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# ESSENTIAL PACKAGE OF HEALTH SERVICES COUNTRY SNAPSHOT: GHANA

**July 2015**

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## **The Health Finance and Governance Project**

USAID's Health Finance and Governance (HFG) project helps to improve health in developing countries by expanding people's access to health care. Led by Abt Associates, the project team works with partner countries to increase their domestic resources for health, manage those precious resources more effectively, and make wise purchasing decisions. As a result, this five-year, \$209 million global project increases the use of both primary and priority health services, including HIV/AIDS, tuberculosis, malaria, and reproductive health services. Designed to fundamentally strengthen health systems, HFG supports countries as they navigate the economic transitions needed to achieve universal health care.

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# ACRONYMS

<b>CHPS</b>	Community-based Health Programme and Services
<b>EPHS</b>	Essential Package of Health Services
<b>NHIS</b>	National Health Insurance Scheme
<b>RMNCH</b>	Reproductive, maternal, newborn and child health



# ABOUT THE ESSENTIAL PACKAGE OF HEALTH SERVICES COUNTRY SNAPSHOT SERIES

An Essential Package of Health Services (EPHS) can be defined as the package of services that the government is providing or is aspiring to provide to its citizens in an equitable manner. Essential packages are often expected to achieve multiple goals: improved efficiency, equity, political empowerment, accountability, and altogether more effective care. There is no universal essential package of health services that applies to every country in the world, nor is it expected that all health expenditures in any given country be directed toward provision of that package. Countries vary with respect to disease burden, level of poverty and inequality, moral code, social preferences, operational challenges, financial challenges, and more, and a country's EPHS should reflect those factors.

This country snapshot is one in a series of 24 snapshots produced by the Health Finance & Governance Project as part of an activity looking at the Governance Dimensions of Essential Package of Health Services in the Ending Preventable Child and Maternal Death priority countries. The snapshot explores several important dimensions of the EPHS in the country, such as how government policies contribute to the service coverage, population coverage, and financial coverage of the package. The information presented in this country snapshot feeds into a larger cross-country comparative analysis undertaken by the Health Finance & Governance Project to identify broader themes related to how countries use an EPHS and related policies and programs to improve health service delivery and health outcomes.

Each country snapshot includes annexes that contain further information about the EPHS. When available, this includes the country's most recently published package; a comparison of the country's package to the list of priority reproductive, maternal, newborn and child health interventions developed by the Partnership for Maternal, Newborn and Child Health in 2011 (PMNCH 2011), and a profile of health equity in the country.



# THE ESSENTIAL PACKAGE OF HEALTH SERVICES (EPHS) IN GHANA

Ghana's EPHS is not entirely straightforward. The government has defined a number of packages of health services and is delivering them through multiple national programs. We believe it is important to consider the combination of these packages in Ghana's EPHS.

The package of services that has received the most international attention is the benefit package of the NHIS. This scheme was established by law in 2003, became operational in 2005, and continues to grow and evolve today. Many analysts perceive the scheme to be financially unsustainable because of its expansive and highly inclusive benefit package along with premium payments that are not actuarially based (World Bank 2012).

The benefit package for the NHIS has been defined in various ways over the life of the scheme. At initiation of the scheme, the government defined the benefit package in broad service categories, plus a list of excluded services, via Legislative Instrument LI 1809 (Government of Ghana 2004). In 2012, the government passed Act 852, which required the National Health Insurance Authority to assess the benefit package every six months and advise the minister accordingly (Government of Ghana 2012).

The NHIS website now presents only a positive list of covered services defined by broad service areas. The website does not list excluded services, but the National Health Insurance Scheme's tariff schedule specifies excluded services (National Health Insurance Authority 2013). The National Health Insurance Authority convened a meeting in October 2014 to review the NHIS benefit package, but no updated benefit package had been published as of April 2015.

The government of Ghana has defined other packages of health services. In the most recent *Health Sector Medium-Term Development Plan 2010–2013*, the government states that the Community-based Health Program and Services (CHPS) remains the main strategy of the government to increase access to “basic health interventions.” The *CHPS Operational Policy (2005)* specifies the “basic package of services” that community health officers—supported by community-based volunteers, community members, community health committees, mothers and children, and community/traditional health delivery personnel—provide at the patients' doorstep. Additionally, the Ghana Health Service under the Ministry of Health has specified “key areas of essential newborn care,” manages an Adolescent Health and Development Program, and published the *Reproductive Health Strategic Plan 2007–2011*. The NHIS benefit package and the services specified under these other programs are all included in Annex A, to be considered part of Ghana's EPHS.

## Priority Reproductive, Maternal, Newborn and Child Health Interventions

To see a comparison of Ghana's EPHS and the priority reproductive, maternal, newborn and child health (RMNCH) interventions (PMNCH 2011), refer to Annex B.

Status of Service in EPHS	Status Definition	# of Services
Included	The literature on the essential package specifically mentioned that this service was included..	36
Explicitly Excluded	The literature on the essential package specifically mentioned that this service was not included.	1
Implicitly Excluded	This service was not specifically mentioned, and is not clinically relevant to one of the high-level groups of services included in the essential package.	2
Unspecified	The literature on the essential package did not specifically mention this service, but this service is clinically relevant to one of the high-level groups of services included in the essential package.	21

The following three priority RMNCH services are excluded from Ghana's EPHS:

### Implicitly excluded:

- ▶ Social support during childbirth
- ▶ Women's groups

### Explicitly excluded:

- ▶ Routine immunization plus *H. influenzae*, meningococcal, pneumococcal, and rotavirus vaccines

## Use of Selected Priority Services

The table below presents the country's data on common indicators.

