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# HFG GHANA FINAL REPORT



*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.*



# ABOUT THE HEALTH FINANCE AND GOVERNANCE PROJECT 2012-2018

The Health Finance and Governance (HFG) Project works to address some of the greatest challenges facing health systems today. Drawing on the latest research, the project implements strategies to help countries increase their domestic resources for health, manage those precious resources more effectively, and make wise purchasing decisions. The project also assists countries in developing robust governance systems to ensure that financial investments for health achieve their intended results.

With activities in more than 40 countries, HFG collaborates with health stakeholders to protect families from catastrophic health care costs, expand access to priority services – such as maternal and child health care – and ensure equitable population coverage through:

- Improving financing by mobilizing domestic resources, reducing financial barriers, expanding health insurance, and implementing provider payment systems;
- Enhancing governance for better health system management and greater accountability and transparency;

- Improving management and operations systems to advance the delivery and effectiveness of health care, for example, through mobile money and public financial management; and
- Advancing techniques to measure progress in health systems performance, especially around universal health coverage.

The HFG project (2012-2018) is funded by the U.S. Agency for International Development (USAID) and is led by Abt Associates in collaboration with Avenir Health, Broad Branch Associates, Development Alternatives Inc., the Johns Hopkins Bloomberg School of Public Health, Results for Development Institute, RTI International, and Training Resources Group, Inc.

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To learn more, visit [www.hfgproject.org](http://www.hfgproject.org)

## HFG OVERVIEW IN GHANA



### CHALLENGES

Established in 2003, Ghana's National Health Insurance Scheme (NHIS) has captured the global health community's attention as one of the most ambitious plans for universal health coverage (UHC) in Africa. Ghana holds a wealth of health financing lessons, having grown from modest mutual health organization schemes to a rapidly scaled-up national program that covered about 40 percent of the population by 2014 (Wang et al. 2017).

Despite its significant progress toward UHC, Ghana faces the challenge of ensuring the NHIS's long-term sustainability while improving effective coverage of services, particularly for key areas like primary health care, malaria, and maternal and child health. The NHIS has run a deficit since 2009<sup>1</sup> due to a combination of factors including low premiums, a generous benefit package<sup>2</sup>, and inefficient provider payment mechanisms. Ghana

is working to address these issues to shore up the financial sustainability of the NHIS and address financial challenges that have affected both providers and patients. Further action will be needed to prevent the exit of some cash-strapped providers from the NHIS and stem the recent growth in out-of-pocket payments (World Bank).

The NHIS's long-term sustainability requires not only broader strategic and policy decisions, but also operational improvements within the National Health Insurance Authority (NHIA). For the NHIS to achieve greater value for money, the NHIA must continue acquiring the tools, processes, and know-how to become an evidence-based, strategic purchaser.

<sup>1</sup> Between 2009 and 2012, the NHIS was able to use cumulative reserves to offset the deficit. However, since then, it has been running a true deficit.

<sup>2</sup> Current benefit package covers 95 percent of health conditions.

# HFG OVERVIEW IN GHANA



## CHANGE

The Health Finance and Governance (HFG) project has worked in close partnership with the NHIA to strengthen its capacity and institutionalize processes to ensure sustainability of the NHIS. HFG's assistance has focused on three key areas: enhancing the generation and use of evidence for decision-making; improving the ability of the NHIA to be a more strategic purchaser of health; and ensuring the NHIS's continued focus on essential primary health care. HFG's support, which has led to newly introduced tools and processes to generate and routinely use evidence, is building a foundation for a stronger, more sustainable NHIA.

