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Ghana: Governing for Quality Improvement in the Context of UHC

Background

History: Ghana’s National Health Insurance Scheme (NHIS) was established by an Act of Parliament in 2003 (Act 650) to provide financial risk protection against the cost of health care services for all residents of Ghana. In 2012, the law was revised to address some of the operational challenges in management of the scheme. The object of the Scheme is to attain universal health insurance coverage for residents and those visiting the country.

Governance: The National Health Insurance Authority (NHIA) is the corporate body mandated to implement the NHIS and is governed by a Board of Directors. The new NHIS Act in 2012 (Act 852) establishes a unitary scheme with offices across the country – Head Office, Regional Offices, and District Offices (District Mutual Schemes are now District Offices of NHIA).

Financing: Ghana has a single pooling system for its health insurance scheme. The main source of financing for the NHIS is the NHI Levy (2.5% VAT). Additional funding sources include: 2.5% of each person's contribution to the Social Security and National Insurance Trust Pension contributions, interest that accrues to the Fund from investments made by the Authority, sector budget support and contributions in the form of premiums and processing fees by members of the Scheme. **Earmarked funds** (NHIL & SSNIT) constitute over 90% of total inflows. Funding to NHIS is approved by Parliament

Quality: Improving quality of healthcare is the responsibility of the Ministry of Health, its agencies, NGOs of Health, the communities and patients/clients. Various structures and systems are in place to ensure quality care. These include systems for regulation, accreditation and credentialing, medical audits, development of clinical protocols, guidelines and standards, peer reviews, quality improvement, monitoring and supervision. In recent times partnership with an international NGO has contributed to implementation of large scale quality improvement initiatives in the country

Background Country Data

Total Population (millions)	25.90
Life Expectancy at birth (years, both sexes)	60.9
Infant Mortality** (per 1,000 births)	41
Maternal Mortality (per 100,000 births)	380
Hospital beds (per 1,000 people)	.9
Public health expenditure (% of total health expenditure)	57.1
Total health expenditure (% GDP)	5.2
OOP health expenditure (% of total expenditure)	28.7
Poverty headcount ratio at \$1.25 a day (% of population)	N/A
GDP per capita (current USD)	1858.2

Source: World Development Indicators, accessed March 2015

**GDHS 2014, Ghana Statistical Service

Key Lessons on Sequencing of Quality Reforms

- Large Scale quality improvement implementation with partnership from Project Fives Alive/ Institute for Health Care Improvement, National Catholic Health Secretariat and GHS has contributed to reductions in infant and under five mortality in Ghana
- **An example of a “success” - accreditation/credentialing:** Ghana uses comprehensive tools to assess facilities across 12 categories to determine the level of facility and the type of services to be reimbursed by NHIS. Grades are assigned to these facilities based on their performance during the assessment. Accreditation/credentialing results are published on NHIA website therefore individual clients and communities can access to know how their facilities performed. Furthermore the rate of reimbursement is determined based on the level of the facility.
- **An example of a “lesson learned” – changing accreditation from inputs:** Accreditation/credential tools were initially based on mostly inputs. In a second iteration of the accreditation/credential tools, NHIA included a much greater focus on output/outcome measurements to serve as indicators for quality of care.
- **A strategy – Using health facility mapping and data to inform decision making:** In 2011 NHIA piloted capitation in one region in Ghana after a successful mapping of facilities to identify every provider, its location, staffing as well basic equipment necessary for primary care. This provided the opportunity to identify gaps. The results of the assessments are shared with the Ministry of Health. This process is being rolled over across the other regions of the country
- **A strategy – Claims processing is based on the Ministry of Health Standard Treatment Guidelines:** Deviations from policy are not reimbursed. If a provider does not follow the malaria treatment protocol for example, part of the claim will not be reimbursed. This ensures providers adhere to protocols, thereby encouraging quality service delivery.
- **Looking ahead:**
 - Linking accreditation grades to provider payment: Ghana is considering linking the grade assigned to health facilities during the accreditation with their provider payment rate. Facilities of Grade A would receive their tariff plus a certain percentage whereas a grade D facility could be paid the service tariff minus a certain percentage. This idea is in conceptual phase and is under consideration by NHIA.
 - Following national stakeholder forum on quality in 2015, participants recommended the development of a National Quality Strategy
 - MOH will complete a draft national patient safety policy

