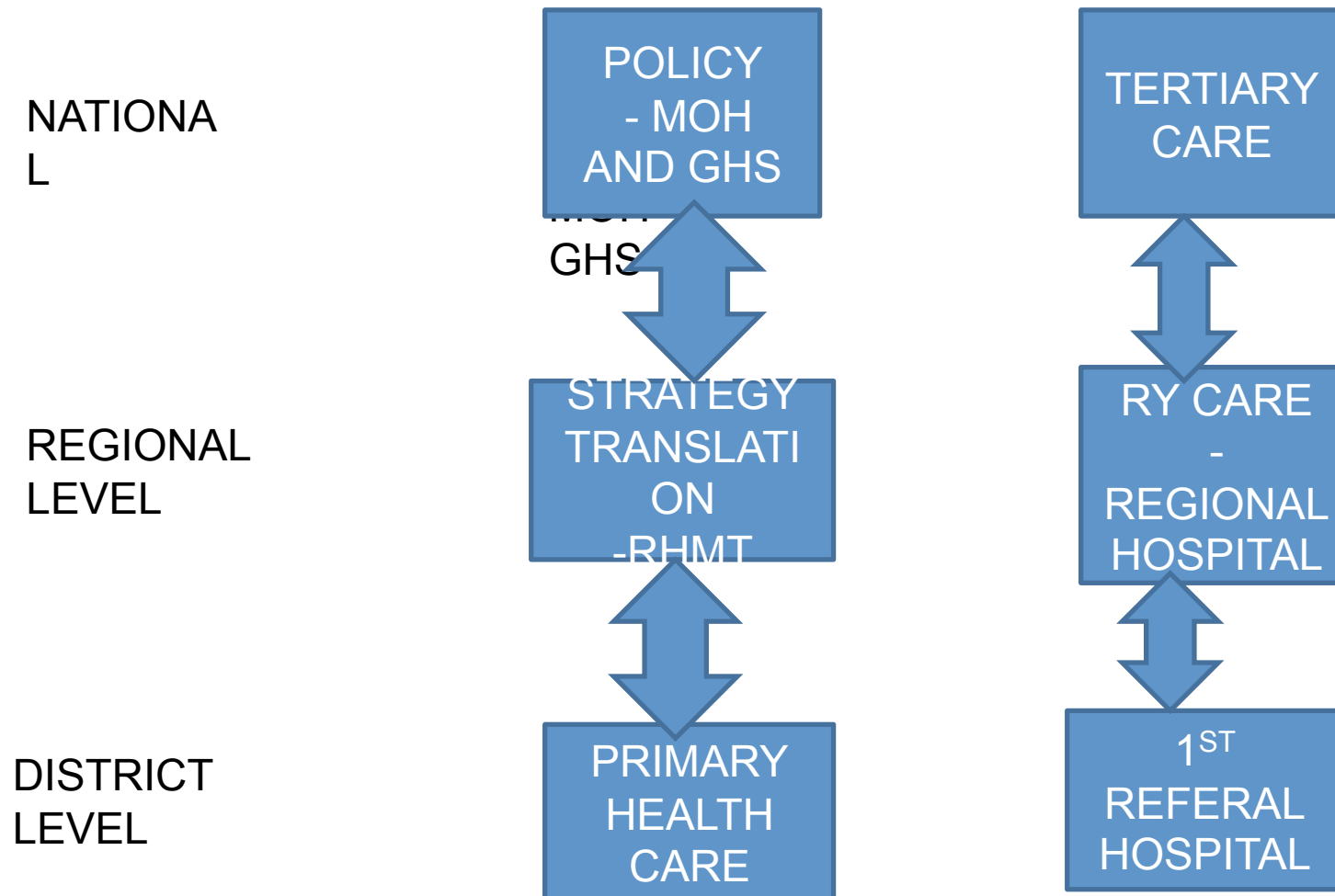
2000

High out-of-pocket expenditure on health and very low utilization of health services.

