Financial Protection and Improved Access to Health Care: Peer-to-Peer Learning Workshop Finding Solutions to Common Challenges

Nathaniel Otoo
(Acting Chief Executive, NHIA)

Accra
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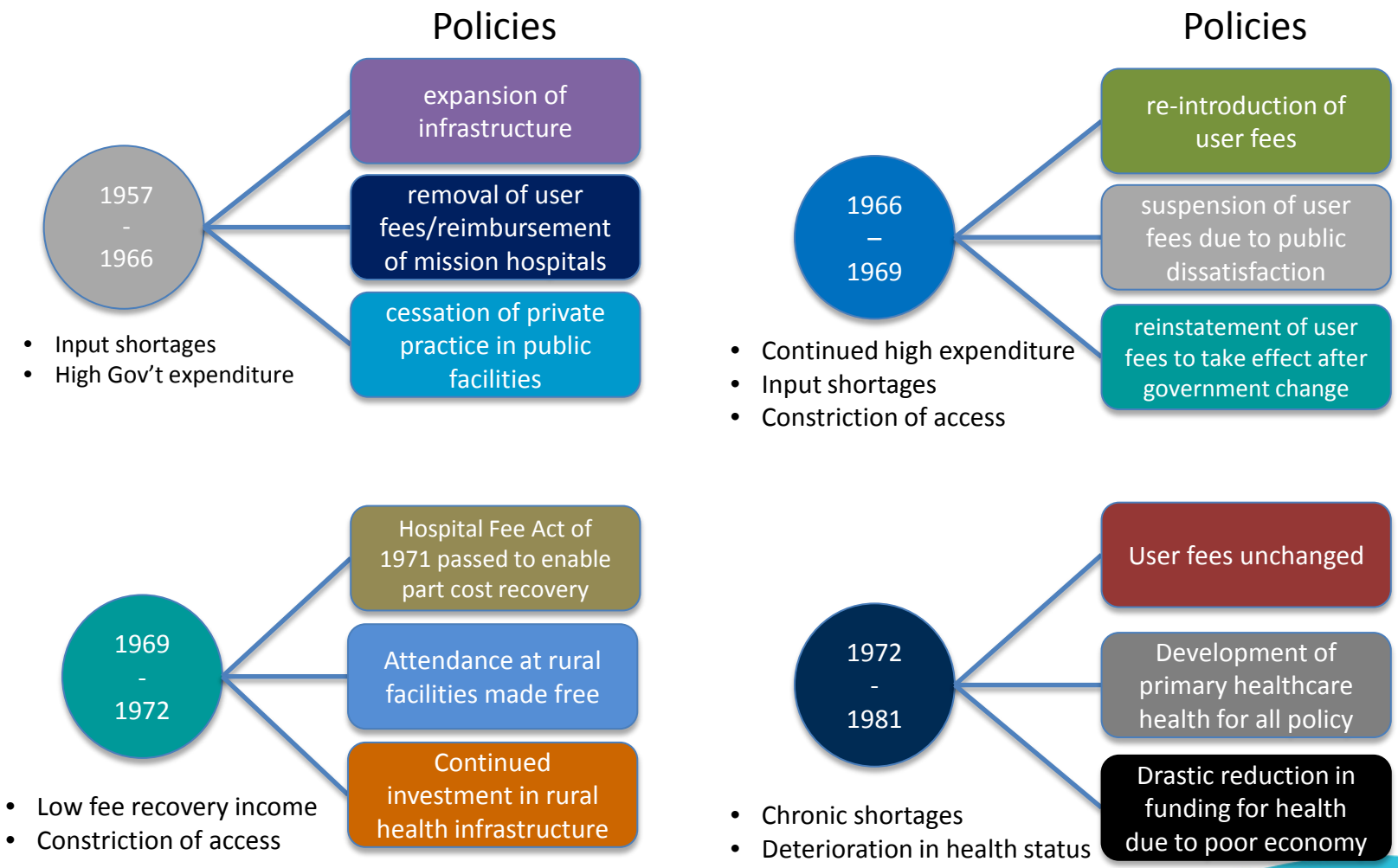
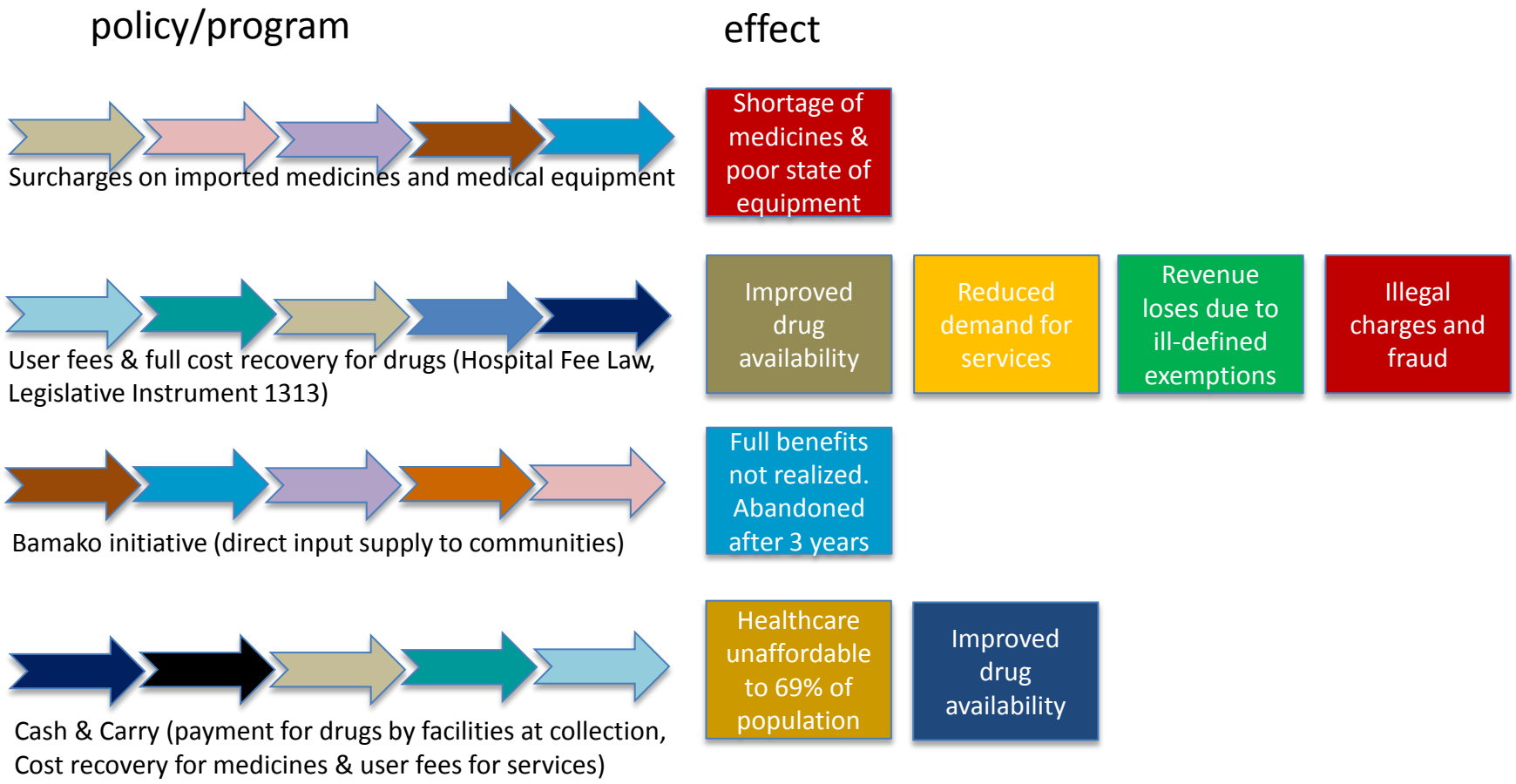
History of healthcare coverage in Ghana

