

GHANA NATIONAL HEALTH INSURANCE SCHEME

JOINT DP MISSION AIDE MEMOIRE

December 8 - 13, 2007

BACKGROUND

The GoG, as part of its Poverty Reduction Strategy, established the NHIS in 2003. Following the start of the implementation of the NHIS, it has been observed that a number of initiatives and activities by Development Partner's, largely uncoordinated, are taking place. In order to facilitate the coordination of activities therefore, the NHIA in collaboration with Development Partners organised a joint mission. The participating development partners included the World Bank, Dutch development partners – Embassy of the Kingdom of the Netherlands, the Dutch Ministry of Development Cooperation (DGIS), Cordaid, ICCO, SNV and PharmAccess Foundation -, DFID, Danida, USAID, WHO, and ILO. The mission had the active participation of key NHIS stakeholders e.g. GHS, CHAG, Korle-Bu Teaching Hospital etc.

The mission held discussions with the NHIA and other key stakeholders involved in the implementation of the NHIS. Extensive discussions took place among DPs which contributed to potential future joint support for the NHIA. The mission also undertook a field visit to the Ashiedu Keteke Sub-metro Scheme of Accra to acquaint itself with the implementation of the NHIS in the Sub-metro.

This Aide Memoire summarizes the main discussions held, recommendations made and agreements reached.

Context of NHIS Implementation

Since the implementation of the NHIS in 2005, membership registration is estimated to have reached 55%. Of this an estimated 48% of the population are card bearing members who are able to access health care services purchased through insurance. Pressure is on the NHIA to further upscale the registration of children by decoupling their registration from that of their parent(s). [Naturally such changes require actuarial projections and its impact on the maintenance of reserves needs to be established].

Furthermore institutional changes will be implemented in the near future which implies the decentralisation of a number of important roles/responsibilities from the NHIA Head Office to Regional NHIA offices. To this end , the NHIA's effort to review the current operation of DMHIS' as independent organisations in order to constitute them as regional organisations was shared with stakeholders.

With the increase in NHIS membership and popularity, come certain key challenges that require priority attention. These are sustainability, social inclusion and effective stakeholder coordination. These are some of the key issues that have attracted DP interest in the NHIS in recent times.

The objectives of the mission

1. To align existing and potentially additional DP support for the NHIS implementation with the needs of the major stakeholders (NHIA, GHS, CHAG, Private Sector, MOH) for effective, efficient and sustainable scaling up of the NHIS while maintaining a focus on its objective to increase (financial) access to good quality health services for all Ghanaians;
2. To outline the way forward for a co-ordinated DP support for scaling up the NHIS, while ensuring its sustainability;
3. To coordinate DPs' assistance.

Challenges

Based upon discussions between the parties, the mission made a number of observations, which are combined and summarized as challenges below:

1. Standards of Quality of care need to be improved and protocols followed in improving the effectiveness of the purchasing function.
2. A system to conduct financial sustainability analysis at the operational level requires review.
3. Systems in place for procurement and supply management of pharmaceuticals including their rational use will need to be reviewed.
4. Research on health insurance is un-coordinated, which results in the inefficient use of resources.
5. Ashiedu-Keteke Sub-Metro Mutual Health Insurance scheme is doing well with members renewing their cards and reserves increasing but faces difficulties in accommodation and shortage of staff to deal with claim management although this scheme deals with a relatively lower number of service providers.
6. Visited health facilities appreciated the NHIS as it provided a regular source of revenue. It contributed to improvements in the quality of care. About 80% of the bills concern the costs of medicines. Administration of bills etc. require much time and paperwork. Computerization could contribute to better and quicker claims management
7. Claims processing management.

Areas of potential collaboration

In order to address the above mentioned challenges, the following areas of collaboration have been identified:

1. ICT Project/Solution

Institutions not covered under phase 1 and 2 (mainly ambulatory care) need full administrative support under a third phase, similar to what is currently being provided under phases 1 and 2 (administrative support, ICT and capacity building).

- Develop scope of work and funding proposals. A task team with the support of the DPs needs to be set up to work with various stakeholders in elaborating phase 3. This should be sequenced to follow elaboration of the strategic plans under phase 2 to avoid gaps and overlaps.
- SNV proposes to contribute to the needs assessment by the DMHIS technical teams with regard to data to be incorporated in the ICT software of both the Schemes and the Providers, in order to improve the effectiveness of their cooperation.
- World Bank will continue to work with other partners and potential donors to line up technical expertise and funding for phase 3.

2. Supply Chain Management of pharmaceuticals

- Ensuring availability of good quality approved medicines in the system.