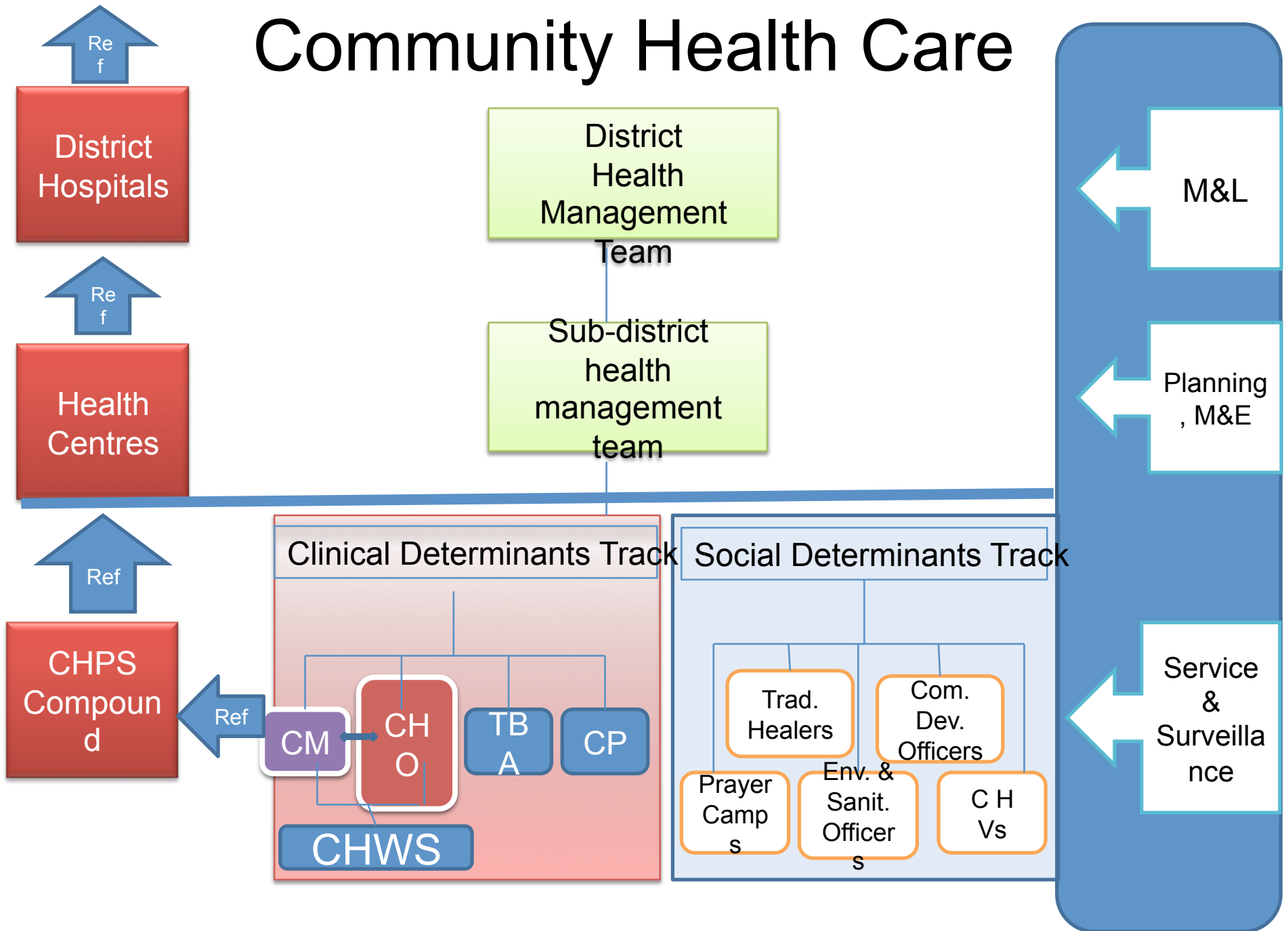
2003

National Health Insurance introduced.

Organization of care



Community Health Care



National Health Insurance Authority (NHIA)

- The was established under the National Health Insurance Act 2003, Act 650, as a body corporate, with perpetual succession, an Official Seal, that may sue and be sued in its own name. As a body corporate, the Authority in the performance of its functions may acquire and hold movable and immovable property and may enter into a contract or any other transaction.
- A new law, Act 852 has replaced ACT 650 in October 2012 to consolidate the NHIS, remove administrative bottlenecks, introduce transparency, reduce opportunities for corruption and gaming of the system, and make for more effective governance of the schemes

NHIS

- The National Health Insurance Scheme (NHIS) was established by the National Health Insurance Act 2003, (Act 650) to provide financial access to quality basic health care for residents in Ghana.
- The scheme is currently operational in 145 districts and five satellite offices across the country.
- It has a total active membership of 8.2 million representing 33% of the population.
- During the year under review, 785 health facilities were accredited, bringing the total number of accredited health facilities to 3344.



**We Exempt the following from
Paying Premiums:**

1. PERSONS AGED BELOW 18
2. PERSONS ABOVE 70 YEARS
3. PREGNANT WOMEN
4. INDIGENTS
5. MENTAL HEALTH PATIENTS
6. DIFFERENTLY ABLED PERSONS
7. SSNIT CONTRIBUTORS & PENSIONERS









NHIS... Your access to healthcare

The New NHIS Act 2012 (Act 852)



Significant revisions in the Law include the following:

-  **A Mandatory NHIS**
-  **A Unified NHIS with District Offices**
-  **Premium exemptions for persons with Mental Disorders**
-  **Expenditure cap of 10% on non-core NHIS activities**
-  **Relevant family planning package**
-  **Board oversight committee for**
 - i. Scheme Operations**
 - ii. Private Health Insurance schemes**
 - iii. Fund Management**

***10 years of Financial Access to Quality Healthcare.
“Towards Universal Health Coverage: Increasing Enrolment
whilst Ensuring Sustainability”***

National Health Insurance Scheme in Ghana: Reforms & Achievements

NHIS & MDGs



MDG 1
Poverty & Hunger

Free registration and access to healthcare for the poor and vulnerable. Thus, preventing catastrophic health expenditures and poverty

MDG 4
Child Mortality

All persons under 18 years have free access to health insurance. They represented almost 50% of registered members as at December 2012.

MDG 5
Maternal Health

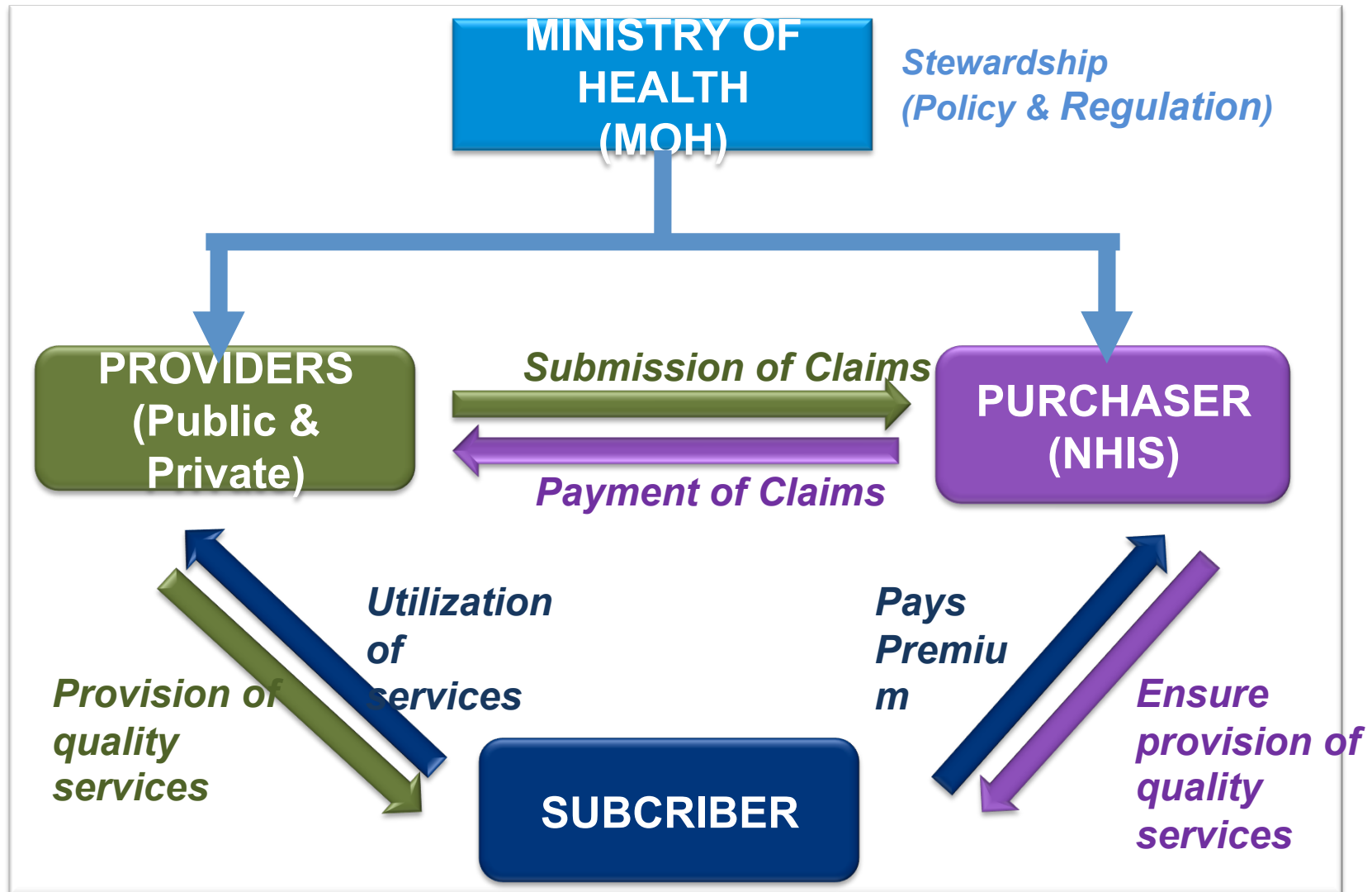
Free maternal care policy introduced in July 2008