Evolution of healthcare coverage in Post Independence Ghana



Period before rapid evolution of community health insurance (1984 – 1999)



CBHI in Ghana

Lessons Learned from Community Health Insurance initiatives in Ghana (1)

- Best practices in scheme design are required for Community Health Insurance Schemes to be viable
- Small risk pools present challenges as few schemes had in excess of 10,000 members
- Inadequate quality of care, especially at public health facilities, is a key factor constraining growth of
- Community Health Insurance Schemes as poor quality is off-putting for potential members
- Strong provider contracting regimes are important for Community Health insurance Scheme survival
- Reimbursement of claims to members encourage fraud.
- Strong population willingness to participate in the NHIS due to previous exposure to risk pooling principles

Lessons Learned from Community Health Insurance initiatives in Ghana (2)

- Community Health Insurance Schemes helped decrease in OOP
- Community Health Insurance Schemes often use fee-for-service as they lack the capacity to develop more complex provider payment methods.
- Most Community based health insurance schemes lack suitable managerial and insurance-specific technical knowledge, community mobilization and participation, and monitoring and evaluation skills
- Enrolment of informal sector workers presents numerous problems
- A good regulatory regime is required to ensure sustainability of Community Health Insurance Schemes

Transition from CBHI to NHI

Transition from CBHI to NHI

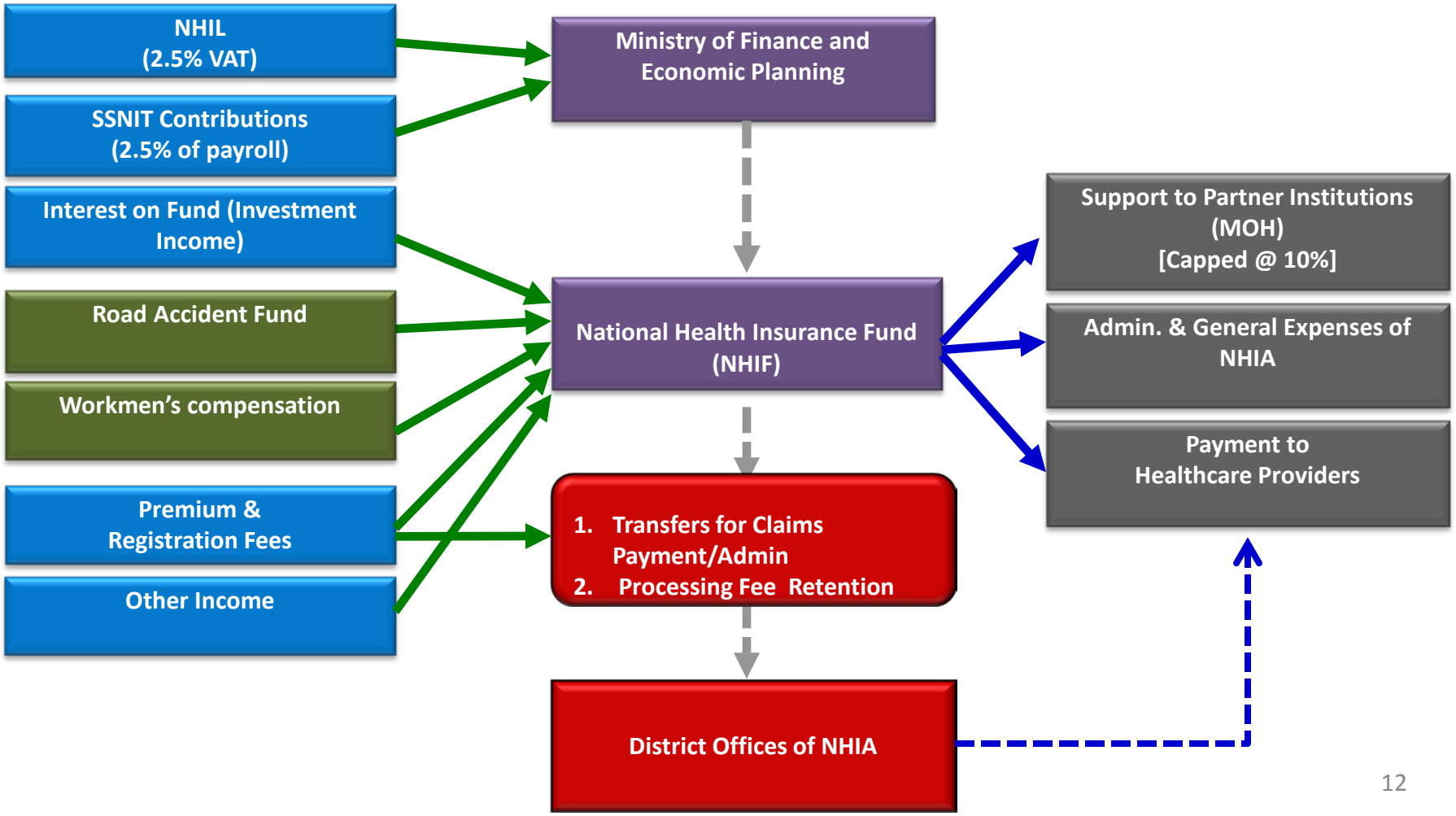
- **Lessons learned from CBHI shaped design of NHIS.**
- **NHIS was established by an Act of Parliament** in 2003 (Act 650).
- **Majority of 258 CHBIs in existence in 2003 were integrated into NHIS**
- **Initiative by Government to secure financial risk protection** against the cost of healthcare services for all residents in Ghana.
- **Act revised in 2012** – NHIS Act 852

Achievements of the NHIS

Ghana's NHIS has:

- Made significant progress in **providing financial risk protection** for residents in Ghana over the past decade
- **Improved health-seeking behaviour** of a significant proportion of the population evidenced by substantial increase in membership and utilization of health care services.
- **Been recognized** as a globally as a promising model for social protection in health