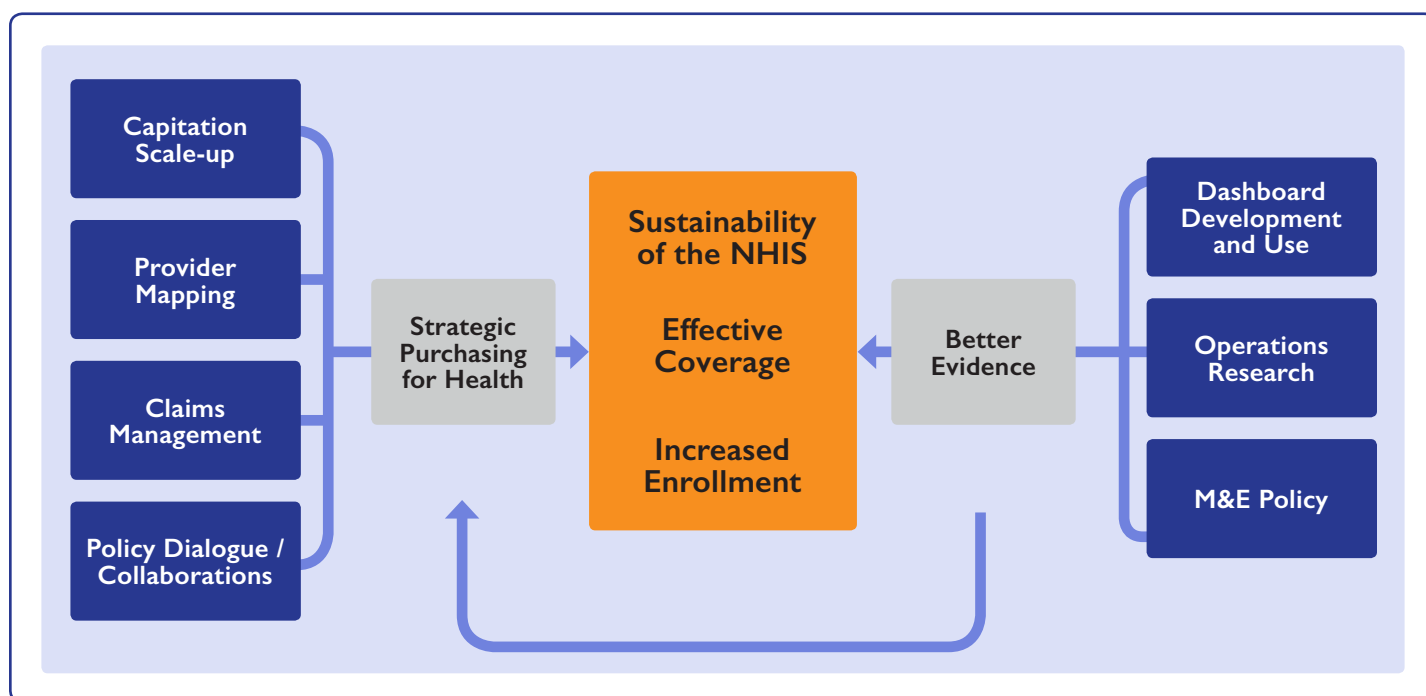
HFG has supported the NHIA to build its capacity as a strategic purchaser<sup>3</sup> of health by designing data collection and monitoring systems and instruments, improving claims processing, and engaging in policy dialogue and technical support

through the NHIS Technical Review Committee. HFG's technical assistance to establish the NHIA as an evidence-based purchaser of health services has also led to the development of dashboards, a monitoring and evaluation policy, and a process for conducting operations research. These advances have strengthened the NHIA's ability to detect and investigate operational issues that have implications for strategic health purchasing and the long-term sustainability of the NHIS.

This report highlights HFG's contributions to make the NHIS a more efficient, equitable, and strategic purchaser of quality services and to use evidence to make decisions that improve day-to-day operations. Our support has helped institutionalize systematic operations for ensuring the financial sustainability of the NHIS, placing the scheme on a more sustainable path toward UHC.

<sup>3</sup> Strategic health purchasing is a method in which the public purchaser(s)—for example, social health insurance funds, ministries of health, or central procurement agencies—strategically purchase services, using deliberate mechanisms to get the most value for money (Maeda et al. 2014; Tangcharoensathien et al. 2014).

