

FORUM ON HEALTH FINANCING IN TANZANIA

SCALING UP NATIONAL HEALTH INSURANCE SCHEME:
GHANA'S EXPERIENCE

Blue Pearl Hotel, Dar es Salaam
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THE GHANA TEAM

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OUTLINE

- Introduction
- Policy Objective & Coverage
- Benefit Package & Exclusions
- Sources of Financing the NHIS
- Implementation Status
- Factors accounting for improved scale up
- Marketing Strategies Adopted
- Provider Selection & Reimbursement
- Challenges
- Planned Reforms



INTRODUCTION

- ❖ NHIS of Ghana was established by the National Health Insurance Act, 2003 (Act 650) and National Health Insurance Regulations, 2004 (L.I. 1809)

- ❖ 3 types of health insurance schemes
 - District mutual schemes (DMHIS)
 - Private mutual schemes
 - Private commercial schemes

- ❖ All regulated by National Health Insurance Authority (NHIA)



POPULATION COVERAGE

❖ Policy objective

- “To secure the provision of basic healthcare services to persons resident in the country”

❖ Exempt from premium payment

- Social Security Contributors (formal sector)
- SSNIT Pensioners
- 70 years and above
- Under 18
- Indigents
- Expectant Mothers (New feature that was initiated in July 2008)



NHIS BENEFIT PACKAGE I

❖ Out-patient Services

- Consultations (general & specialist) including reviews
- Investigations including laboratory investigations, x-rays and ultrasound scanning for general and specialist out-patient services
- HIV/AIDS symptomatic treatment for opportunistic infection
- Out-patient/Day Surgical Operations
- Out-patient Physiotherapy.



NHIS BENEFIT PACKAGE II

Out-patient Services

- ❖ Oral Health Services
- ❖ Eye Care Services
- ❖ Maternity Care (Antenatal; Deliveries, Postnatal)
- ❖ Emergencies (All emergencies shall be covered)



NHIS BENEFIT PACKAGE III

❖ In Patient Services

- General and Specialist in-patient care
- Investigations including laboratory investigations, x-rays and ultrasound scanning for in-patient care
- Cervical and Breast Cancer Treatment
- Surgical Operations
- In-patient Physiotherapy
- Accommodation in general ward
- Feeding (where available)



NHIS BENEFIT PACKAGE IV

❖ In Patient / Out patient Services

- Medication, namely, prescription drugs on National Health Insurance Scheme Medicines List,
- traditional medicines approved by the FDB,
- blood products



BENEFIT PACKAGE - EXCLUSIONS

❖ Few, notably:

- Infertility
- Dialysis for chronic renal failure
- Anti-retroviral medications
- Conditions covered by vertical programs
- Cosmetic Surgery



