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GHANA

National Health Insurance Scheme



Ghana's National Health Insurance Scheme: Ensuring Access to Essential Malaria Services with Financial Protection

Cheryl Cashin, Senior Program Director, Results for Development Institute

Introduction

Malaria is a major cause of disease burden and poverty in Ghana and is the number one cause of morbidity and mortality of children under 5, making universal access to appropriate interventions for all populations at risk of malaria in Ghana a key health sector goal. Ghana's National Health Insurance Scheme (NHIS) provides access to essential health services with financial protection for a large and growing share of the country's population.

Any efforts to expand access to malaria interventions in Ghana go hand in hand with efforts to strengthen the NHIS, ensuring its sustainability, increasing population coverage, and improving its capacity to strategically purchase health interventions, goods, and services on behalf of the enrolled population.

Country Context

Ghana is a west African country with a population of 26.8 million and a per capita national income of US\$1,410 (Table 1). This places Ghana in the lower-middle income category according to World Bank classifications. The country spends 5.4% of its national income on health, for a per capita health spending of US\$214 with 61% from government sources and 36% coming in the form of direct out-of-pocket payments. The country has a relatively low donor dependence, with only 13% of total health spending coming from external assistance. Life expectancy is 61 years at birth.

Table 1. Ghana's Country Context

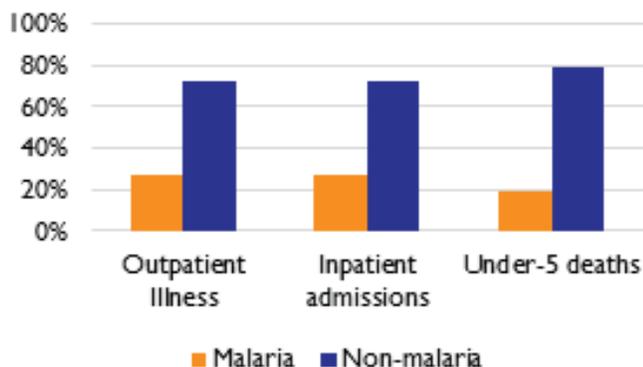
Population	26.8 million
GNI per capita (current \$US)	US\$ 1,410
Total health expenditure (THE) as % of GDP	5.4%
THE per capita	US\$214
Out-of-pocket expenditure as % of THE	36%
External resources as % of THE	13%
Life expectancy at birth	61 years

Source: World Development Indicators World Bank (2015) and WHO Global Health Expenditure Database (2015).

Burden of Malaria in Ghana

Malaria is responsible for the largest share of both outpatient and inpatient service utilization in Ghana, with 27% of outpatient contacts and 27% of inpatient admissions attributed to malaria in 2014 (Figure 1). Malaria is also the number one cause of childhood death, responsible for nearly 20% of all deaths of children under 5. The burden of malaria is falling, however, with the share of both outpatient visits and inpatient admissions down from 35% in 2011, and the share of under 5 deaths down from 30% (Ghana Health Service 2011).

Figure 1. Morbidity and Mortality Burden of Malaria in Ghana



Sources: "Outpatient Illness" and "Inpatient Admissions": Annual Report. Ghana Health Service, Accra; 2014; "Under-5 Deaths" WHO Statistical Profile 2013.

Ghana's National Health Insurance Scheme

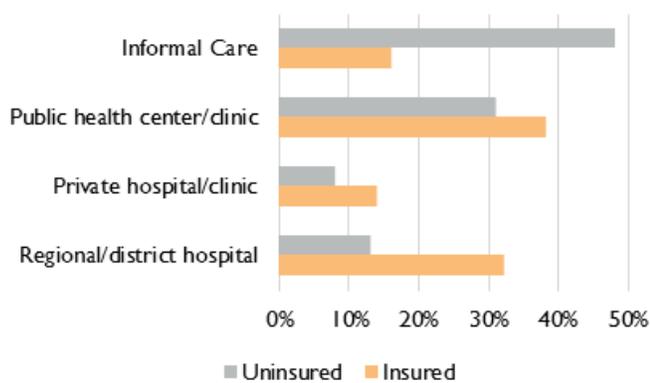
The government of Ghana made a commitment to universal health coverage when it passed the law establishing the National Health Insurance Scheme (NHIS) at the end of 2003. The NHIS was adopted with overwhelming political and popular support, largely in response to the country's legacy of "cash and carry," which required upfront payment for health services in both public and private health facilities. Cash and carry was put in place in the 1980s as part of a macroeconomic adjustment program that aimed to reduce government expenditures and introduce some cost recovery for public services, including health. Out-of-pocket payments for health services at the time of care-seeking are now recognized globally as a barrier to accessing necessary care, particularly for poor and vulnerable populations. This was the case in Ghana, where health care utilization plummeted and mortality rates for infectious and parasitic diseases, including malaria, began to rise. Infant mortality actually increased between 1994 and 2003 after a decade of decline (WHO 2004).

The NHIS was introduced to protect Ghanaian citizens from the cost of health care services at the point of access. The National Health Insurance Authority (NHIA) now manages the Scheme and purchases services on behalf of its members from the pooled funding sources. The Scheme is funded through an earmarked portion of the value-added tax (VAT), social security contributions, and a small amount of premium payments from the non-exempt population. The NHIS now covers 40% of Ghana's population, or about 11 million people. The benefits that members are entitled to are comprehensive and equitable, as they are the same for all members. Other than some excluded high-cost services, there are few formal limits placed on NHIS coverage. All necessary malaria services and medicines are covered at no cost to NHIS members.

