

**Financial Protection and Improved Access to Health Care: Peer-to-Peer Learning Workshop
Finding Solutions to Common Challenges
Accra, Ghana February 15-19, 2016
High Level Summary Report¹**

Co-hosts: Ministry of Health and National Health Insurance Authority, Ghana; World Health Organization, USAID

Number of participants: 167

Countries: (9) Benin, Cote D'Ivoire, Ethiopia, Ghana, Nigeria, Rwanda, Senegal, Togo, and Uganda

Invited partners: The Gates Foundation, WHO/WAHO, Joint Learning Network for UHC, World Bank, Mexico Ministry of Health; various NGO and private sector participants.

Summary

The Financial Protection and Access to Care Workshop included three main objectives.

- Deepening understanding of how to grow and use financial resources to increase financial protection and improve equitable access to priority health services
- Identifying concrete actions to take health financing and insurance programs to the next level
- Strengthening coordination across countries, within countries, and between partners.

The workshop took place over five days in Accra, Ghana. Organizers consulted with USAID Missions and country leaders in all participating countries, and from those meetings, designed sessions that covered a range of key issues in health financing and service provision. Through a participatory peer-to-peer design, each session presented a state of the art framing on a different technical topic, delved deeply into the experience of one or more "spotlight" countries, and opened the floor for broad discussion.

Key take-away from technical sessions

Thematic lessons emerged from across sessions, providing valuable insights into the way forward for achieving UHC.

1. Financial protection is an imperative for achieving UHC with equity

- Out-of-pocket spending is an inefficient and regressive form of health financing.
- There is a range of approaches that can put countries on the pathway towards progressive realization of UHC, but no country has ever reached UHC by relying only on voluntary insurance. National insurance financed by taxes can be one form of solidarity against financial risk.
- The world of global health is changing rapidly with bold end games for infectious disease and other health priorities, and a grand convergence is now in sight.

2. Ghana's National Health Insurance Scheme and Mexico's Seguro Popular are inspiring models

¹ This report was co-authored and prepared by Danielle Bloom, Amanda Folsom, Bob Emrey, Uzaib Saya, Rachel Rhodes and Ishrat Husain.

- Domestic revenue mechanisms like Value Added Tax and social security contributions provide more than 90% of funding for the Ghana NHIS.
- Although facing funding challenges, Ghana's is a continuously evolving and improving system with strong foundations that provide learnings for health system transformation elsewhere. The current technical review of NHIS will help to shape a new direction for the country.
- Mexico's experience indicated progress towards equity alongside challenges of quality and fragmentation.

3. Commitment generation and behavioral economics are new tools that can contribute to greater effectiveness of the programs

- Progress in financial protection and access to care requires strong political will and changes in behaviors of providers and populations. Ghana's political leaders showed that engagement of political leaders in health system development can make the path to UHC smoother and faster.
- The human factor behind changing behaviors is crucial: Carefully conducted research showed that personal preferences are influenced by the context and quality of engagement. Trust in the system and quality of care are essential features for use of services

4. Focusing on efficiency can make financial sustainability feasible

- Domestic resources mobilization and expenditure management must be used in tandem to help improve value for money of existing funds.
- More money for health alone will not fix underlying inefficiencies of health financing or public financial management (PFM) systems. Managing expenditures through PFM reforms and strategic purchasing can reduce wastage and create more value for money.
- MOH/MOF dialogue is crucial to systemic alignment.
- Pharmaceuticals are a major source of inefficiency; fast-response IT systems can assemble data and improve management of adherence, availability and quality, and reduce fraud.

5. Private sector can be a key partner in public reforms

- Community and private sector actors (e.g. CBHI and private health insurance) can have an important role in reaching populations. A rapid expansion of micro insurance in some African countries has demonstrated a promising approach for covering the informal sector.
- Mobile technology solutions can be fast-tracked through public-private partnerships.

6. Intelligent health systems lie at the heart of evidence-based decisions

- For international tracking, progress towards UHC should be measured in terms of incidence of catastrophic out-of-pocket spending and incidence of impoverishing out-of-pocket spending, not as the percent of population with health insurance.
- Indicators alone cannot explain change: Data must be made available and analyzed in order to help make decisions about health policy and ongoing implementation throughout the system.

Partner meetings

The agenda allowed time for partners to convene at both the beginning and the end of the workshop to discuss and determine how the meeting can help inform better coordination of technical assistance and financing in this space. Partners resolved to exchange information on plans at least quarterly, and USAID agreed to organize the first set of plans, with other agencies such as WHO or the World Bank, eventually taking over future coordination.

Country commitments

The meeting closed with a commitment from each country of the key steps that they will undertake to move health financing reforms to the next level, an articulation of the needed partner support, and the markers of progress and timeline that they will follow to track implementation. Two highlights include commitments from Senegal to produce an investment plan by the third quarter of 2016, and Nigeria, where they have identified 10 states that are ready with structures for health care financing. These states will be fast-tracked and provided with tools to move their activities forward. Country commitments were publically documented during the report out, will be described in the full workshop report, and will be circulated separately to partners for follow up and assistance.

Next Steps

A full report of the Workshop is being prepared and will be widely shared. Follow-up actions are being planned, starting with phone calls with partners and USAID missions.

Selected Quotes

“The (Senegal) delegation believes that this workshop was an opportunity for them to visit several countries while remaining in a single country. The presentations made throughout this workshop offer a series of tools, concepts, and experiences that the delegation intends to use in the process of elaboration of its strategy of financing health. So many doors are open to let them move forward.”

--Senegal country team

“Countries can use CBHI as a foundation for achieving UHC.”

--Nathaniel Otoo, Acting Chief Executive Officer, NHIA Ghana

“We need efficiency gains to contain costs and argue for increased funds for the NHIS.”

--Chris Atim, Chair of Technical Review Committee, NHIA Ghana