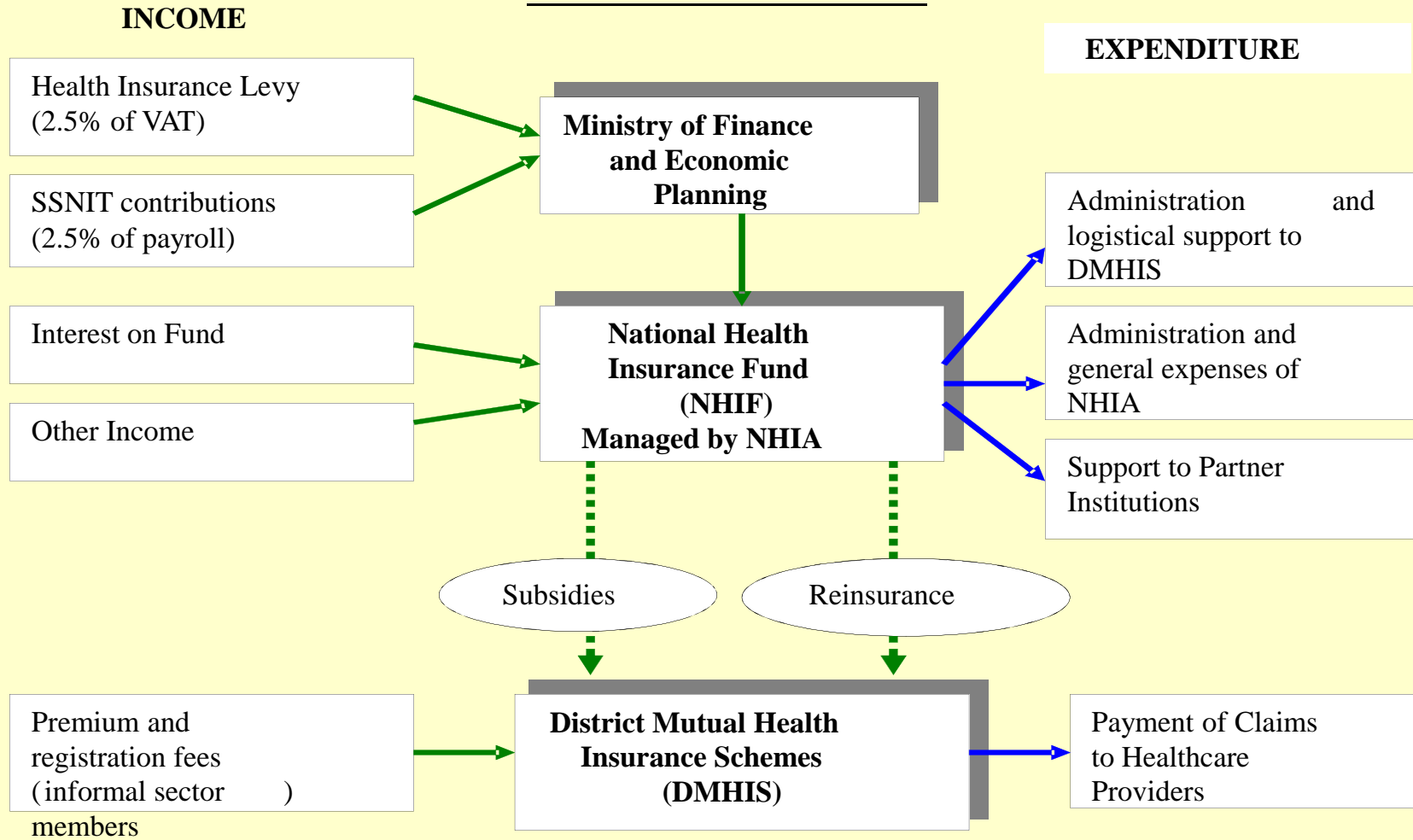
FINANCING THE NHIS

Current Sources of funding for NHIS

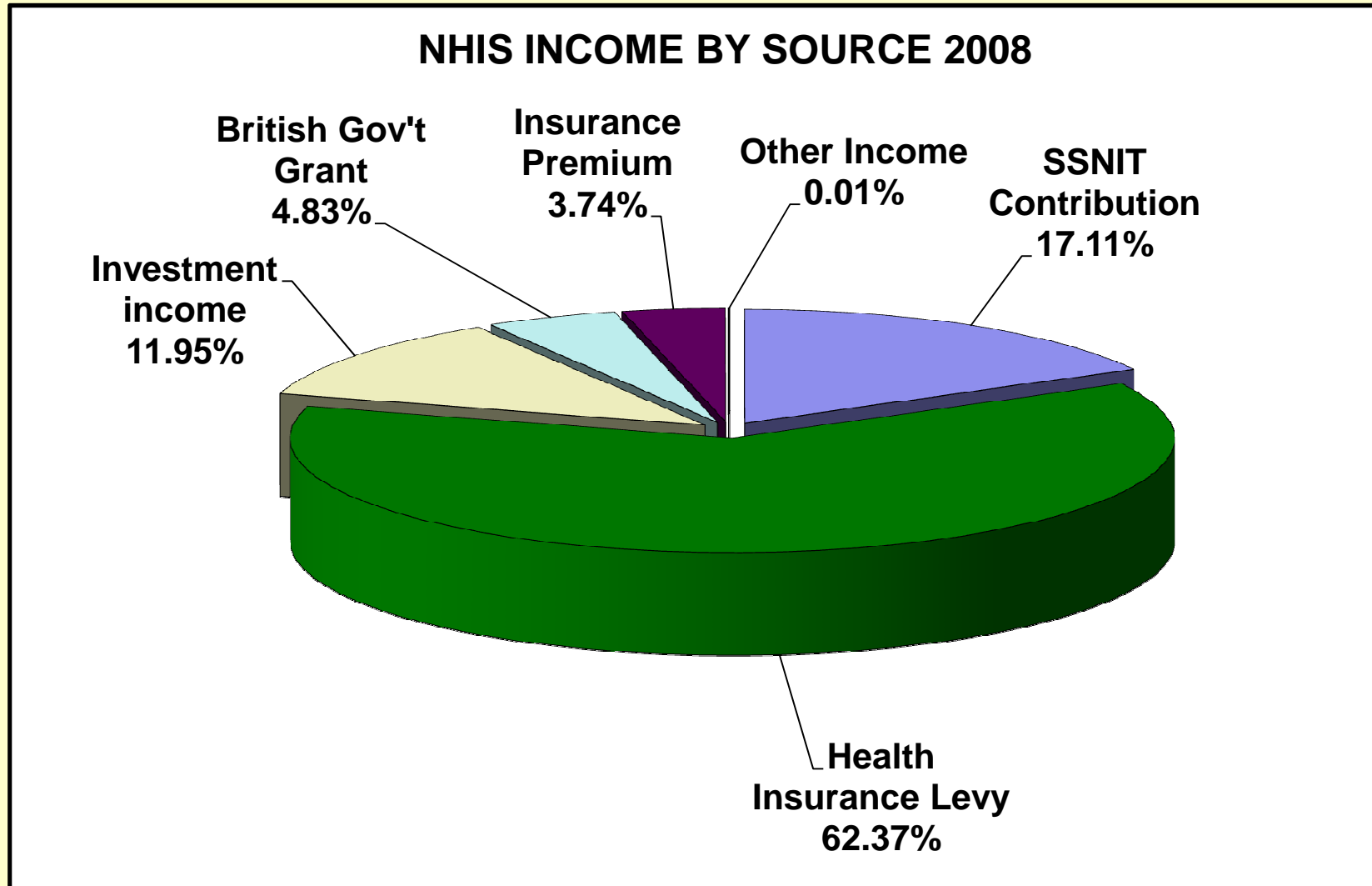
- ❖ Premiums from subscribers (ranges from GH¢7.20 to GH¢48 per head with an average of GH¢27).
- ❖ 2.5% NHIL
- ❖ 2.5% SSNIT deductions from the formal sector.
- ❖ *Funds from Government of Ghana (GoG) allocated by Parliament
- ❖ Returns on investment
- ❖ Sector Budget Support