NHIS Coverage and Access to Malaria Services

NHIS coverage makes a significant difference for its members in care-seeking and financial protection for necessary malaria services. Whereas the uninsured rely mainly on informal care for malaria treatment, more than 80% of those with NHIS coverage visit a public or private formal provider (Figure 2). Rigorous analysis that controls for underlying population differences has shown even more dramatic results, with NHIS coverage leading to a 65.5 percentage point increase in the likelihood of seeking formal medical treatment for a child with a fever or a cough, and an almost 72 percentage point increase in the likelihood of receiving malaria medication (Gajate-Garrido and Ahiadeke 2015).

Figure 2. NHIS Coverage and Care-Seeking for Malaria



Source: Fenney et al. 2015.

Using Purchasing Power to Improve the Quality of Malaria Services

The NHIS also uses its purchasing power to negotiate with health care providers to bring down the cost of malaria treatment and increase the quality of service delivery. Whereas efforts by the Ministry of Health and Ghana Health Service to encourage adherence to treatment guidelines for malaria have limited leverage, the NHIA is able to enforce treatment guidelines through its contracts with providers, conduct clinical audits to identify quality gaps, and impose financial consequences for non-adherence.

The NHIA began doing clinical audits in 2010, and since that time has audited about 22% of contracted health facilities and yielded over \$1 million in savings from claims denied for non-adherence to clinical guidelines or other treatment standards.

USAID HFG Support to the NHIS

USAID's Health Finance and Governance (HFG) project provides technical support to the NHIS with the objectives of achieving:

- ▶ **Sustainability of the NHIS** to sustain and expand coverage so more Ghanaians can benefit
- ▶ **More efficient use of resources** to get more value for money in malaria diagnosis and treatment
- ▶ **Better use of data and evidence** to generate in-time information to improve malaria services
- ▶ **Improved service delivery** to increase the quality of malaria diagnosis and treatment through financing and incentives

The USAID HFG Ghana project works toward these objectives through two separate but related workstreams to strengthen the operations of the NHIS to better serve the population of Ghana (Figure 3).

Figure 3. USAID HFG Ghana's Workstreams Harmonized to Achieve a Sustainable NHIS



USAID HFG Ghana Achievements

Some achievements of the USAID HFG Ghana project that specifically improve access to quality malaria services and medicines include:

- ▶ **Scale-up of capitation payment** for primary health care, including simple malaria, to ensure NHIS sustainability, create incentives for health promotion and prevention, and improve fairness and equity.
- ▶ **Better use of claims data and analytics** to provide routine information on malaria service utilization and quality
- ▶ **Direct contribution to the Presidential Commission on the Technical Review of the NHIS** to do a thorough stock-taking of the achievements of the NHIS and where the Scheme can be strengthened to continue to expand access to essential health services to more Ghanaians while protecting them from the impoverishing costs of care.

What is the NHIS Spending on Malaria?

Medical (OPD)				
Row Labels	Values Sum of Service(GHC)	Sum of Medicine(GHC)	Sum of Total(GHC)2	Count of Total(GHC)
ARTHRITIS	46.84	71.08	117.92	4
ASTHMA	11.71	19.77	31.48	1
GONORRHOEA	11.71	9.58	21.29	1
HYPERTENSION	11.71	9.75	21.46	1
SEVERE MALARIA	70.26	82.45	152.71	6
SIMPLE MALARIA	11.71	15	26.71	1
STOMATITIS	11.71	14	25.71	1
Grand Total	175.65	221.63	397.28	15

Pediatrics

Row Labels	Sum of Service(GHC)	Sum of Medicine(GHC)	Sum of Total(GHC)	Count of Total(GHC)2
ANAEMIA	10.65	6.38	17.03	1
OTITIS MEDIA	10.65	2.4	13.05	1
SEVERE MALARIA	63.9	69.95	133.85	6
Grand Total	85.2	78.73	163.93	8



Summary

The NHIS in Ghana has had enormous impact on increasing access to necessary health services, especially for the poor. In particular, coverage of the NHIS has been shown to dramatically improve access to malaria services.

But the job is not done...

- ▶ The NHIS has the right building blocks in place, but much support is still needed to ensure the Scheme's sustainability.
- ▶ Large improvements are still possible in purchasing and the use of information to drive deeper impact on the quality and efficiency of malaria diagnosis and treatment.
- ▶ HFG support will continue to be instrumental in providing the ongoing operational support for the continuous improvement of the NHIS operations and sustainability.

The Health Finance and Governance (HFG) project works with partner countries to increase their domestic resources for health, manage those precious resources more effectively, and make wise purchasing decisions. Designed to fundamentally strengthen health systems, the HFG project improves health outcomes in partner countries by expanding people's access to health care, especially priority health services. The HFG project is a five-year (2012-2017), \$209 million global project funded by the U.S. Agency for International Development under Cooperative Agreement No: AID-OAA-A-12-00080. The HFG project is led by Abt Associates in collaboration with Avenir Health, Broad Branch Associates, Development Alternatives Inc., Johns Hopkins Bloomberg School of Public Health, Results for Development Institute, RTI International, and Training Resources Group, Inc.

For more information visit www.hfgproject.org/.

Agreement Officer Representative Team: Scott Stewart (sstewart@usaid.gov) and Jodi Charles (jcharles@usaid.gov).

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Abt Associates
4550 Montgomery Avenue
Suite 800 North
Bethesda, MD 20814
www.abtassociates.com

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