

DRAFT REPORT TO MINISTRY OF HEALTH

1. GOWTH OF DISTRICT MUTUAL HEALTH INSURANCE SCHEMES

- " Number of districts with Mutual Health Insurance Schemes has increased from 127 as at January 2006 to 145 as at the end of December 2007
- 10 Zonal Offices have been established, one in each of the ten regions
- 140 schemes have been provided with operational vehicles, motorbikes and bicycles

2. PENETRATION RATE

- " Total registered members have increased from 4,400,279 in 2005 to 11,279,678 as at end of 2007, representing 55% of the population.
- Total Active Membership has increased from 3,223,354 in 2005 to 9,773,100 as at end of 2007, representing 48% of the population .
- Total number of ID card bearers has increased from 1,388,662 in 2005 to 8,203,855 as at end of 2007, representing 42% of population.

3. UTILISATION OF HEALTH CARE SERVICES

- " OPD attendance increased from 2,951,484 in 2005 to 6,100,000 as at September 2007
- " IPD increased from 167,607 in 2005 to 364,228 as at September 2007 .
- OPD+ IPD increased from 3,213,450 to 6,835,104 as at end of September 2007 (some schemes do not have breakdown of OPD and IPD)

4. FUNDING OF HEALTH CARE SERVICES UNDER NHIS

- " Subsidy to schemes increased from GH¢7.7m in 2005 to GH¢108m

5. ACCREDITATION OF HEALTH CARE PROVIDERS

- 800 Private Healthcare Providers have been accredited
- " Accreditation tools have been developed
- 40 accreditation surveyors have been short listed for training and engagement to do proper accreditation of providers

6. PUBLICITY AND MARKETING

- Branded 150 MMT buses as mobile billboards
- Mmaa Nkomo programme done in Odumasi Krobo, Apam, Tamale and Kumasi to tell the success story of the scheme

7. POLICY DEVELOPMENT

- Revised Tariffs Structure and Health Insurance Medicines List
- " Introduced Ghana-DRGs as an alternative provider re-imburement mechanism
- Developed Standard Operating Manuals (SOPs) for the schemes

8. SYSTEMS DEVELOPMENT

- Commenced the introduction of an Integrated ICT system to facilitate the production of unique ID card, standardized claims processing, standardized accounting procedures, HR management, etc.
- Commenced the building of a Results-Based Monitoring and Evaluation System for the NHIS

9. ORGANISATIONAL DEVELOPMENT

- Completed a Corporate Medium-Term Strategic Plan for the Authority
- Developed an Organizational Structure with the requisite technical directorates and units for better management of the NHIS programme

10. HR-TECHNICAL/MANAGERIAL CAPACITY BUILDING

- Chairpersons of Board of the schemes trained in good corporate governance
- Scheme Management trained in their various fields

11. STAKEHOLDER RELATIONS

- Series of Stakeholder meetings with major provider groups (listed below) held to improve provider-insurer relations i.
Tamale Teaching Hospital
ii. Komfo Anokye Teaching Hospital
iii. Korle-Bu Teaching Hospital
iv. Cocoa Clinic
v. 37 Military Hospital
vi. The Ghana Health Service
vii. The Christian Health Association of Ghana
viii. The Pharmaceutical Society of Ghana
ix. Health Development Partners

12. CHALLENGES AND STRATEGIES

CHALLENGES

- Multiple software and ID cards making portability difficult to manage
- Vertical programmes within the health insurance regime
- Difficulty in identifying indigents for free coverage
- Lack of suitable office accommodation for schemes
- Weak technico-managerial capacity of scheme management

STRATEGIES

- Introduce Uniform Technology Platform to address the systems problems confronting the smooth implementation of the scheme
- Conduct a study into how best Indigents could be identified for exemption under the health insurance regime.
- Assist schemes with suitable office accommodation, beginning with schemes that do not have permanent office accommodation
- Introduce capacity building programmes to build the technico-managerial capacity of scheme management.