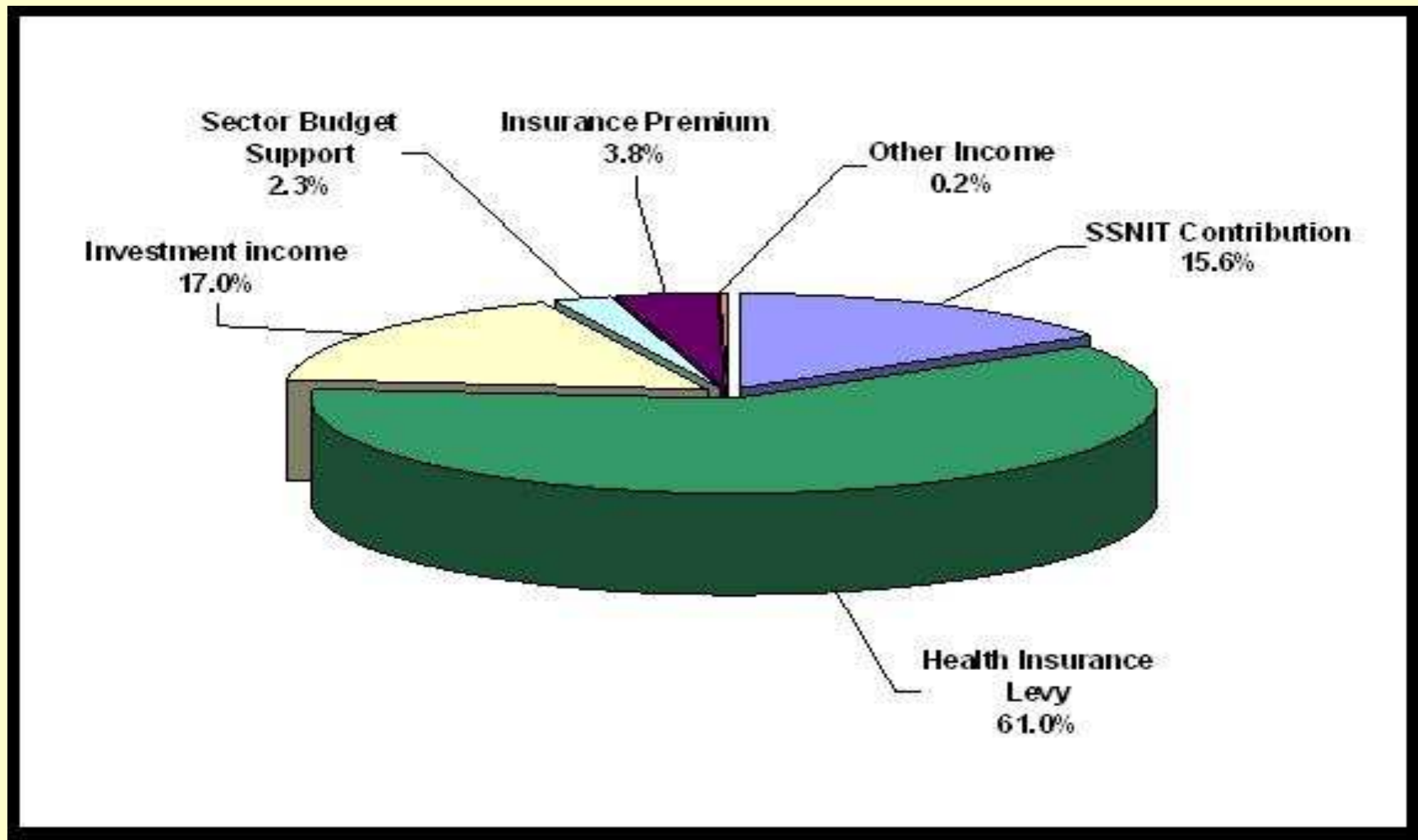
Current Cash Flow of NHIS



INCOME SOURCES FOR THE NHIS, 2008



NHIS TOTAL INFLOW AS AT 31ST DECEMBER, 2009



STATUS OF IMPLEMENTATION

(As At June 30, 2010; Population based on 2009 estimate)