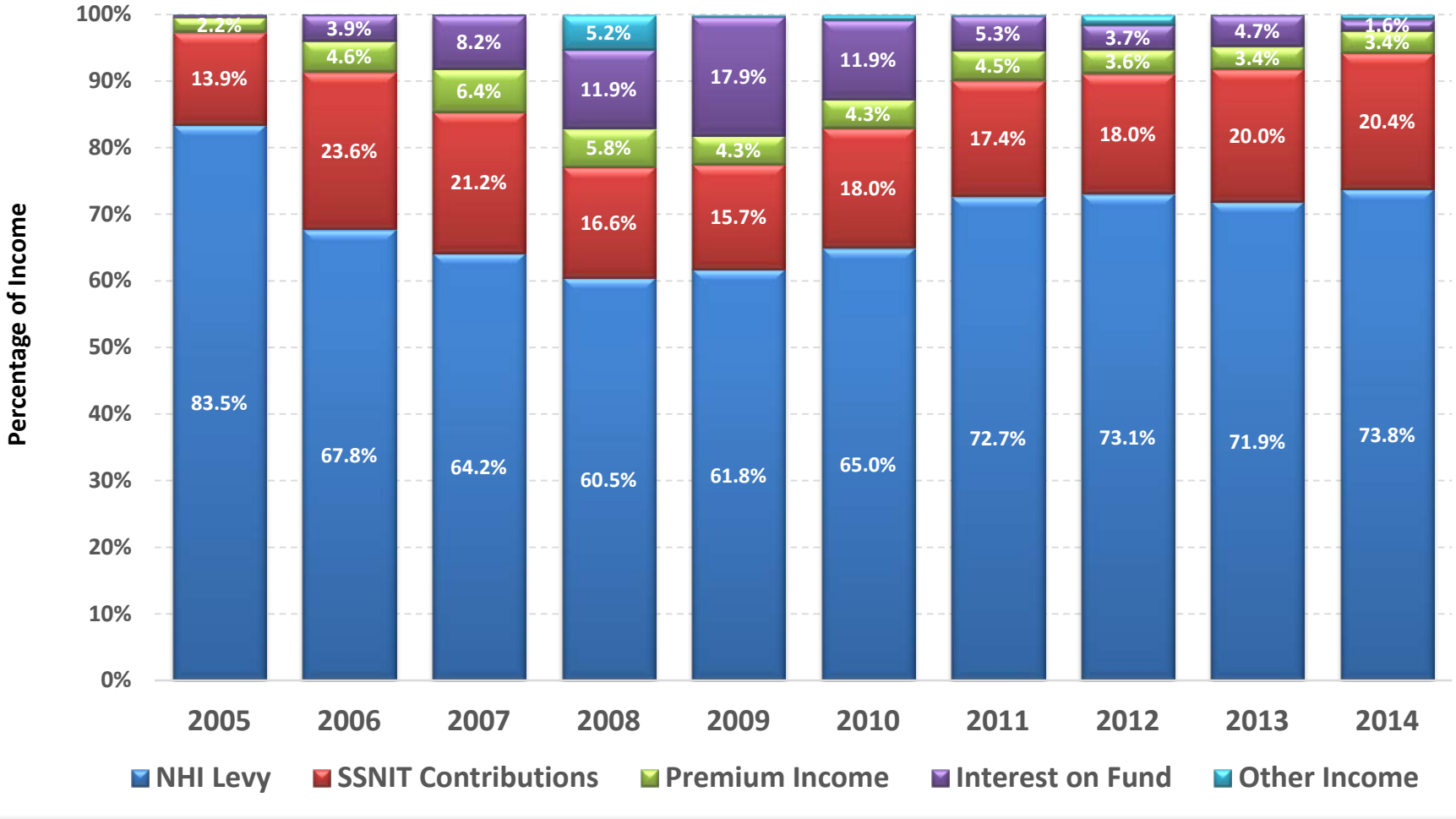
NHIS Risk Pooling Architecture



NHIS sources of funding

Mainly comprises a combination of the following three models:

- National Health Insurance levy (NHIL) – 2.5% VAT
- 2.5 percentage points of Social Security (SSNIT) contributions
- Graduated informal sector premium



Benefits Package

Benefits package

Outpatient Services

Inpatient Services

Emergencies

Exemptions

