IN-CLASS PRESENTATION

DESIGN, IMPLEMENTATION & EVALUATION OF NATIONAL HEALTH INSURANCE POLICY IN GHANA

ASARE MICHAEL KOFI
MEP16201

FRIDAY, 21ST JULY, 2017

OUTLINE

- Introduction of Policy-making and Essence
- Choice of Policy Focus
- Foundations of Policy Making Process
- Policy making process: Legal Framework (Act 480) MDAs
- Policy objective and Content
- Assessment
- Discussion

- Choice of Policy Focus - Health Insurance Policy;
  - extent of coverage
    - Potential socio-economic impact
  - the intriguing policy making process
    - Political and Technical,
  - International environment (MDGs, Debt Cancelation,

BACKGROUND

- Griddle & Thomas(1991) theorize a model for understanding emergence, discussion and implementation of policy reform in developing countries. (cited in Agyepong & Adjei, 2007)

Environmental context	• Individual characteristics of policy elites • Context of Policy choice
Agenda Setting Circumstances	• A perceived crisis situation will induce pressure for reform • No-perceived crisis situation maintains "politics as usual"
Policy Characteristics	• Are the arenas in policy reform public or bureaucratic • In perceived crisis situation? • Non perceived crisis Situations

From this Framework Ghana National Health Insurance Scheme may be assessed and evaluated

CONTEXT OF NHIS POLICY

- Health-related Matters:
  - Inequities in financial and physical access to health
    - between socio-economic group
    - Geographical: Rural and Urban; North and South
  - Regular and frequent postponed schedules of medical treatment
  - Self-treatment/Self-Medication
  - Alternative health-seeking behaviors- unregulated healers (Oppong cited in Mensah et al,2010)

- Much of the problem was related to financial and out-of-pocket fee at a point of service

CONTEXT- HEALTH FINANCING IN GHANA

- Public Financing
  - Pre-Independence: Out of pocket payment at the point of service delivery
  - Early Post-Independence: switch to tax-based financing that subsidized publicly delivered health service;
    - Private sector delivery still out-of-pocket; payable at any point of use
    - 1970's Economic challenges: Economic challenges lead to a re-introduction of cash-and-carry into public health sector (albeit low rate)
    - 1980's World Bank &IMF SAP/ERP occasioned a further decrease in public subsidies for health financing

CONTEXT- HEALTH FINANCING IN GHANA- cont'd

- Health Insurance:
  - Early 1990's Community Health Insurance in Nkoranza: Successfully operated
  - Extended as Pilot in Eastern region in cocoa areas: Not too successful
- Mutual Heath organizations(MHO) operated Health Insurance Scheme: Are community Health Insurance Schemes(CHI) Sponsored by Faith Based Organization, DANIDA, Partnership for Health Reforms plus funded by USAID.

CONTEXT OF NHIS POLICY … cont.

- Out-pocket fee or "cash-and-carry-system"
  - less efficient and inequitable means of financing health care and prevents people from seeking medical care; and
  - exacerbate poverty. WHO articulated (Freeman et al 2011);
- Yet, Ghana's Constitution Article 35 (3) says: "*The State shall promote just and reasonable access by all citizens to public facilities and services in accordance with law*"
- The existence of constrained access to health vis-à-vis the expressed constitutional requirements makes a case for improving access to health in Ghana
- Propositions of alternatives visions for improving Financial Accessibility to Health:
- Is Universal Health coverage the answer? And why?

MORE CONTEXT – Politics! … cont.

- Political Dimension prior to the 2000 General Election
  - Competing political visions for health delivery
    - Ruling Government favored the status quo;
    - Opposing Party offered Nationalized Health Insurance

- Opposition eventually won power/Political willingness
  - New government in 2001 set in motion a process to a achieve a universal access to health through a National Health Insurance Scheme
  - The President Kuffour was unwilling to accept any impossibility to establishing NHIS.
  - He charge the Sector Minister of MOH(Ministry of Health) to ensure actualization of the electoral promise.

NATIONAL HEALTH INSURANCE POLICY

- The pre-legislation phase: 2001–2003 *under Ministerial Task Force*
  - 1st Quarter (2001) was inaugurated by the Health Minister
  - a 7-member ministerial Task Force composed of MOH, Ghana Health Service (GHS), Dangme West District Health Directorate & Research Centre, Trade Union Congress and Ghana Healthcare Company .Chaired by Director for Policy Planning Monitoring and Evaluation (PPME) In MOH
  - Task Force members were technical people, even Ministry of Finance representatives were excluded in this phase.
- The terms of reference of the task force included:
  - support and advise the MOH on the development of a NHIS
  - building up of systems & capacity for regulation of health insurance,
  - the development of appropriate health insurance legislation, and the mobilization of extra resources to support NHIS

EMERGE ISSUES: Pre-legislation Phase *(2001-2003)*

Members continued though chair disengaged himself after a conflict between him and the Minister.