Indicator	Year	Value	Urban Value	Rural Value
Pregnant women sleeping under insecticide-treated nets (%)	2011		18.7	42.7
Births attended by skilled health personnel (in the five years preceding the survey) (%)	2011		88.2	53.9
BCG immunization coverage among one-year-olds (%)	2013	98		
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among one-year-olds (%)	2013	90		
Median availability of selected generic medicines (%)—private	2004	44.6		
Median availability of selected generic medicines (%)—public	2004	17.9		

Source: Global Health Observatory, World Health Organization.

## How the Health System Delivers the EPHS

RMNCH services from the EPHS are delivered through:

- ✓ government-sponsored community health workers
- ✓ public sector primary care facilities
- ✓ public sector referral facilities

Public health sector facilities are managed at one of three levels: the district, regional, or national levels. The district level constitutes primary health care facilities as well as community-based service delivery through CHPS. Regional hospitals mainly provide secondary care at the regional level, but a regional hospital may provide primary care if it is the sole facility in a location, and national and teaching hospitals mainly provide tertiary care.

All public facilities and some private facilities participate in NHIS and deliver care to beneficiaries. Private facilities must be accredited before they can participate in the NHIS (Government of Ghana 2010).

CHPS emphasizes community ownership and private-public participation. If a faith-based or private health facility is the sole facility in a particular community, CHPS will supply the facility with equipment, training, and personnel as appropriate for it to serve as the CHPS facility for the community. Under the program, Community Health Officers supported by community-based volunteers, community members, community health committees, mothers and children, and community/traditional health delivery personnel provide a basic package of services to the population via home visits and mobile clinics (Ghana Health Service 2005).

## Delivering the EPHS to Different Population Groups

The government's strategy for implementing the EPHS includes specific activities to improve equity of access for specific populations; these include:

- ✓ women,
- ✓ adolescents,
- ✓ the indigent, and
- ✓ rural populations.

See Annex C for the World Health Organization's full health equity profile of Ghana based on data from a 2011 Multiple Indicator Cluster Survey.

Key findings from the health equity profile include:

- ▶ Coverage of many key services is equitably distributed in Ghana, with some exceptions.
- ▶ Contraceptive prevalence of modern or traditional methods is not strongly associated with wealth quintile, education level of the woman, or rural versus urban place of residence.
- ▶ Coverage of at least one antenatal care visit is not associated with wealth, education, or place of residence, but coverage of at least four visits is somewhat associated with those factors.
- ▶ Coverage of births attended by a health professional is strongly associated with all three factors.
- ▶ Coverage of immunization services is equitably distributed.



The *Health Sector Medium-Term Development Plan 2010-2013* includes strategies for several subpopulations to expand equitability of health in Ghana, including the poor, adolescents, women, children, newborns, and those in need of mental health services. Additionally, the CHPS seeks to make services more available for rural and hard-to-reach populations.

## Providing Financial Protection for the EPHS

- ✓ The government sponsors health insurance for civil servants.
- ✓ The government sponsors or regulates health insurance for nongovernmental formal sector employees.
- ✓ The government sponsors health insurance for informal sector employees (through a national insurance fund, through subsidies to community-based health insurance, etc.).
- ✓ Community-based insurance is available in parts or all of the country.
- ✓ All services included in the EPHS are legally exempt from user fees on a national scale.

The NHIS provides its enrollees with financial protection for the benefit package, as they do not pay deductibles or copayments at the point of service. Enrollees pay into the NHIS fund through various means. Approximately 70 percent of total funding comes from a health insurance levy added to VAT, 23 percent comes from contributions made by formal sector workers to the Social Security and National Trust, and 5 percent comes from premium payments. Member premiums are not actuarially based and are kept low to ensure affordability for much of the population.

Each Ghanaian district has a District Wide Mutual Health Insurance scheme, and each metropolis has two such schemes. The district schemes have their own management structures and a certain level of autonomy in the setting of premiums and other costs, although these have to be kept within the limits established by the National Health Insurance Authority. In practice, varying flat premiums are paid by districts across the country, with rich districts paying more than poor districts (Joint Learning Network 2015). Certain populations are exempt from premium payments, including pregnant women, the elderly, children under 18, the indigent, and those who already contribute to the Social Security and National Trust (Mensah 2013). Insurance registration is required for all nationals *de facto*, though there are no penalties for those who fail to enroll. In this way, technically there are no user fees at NHIS-participating facilities, although out-of-pocket spending still occurs, often for supplies and pharmaceuticals. The informal sector is still the least represented from an enrollment perspective, because that population is not exempt from premium payments.

Preventive services provided in the CHPS compounds are free, but patients have to pay out of pocket for curative care as with any other public health facility (Akazili et al. 2012).



# SOURCES

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# ANNEX A. GHANA'S EPHS

Source: <http://www.nhis.gov.gh/benefits.aspx> (accessed April 21, 2015)

## OUT PATIENT SERVICES

- General and specialist Consultations reviews
- General and specialist diagnostic testing including, laboratory investigation, X-rays, ultrasound scanning
- Medicines on the NHIS Medicines list
- Surgical Operation such as Hernia repair
- Physiotherapy

## IN PATIENT SERVICE

- General and specialist in patient care
- Diagnostic tests
- Medication-prescribed medicines on the NHIS medicines list, blood and blood products
- Surgical operations
- In patient physiotherapy
- Accommodation in the general ward
- Feeding (where available)

## ORAL HEALTH

- Pain relief (tooth extraction, temporary incision and drainage).
- Dental restoration (simple amalgam filling, temporary dressing).