18 conditions are exempted from the package. These include cancers other that breast of cervical cancer.

Public health Programmes

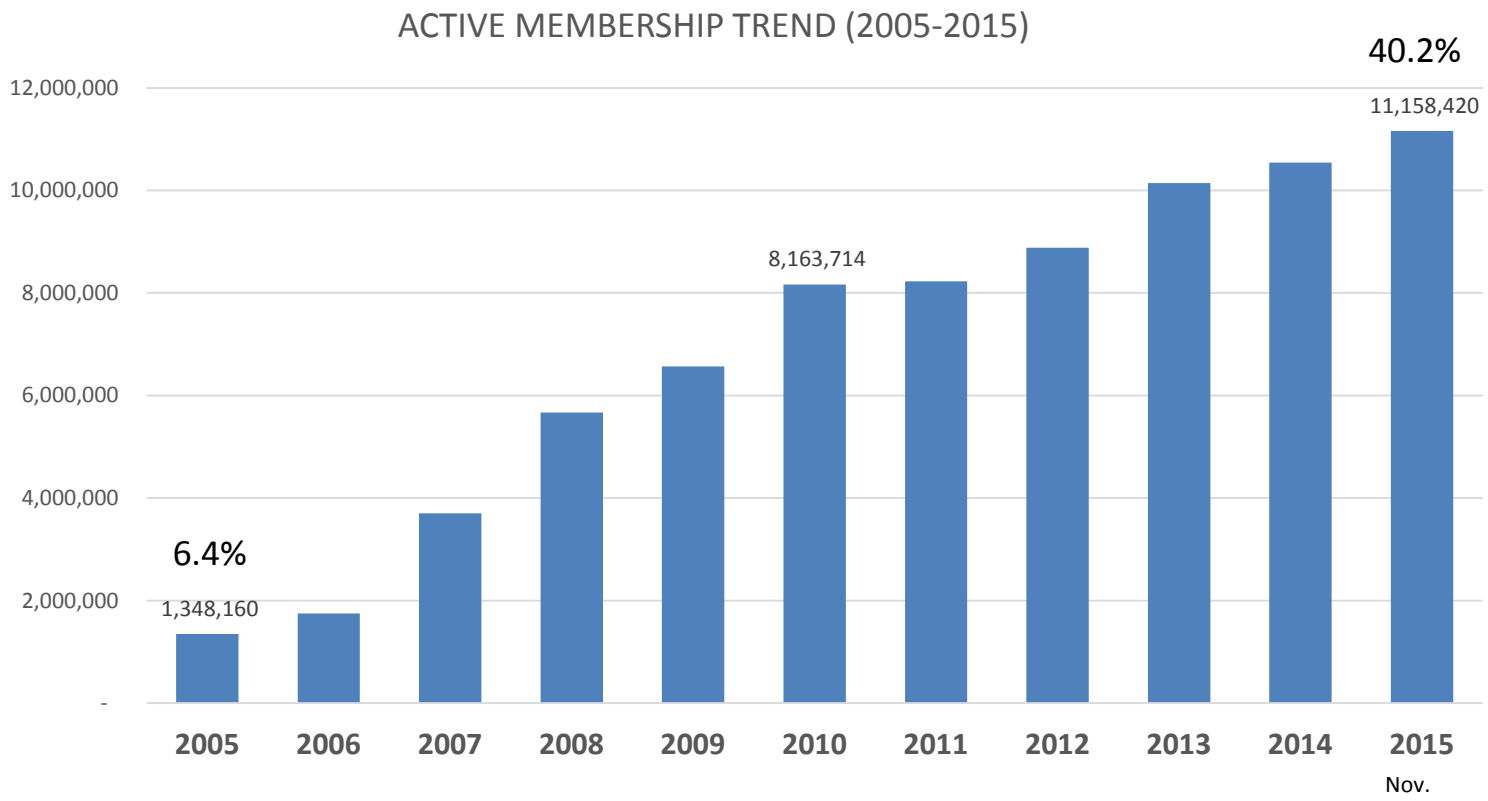
- **Immunization;**
- **(b) Family planning;**
- **(c) In-patient and Out-patient treatment of mental illnesses;**
- **(d) Treatment of Tuberculosis, Onchocerciasis, Buruli Ulcer, Trachoma; and**
- **(e) Confirmatory HIV test on AIDS Patients**