MDG 6
HIV/AIDS,
Malaria & TB

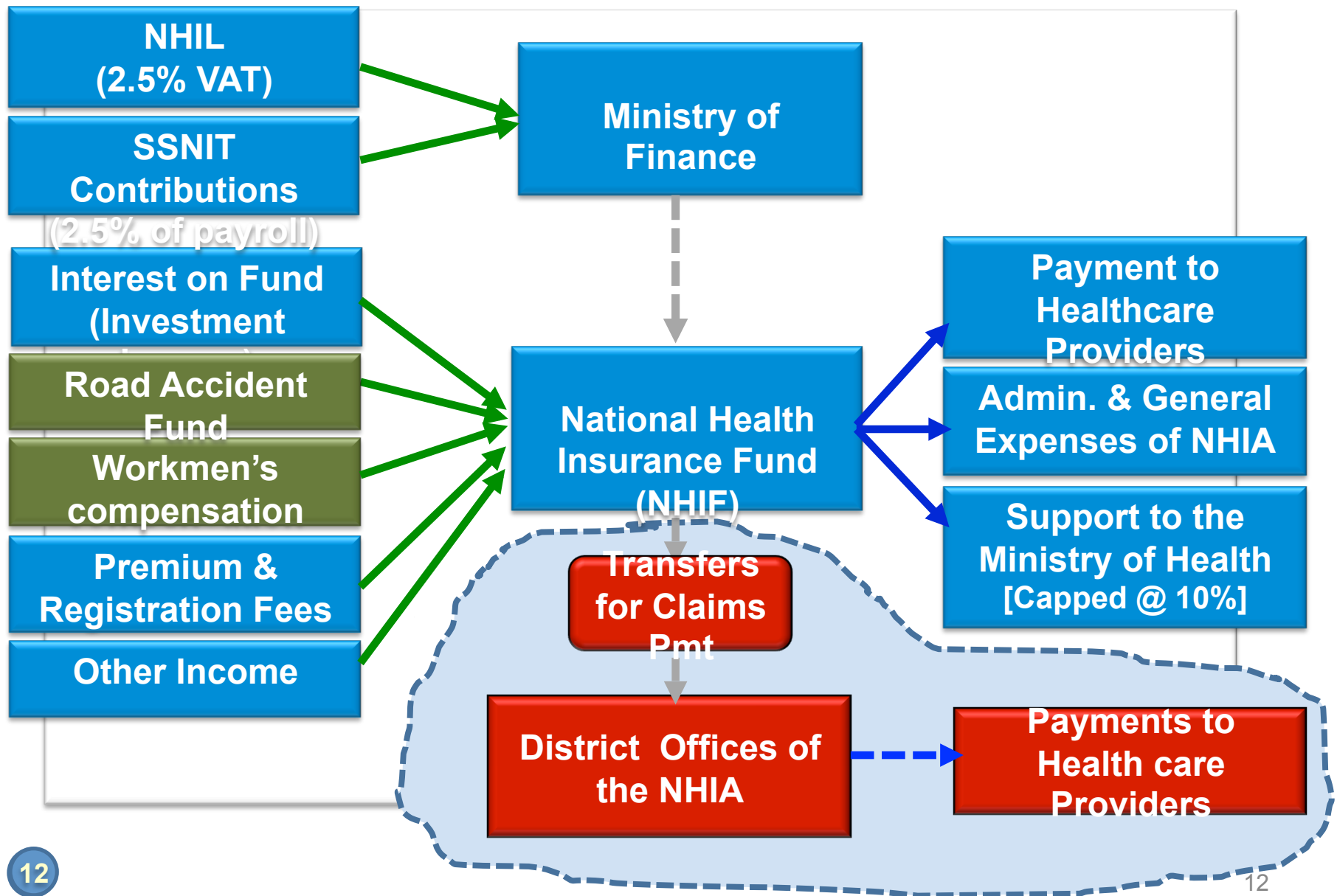
Malaria, TB, HIV opportunistic diseases are covered

NO MDG FOR MENTAL/NEUROLOGICAL HEALTH?

