



# National Health Insurance in Ghana: 10 years on



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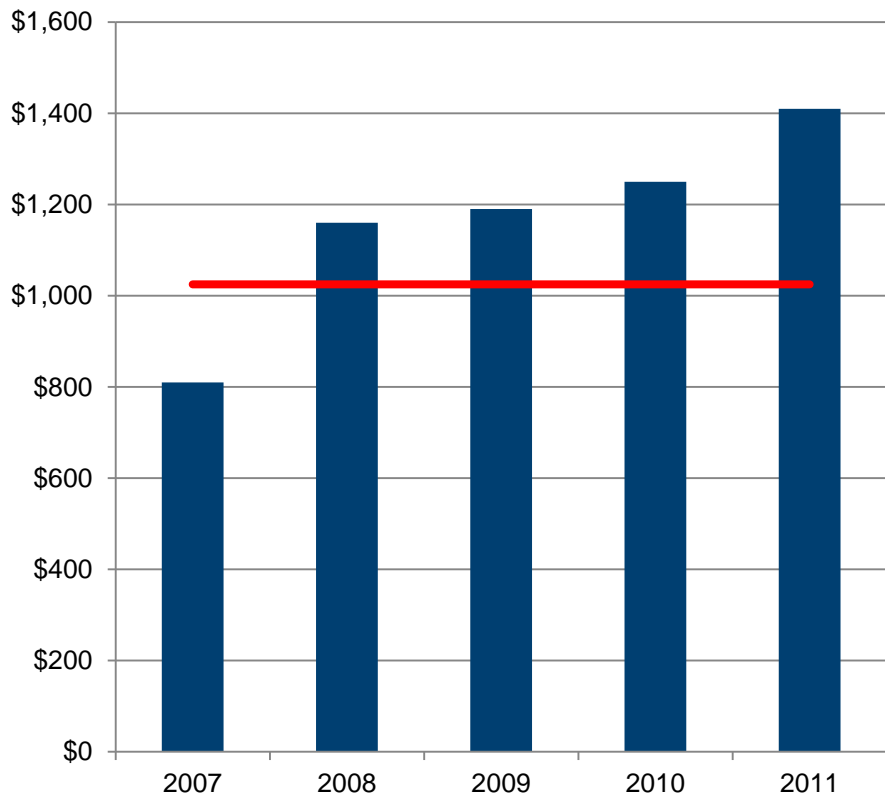


- Demographics
- Features of NHIS
- Purchasing, quality and UHC
- Donors and development partner role