## MATERNITY CARE

- Antenatal care
- Deliveries (normal and assisted)
- Caesarean session
- Post-natal care

## EYE CARE

*[Note, the information on eye care was found on the home page of the website, not on the webpage listing the benefits package]*

- Refraction
- Visual Fields
- A-Scan
- Keratometry
- Cataract Removal
- In patient physiotherapy
- Eye lid Surgery

## EMERGENCIES

- These refer to crises in health situations that demand urgent attention such as:
- Medical emergencies
- Surgical emergencies
- Pediatric emergencies
- Obstetric and gynecological emergencies
- Road traffic accident

## EXCLUSIONS

(Source: National Health Insurance Scheme Tariff and Operational Manual 2013)

- Healthcare services that fall under any of these groups are excluded:
- Rehabilitation other than physiotherapy
- Appliances and prostheses including optical aid (except for intra ocular lenses which are covered) hearing aids, orthopaedic aids, dentures
- Cosmetic Surgeries and aesthetic treatments
- HIV retroviral drugs
- Assisted reproduction e.g. artificial insemination and gynaecological hormone replacement therapy
- Echocardiography
- Photography
- Angiography
- Orthoptics
- Dialysis for chronic renal failure
- Heart and brain surgery other than those resulting from accidents

- Cancer treatment other than cervical and breast cancer
- Organ transplantation
- All drugs that are not listed on the NHIS Drug List
- Diagnosis and treatment abroad
- Medical examinations for purposes of visa applications, educational, institutional, driving licence
- VIP ward (Accommodation)
- Mortuary Services

## **Community-based Health Planning and Services (CHPS) Program**

Source: Ghana Health Service. May 2005. Community-based Health Planning and Services (CHPS): The Operational Policy. Policy Document Number 20.

*The following is the package of services provided by Community Health Officers (CHOs)*

### **Recommended boundaries of Basic Package of Services to be provided by CHOs**

#### **Promotion and Prevention:**

- Advocacy on community sanitation
- Community directed treatments
- Distribution of insecticide treated nets (ITNs)
- Distribution of condoms and non-injectable FP devices
- Counseling on STIs/Family Planning services, counseling and advice
- Counseling on ante-natal and post-natal care
- House to house visits coverage
- Provision of Expanded Programme in Immunization (EPI) services
- Provide and support community based DOTS

#### **Curative and rehabilitative - Management of minor ailments and Referrals**

- Treatment of uncomplicated malaria and fevers
- Treatment of simple cough and URTIs
- Treatment of simple diarrhea
- First Aid for burns, cuts, toxic inhalations and consumptions (Home Accidents)
- Blood pressure monitoring
- First Aid for spontaneous delivery

#### **Case Detection, Mobilization and Referrals (CDMR)**

- Reporting of unusual conditions
- Referral of all conditions beyond the scope of authority
- Mobilization of communities for health talks – creating community awareness
- Mobilization of communities for outreach services
- Providing support for Community Decision Making Systems
- Availability and completeness of community register



## **Newborn Care Program**

Source: <http://www.ghanahealthservice.org/programme-cat.php?ghspid=3&ghscid=76> (accessed April 22, 2015)

### **Key areas/components in newborn care**

- Basic essential newborn care
- Management of adverse intra-partum events (including birth asphyxia)
- Care of the preterm/low birthweight/growth restricted baby
- Management of neonatal infections/sick newborn

Components within the key areas of essential newborn care:

#### **Basic essential newborn care**

This is primarily preventive care with focus at birth and early postnatal period to the end of the first week. These include the following:

- Quality birthing practices including prevention of infection (linked with prevention of infection elements noted below.
- Drying and provision of warmth, ideally through skin-to skin – contact with the mother
- Cord care
- Eye care
- Vitamin K administration
- Early, exclusive breastfeeding
- Immunization (BCG, Polio)
- Early appropriate quality (“focused”) postnatal care

#### **Management of adverse intra-partum events (Birth asphyxia)**

This is primarily advanced care at the health facility especially district/ polyclinics, regional and Teaching Hospitals. These include the following:

- *Prevention* – as this relates to monitoring and care provided to the mother during labor and delivery, this is covered in the maternal health documents including MAF and RH policy and standards.
- *Treatment* is through neonatal resuscitation including basic resuscitation at all levels and more advanced care in the referral hospitals.

#### **Care of the preterm/low birthweight / growth retarded baby**

- *Prevention* - Antenatal corticosteroids for preterm birth (during labor) to prevent respiratory distress syndrome (RDS). Prevention is far easier and less costly than treatment. This intervention applies only to preterm births and not to mature low birthweight babies.
- *Prevention* of prematurity/low birth weight itself is a more challenging issue, especially related to prematurity. However, optimal nutrition and care of the girl child, care during the pre-pregnancy and pregnancy periods should be promoted as covered in the national maternal and child health strategies.
- *Care of the preterm/low birthweight/growth restricted baby* – This includes extra essential newborn care including warmth, additional support for babies who are unable to suck adequately, identification and treatment of problems and careful follow-up care to detect and manage



complications and early stimulation. Kangaroo Mother Care is an effective method of providing this additional care to these vulnerable babies.

### **Management of neonatal infections/sick newborns**

*Prevention of neonatal infections:*

- Running water, soap and hand rubs
- Motivation for handwashing and following other rules for prevention of infection
- Items coming in contact with the baby at birth and the high risk /small babies in the neonatal special care unit should ideally not just be “clean” as planned in home deliveries in low resource countries, but preferably subjected to high-level disinfection (e.g. boiling cord ties) and/or sterilization (e.g. autoclaving). Where feasible, use of disposable, single-use items such as cord clamps, should be encouraged
- Cord care (use of sterile, single use blades, scissors subjected to high level disinfection such as boiling or sterilized by autoclaving for cord cutting and use alcohol/chlorhexidine for cord care as will be determined by the Sub-committee on Newborn Care).