Key Players in NHIS Architecture

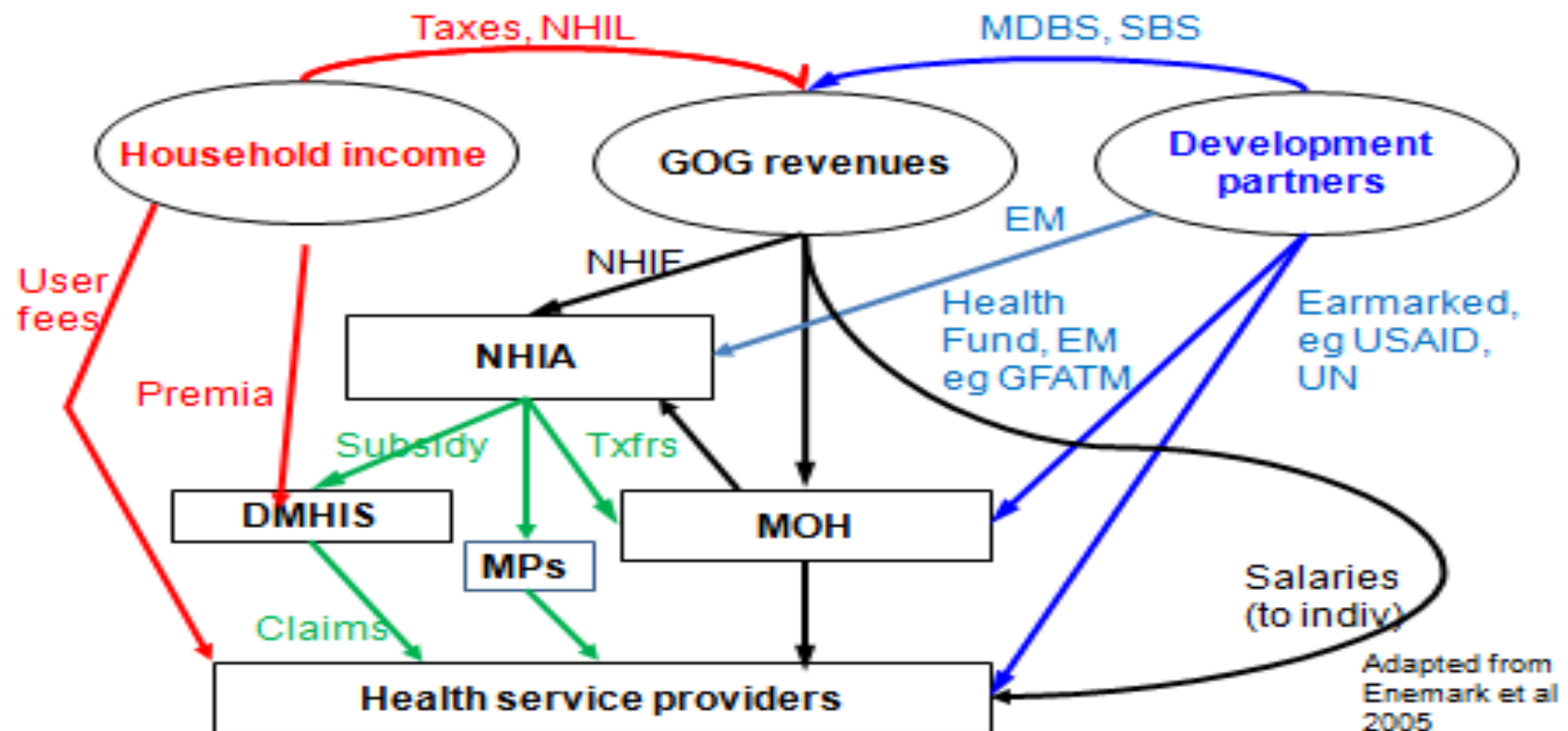


Revenue Sources & Allocation (Act 852)



Where is the money coming from

Key funding flows in Ghana



I. Overview



Provider Payment Mechanism

A mix of provider payment mechanisms:

- FEE FOR SERVICE → Medicines
- G-DRG → Secondary & Tertiary
- CAPITATION* → Primary care*