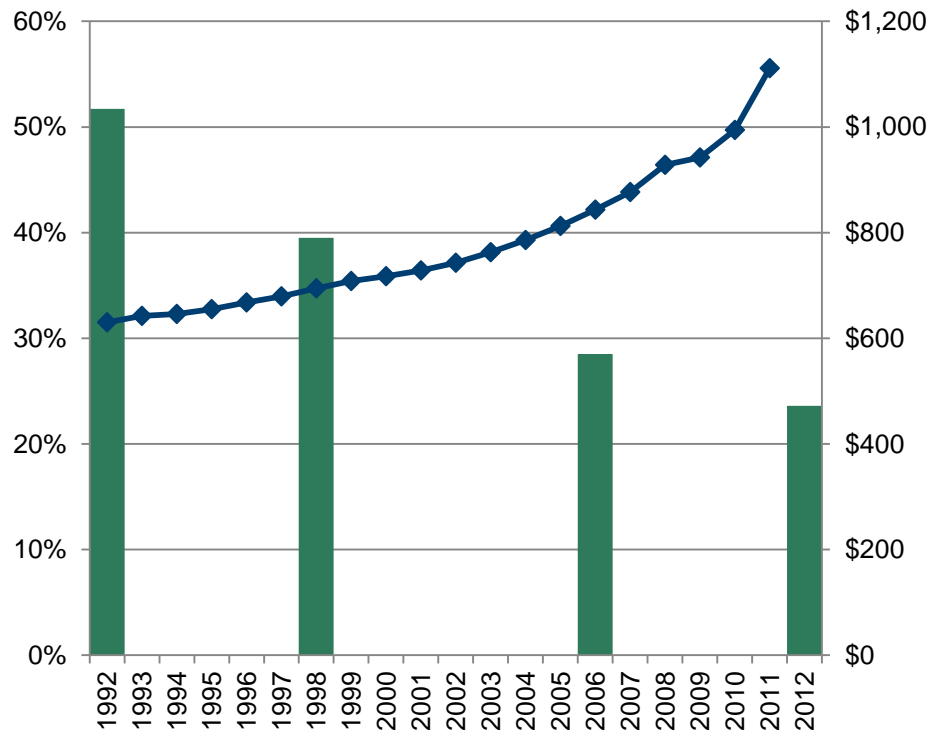




# Growth and Poverty in Ghana

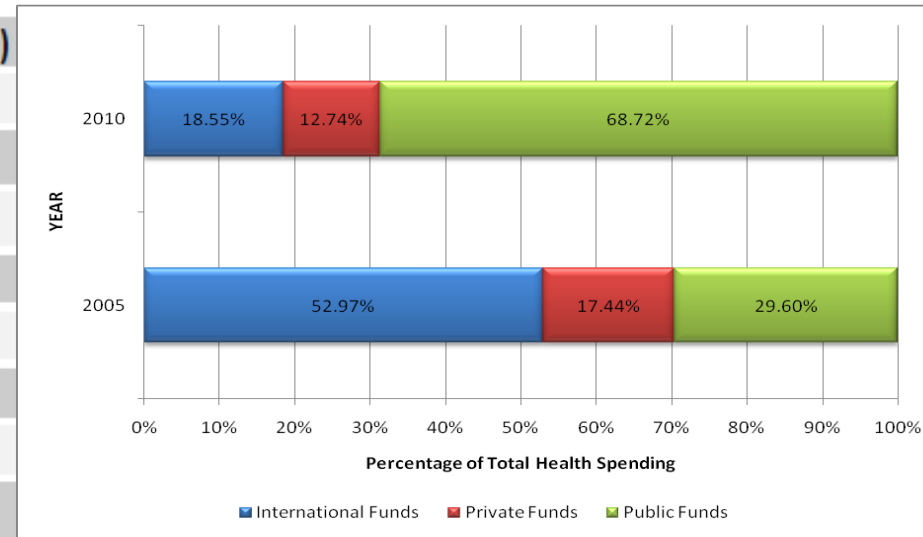


**Ghana. Recent income per capita**  
(GNI, WB Atlas Method), and **WB cut-off for**  
**a Low-Income Country status**






**Ghana. GDP** (in constant prices; blue  
line) and **% in poverty** (green  
columns)

<b>Population</b>	<b>24.66 million (2010)</b>
Gross Domestic Product (GDP)	US\$ 32.9 billion
GNI per capita in PPP	US\$ 1,410
GDP per capita, in US\$	US\$1,150 (2010)
Total health expenditure (THE) as % of GDP	4.86% (2009)
THE per capita	US\$ 54 (2009)
Public expenditure as % of THE	53% (2009)
Out-of-pocket expenditure as % of THE	37% (2009)
Life expectancy at birth	65 years