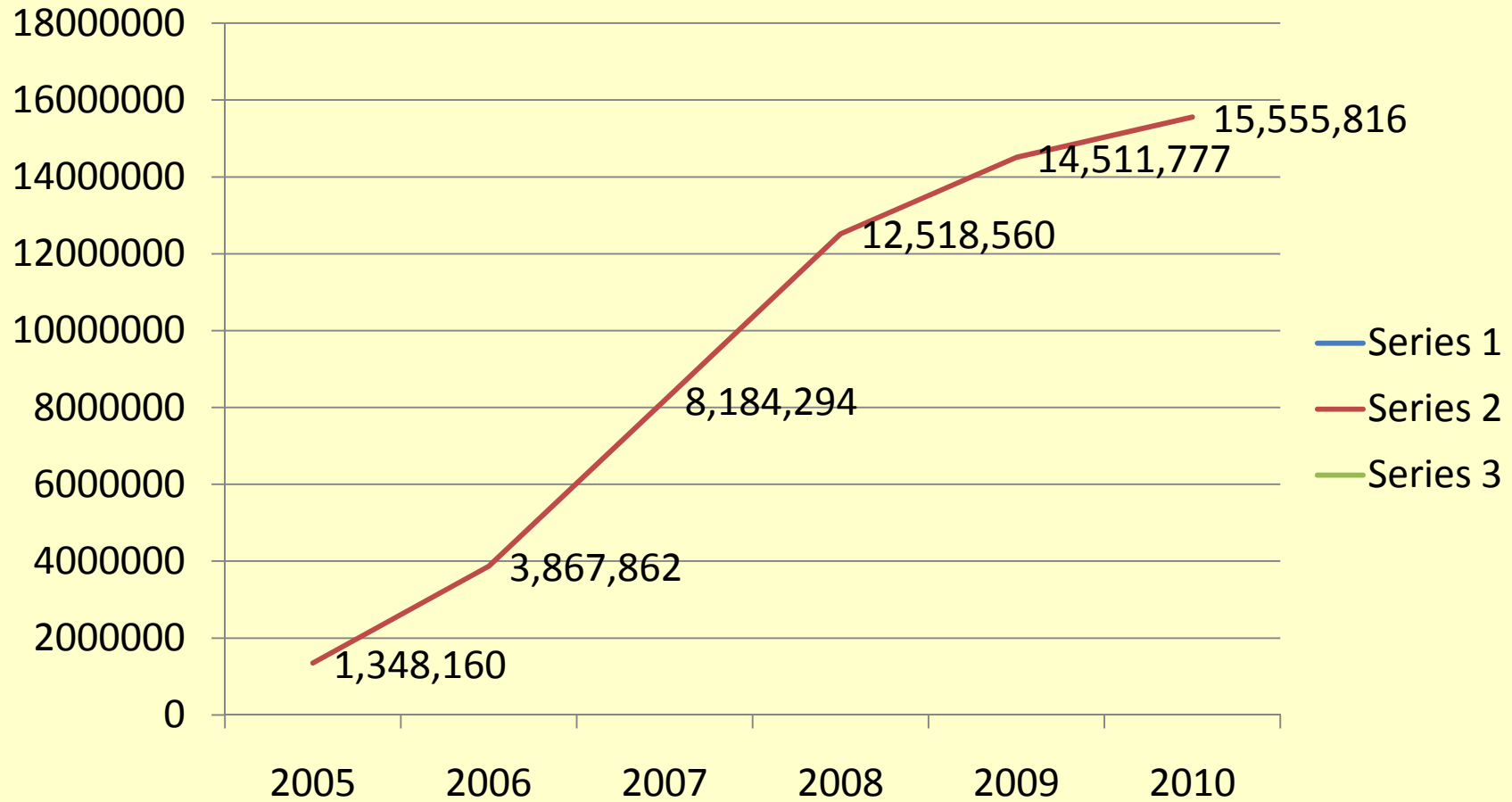
Schemes in operation	145
Total Registered	15,555,816
% Population Registered	66.4%
Total ID Card Bearers	13,943,414
ID Card Bearers as % of Total Registered	89.6%