- Regular independent surveys of the quality of medicines on the market
- Mechanism to engage in how prices are fixed in the country in conjunction with DP's and relevant stakeholders.
- Monitoring prices of a basket of medicines regularly (quarterly)
 - Reimbursement prices based on a medicines price index developed from international reference prices
 - Further discussion is needed between WHO, EKN and DFID to explore an appropriate role of MeTA in the area of transparency in the pharmacy supply chain with the aim to improve availability and to reduce prices.
3. Assistance with obtaining access to Global Fund, Gates Foundation, PMI, PEPFAR, IHIP etc. funding
- The DP sector lead (EKN) will contact the CCM and other DPs to consider the possibility of channeling funds from Global Health Initiatives (such as Gates, GFATM, PEPFAR, PMI, Norad etc) through the NHIS. PharmAccess and World Bank will also follow up with some of their network connections to pave the way for a better harmonization of donor funding through a health insurance mechanism. If accepted, TA for developing the concept further and developing proposals will be made available. The funds must be additional and not a re-allocation or re-direction of funds.
4. Assist NHIA, DMHIS, CHAG, GHS and Teaching Hospitals in the following areas
- Develop and execute a methodology to identify the poor, using the Department of Social Welfare and the LEAP experience and other experiences. This will be done through a standard household survey approach and contingent evaluation techniques to assess benefit incidence and willingness and ability to pay. Efforts would be made to complement and build on the work of others such as USAID who have already started work in this area. Support is needed in the form of TA and funding to conduct and analyze the surveys.
- Assistance in elaborating strategic plans for ICT and management training which would be supported by the World Bank under phase II.
- Assistance in management capacity building and health insurance administration at both the DMHIS and provider levels.
- SNV and EKN/DFID in consultation with the NHIA will support the capacity building needs assessment at the provider level. Results of this assessment will be used for the preparation of the annual plan/budget for 2009.
 - ICCO/Cordaid and Danida will support the CHAG in finalising its 5-year strategic plan with a clear component to strengthen the NHIS in the service provision of the member institutions;

- ICCO/Cordaid will work with CHAG/NCS/PCG to develop support to strengthen the NHIS component in the service provision of the member institutions, before the July 2008 business Meeting
5. Assistance in honing analytical capability in
- Claims management at both provider and scheme level
 - SNV will collaborate with the NHIA to contribute to the capacity development of the DMHIS in those regions it is active.
 - Quality Care
 - PharmAccess will support the strengthening of regulatory instruments and treatment protocols through technical assistance
 - Sustainability analysis
 - Actuarial analysis with a focus on bottom up assessments at institutional and district levels through appropriate technical assistance identified by the NHIA, in collaboration with the World Bank and ILO. SNV can contribute through their baseline activities on all elements of institutional performance including financial sustainability.
 - Performance monitoring, benchmarking and impact evaluation
 - Pharmaccess will develop in collaboration with SNV, Cordaid/ICCO and the NHIA a proposal for establishing benchmarks for DMHIS.
 - EKN/DFID and NHIA to further discuss the potential to deal with a number of capacity building issues, benchmarking, monitoring and evaluation through a multi-year prospective impact evaluation study.
 - SNV and NHIA, in collaboration with relevant actors, will define a list of governance and performance indicators relevant for use on district level.
 - SNV and NHIA will elaborate a proposal to apply the indicators in at least 8 districts Schemes. The analysis of this application will be presented to the NHIA mid 2008.
 - Possibilities to scale up the application of the governance and performance indicators will be assessed following the analysis.

Next steps:

1. Firm up commitment by DPs in areas of expressed interest by the end of 2007.
2. Development of project proposals by the NHIA, MOH and DP's by the end of first quarter 2008 and present these at the April 2008 Health Summit.
3. Identification of potential funding sources including lobby for additional budget from MOFEP/MOH.

4. Presentation of commitment and funding at the Business Meeting after the April Health Summit 2008.
5. Launch programs by end of second quarter 2008 following inclusion of the proposed activities under the Program of Work in April 2008.

Signatories

Ministry of Health

National Health Insurance Authority

Ghana Health Service

Christian Health Associations of Ghana

Teaching Hospitals

Cordaid

ICCO

SNV

PharmAccess Foundation

Danida

Embassy of the Kingdom of the Netherlands/DFID

USAID

ILO

WHO

World Bank

	Cordaid	Danida	DFID	EKN	ICCO	ILO	PharmAccess	SNV	USAID	WHO	World Bank
Phase 3 of ICT project											X
Pharmacy Supply Chain			X				X			X	X
Assistance with obtaining access to Global Fund, Gates Foundation, PMI, PEPFAR, IHIP etc. funding				X			X				X
Assist NHIA, DHMIS, CHAG, GHS, Teaching Hospitals and MoH	X	X		X	X			X			X
Assistance in honing analytical capability	X	X	X	X		X	X	X	X	X	X