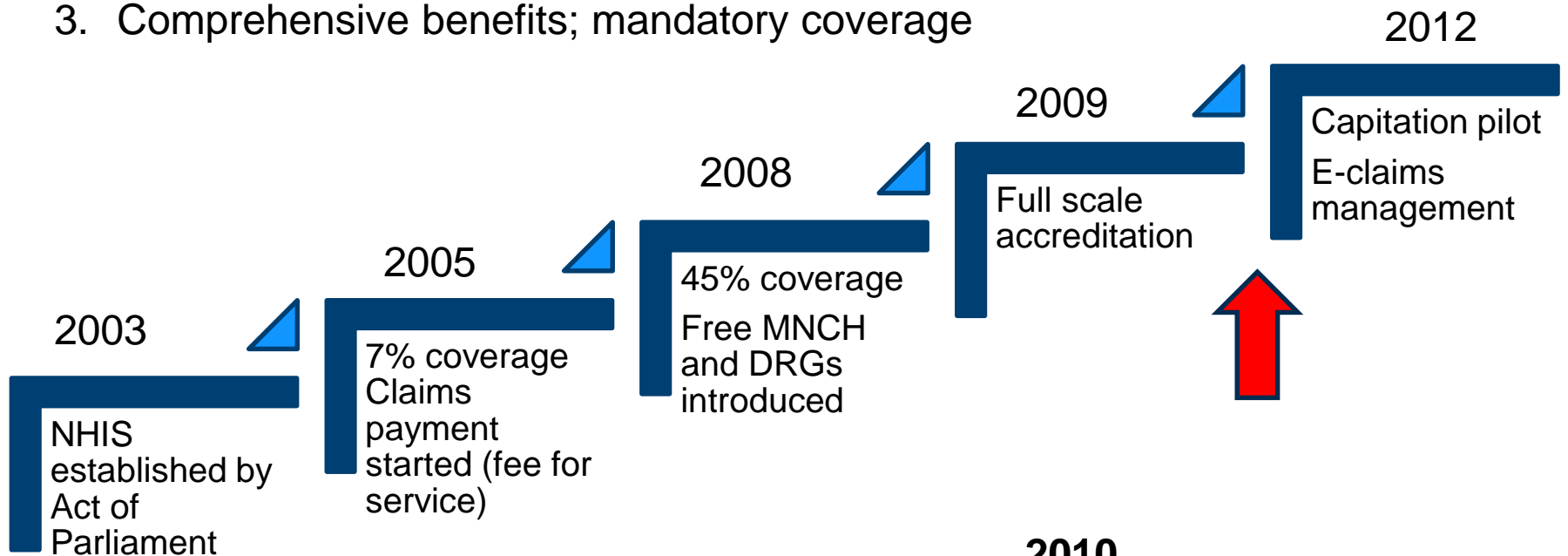


## Trends over time

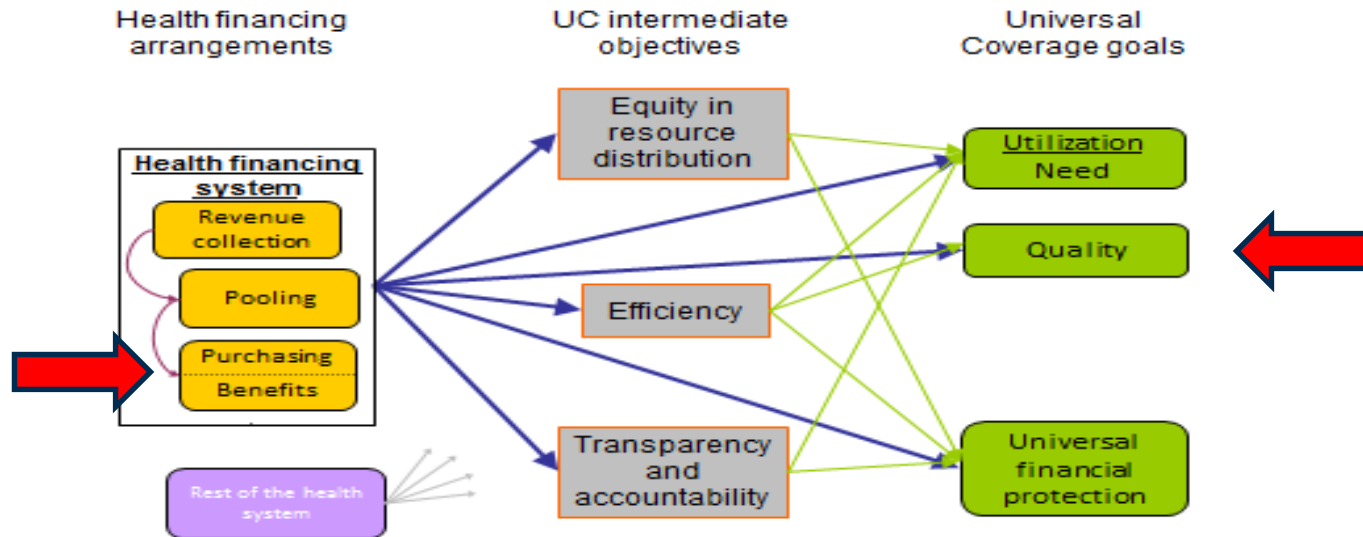
-  financing (absolute) THE: \$681 M [2005], \$965 M [2010]
-  health sector funding (% of GDP): 6.4% [2005], 4.9 [2009], 3.3% [2010]
-  Major shifts in public, private and international funds