## HFG'S STRATEGIC HEALTH PURCHASING AND EVIDENCE-BASED WORK STREAMS







A volunteer community health educator with her child in Ghana



# MAKING A DIFFERENCE



## RESULT AREA I

### Enhanced and institutionalized the NHIA's generation and use of evidence for decision-making

HFG assisted the NHIA to develop and institutionalize tools and processes for improved detection and investigation of operational problems. This has enhanced the NHIA's ability to “turn anecdotes into evidence” and become a more strategic, evidence-based purchaser of health services.

#### ***Generation and use of evidence for timely action***

HFG supported the NHIA in establishing a process to build dashboards to provide users with insight into operational issues and take timely actions on priority areas based on the evidence displayed. This process includes identifying key operational questions the dashboard should answer, prioritizing indicators to answer those questions, developing formulas and visuals for each indicator, and using the data and resources available to construct and continue to revise the dashboard. The process, developed through the construction of two dashboards—one on membership and the other on claims liability—has been documented in the co-developed *Dashboard Process Guidelines* to help the NHIA institutionalize the process of collecting easily digestible evidence and to act on any issues identified.

We helped initiate work on the membership dashboard by facilitating a multi-stakeholder workshop in May 2014. The workshop helped identify priorities for improving the analysis of claims information and reviewed current processes and limitations for claims data collection and analysis. Based on this information, we developed a membership “dashboard” containing 10 indicators for use by NHIA management. A key output of this workshop was the launch of an Executive Dashboard Subcommittee charged with finalizing the indicators. The membership dashboard was launched in April 2015, and has since been routinely used by the Membership and Regional Operations Directorate to monitor active membership in different regions, allowing NHIA executive management to track trends in NHIS enrollment.

We also worked with the NHIA to create a second, claims-based executive dashboard, with high-level indicators to monitor the NHIA's financial liability to providers and the claims payment process. Like the membership dashboard, the claims dashboard provides clear, pictorial evidence on the status of key performance indicators and allows the NHIA to take timely action on vital areas. Dr. Lydia

*“When traveling to different regions, I’m often asked about their [National Health Insurance Scheme] membership performance. Thanks to the membership dashboard, I’m able to see exactly where they are. The fact that this information is current is useful - it informs what type of strategy needs to be put in place and determines what you are going to do differently to help struggling regions.”*

~ Collins Akuamoah, Deputy Director, NHIS Membership and Regional Operations Directorate; October 2015



Selby, Deputy Chief Executive of Operations at the NHIA, recognized the claims dashboard as a high priority for the NHIA.