*Treatment of neonatal infections (case management)*

- Level of care
- Home/community based care (through CHPS) including
- Peripheral centers (health centers, clinics, maternity homes)

### **Adolescent Health and Development Program**

Source: <http://www.adhdghana.org/ttf/subcat.php?scid=48> (accessed April 22, 2015)

- Provision of age-appropriate and gender sensitive information and education to adolescents and young people through the development of health learning materials.
- Provision of adolescent-friendly health services including counseling at public health facilities, schools and community health centers.
- Support creation of safe and supportive policy environment for promoting the health of adolescents and young people.
- Creating a platform for youth participation in planning health programs.
- Provision of life skills education to complement adolescent health service delivery.

## **Reproductive Health Program**

Source: Reproductive Health Strategic Plan: 2007-2011

The components of the reproductive health (RH) program managed by the RCHD include:

- safe motherhood, including antenatal, safe delivery and post-natal care, especially breastfeeding, infant health and women's health;
- family planning;
- prevention and management of unsafe abortion and post-abortion care;
- prevention and treatment of reproductive tract infections, including sexually transmitted infections, HIV/AIDS;
- prevention and treatment of infertility;
- management of cancers of the reproductive system, including breast, testicular and prostatic cancers;
- prevention and management of cervical cancers; responding to concerns about menopause;
- discouragement of harmful traditional practices that affect the RH of men and women such as female genital mutilation;
- and information and counseling on human sexuality, responsible sexual behavior, responsible parenthood, pre-conception care and sexual health.

## **L.I. 1809 National Health Insurance Regulations, 2004**

### **ARRANGEMENT OF REGULATIONS**

#### **Regulation**

#### **PART I-REGISTRATION AND OPERATION OF SCHEMES**

1. Application of Part 1
2. Application for registration as a scheme
3. Contents of constitution bye laws or rules of a scheme
4. Further conditions for licence
5. Time for registration and licensing
6. Duration and renewal of licence
7. Fees for licence
8. Register of schemes
9. Interim management of a scheme
10. Transfer of business of a scheme to another scheme
11. Management of a scheme
12. Qualification of a board member of scheme
13. Qualification of manager or principal officer of a scheme
14. Rep 011 on disqualified officers
15. Investigation of officers of scheme
16. Prohibition of discrimination
17. Prohibition of differences in tariff for the same service
18. Health insurance identity card
19. Minimum benefits to members under health insurance scheme and free public health care services
20. Excluded health care services
21. Suspension of member and discontinuation of benefit to member
22. Accreditation of health care facilities
23. Qualification for accreditation of a health care facility
24. Specific accreditation requirements for hospitals
25. Specific accreditation requirements for community based health planning and services
26. Specific accreditation requirements in respect of health professionals
27. Other matters relating to accreditation of health care facilities
28. Application for accreditation
29. Denial of accreditation
30. Accreditation certificate

#### **L.I. 1809 2**

## **NATIONAL HEALTH INSURANCE REGULATIONS, 2004**

31. Suspension or revocation of accreditation of a healthcare facility
32. Renewal of accreditation
33. Re-accreditation of health care facility
34. Review of accreditation
35. Performance monitoring of health care facilities
36. Method of monitoring performance
37. Payment of tariffs to health care facilities
38. Time for payment of claims by schemes
39. Power of scheme to refuse or reduce claim
40. Intervention by service providers in respect of prescription
41. Re-imburement for drugs
42. Particulars of drugs and medicines
43. Complaint settlement procedure of schemes
44. Reference of complaint to the District Health Complaint Committee
45. Complaint settlement procedure of District Health Complaint Committee
46. Time of decision and review
47. Records of complaint
48. Accounts
49. Audit
50. Duties and power of auditors
51. Annual report to the Council

## **PART II--DISTRICT MUTUAL HEALTH INSURANCE SCHEMES- ADDITIONAL PROVISIONS**

52. Location of headquarters of District Schemes
53. Minimum membership of a scheme
54. Application for membership of District Scheme
55. Mode and time of payment of contribution
56. Exemption from payment of contribution on basis of age
57. Participation in District Scheme by a dependant
58. Means test for indigent persons
59. Suspension and reinstatement of a defaulting member

## **PART III-PRIVATE COMMERCIAL AND PRIVATE MUTUAL HEALTH INSURANCE SCHEMES-ADDITIONAL PROVISIONS**

60. Payment of contribution to private commercial and private mutual schemes
61. Security deposit for private commercial schemes

**3 L.I. 1809**

**NATIONAL HEALTH INSURANCE RE'GULATIONS, 200-1**

**PART IV-MISCELLANEOUS**

62. Use of Forms and variations in the Forms

63. Interpretation

64. Transitional provision 65. Revocation

SCHEDULE

**47 L.I.1809**  
**NATIONAL HEALTH INSURANCE REGULATIONS. 2004**  
**SCHEDULE II**  
**PART I**  
**(Regulation 19(1))**

**MINIMUM HEALTH CARE BENEFITS**

The healthcare services specified in this Part are the minimum healthcare benefits under the national health insurance scheme and shall be paid for by the schemes

**1. Out-patient Services**

- (1) Consultations including reviews: These include both general and specialist consultations.
- (2) Requested Investigations including laboratory investigations, x-rays and ultrasound scanning for general and specialist out-patient services.
- (3) Medication, namely, prescription drugs on National Health Insurance Scheme Drugs List, traditional medicines approved by the Food and Drugs Board and prescribed by accredited medical and traditional medicine practitioners.
- (4) HIV/AIDS symptomatic treatment for opportunistic infection.
- (5) Out-patient/Day Surgical Operations including hernia repairs, incision and drainage, haemorrhoidectomy.
- (6) Out-patient Physiotherapy.