CATEGORIES, NUMBERS AND % TO TOTAL CARD BEARERS

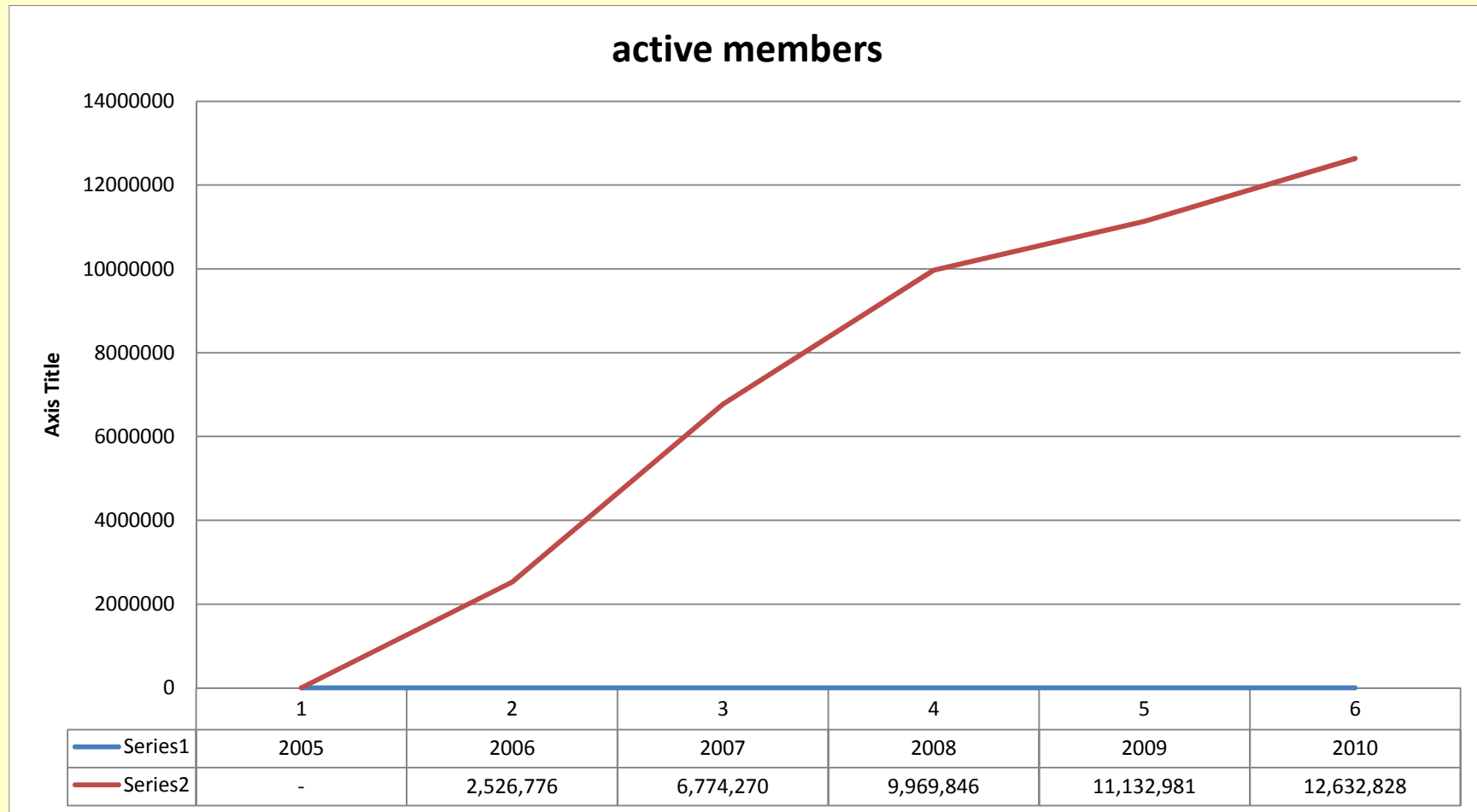
<i>Category</i>	<i>Number</i>	<i>% of ID Card Bearers</i>
Informal Adult	4,546,059	32.6%
Aged (>=70 years)	1,006,529	7.2%
Under 18 years	7,604,324	54.5%
SSNIT Contributors	915,924	6.6%
SSNIT Pensioners	81,604	0.6%
Indigents	350,035	2.5%
Pregnant Women	1,051,341	7.5%