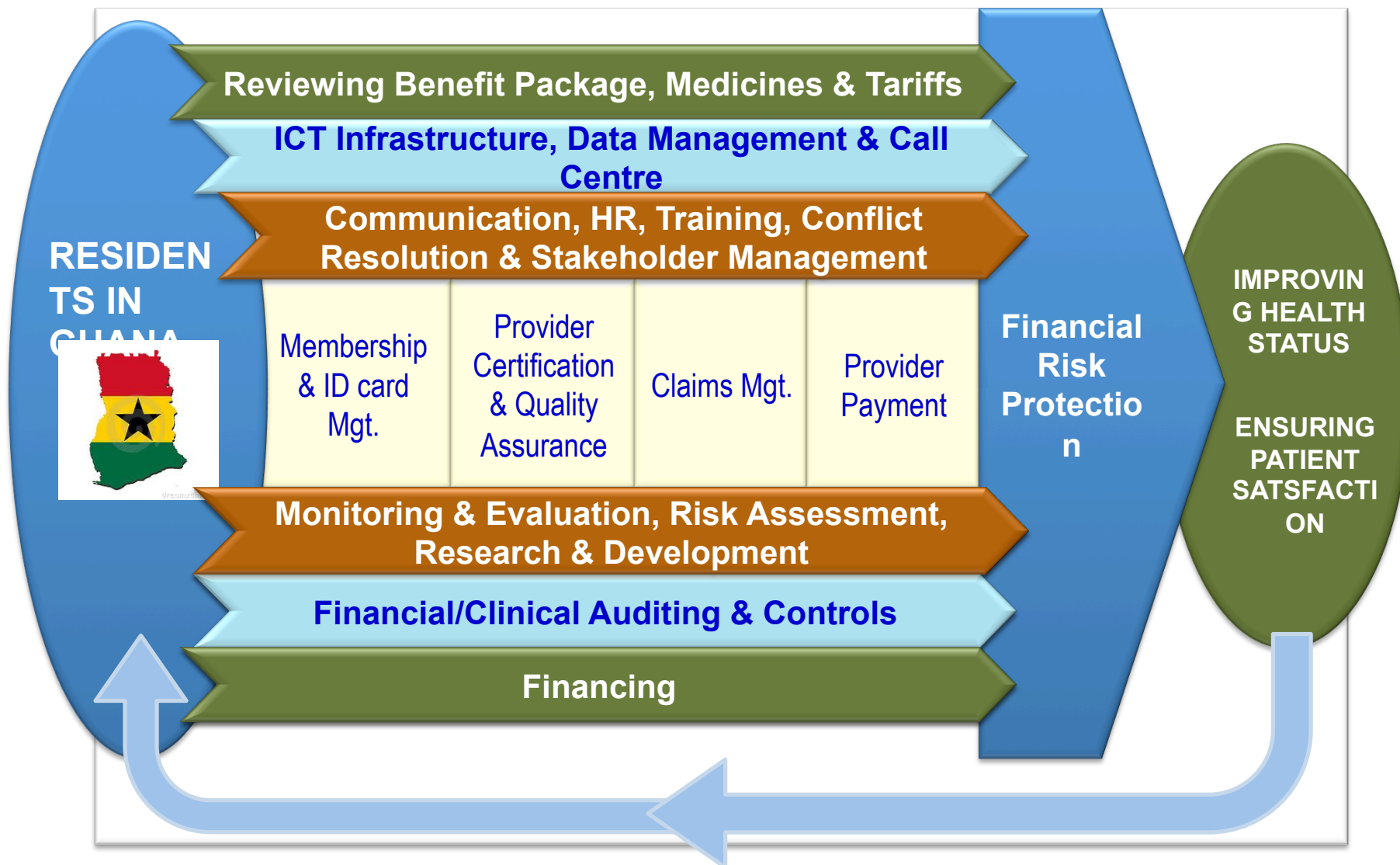
Exemption Policy



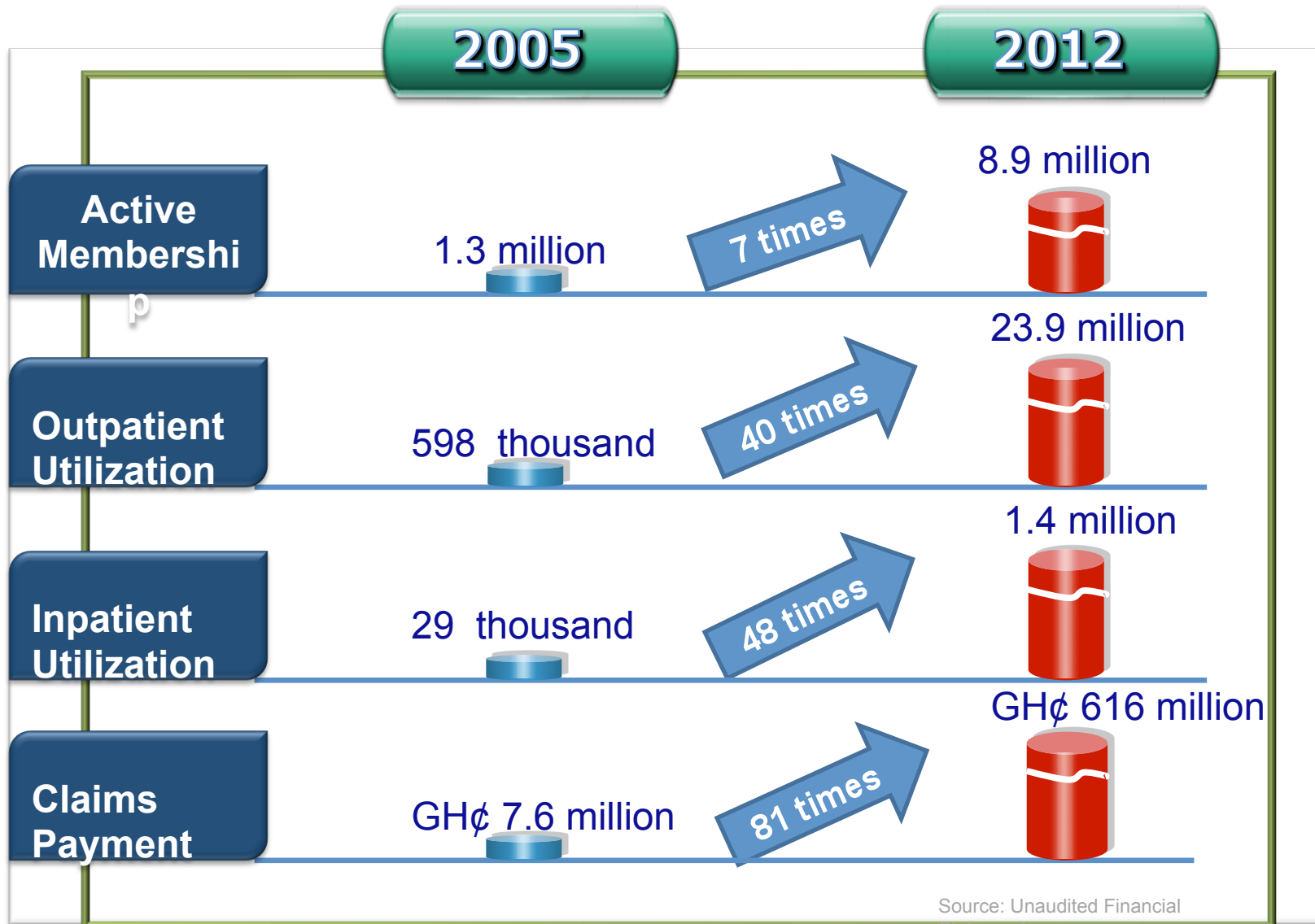
Exempted from premium payment

Category	Premium	Proc. Fee
Informal sector	✓	✓
Under 18 years		✓
70 years and above		✓
SSNIT contributors		✓
SSNIT pensioners		✓
Indigents		
Pregnant women		
LEAP beneficiaries		