**2. In Patient Services**

- (1) General and Specialist in-patient care.
- (2) Requested Investigations including laboratory investigations, x-rays and ultrasound scanning for inpatient care.
- (3) Medication, namely, prescription drugs on National Health Insurance Scheme List, traditional medicines approved by the Food and Drugs Board and prescribed by accredited medical and traditional medicine I practitioners, blood and blood products.
- (4) Cervical and Breast Cancer Treatment
- (5) Surgical Operations.
- (6) In-Patient Physiotherapy.
- (7) Accommodation in general ward.
- (8) Feeding (where available)

**3. Oral Health Services including**

- (a) Pain Relief which includes incision and drainage, tooth extraction and temporary relief;
- (b) Dental Restoration which includes Simple Amalgam Fillings and Temporary Dressing.

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### **NATIONAL HEALTH INSURANCE REGULATIONS, 2004**

#### **4. Eye Care Services including**

- (a) Refraction;
- (b) Visual Fields;
- (c) A - Scan;
- (d) Keratometry;
- (e) Cataract Removal;
- (f) Eye Lid Surgery;

#### **5. Maternity Care including**

- (a) Antenatal Care;
- (b) Deliveries, namely, normal and assisted;
- (c) Caesarian Section;
- (d) Postnatal care

#### **6. Emergencies**

All emergencies shall be covered. These refer to crisis health situation that demand urgent intervention and include,

- (a) Medical emergencies;
- (b) Surgical emergencies including brain surgery due to accidents;
- (c) Pediatric emergencies;
- (d) Obstetric and Gynecological emergencies including Caesarian Sections;
- (e) Road Traffic Accidents;
- (f) Industrial and workplace Accidents;
- (g) Dialysis for acute renal failure.

#### **7. Accessing Services Under the Health Insurance Scheme**

- (1) The first point of attendance, except in cases of emergency, shall be a primary healthcare facility, which includes Community-based health Planning and Services (CHIPS), Health Centres, District Hospitals, Polyclinics or Sub-metro Hospitals, Quasi Public Hospitals, Private Hospitals, Clinics and Maternity Homes
- (2) In localities where the only health facility is a Regional Hospital, the General patient department shall be considered a primary healthcare facility.
- (3) All health care services provided in these facilities shall be paid for by the District Mutual health Insurance Schemes (DMHIS).
- (4) In cases where the services are not available, all referred cases other than those in the Exclusion List shall be paid for by DMHIS.
- (5) Emergencies shall be attended to at any health facility.

**NATIONAL HEALTH INSURANCE REGULATIONS, 2004**  
**SCHEDULE II-PART 2**  
**(Regulation 20)**  
**EXCLUSION LIST**

1. The health care services specified in this Part of this Schedule are not covered under the minimum benefits available under the National Health Insurance Scheme.
2. Health insurance schemes may decide to offer any of these as additional benefits to their members.

Excluded are the healthcare services that fall under any of these groups;

- (a) Rehabilitation other than physiotherapy;
- (b) Appliances and prostheses including optical aid, hearing aids, orthopedic aids, dentures;
- (c) Cosmetic surgeries and aesthetic treatments;
- (d) HIV retroviral drugs
- (e) Assisted Reproduction ego Artificial insemination and gynecological hormone replacement therapy;
- (f) Echocardiography;
- (g) Photograph
- (h) Angiography;
- (i) Orthoptics;
- (j) Dialysis for chronic renal failure;
- (k) Heart and brain surgery other than those resulting from accidents;
- (l) Cancer treatment other than cervical and breast cancer
- (m) Organ transplantation;
- (n) All drugs that are not listed on the NHIS Drug List;
- (o) Diagnosis and treatment abroad;
- (P) Medical examinations for purposes of visa applications, educational, institutional, driving licence;
- (q) VIP ward (Accommodation);
- (r) Mortuary Services.



**L.I. 1809 50**

**NATIONAL HEALTH INSURANCE REGULATIONS. 2004  
SCHEDULE II-PART 3  
(Regulation 19(4))**

**FREE PUBLIC HEALTH SERVICES**

The following healthcare services are free: (a) Immunization;

(b) Family planning;

(c) In-patient and Out-patient treatment of mental illnesses;

(d) Treatment of Tuberculosis, Onchocerciasis, Buruli Ulcer, Trachoma; and

(e) Confirmatory HIV test on AIDS Patients.