TOTAL REGISTERED MEMBERS

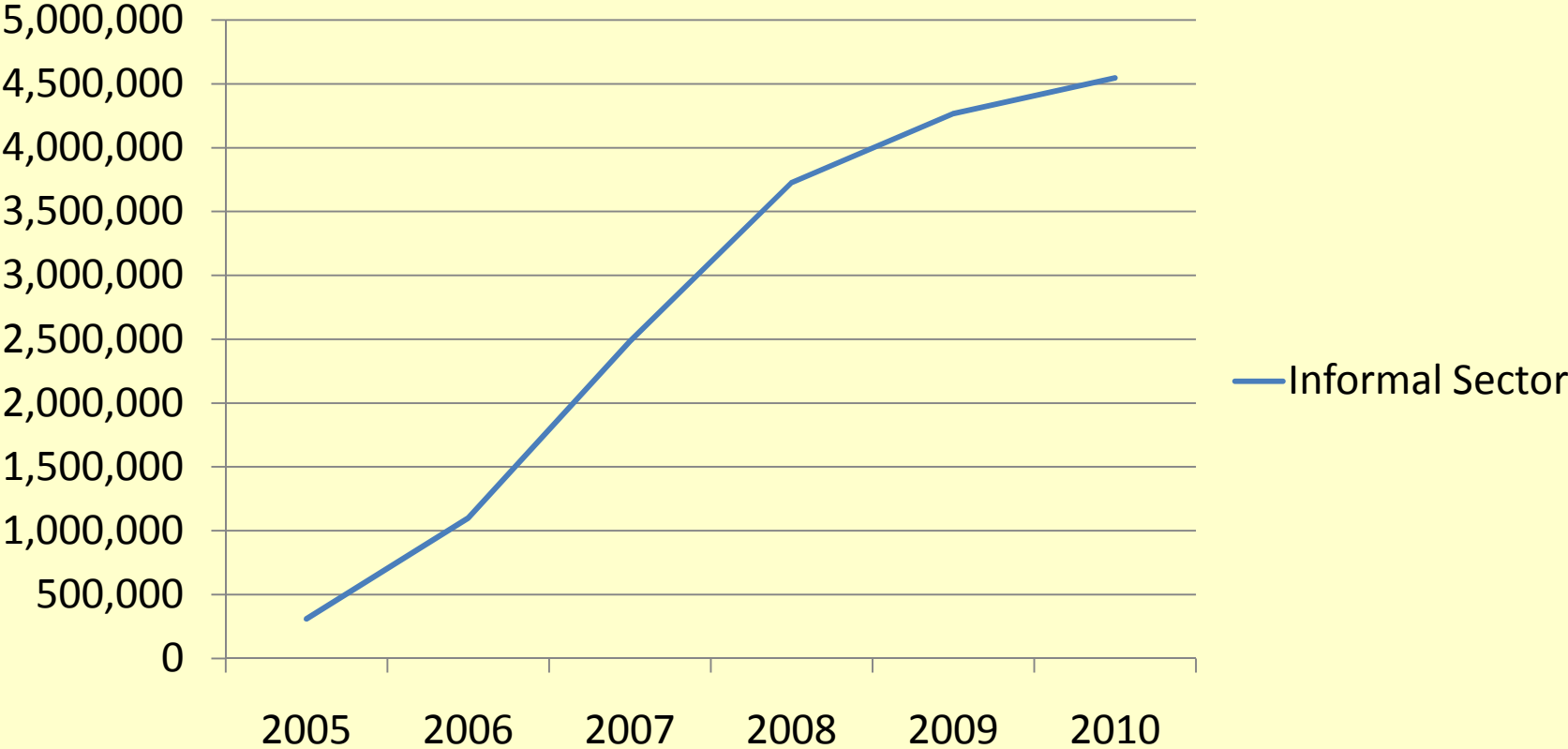


ACTIVE MEMBERSHIP



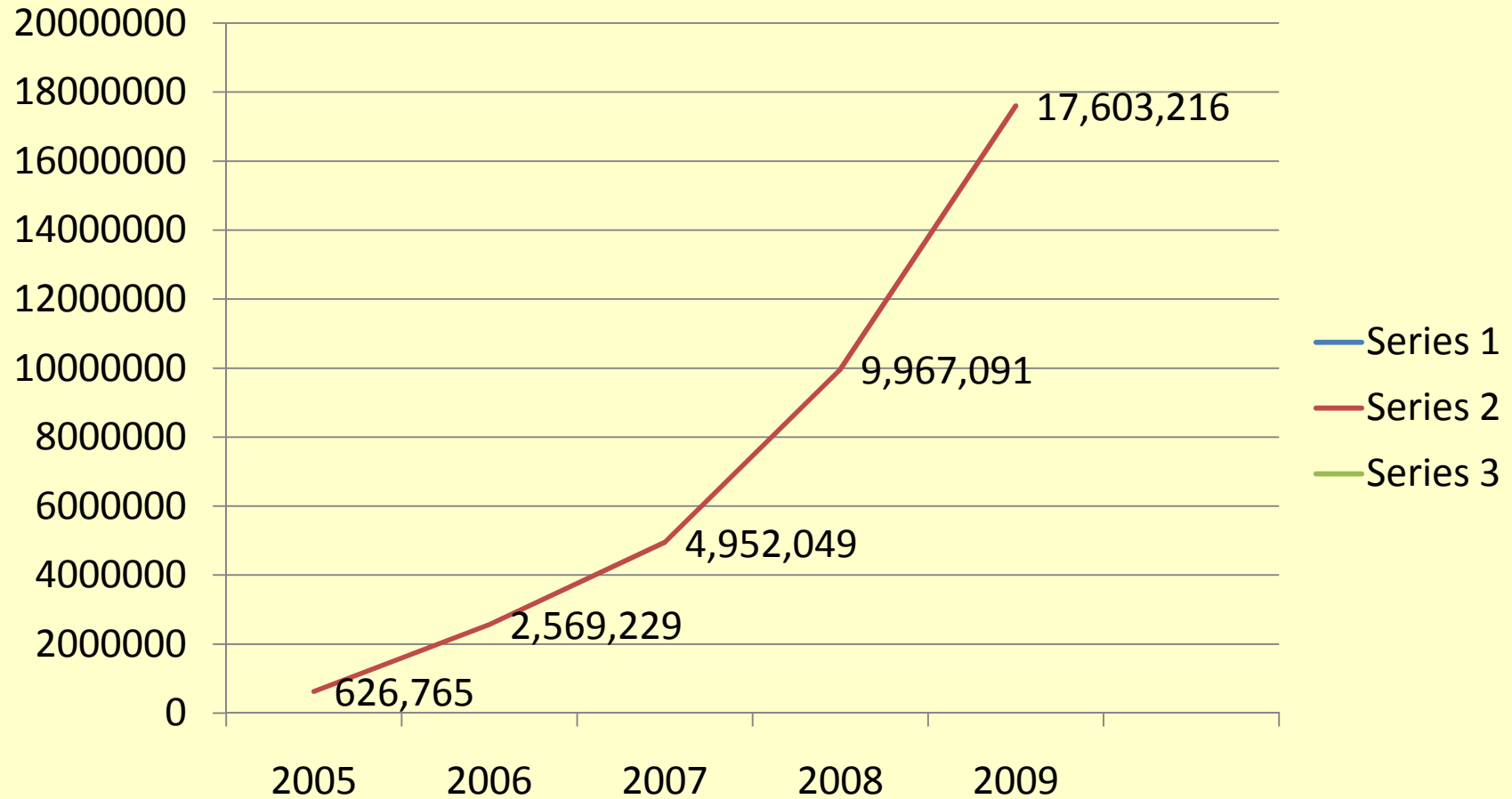
INFORMAL MEMBERS

Informal Sector



UTILIZATION

Escalating utilization rates, as measured by the number of outpatient encounters



Factors accounting for the improved scaling up of coverage - I

- Legal backing ensuring confidence among residents
- Social nature of the program
- Intensive public education and community sensitization on the concept
- Affordability of premium levels
- Elaborate arrangement to ensure fund flow for implementation



Factors accounting for the improved scaling up of coverage - II

- Dedicated support from NGOs, eg. DANIDA
- Direct community participation in the management issues of the schemes (community ownership)
- Role of District Assemblies and keen involvement of DCEs in the program



Factors accounting for the improved scaling up of coverage - III

- Commitment and dedication of staff and Board members of District schemes
- Encouragement derived from free health care services accessed by cardholders of the scheme
- Unintended benefits of the HI ID card (card could be valuable in identifying holders in circumstances other than health care)



MARKETTING STRATEGIES ADOPTED

- ❖ Door to Door Campaign
- ❖ Dawn and Evening Broadcast
- ❖ Church and Mosque Education
- ❖ Community Durbars
- ❖ Social Gatherings
- ❖ Regular Radio/FM Programmes (talk shows and sponsorship of programmes)
- ❖ Video Show on the benefits of the scheme
- ❖ Circulation of educational material