## Strengths

1. Pro-poor; progressive financing
2. 10 years; flexible, responsive to changes
3. Comprehensive benefits; mandatory coverage



- Expenditure outpaced revenue (30 fold ↑ OPD)
- Coverage (~35% active members)



- **Revenue: Progressive (75% from taxation; 2.5% VAT)**
  - **Stable from inception;**
  - **Sufficient (?) Future questions**
    - **Whether to increase revenue (evidence; economics)**
    - **How much increases needed? (efficiency)**
    - **Where to increase revenue (priorities and politics)**
- **Pooling: Single pooling**
  - **Harmonised CBHI and NHI into one national benefits package**
  - **Provides good financial risk protection**
  - **Can be improved by harmonising the pooling sources (VAT, donors, SSNIT)**



# Grace's Story







- Direct relationship with quality
- What to purchase (Benefits pkg)
  - Linked to quality
  - Purchase split between NHIS and MoH (historical and structural)
    - Prioritisation (population) (rural/urban, wealth, prevention/curative)
    - Continuum of care (person)
    - Health Worker salaries (linked to general revenue)
- Who to purchase from
  - Public, public-subsidised, private
  - Different rates of payment may stimulate competition



- How to purchase it (payment provider services)
  - FFS (2005), DRG (2008), Capitation (2012)\*
  - Medicines
  - Timely reimbursement, efficient, output based, accurate
- Quality
  - Purchasing drives coverage and access
  - Different incentives and definitions
    - Purchaser (financial sustainability, improved health outcomes)
    - Provider (timely, clear reimbursement)
    - Patient (comprehensive, affordable, accessible, effective)

## Financial sustainability

- Changing demographics (↑ life expectancy, NCDs)
- Payment systems: input based, tariff creep, curative focussed
- High cost and over-utilisation of medicines

## Historical/structural and design issues

- Facility accreditation
- MoH and NHIS separation in service provision
- Functional IT system (authenticate, reimbursements, reduce fraud)

## Evidence

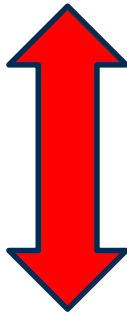
- Null hypothesis
- NHIA ↔ utilisation; NHIA ↔ health outcomes

## Expectations

- NHIA ≠ UHC



- Influencers
- Advocates
- Funders



## Financing

- Harmonised
- On-budget
- Efficiency gains

## Service delivery

- PHC and prevention
- Evidence-based

## Population Health satisfaction

- Civil Society
- QI, access
- Equity

- Questions and Comments
- What (incentivising the right things)
  - Ways to incentive priority care (prevention and PHC) and continuum
- Who (public, private, subsidised-private)
  - Ways to ensure comprehensive providers but level playing field
- How (improving purchasing methods)
  - Meets expectations of purchasers, providers, patients
  - Meets UHC goals (access, financial protection, quality)

# Acknowledgements

- NHIS. January 2014. <http://www.nhis.gov.gh>
- **Special thanks for Contributions from:** Nat Otoo, Tony Seddoh, Sam Adjei, Sheila O'Dougherty, Guy Stallworthy, GMoH, GHS
- Sheila O'Dougherty: Towards Innovative Healthcare Financing and the Ghana Health Financing Strategy
- Witter, S and Garshong, B. 2009. "Something old or something new?" Social health insurance in Ghana, BMC International Health and Human Rights 9: 20.
- Ministry of Health Ghana 2013. Ghana Health Financing Strategy. Draft 27 Nov 2013.