## ANNEX B. COMPARISON BETWEEN THE EPHS AND THE PRIORITY RMNCH SERVICES

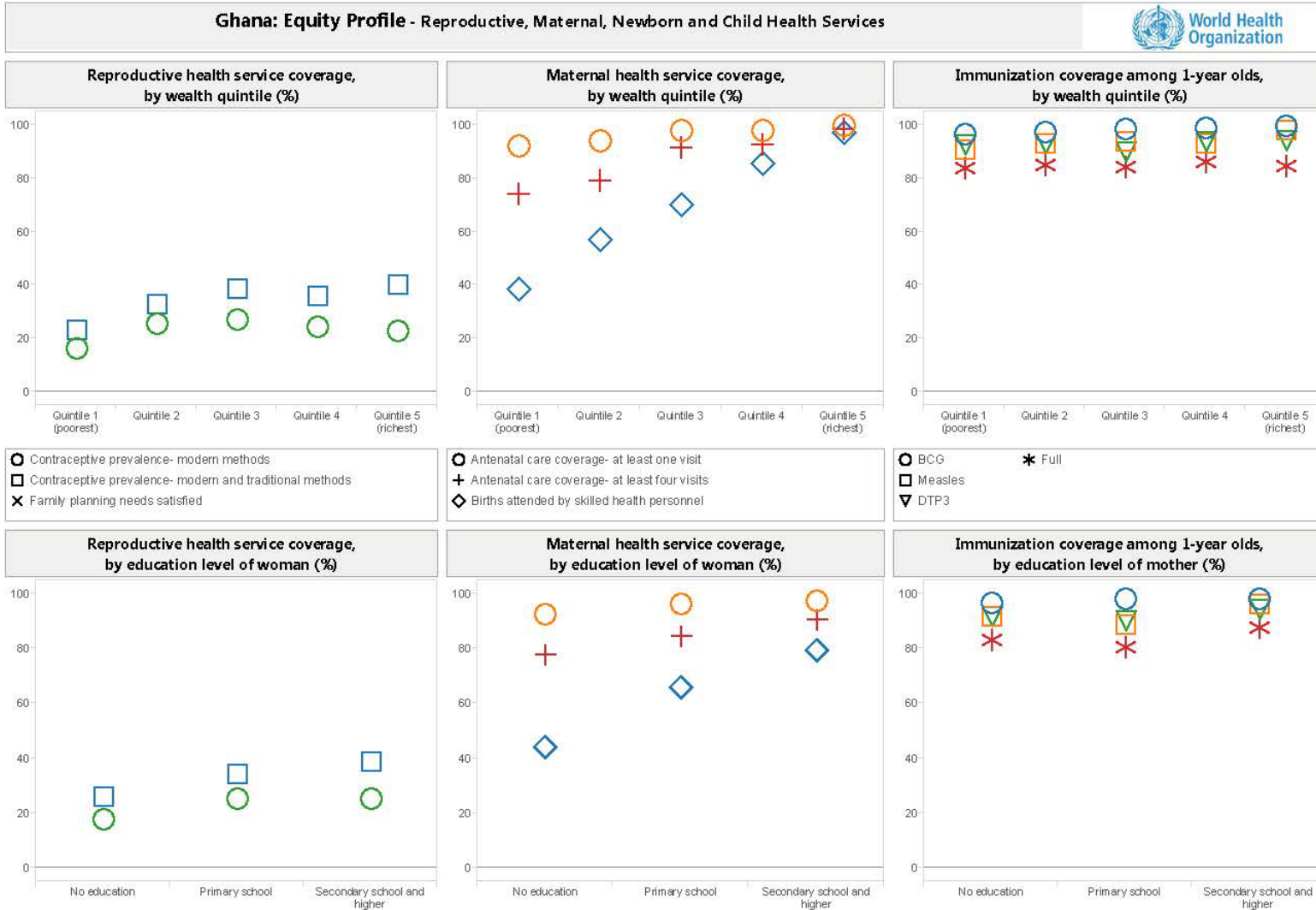
	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
<b>Adolescence and pre-pregnancy</b>	<b>Level: Community Primary Referral</b>		
	Family planning (advice, hormonal and barrier methods)	Yes	Source: CHPS
	Prevent and manage sexually transmitted infections, HIV	Yes	Source: <i>Reproductive Health Strategic Plan: 2007-2011</i>
	Folic acid fortification/supplementation to prevent neural tube defects	Unspecified	This service was not specified in reviewed documents
	<b>Level: Primary and Referral</b>		
	Family planning (hormonal, barrier and selected surgical methods)	Yes	Source: <i>Reproductive Health Strategic Plan: 2007-2011</i>
	<b>Level: Referral</b>		
<b>Pregnancy (antenatal)</b>	Family planning (surgical methods)	Unspecified	This service was not specified in reviewed documents
	<b>Level: Community Primary Referral</b>		
	Iron and folic acid supplementation	Yes	Source: <i>Reproductive Health Strategic Plan: 2007-2011</i>
	Tetanus vaccination	Yes	Source: <i>Reproductive Health Strategic Plan: 2007-2011</i>
	Prevention and management of malaria with insecticide treated nets and antimalarial medicines	Yes	Source: <i>Reproductive Health Strategic Plan: 2007-2011</i>
	Prevention and management of sexually transmitted infections and HIV, including with antiretroviral medicines	Yes	Source: <i>Reproductive Health Strategic Plan: 2007-2011</i>
	Calcium supplementation to prevent hypertension (high blood pressure)	Unspecified	This service was not specified in reviewed documents
	Interventions for cessation of smoking	Unspecified	This service was not specified in reviewed documents
	<b>Level: Primary and Referral</b>		
	Screening for and treatment of syphilis	Unspecified	This service was not specified in reviewed documents
	Low-dose aspirin to prevent pre-eclampsia	Unspecified	This service was not specified in reviewed documents
	Anti-hypertensive drugs (to treat high blood pressure)	Yes	Source: <i>Essential Medicines List 2010</i>