NHIS accredited facilities by type 2014

Type	Number Of Facilities	Percentage (%)
Chemical Shops	197	4.92
Pharmacies	317	7.92
CHPS	1399	34.94
Clinics	302	7.54
Dental Clinic	9	0.22
Diagnostic Centres	61	1.52
Eye Clinic	13	0.32
ENT	1	0.02
Health Centres	939	23.45
Laboratories	111	2.77
Maternity Homes	214	5.34
Physiotherapy	1	0.02
Polyclinics	26	0.65
Primary Hospitals	330	8.24
Secondary Hospital	8	0.2
Tertiary Hospital	2	0.02
Ultrasound	75	1.87
Total	**4004**	**100.0**

NHIS Operational Performance

Active membership trend



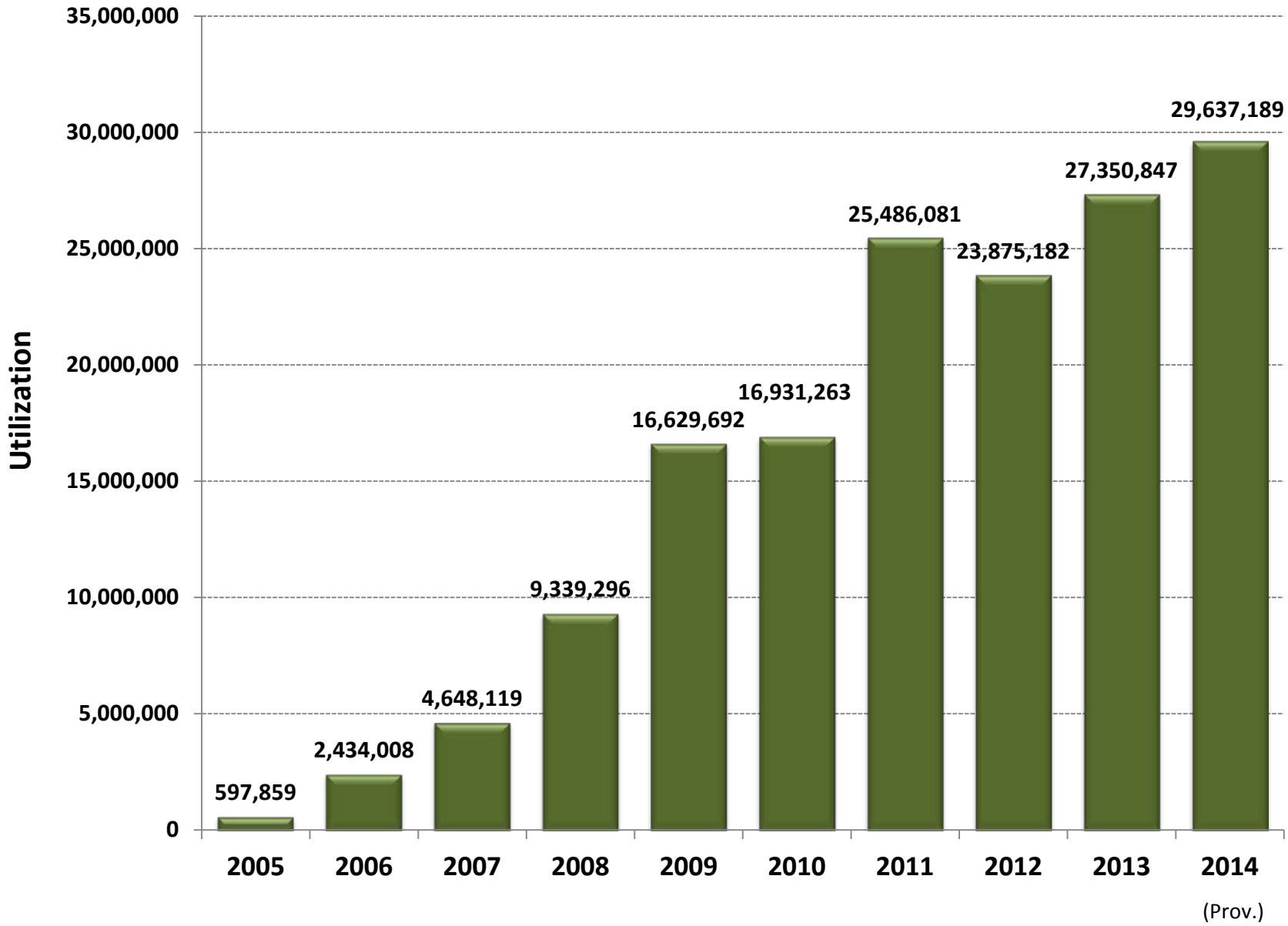
NATIONAL HEALTH INSURANCE SCHEME

Exemption policy

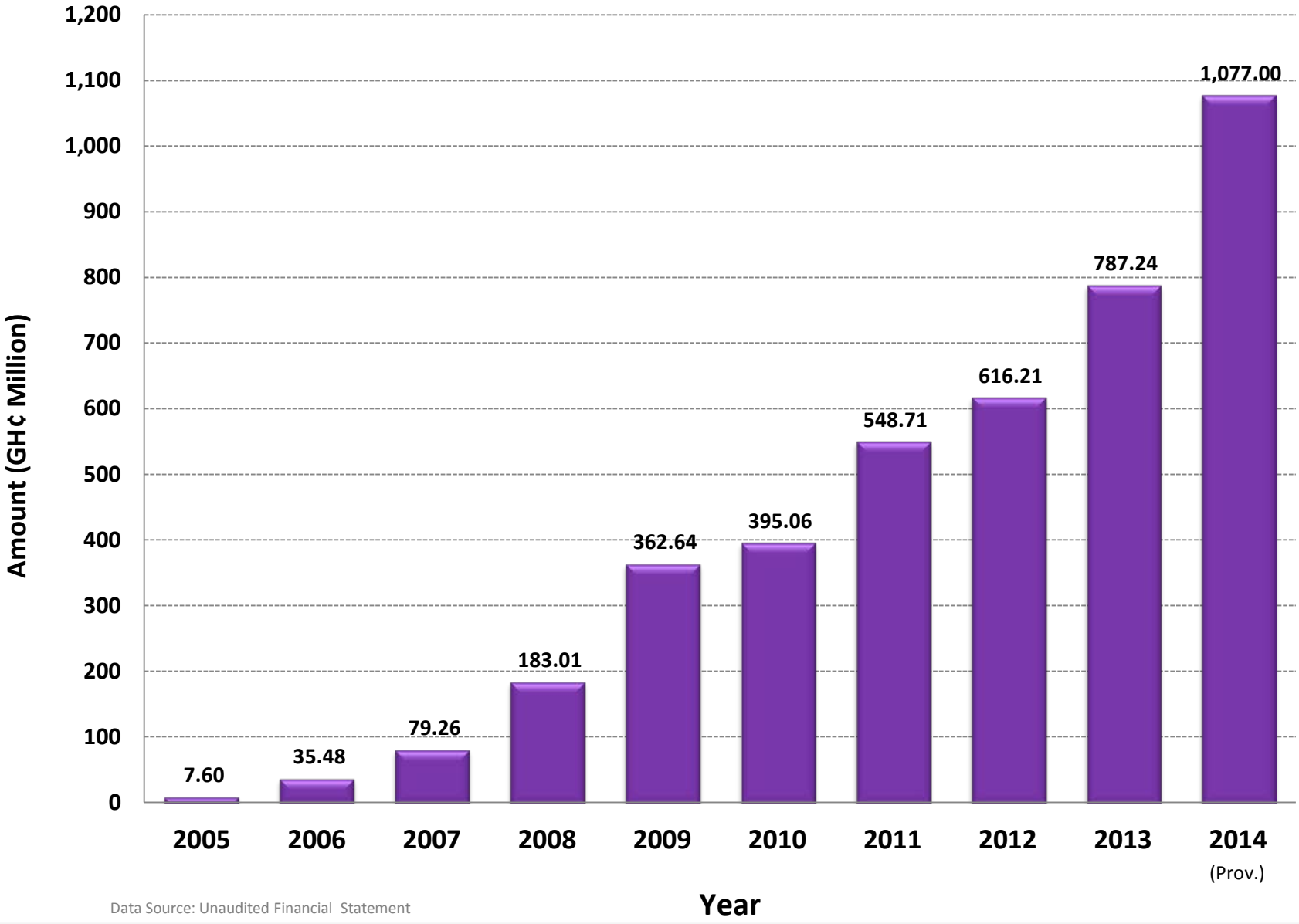
Is the Exemption Regime sustainable under the current benefit package?