Overview of Governing Quality – Key Inputs and Processes

Function of Quality	Institution Responsible for Function	Key Features and Processes
Regulation	Regulatory Agencies exist eg Medical and Dental Council, Nursing and Midwifery Council, Health Institutions and Facilities Regulatory Agency (HIFRA), Pharmacy Council, Food and Drug Authority	<ul style="list-style-type: none"> • Established by Law. Regulates professionals and license premises (hospitals, pharmacies, chemical sellers etc. through the use of standards. • Ensures continuous professional development • Regulates medicines used in the country
Law and Policies	Ministry of Health (MOH) drafts bills and national policies.	<ul style="list-style-type: none"> • Multidisciplinary stakeholder engagement in drafting health bills and policies.

Function of Quality	Institution Responsible for Function	Key Features and Processes
	MOH, GHS, NHIA and other Agencies develop operational policies, guidelines and protocols)	<ul style="list-style-type: none"> • Health Bills passed into Laws by Parliament • Credentialing of health professionals and facilities is included in the National Health Insurance Act. • Accreditation included in HIFRA) Act
Leadership and Management	<ul style="list-style-type: none"> • A Quality Assurance Department exists within the Ghana Health Service. (GHS, 2007) • Teaching hospitals (autonomous) have quality assurance units • Regions and districts have clinical care departments/units • Institutional QA/QI teams have been established. • Ghana National Drug Program exist within the MOH • Program Managers (Malaria, HIV, TB etc.) • NHIA Quality Assurance Directorate (QAD) • Health partners 	<ul style="list-style-type: none"> • QA department facilitates the development of clinical care protocols, guidelines and SOPs • Provides technical support and capacity building for QA/QI • Undertakes Monitoring and Supervision • Regional clinical care departments responsible for quality care in the regions and districts • Institutional QA/QI teams, address quality problems at facility level • Develops National Medicines Policy, Essential Drug List and Standard Treatment Guidelines • Develop case management guidelines and protocols for their respective programs • The QAD of NHIA has units (Credentialing, Clinical Audit and Compliance units) which perform quality improvement functions • Collaboration among agencies • Provide technical support for quality improvements implementation
Monitoring and Evaluation	<ul style="list-style-type: none"> • MOH has sector wide indicators including few quality indicators • GHS undertakes integrated monitoring and supervision and publishes annual reports • Regional clinical care does peer reviews of health facilities as well as monitoring • Regional, District Authorities and Institutions undertake performance reviews • National Health Insurance Authority • Non-Governmental Organizations 	<ul style="list-style-type: none"> • GHS teams undertake integrated monitoring and supervision • NHIA has trained surveyors to access health facilities • Medical and compliance audits are conducted in credentialed facilities
Planning	Health Sector Medium Term Plans MOH annual Program of Work GHS and its Institutions, other Agencies and NHIA prepare annual plans and budgets	All agencies including GHS and NHIA and BMCs prepare annual plans and budgets following Min of Finance guidelines. These are collated by MOH and submitted to finance
Financing	Government of Ghana, Internally Generated and Donor Funds)	Parliamentary approval of budget of MOH and NHIA MOH allocates funds to Agencies who do their internal allocations Ear Marked funds from some Health Partners

Abbreviations

BMC Budget Management Centers

GHS Ghana Health Service

ICD Institutional Care Division

MOH Ministry of Health

NHIA National Health Insurance Authority

NHIS National Health Insurance Scheme

QAD Quality Assurance Directorate

Sources

- Interview with Lydia Baaba Dsane-Selby, Director of Claims, NHIA – June 2015
- Information from Cynthia Bannerman, Deputy Director, Quality Assurance ICD/ GHS- February 2016
- Information from Vivian Addo-Cobbiah, Deputy Director for Quality Assurance, NHIA - February 2016
- Information from Dr Reuben Frescas WHO consultant