### ***Institutionalizing the use of operations research***

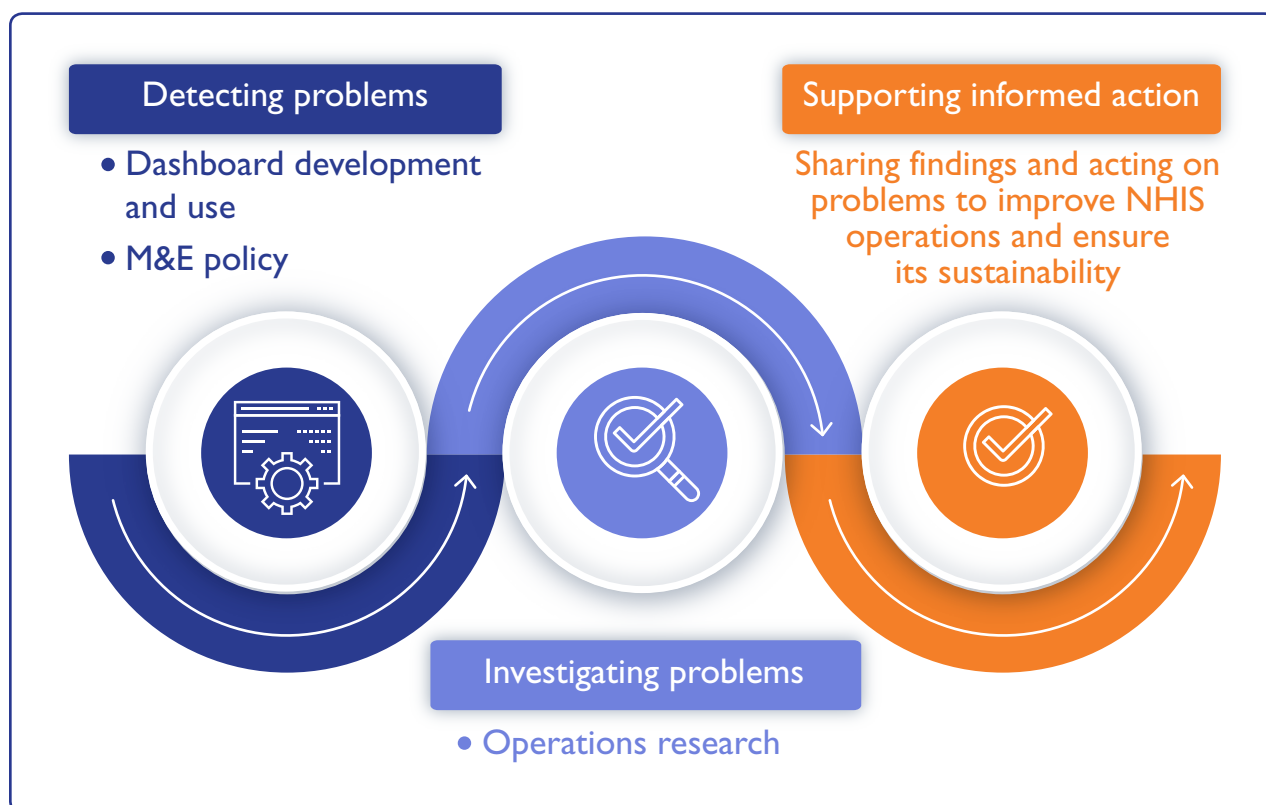
HFG has also helped the NHIA develop its process for conducting operations research to rapidly investigate operational issues and their implications for the long-term sustainability of the NHIS. Through this effort, we have helped the NHIA strengthen the NHIS by supporting the NHIA's Research, Policy, Monitoring & Evaluation (RPME) Directorate in conducting operations research (OR) studies to better understand the scheme's implementation challenges and recommendations to address them.

Throughout the project, HFG supported the NHIA in conducting three OR studies using the process they co-developed. Findings from two OR studies informed the NHIS Technical Review Committee's assessment of the NHIS and their recommended options for reform. One of these studies examined

trends and the underlying reasons for the delays in claims processing, while the other reviewed Ghana's health regulatory landscape to understand how regulations are affecting NHIS operations. A third OR study examined the possible reasons for variation in claims for malaria treatment. In addition to developing recommendations to address these operational issues, HFG also bolstered the NHIA's capacity to independently conduct similar studies on how to adapt and improve operational practices or policies.

We further helped institutionalize OR by conducting trainings at the regional level, collaborating with the RPME Directorate to conduct a training of trainers, and co-developing the *Operations Research Process Guidelines*, which documents the process at NHIA. As a result of these efforts, the RPME Directorate incorporated OR into its regional program of work, contributing to strengthened, systematized, and regular investigations into high-priority operational challenges.

## **SUPPORTING THE NHIA TO EMBED EVIDENCE-BASED DECISION MAKING INTO NHIS OPERATIONS**



*“Ghana is known for coming up with smart, innovative ways to improve health service. Our health insurance is being noted over and over by international people...Now we’ve identified another challenge. We must come up with another innovative way to improve health, one that the world will look up to and admire again.”*

~ Dr. Lydia Dsane-Selby, Deputy Chief Executive for Operations, NHIA, speaking at the dissemination event for the Ashanti provider mapping study; January 2018



## RESULT AREA 2

### Supported the NHIA in laying the foundation for capitation-based payments

In recent years, Ghana has explored moving away from fee-for-service payment to a capitation payment system for primary care to support greater efficiency and promote sustainability of the NHIS. Capitation is a payment arrangement for health care services that is based on membership rather than utilization of services, helping to control health care costs and incentivize more efficient delivery of services. Though the government has deferred rollout of primary care capitation, HFG has laid the groundwork for scaling up primary health care capitation and formation of preferred primary health care provider networks, paving the way for better management of resources and driving service delivery change in Ghana.