Category	Premium	Processing Fee
Informal sector	✓	✓
Under 18 years ?	No	✓
70 years and above ?	No	✓
SSNIT contributors ?	No	✓
SSNIT pensioners	No	✓
Indigents/LEAP beneficiaries	No	No
Pregnant Women ?	No	No
Persons with mental disorder	No	No

Outpatient Utilization Trend



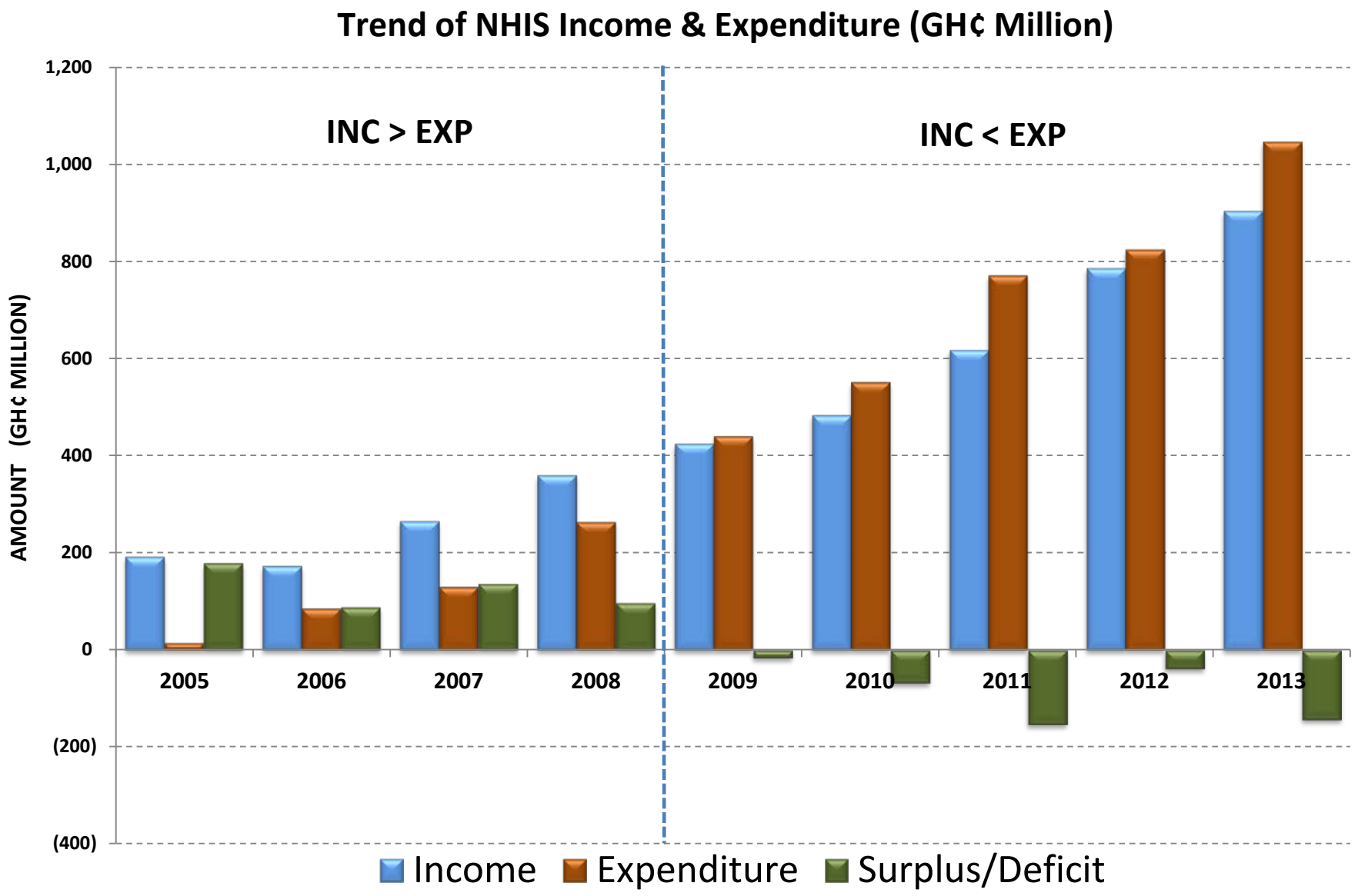
Claims Payment Trend (GH¢ Million)