NHIS Value Chain



Membership, Utilization & Claims

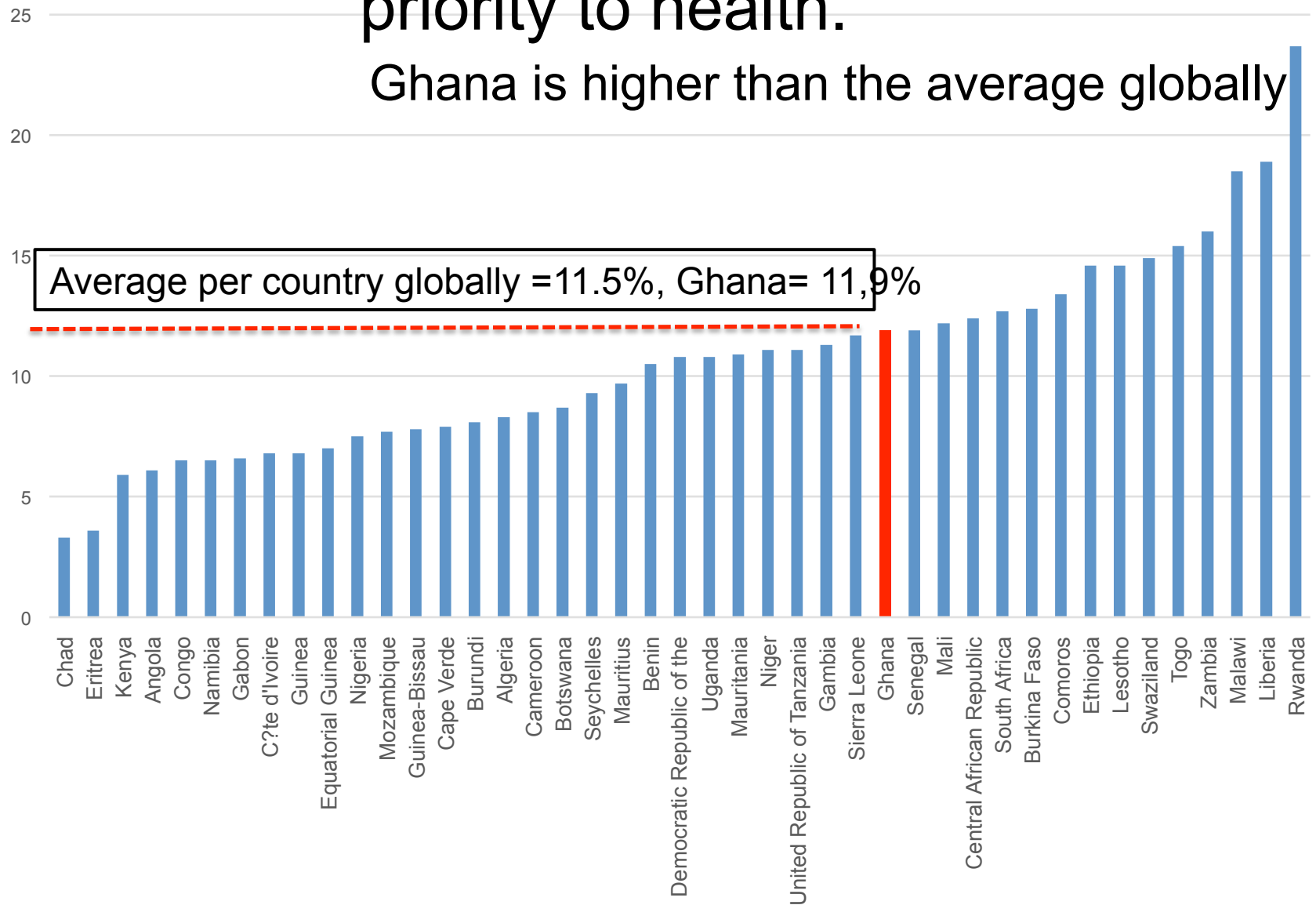


Source: Unaudited Financial Statements

African governments increasingly giving priority to health.

Ghana is higher than the average globally

Health as a % of government expenditure



In summary: two critical issues to increase financial access coverage in Africa

1

How to advance towards pre-paid Universal financial coverage

2

How to increase overall fiscal space for health and increase health as a priority in the general budget

All people can access the health services they need **without incurring financial hardship.**

NHIS a major player

- Contributes to 70-80 per cent of facility IGF
- Contributing now 30-40 per cent of income
- DWHIS focuses on the district
- Capitation is for primary health care
- Selection of PPP can be skewed to lower level
- Potential of capitation for preventive care not yet explored
- Can be considered in national roll out







Challenges & Way Forward








Challenges



INTERNAL

-  **Financial sustainability of the scheme**
-  **Identification of the poor in the informal sector**
-  **ID card management challenges**
-  **ICT Challenges**

EXTERNAL

-  **Moral hazard (Both demand & supply side)**
-  **Pharmaceutical supply chain challenges (High cost of medicines)**
-  **Ability to pay premium/Renewal Challenges**
-  **Quality of care**
-  **Waiting times**



Cost containment

Clinical Audits

Claims Processing Centre

Consolidated Premium Account

Capitation

Unique Prescription Form

Linking Diagnoses to Treatment / E-claims

Medicines List and Prescribing Levels

- **Piloting NHIS medicines at negotiated price**
- **Contracting for medicines to drive down prices**



Additional Funding

Increase in Health Insurance Levy (NHIL)

Review NHIL exemptions policy

5% Road Fund







Levy on tobacco and alcoholic beverages

20% Communications service tax

Levy on Petrochemical Industry

Way Forward (1)



-  **Enhance financial sustainability** through cost containment and additional sources of funding.
-  **Intensify Clinical Audits**
-  **Scale up instant ID Card issuance**
-  **Increase coverage of the poor**
-  **Improve computerization of operations**
-  **Shorten claims processing and payment time**
 - E-Claims & Additional CPCs