- Diverging views
  - Minister for Health was keen on a centralized single payer SHI scheme – did not see MHO/CHI as viable option
  - Task force felt any policy that did not make room for the MHO would not be helpful, given the large non-formal sector in Ghana

EMERGE ISSUES: Pre-legislation Phase *(2001-2003)*

- Resolution of dilemma: proposed hybrid comprising
  - a classical single payer scheme for the organized
  - formal sector & multiple payer semi-autonomous MHO for the non-formal sector
  - Private Health Insurance was left for those who felt and could afford
  - Task Force delivered Report of a four page outline, endorsed by the Minister and consequently produced a Bill for passage into Law
  - The proposed Bill was publicized and put before Parliament

Pre-legislation Phase *(2001-2003) cont..*

Prior to the endorsement:

- After a cabinet reshuffle the Sector Minister was replaced by a new sector Minister
  - The erstwhile Minister had changed the chair to the Task Force (ie. Director of Policy Planning Monitoring and Evaluation(PPME) of MOH who reported to him.
  - The new chair gradually involved his close associates into the task force.
  - Difference in opinions and technical proposals emerged between the old members and new members of the task force
  - By the end of the final endorsement only one of the old members of the task force remained on the committee.

Legislative Phase (After Task Force)

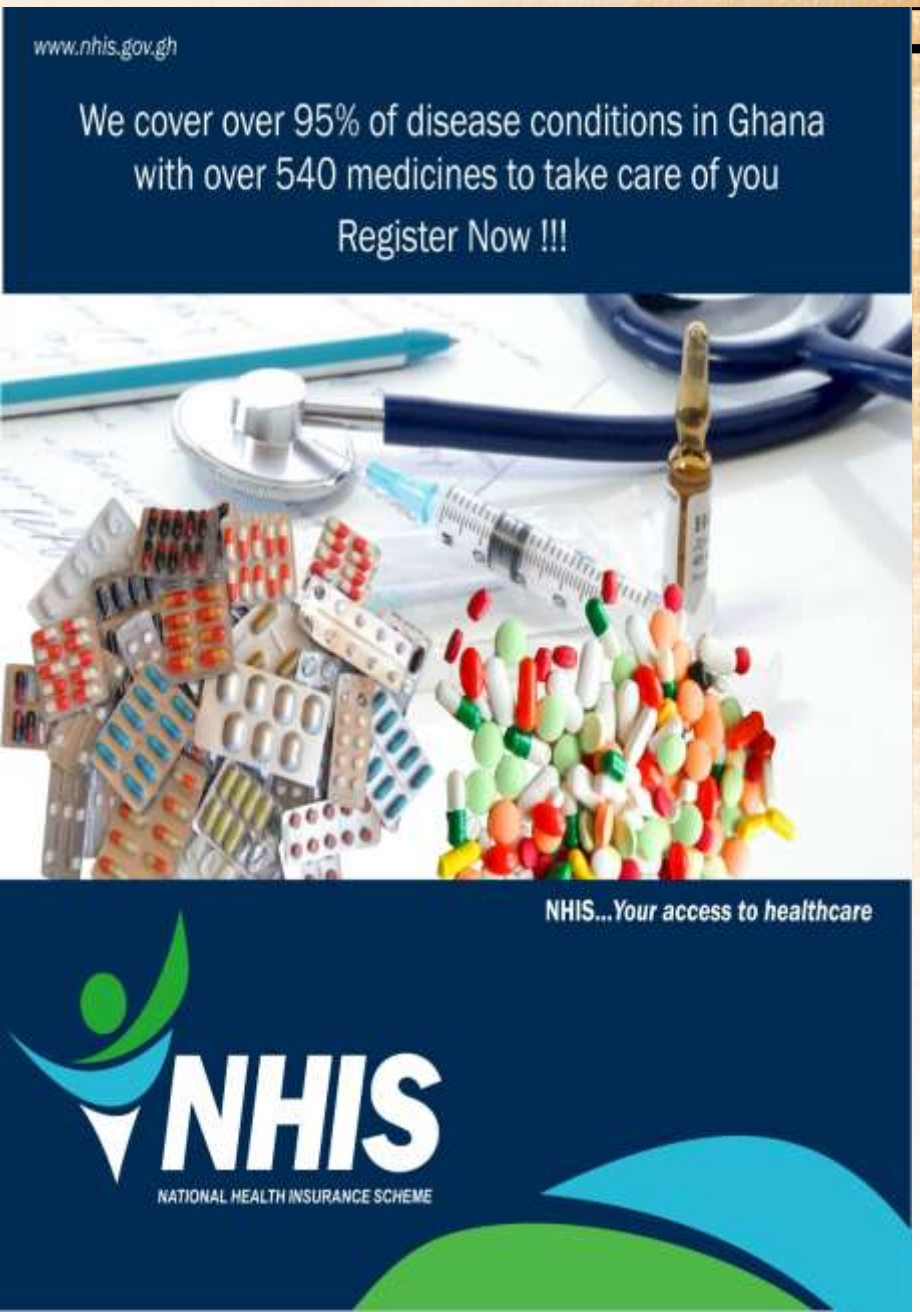
- Contentious Issues: The following Issues were debated
  - Proposed Financing of NHIS
    - ✓ Proposed that NHIS was to be by individual premium
    - ✓ Proposed addition of a 2.5% National Health Insurance Levy on VAT
    - 2.5% of formal sector worker contributions to SSNIT to be automatically transferred to the NHI fund on a monthly basis
- Concerns raised
  - *Minority* : that the 2.5% NHI levy represented a rise in vat from 12.5% to 15% and was an excessive high tax burden (a bit of VAT-history)
  - *Organised Labour and Minority:* concerns about the 2.5% SSNIT deductions and the long-term viability of the social security fund