Data Source: Unaudited Financial Statement

Financial Sustainability

Financial sustainability



Efficiency measures

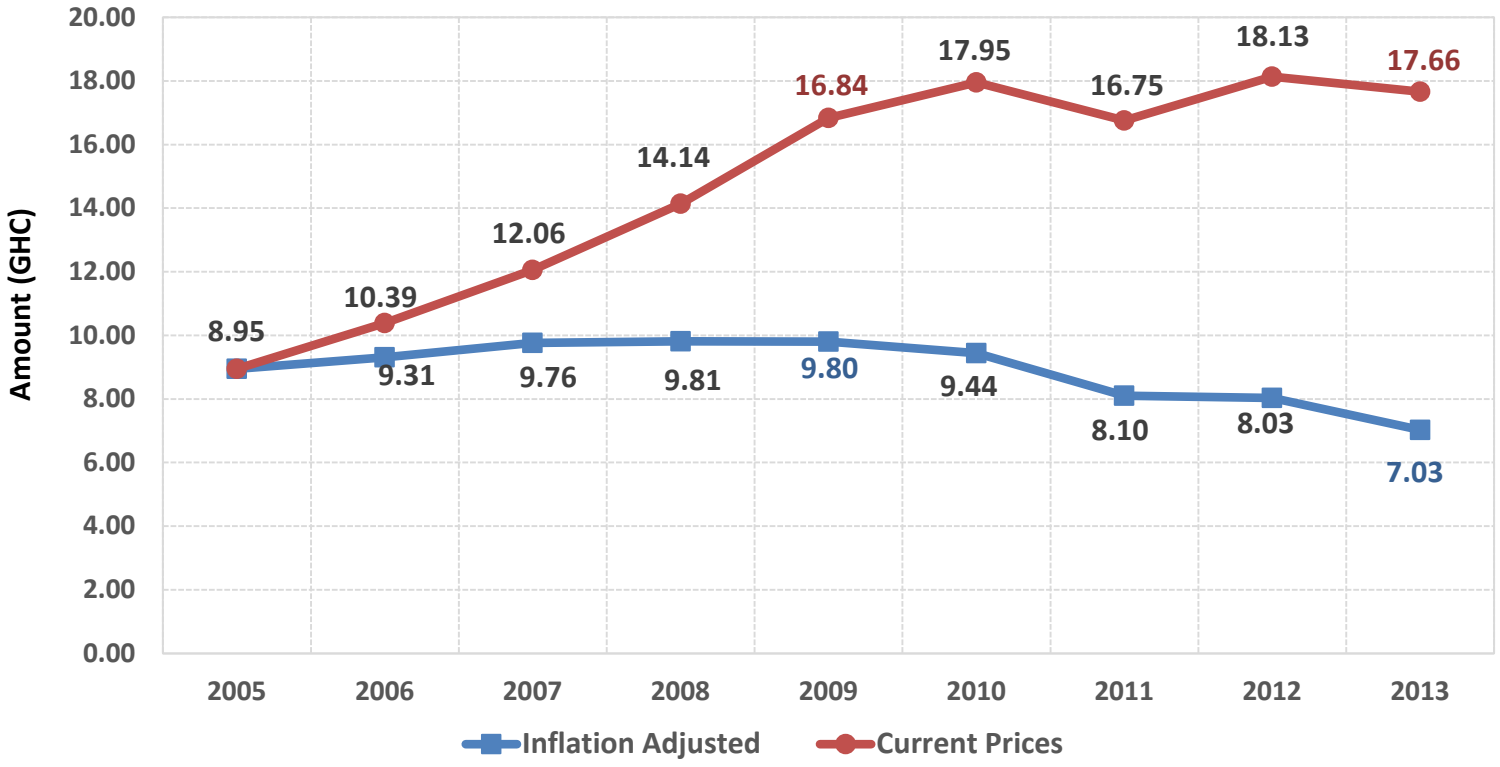
1) **Institution of Clinical Audits**
2) **Establishment of Claims Processing Centers**
3) **Implementation of MOH uniform prescription form**
4) **Introduction of electronic claims**
5) **Linkage of Diagnoses to treatments** to achieve the **Phased implementation of Capitation**
6) **Enforcement of prescribing levels**

Effect of efficiency measures

AVERAGE OUTPATIENT CLAIMS

Average outpatient claims paid **increased** by 88% from **GHC 8.95** in 2005 to **GHC 16.84** in 2009 and **increased** by 5% to **GHC 17.66** in 2013.

However, if the amounts are adjusted by inflation, based on 2005 constant prices, the average outpatient claims paid **increased** by 9% from **GHC 8.95** in 2005 to **GHC 9.80** in 2009 and **decreased** by 28% to **GHC 7.03** in 2013



Sustainability levers

Key Income side factors	Level of Control	Impact Level
• **NHIL**	Limited	Very High
• **SSNIT Contributions**	Limited	High
• **Premium**	Little Control	Low
• **Efficiency gains**	Full Control	Medium

Key Expenditure side factors

- Benefit Package (Cost of services and medicines)
- Membership coverage
- Utilization of health care services

Challenges

Challenges

- Sustaining pro-poor focus
- Financial sustainability
- Fraud and abuse
- Providers agitating for higher tariffs and prompt payment of claims
- Increasing enrolment under the current financial constraints
- Agitation to expand benefits package
- Quality of services
- Governance & stakeholder engagement challenges

Purpose of NHIS reforms instituted by HE the President in September 2015

- To establish a sustainable, pro-poor and a more efficient NHIS, by redesigning, reorganizing and reengineering the scheme;
- To create a solid ground for improved service delivery across the scheme, in order to facilitate better provision of services to residents; and
- To create a smart scheme based on knowledge and evidence.

Objectives of NHIS reforms

- financial sustainability of the scheme;
- an increase public confidence of the scheme;
- an increase coverage of poor and vulnerable groups in the scheme;
- efficiency in health service purchasing;
- improvement in knowledge and information systems for decision making;
- accountability and efficiency in the operations of the scheme;
- provision of a framework for periodic review of the scheme; and
- alignment of the scheme to broad health sector goals

Thank You