HFG worked closely with the NHIA to develop approaches to support the continuum of activities for countrywide implementation of capitation.

This work began with a pilot in the Ashanti region in 2012; HFG later assisted the NHIA in revising the primary health care capitation payment model by incorporating the lessons learned from the pilot and extending the model to three additional regions (Upper East, Upper West, and Volta), with 100 percent of members enrolled with a preferred primary care provider (PPP).

#### ***Tracking provider capacity to improve primary care delivery***

One significant finding from the Ashanti capitation pilot was the varied clinical capacity of the region’s primary care providers. HFG supported the NHIA and Ghana Health Service, with assistance from district health management teams, to complete a systematic mapping of health care providers in the Ashanti, Upper East, Upper West, and Volta regions. We documented the capacity of more than 1,720 health care providers (as well



as pharmacies and chemical shops) in the four regions to deliver the basic package of primary care services paid through capitation. HFG conducted the mapping based on a set of criteria developed by the Capitation Technical Steering Committee, a multi-stakeholder group overseeing the pilot and scale-up. The criteria related to staffing, equipment, and hours of operation that the committee considered essential for PPPs to deliver the services covered under the capitation package.

The NHIA Provider Payment Directorate has validated the *Mapping of Health Service Providers* reports for the Ashanti Region, and for the Upper East, Upper West, and Volta regions; currently, HFG is conducting a provider mapping exercise for the Central Region. These analyses have been instrumental in guiding the development of PPP policies and strategies for closing service capacity gaps.

### ***Supporting monitoring of capitation performance***

To monitor the implementation of the capitation model, HFG supported the NHIA in selecting nine routine indicators for a capitation “early warning system”. The system helps ensure that the capitation payment model achieves service delivery and cost management objectives, and the NHIA receives timely information on any negative effects of the payment system. The indicators were chosen to provide information on claims, access to services covered under the capitation package, and enrollment among PPPs.

We also helped develop a standardized claims summary data entry form as a simple, high-impact solution to generate routine data on these indicators. The new form was tested and rolled out to four regions (Ashanti, Greater Accra, Upper West, and Volta), and we trained 100 NHIA staff from regional claims processing centers to promote robust institutional understanding and continuation of the monitoring process.

### ***Building NHIA staff capacity on strategic health purchasing***

To further support the capitation rollout, we worked with the NHIA Provider Payment Directorate to design and support a comprehensive plan for building capacity on strategic health purchasing through trainings at the national level, and in regional and district NHIA offices. More than 50 NHIS national and regional trainers were trained on the “Overview of Capitation and How it Works in the NHIS” and the “Capitation Communications and PPP Enrollment” modules. Nearly 650 NHIA staff from across Ghana were subsequently trained.



*Capitation training-of-trainers event for 45 NHIA Staff in Koforidua, Eastern Region, Ghana; August 2015*









### RESULT AREA 3

## Institutionalized health policy and financing reform processes

HFG has been engaged in ongoing strategy and policy dialogue with the NHIA and other stakeholders. In the context of the financial challenges confronting the NHIS, HFG began engaging with the NHIA on a “shared responsibility” solution to sustainability. The aim of this engagement is to increase government mobilization of funds to enable the NHIA to introduce more strategic and budget-neutral health purchasing, and for providers to accept fair payment rates and have incentives to better manage costs.