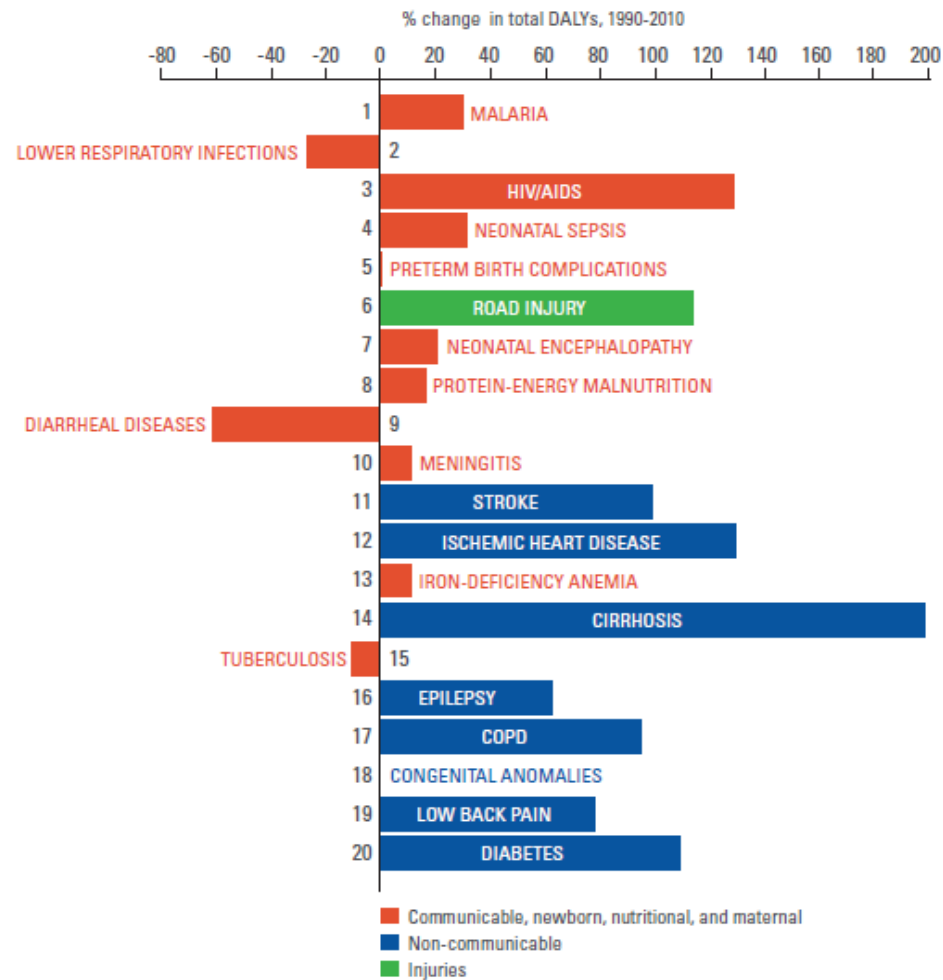
Way Forward (2)



-  **Strengthen audit and risk management systems** as well as **reward and sanctions** to reduce fraud and abuse.
-  **Establish a Health Insurance Institute** in partnership (PPP)
-  **Scale up CPC claims management coverage**
-  **Rollout capitation in a stepwise approach**
-  **Encourage high level evidence-based research into health insurance policy issues to inform future policy direction**

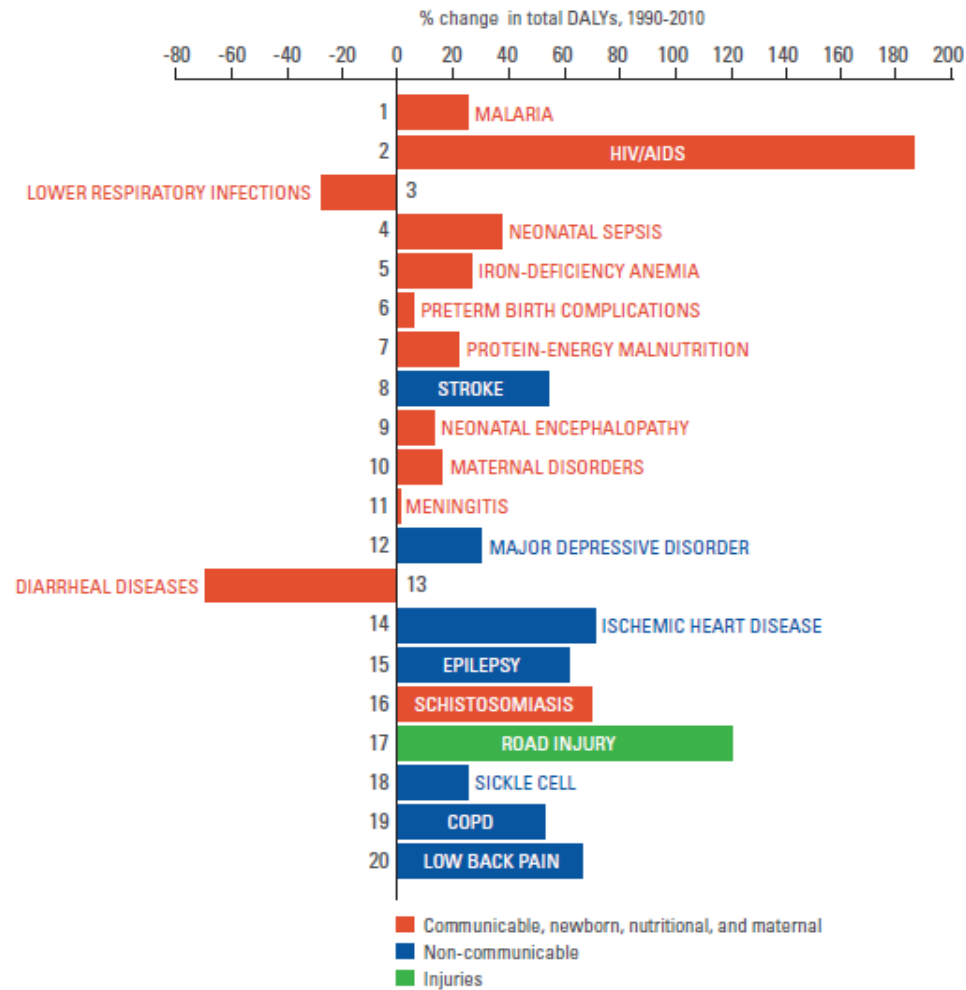


Shifts in the leading causes of disease burden (DALYs) for males in Ghana, 1990-2010



Source: Global Burden of Disease study, IHME 2013

Shifts in the leading causes of disease burden (DALYs) for females in Ghana, 1990-2010



Source: Global Burden of Disease study, IHME 2013

Explore challenges and opportunities for improving access to essential medicines in four critical areas:

Demand/burden of disease

The need for services for people with epilepsy is high and largely unmet in Ghana. The main issues are the following:

“80% of people who live with epilepsy in Africa do not receive treatment due to:

- poor integration into primary health care system,***
- poor supply and distribution of anti-epileptic medicines,***
- poor health information systems,***
- weak community- based interventions or support, beliefs, attitudes, stigma and human rights abuse***

- High burden;
- Stigma and cultural beliefs of the condition;
- Poor financial resources allocated to epilepsy/mental health;
- Lack of human resources and poor capacity for providing services and care for epilepsy;
- Non-existence of a locally adapted, evidence-based, government-approved basic health care package for epilepsy and training materials;

- Lack of clear referral and support system;
- Limited choice of antiepileptic drugs;
- Lack of adequate supervisory support by specialists; and
- Non-systematic and fragmented mental health service delivery system.