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
	Magnesium sulphate for eclampsia	Unspecified	This service was not specified in reviewed documents
	Antibiotics for preterm prelabour rupture of membranes	Unspecified	This service was not specified in reviewed documents
	Corticosteroids to prevent respiratory distress syndrome in preterm babies	Yes	Source: Newborn Care Program
	Safe abortion	Yes	Source: <i>Reproductive Health Strategic Plan: 2007-2011</i> discusses comprehensive abortion care (as permitted by law) services
	Post abortion care	Yes	Source: <i>Reproductive Health Strategic Plan: 2007-2011</i>
	<b>Level: Referral</b>		
	Reduce malpresentation at term with External Cephalic Version	Unspecified	This service was not specified in reviewed documents
	Induction of labour to manage prelabour rupture of membranes at term (initiate labour)	Unspecified	This service was not specified in reviewed documents
<b>Childbirth</b>	<b>Level: Community Primary Referral</b>		
	Prophylactic uterotonics to prevent postpartum haemorrhage (excessive bleeding after birth)	Unspecified	This service was not specified in reviewed documents
	Manage postpartum haemorrhage using uterine massage and uterotonics	Unspecified	This service was not specified in reviewed documents
	Social support during childbirth	No	This service was not specified in reviewed documents and is not clinically related to other included services
	<b>Level: Primary and Referral</b>		
	Active management of third stage of labour (to deliver the placenta) to prevent postpartum haemorrhage ( <i>as above plus controlled cord traction</i> )	Unspecified	This service was not specified in reviewed documents
	Management of postpartum haemorrhage ( <i>as above plus manual removal of placenta</i> )	Yes	Source: <i>Reproductive Health Strategic Plan: 2007-2011</i>
	Screen and manage HIV (if not already tested)	Yes	Source: <i>Reproductive Health Strategic Plan: 2007-2011</i>
	<b>Level: Referral</b>		
	Caesarean section for maternal/foetal indication (to save the life of the mother/baby)	Yes	Source: <i>Reproductive Health Strategic Plan: 2007-2011</i>
	Prophylactic antibiotic for caesarean section	Unspecified	This service was not specified in reviewed documents
	Induction of labour for prolonged pregnancy (initiate labour)	Unspecified	This service was not specified in reviewed documents
	Management of postpartum haemorrhage ( <i>as above plus surgical procedures</i> )	Unspecified	This service was not specified in reviewed documents

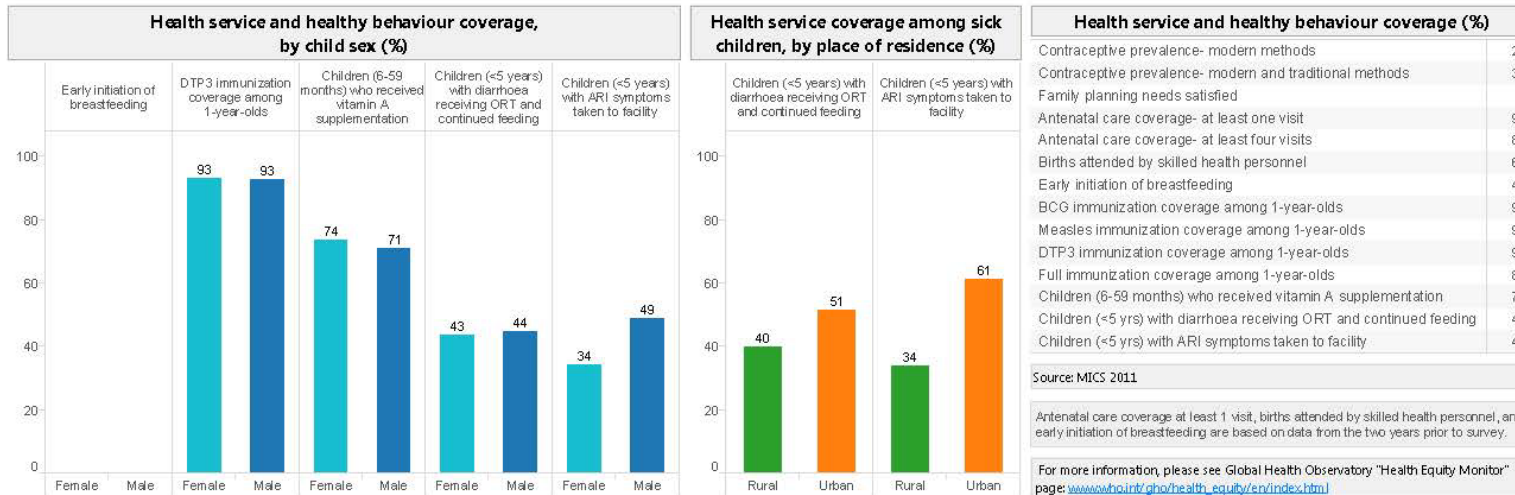
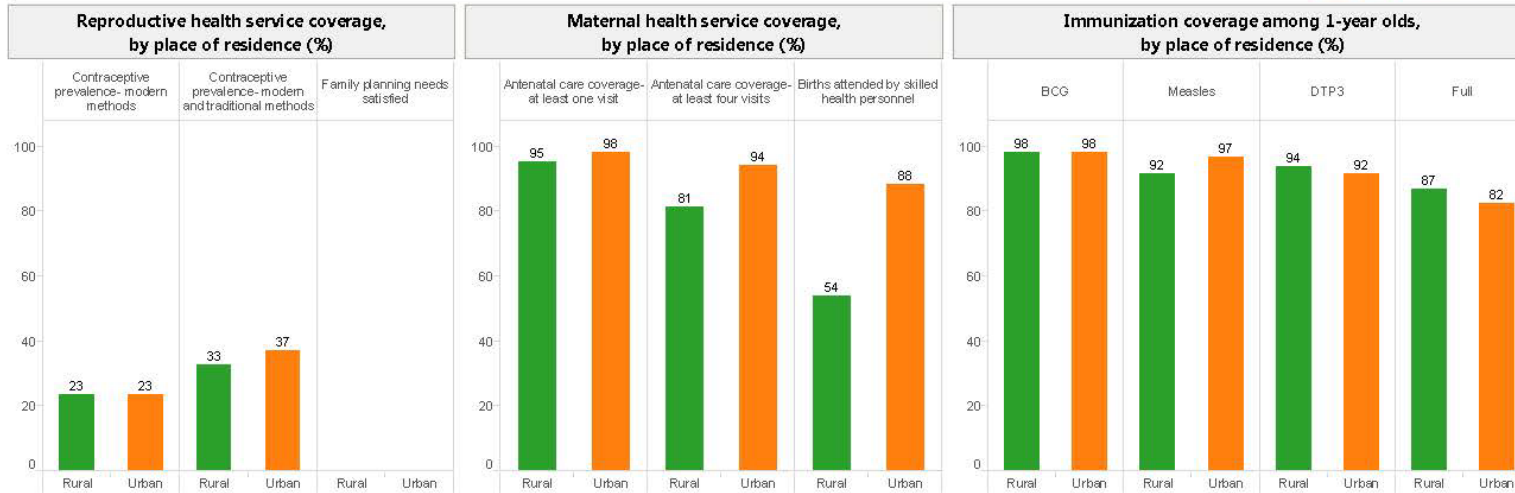
	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
<b>Postnatal (Mother)</b>	<b>Level: Community Primary Referral</b>		
	Family planning advice and contraceptives	Yes	Source: <i>Reproductive Health Strategic Plan: 2007-2011</i>
	Nutrition counselling	Yes	Source: <i>Reproductive Health Strategic Plan: 2007-2011</i>
	<b>Level: Primary and Referral</b>		
	Screen for and initiate or continue antiretroviral therapy for HIV	Yes	Source: <i>Reproductive Health Strategic Plan: 2007-2011</i>
	Treat maternal anaemia	Yes	Source: <i>Reproductive Health Strategic Plan: 2007-2011</i>
	<b>Level: Referral</b>		
	Detect and manage postpartum sepsis (serious infections after birth)	Unspecified	This service was not specified in reviewed documents
<b>Postnatal (Newborn)</b>	<b>Level: Community Primary Referral</b>		
	Immediate thermal care (to keep the baby warm)	Yes	Source: Newborn Care Program
	Initiation of early breastfeeding (within the first hour)	Yes	Source: Newborn Care Program
	Hygienic cord and skin care	Yes	Source: Newborn Care Program
	<b>Level: Primary and Referral</b>		
	Neonatal resuscitation with bag and mask (by professional health workers for babies who do not breathe at birth)	Yes	Source: Newborn Care Program
	Kangaroo mother care for preterm (premature) and for less than 2000g babies	Yes	Source: Newborn Care Program
	Extra support for feeding small and preterm babies	Yes	Source: Newborn Care Program
	Management of newborns with jaundice ("yellow" newborns)	Unspecified	This service was not specified in reviewed documents
	Initiate prophylactic antiretroviral therapy for babies exposed to HIV	Yes	Source: <i>Reproductive Health Strategic Plan: 2007-2011</i>
	<b>Level: Referral</b>		
	Presumptive antibiotic therapy for newborns at risk of bacterial infection	Unspecified	This service was not specified in reviewed documents
	Use of surfactant (respiratory medication) to prevent respiratory distress syndrome in preterm babies	Unspecified	This service was not specified in reviewed documents
	Continuous positive airway pressure (CPAP) to manage babies with respiratory distress syndrome	Unspecified	This service was not specified in reviewed documents
	Case management of neonatal sepsis, meningitis and pneumonia	Yes	Source: <i>National Health Insurance Scheme Tariff and Operational Manual</i>