### **Supporting use of evidence to inform key NHIS reforms**

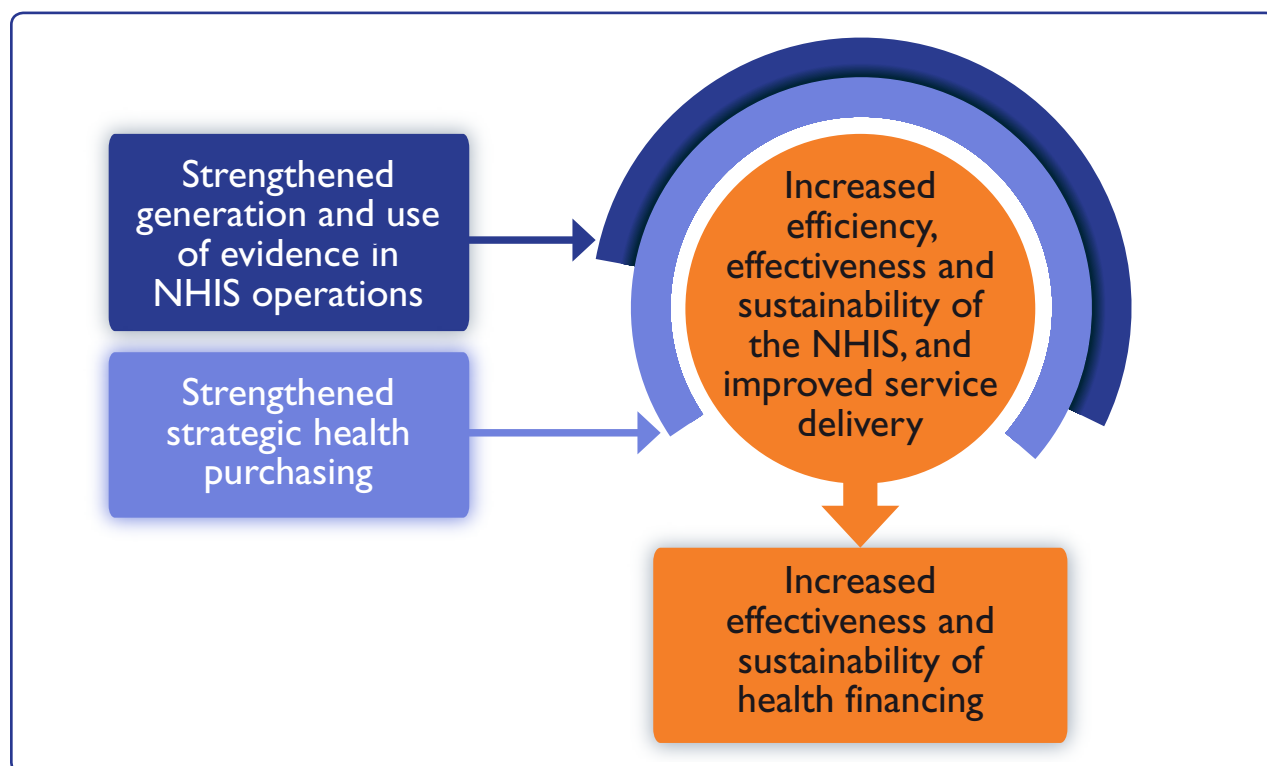
HFG provided key support for the NHIS National Technical Review, an activity prioritized by the president and intended to define options for the next phase of NHIS reforms. Led by HFG’s Dr. Chris Atim, the technical committee for the review gathered input from key stakeholders and international experts, created seven subcommittees, and identified root causes of NHIS’s challenges. Ultimately, the committee

recommended reforms within four broad areas: sustainability, equity, efficiency, and accountability/ user satisfaction. Although this review was commissioned under the previous government of Ghana, some of its recommendations are still being deliberated and enacted. A primary recommendation that is currently guiding reform efforts is that the NHIS should be refocused to provide universal coverage for primary health care to all Ghanaians, without distinction.