PROVIDERS SELECTION AND REIMBURSEMENT

❖ Accreditation of health care facilities by NHIA

❖ Contracts between DMHIS and providers

❖ Reimbursement mechanism

- Payments are made to health care facilities, not professionals or subscribers
- Started with fee for service

❖ G-DRG tariffs and NHIS Medicines List

- Implemented since April 1, 2008
- Review: medicines completed and in effect since 1st October 2009; tariffs review initiated



CLAIMS ADMINISTRATION

❖ Claims processing by DMHIS

❖ Claims reimbursement by DMHIS

- Premiums collected locally
- Subsidy from NHIA
- Reinsurance from NHIA



CHALLENGES

❖ Implementation Architecture

- Standardisation and governance challenges
- Weak portability
- Career progression issues

❖ Claims administration

- Providers: delays submission; misapplication of tariffs; gaming
- Schemes: capacity; reimbursement
- Subscribers indulge in provider shopping and abuse of gatekeeper system



Challenges (2)

❖ ICT implementation

- Provider site challenges
- Scheme site challenges

❖ Membership

- Coverage: vulnerable groups; renewals

❖ Quality of care

❖ Potential for fraud by member/scheme/provider

❖ Misapplication of tariffs and spurious claims



GOING FORWARD

One-time premium & a legislative review are currently under consideration to scale up universal coverage

One-Time Premium: Intended to reduce the lifetime premium

Legislative Review: Provides an opportunity for better identifying indigents in the informal sector



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