Supply chains

- Drug availability
- Access problematic
- Effective logistic and back up to sustain availability
- Ghana Mental Health Bill/Act/Service

Selection

- Who selects what?
- National guidelines/EDL
- Criteria? Cost vrs availability
- **The medicines usage returns**
- **Unreliable consumption data**
- **Unreliable morbidity data**

Financing/pricing

- Need to clarify position of national regional and district position on financing AED
- AED must be made affordable
- Gain more coverage in health policy
- Clear budget?
- GFAEI

Clients' views on social networks and support structures

'Why I realized that 'health' is not good is because most of my siblings and even my friends that I know have insurance, look disappointed when they go for treatment and come back' (FGD female GAR)

'Now the world has become difficult, family members are no more supporting anybody, (interjection by a participant: 'Everyone for himself, God for us all' that is the motto we have in this family' (FGD Male/Female Western Region)

What motivated me to join the NHIS is that I may not have money when I fall ill and that would make the illness worse. I have already paid and keep my card so when I fall ill without having any money I can access health care. (Female insured IHH GAR)



NATIONAL DRUG POLICY

**IMPROVE AND SUSTAIN THE HEALTH
OF THE POPULATION OF GHANA BY
ENSURING THE RATIONAL USE AND
ACCESS TO SAFE, EFFECTIVE, GOOD
QUALITY AND AFFORDABLE
PHARMACEUTICAL PRODUCTS.**

**EMS
STG's
Proc. Unit
NDIRC
ETC**

SPECIAL DISCUSSION

- **What is a stockout?**
- **What brings it about?**
- **Who bears the blame?**
- **How are they to be prevented?**
- **What is to be done if they occur?**
- **Any out of country experience?**

Programs in Ghana to improve access

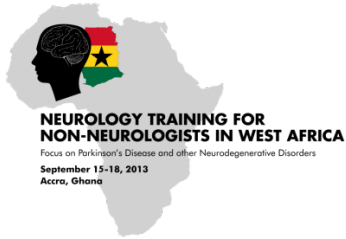
- GFAEI(Ghana Fights Against Epilepsy Initiative)
- Parkinson's disease in Africa project
 - Problems?
 - Drugs available
 - Problems with clearing meds from port? Not for profit?
 - Change in legislation

GFAEI Objective 4: To integrate provision of care and services for epilepsy within the primary health care

- 4.1 Develop treatment protocols for management of epilepsy
- 4.2 Develop mechanisms for improving supply of antiepileptic medications
- 4.3 Develop mechanism for better follow-up
- 4.4 Strengthen referral system and develop guidelines on when to refer
- 4.5 Supportive supervision methods developed and implemented.

WHO/ILAE/IBE Sanofi Espoir





The 'PD in Ghana' project

OBJECTIVES

1. CLINICAL:

a) Identify as many cases of PD as possible

- Confirm the Diagnosis of Parkinsonism
- Provide Free Long-Term Levodopa treatment
- Direct Follow-Up twice/year

b) Improve clinical skills of local doctors, health professionals

- Educational courses about PD diagnosis and management
- Regular e-mailing with local doctors

2. SCIENTIFIC:

- *Demographics*
- *Insights into Motor and Non-Motor features*
- *Genetics*
- *Nutritional status*

ACKNOWLEDGEMENTS

SPONSORS



The Movement Disorder Society

Task Force on Africa



Chair

Richard Walker
North Shields, United Kingdom

Co-Chairs

Njideka Okubadejo
Lagos, Nigeria

Moussa Traore
Bamako, Mali



World Federation of Neurology

Fostering quality neurology and brain health world wide

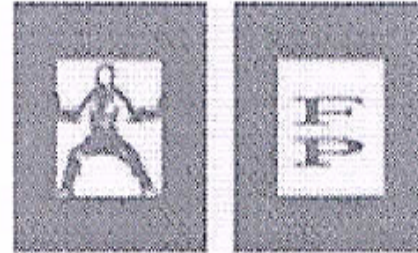
CO-SPONSORS



Fondazione Grigioni per il Morbo di Parkinson



**THE SOCIETY FOR
WORLDWIDE MEDICAL EXCHANGE**
UNITING DOCTORS | SAVING LIVES



Azienda Ospedaliera

Istituti Clinici di Perfezionamento

CENTRO PER LA MALATTIA DI PARKINSON E DISTURBI DEL MOVIMENTO

Via Bignami 1, Milan 20126, Italy

Direttore: Prof. Gianni Pezzoli

Levodopa + Benserazide



To Whom it may concern,

This is to declare that the supplies of Levodopa/Benserazide ('Madopar 200+50mg divisibile', N=750 boxes) are donated by the Grigioni Foundation for Parkinson's Disease (Fondazione Grigioni per il Morbo di Parkinson) to be delivered FREE of CHARGE to patients with Parkinson's disease.

This donation is made on behalf of a collaboration project between the Parkinson Institute, ICP, Milan, Italy and the Korle Bu Teaching Hospital, (P.O. BOX KB 77) Accra, Ghana. This collaboration has the main goal to provide adequate levodopa therapy in the long-term and free of charge to all patients with Parkinson's disease identified in Ghana.

The Madopar supplies are to be delivered directly to **Dr. Albert K. Akpalu Jnr**, who is the local neurologist in charge of this project.

Thank You



NHIS Call Centre
complaints, enquiries & feedback

Call:
054 444 6447
0302 74 6447
Short code **6447**
(MTN & Vodafone)

English, Akan, Dagbani, Ewe, Ga, Hausa
Monday - Sunday
6am - 12 midnight

- NHIS secretariat
- GFAEI
- PDA collaborators
- Tarun Dua
- Frances Jensen
- Mental Health Service