	RMNCH Essential Interventions	Service Included in EPHS	Source and Additional Notes
<b>Infancy and Childhood</b>	<b>Level: Community Primary Referral</b>		
	Exclusive breastfeeding for 6 months	Yes	Source: Newborn Care Program
	Continued breastfeeding and complementary feeding from 6 months	Yes	Source: Newborn Care Program
	Prevention and case management of childhood malaria	Yes	Source: <i>National Health Insurance Scheme Tariff and Operational Manual</i>
	Vitamin A supplementation from 6 months of age	Yes	Source: <i>Health Sector Medium-Term Development Plan 2010 - 2013</i>
	Routine immunization plus <i>H.influenzae</i> , meningococcal, pneumococcal and rotavirus vaccines	No	Source: <a href="http://www.afro.who.int/en/ghana/country-programmes/3215-expanded-program-of-immunisation-epi.html">http://www.afro.who.int/en/ghana/country-programmes/3215-expanded-program-of-immunisation-epi.html</a> states the National Policy, which does not include these vaccines
	Management of severe acute malnutrition	Yes	Source: <i>National Health Insurance Scheme Tariff and Operational Manual</i>
	Case management of childhood pneumonia	Yes	Source: <i>National Health Insurance Scheme Tariff and Operational Manual</i>
	Case management of diarrhoea	Yes	Source: <i>National Health Insurance Scheme Tariff and Operational Manual</i>
	<b>Level: Primary and Referral</b>		
	Comprehensive care of children infected with, or exposed to, HIV	Yes	Source: <i>National Health Insurance Scheme Tariff and Operational Manual</i>
	<b>Level: Referral</b>		
	Case management of meningitis	Yes	Source: <i>National Health Insurance Scheme Tariff and Operational Manual</i>
<b>Across the continuum of care</b>	<b>Level: Community Strategies</b>		
	Home visits for women and children across the continuum of care	Yes	Source: CHPS
	Women's groups	No	This service was not specified in reviewed documents and is not clinically related to other included services

# ANNEX C: GHANA HEALTH EQUITY PROFILE



**Ghana: Equity Profile - Reproductive, Maternal, Newborn and Child Health Services**









**BOLD THINKERS DRIVING  
REAL-WORLD IMPACT**