Legislative Phase (After Task Force)..cont.

Contentious Issues:

- Bill required the formal and the non-formal sector to enroll together.
- All MHO that were not district-wide government-sponsored were classified as private.
  - Concerns: Non-public MHO funded NGO raise concerns about exemption
  - MHO already in existence expressed concerns about being classified as ‘private’ and therefore ineligible for any government support or subsidy.
  - The Bill was passed into Law, Act 650, in 2003

Wider Outcomes



- Improved access to Health Delivery
  - Enrolment 12.5million (about 55% coverage) in 2008;
  - 14.5 million in 2009 representing about 62% of the population (using 2009 population estimate) Budget Statement (2014).
    - patronage may suggest that NHIS is a preferred health care financing mechanism
  - 65% insurance dependents are exempted from Premium in pursuit of National Poverty Reduction Goals

- Facilitated progress toward MDGs on Health and Poverty;
- International Recognition

Ghana's NHIS wins major world award

© NHIA

22 March 2011 | Health

Mr. Sylvester A. Mensah, Chief Executive of the National Health Insurance Authority receiving the award from Ambassador Dr. Josephine Ojiambo.

Ghana's Social Health Insurance Model has been recognized by the United Nations Development Programme (UNDP) and the World Health Organization (WHO), and singled out for the coveted South-South Cooperation Excellence Award, in Geneva, Switzerland.

This followed a presentation by Mr. Sylvester A. Mensah, Chief Executive of the National Health Insurance Authority (NHIA) at the Global South-South Development Expo 2010, held in Geneva, Switzerland, from November 22, 2010 to November 26, 2010, at which he highlighted the operational dynamics and successes of the Ghanaian health insurance experience, including the way forward and expectations for the period ending 2012 and beyond.

The World Health Organization and United Nations Development Programme acknowledged that Ghana's National Health Insurance Scheme has improved financial access to healthcare services, particularly for the poor and marginalized.

POLICY EVALUATION

- Has NHIS been successful? And Why?
- Seems somewhat successful considering
  - Policy Coherence:
    - Taking a cue from the National Health DELIVERY Policy statement of the 1992 Constitution
    - Policy learning
      - from previously existing District Mutual Health Schemes (Successful and Not)
      - Recent Review of the Act in 2012
  - Policy Complementarity: There are both direct and indirect benefits and support from NHIS to other national Development Goals
    - Poverty Reduction
    - Health Inclusion and Social Justice, Support to Health Infrastructure Delivery
  - Policy Coordination: Fully Decentralized framework to ensure nationwide presence
    - Establishment of Coordinating Authorities at all levels,
    - Linkages with allied Industry and Stakeholders:
      - Pharmaceutical, Financials, Research, Private Sector etc

BROAD QUESTIONS FOR DISUCSSION

- What drives the seeming success of NHIS?

- Political Will?
- Technical Expertise?
- International conditions or Local Forces?

THANK YOU ALL

REFERENCES

Agyepong, I. A., & Adjei, S. (2008). Public social policy development and implementation: A case study of the Ghana National Health Insurance scheme. *Health Policy and Planning*, *23*(2), 150–160.https://doi.org/10.1093/heapol/czn002

Constitution of the Republic of South Africa. (2012). The Constitution, (January).

Gobah, F. K., & Zhang, L. (2011). The National Health Insurance Scheme in Ghana: Prospects and Challenges: a cross-sectional evidence. *Global Journal of Health Science*, *3*(2), 90–101. https://doi.org/10.5539/gjhs.v3n2p90

Ministry of Finance. (2017). The Budget Statement of the Government of Ghana for the 2017 Financial Year, 218.

Parliament of Ghana. (2012). National Health Insurance Act 852. *National Health Insurance*, (Act 852).