### **Learning from global UHC experience**

HFG has worked with the NHIA to strengthen its capacity for and understanding of possible pathways to reach UHC, and global learning exchanges that stimulate policy dialogue are a key part of that effort. In March 2015, we facilitated and accompanied a delegation of eight officials from the NHIA, the Ministry of Health, and the Ghana Health Service on a learning exchange and study tour to Taiwan, where the National Health Insurance (NHI) scheme covers 99.9 percent of the population. The Ghanaian delegation attended a symposium and roundtable, participated in an

#### HFG’S APPROACH TO STRENGTHENING NHIS’S STRATEGIC HEALTH PURCHASING





*“Through our [learning exchange] visits, we are now in a very good position as we are better informed about what policies to implement to serve our people better and make the scheme financially sustainable.”*

~ Kingsley Aboagye Gyedu, Deputy Minister of Health, Ghana



in-depth course on the operations of Taiwan's NHI, and made field trips to regional health offices. Ghana's then-NHIA Deputy Director of Operations Nathaniel Otoo said the visit reinforced for him what Ghana was already doing right, but also highlighted what the NHIA still needed to do to strengthen provider payment, quality measurement, and how the NHIA is positioned within the Ghanaian health system.

HFG has also supported the Ghana NHIA in sharing its knowledge at international bodies that review country policies for health systems and financing. HFG had completed a study of the value-added tax and the Social Security and National Insurance Trust earmarks as a direct input to the National Technical Review Committee's work. The study's results were presented by the acting NHIA chief executive officer and two representatives from the Ministry of Finance at a global learning exchange on earmarking, held in Montreux, Switzerland, as a part of the Montreux Collaborative Agenda follow-on meeting in April 2016. They discussed Ghana's experience with earmarking and presented the results of HFG's study, contributing to the global understanding on earmarking funds for health.

In 2017, a new government took office in Ghana, bringing a different set of priorities that entailed significant changes to the health financing landscape. To strengthen capacity for health financing reform, HFG organized a study tour for members of the new NHIA board in May 2018 to learn from the experience of Thailand, a country that has made impressive progress toward UHC. The tour was tailored to promote the exchange of relevant lessons on topics identified and prioritized by the board, such as benefit package design, claims management, capitation, and quality assurance. By supporting the study tour, we helped deepen the new NHIA board's knowledge and understanding of health financing and the practicalities of operating a national health insurance scheme by enabling board members to learn from Thailand's experience.

By providing opportunities for expanded dialogue between the NHIA and other experts, HFG has enhanced awareness of issues that influence the sustainability of the NHIS and helped the NHIA identify possible reforms to provide more equitable and accessible health care to Ghanaians.





# LOOKING FORWARD

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## SUSTAINABILITY

Ghana's experience with the NHIS provides critical lessons for other low- and middle-income countries pursuing UHC. Through its four years of collaboration with the NHIA, the HFG project has steadfastly supported the establishment of processes and instruments to gather and use evidence in support of systematic change and policy decision-making. The groundwork laid through this collaboration will continue beyond the project, with systems for early warnings, OR, dashboard monitoring, and capitation implementation all working to strengthen the NHIA's ability to use evidence and investigate operational issues that have implications for the scheme's long-term financial sustainability. Through our sustained partnership with the NHIA, Ghana's health system is positioned to better enact structures that improve patient choice, contain costs, improve access to quality care, and achieve better health outcomes. While there continue to be financial barriers for Ghanaians who are currently covered, HFG has supported critical operational improvements that will enable the NHIS to tackle this and many other issues in the years to come.



## LESSONS LEARNED

Throughout the duration of the project, HFG worked very closely with counterparts at the NHIA in all aspects of the work, particularly throughout the strategic health purchasing and evidence-based decision-making activities. Though this intensive collaboration necessitated longer timelines to complete activities, it allowed HFG to build lasting relationships within the NHIA and lay the groundwork for institutionalizing processes. One particular implementation challenge that HFG faced was the Ghanaian government's transition during the middle of the project. While activities were delayed, the project was able to move forward with patience and flexibility, taking time to navigate an evolving situation and build new relationships. As the NHIA continues to improve strategic health purchasing and expand evidence-based decision-making, the foundation that HFG laid over the years by building systems for monitoring, evaluation, and capacity building will continue to strengthen core health reforms in Ghana.



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