



Country Leadership Towards UHC: Experience from Ghana

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Ghana health challenges.....

Ghana, since Independence, continues to grapple with:

- High fertility esp. among rural population
 - TFR at 4.3 children per woman (3.3 in urban to 5.5 in rural)
- High infant and child mortality
 - U5MR – 82/1000lb (MDG target -- 41) Rural/Urban variation
94 : 72 per 1000 lb
 - IMR – 53/1000lb (MDG target -- 22)
 - NMR – 32/1000lb (MDG target – 14)
- High maternal deaths
 - MMR – 350/100,000lb

Policy Debate And Triggers for Health Sector Reforms



What is known:

- Access to health system is low (geographic and financial access are key barriers)
- Low coverage of known health interventions
- Outcome and impact measures low (few of good quality, hence low yield on Public health returns)
- Equity dimension widening; poor and vulnerable groups often not considered; remote (including island and mountain) communities excluded (no additional provision in budget to cover these)

Strategies to reduce and reverse the trend:

- Bring health services closer to communities & households
- Promote and intensify immunizations campaigns,
- Increase access to and acceptability of family planning,
- Eradicate diseases, particularly childhood killer diseases
- Mobilize communities and community actions that support, promote health and prevent mortality esp. among vulnerable groups

Country Health Sector Response:



Medium-Term Health Strategy focuses on Government's Developmental Agenda; “[Towards Vision 2020](#)” – laid the foundation for Health Sector Reforms in Ghana to..

- *“Provide universal access to a basic health services, and improve the quality and efficiency of health services, and*
- *Foster linkages with other sectors”*

With the following Objectives....

- Increased geographical and financial access
- Better quality of care in all health facilities and during outreaches
- Improved efficiency in the health sector
- Closer collaboration and partnership between Health Sector and communities, other sectors and private providers
- Increased overall resources in the health sector equitable and efficiently distributed



Ghana... Initiatives that can lead to the path of universal health care:

- Over the last decade, Ghana Government, together with DP's and other stakeholders provided the necessary political will and leadership, on the following initiatives:
 - Bridging geographical access gaps
 - community health service delivery mechanisms and getting communities involved to address their own health needs
 - Developing a comprehensive health financing strategy - initiating a financial risk protection (funded mainly via tax) initiative – National Health Insurance Scheme
 - Decentralization - Within the context of the overall Governmental drive towards total devolution of authority to the local government



The Community-based Health Planning and Services (CHPS) strategy in Ghana

- Based on experimental evidence from one of our Research Centers
 - Navrongo HRC, replicated and validated within real-life contexts in Nkwanta District
 - defined community health service delivery mechanisms and getting communities involved to address their own health needs
 - CHPS uses trained Community Health Nurses as Community Health Officers (CHO)
 - CHO's are an integral part of the formal district health system, with reporting lines, support and supervision, monitoring, feedback and training...
 - The key responsibility of a CHO is to be the focus for PHC and sending life-saving technologies to the mothers and children in the households within the communities supported by the communities....(usually community-based volunteers who knows the community well to assist the CHOs)

Organizing the District health systems...around CHPS.....



District level

District Health Management Teams (DHMT)



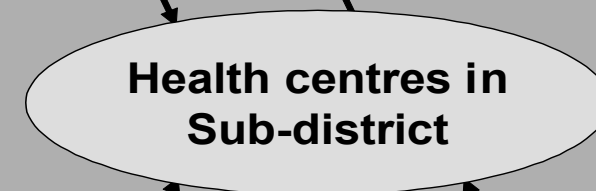
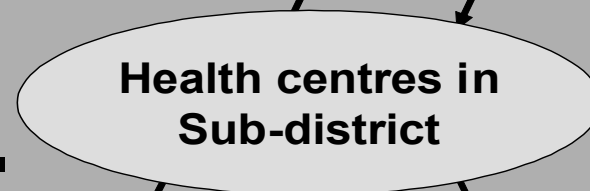
patient referral

supervision

patient referral

Sub-district level

Sub-district Health Management Teams (SDHMT)



patient referral

patient referral

patient referral

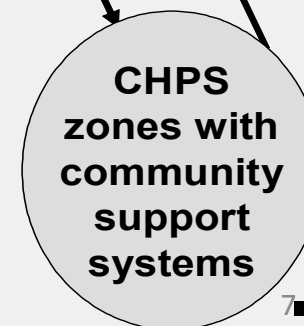
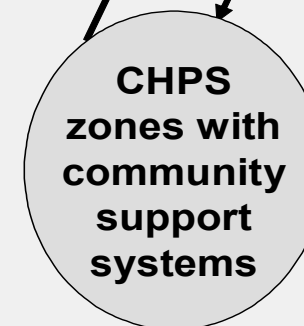
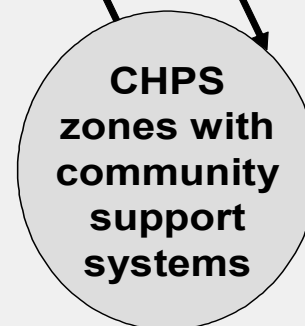
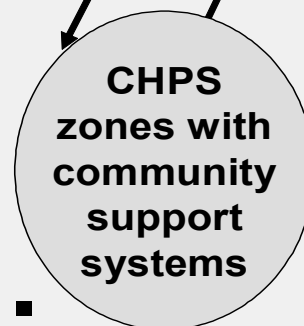
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Community level

Community Health Committees



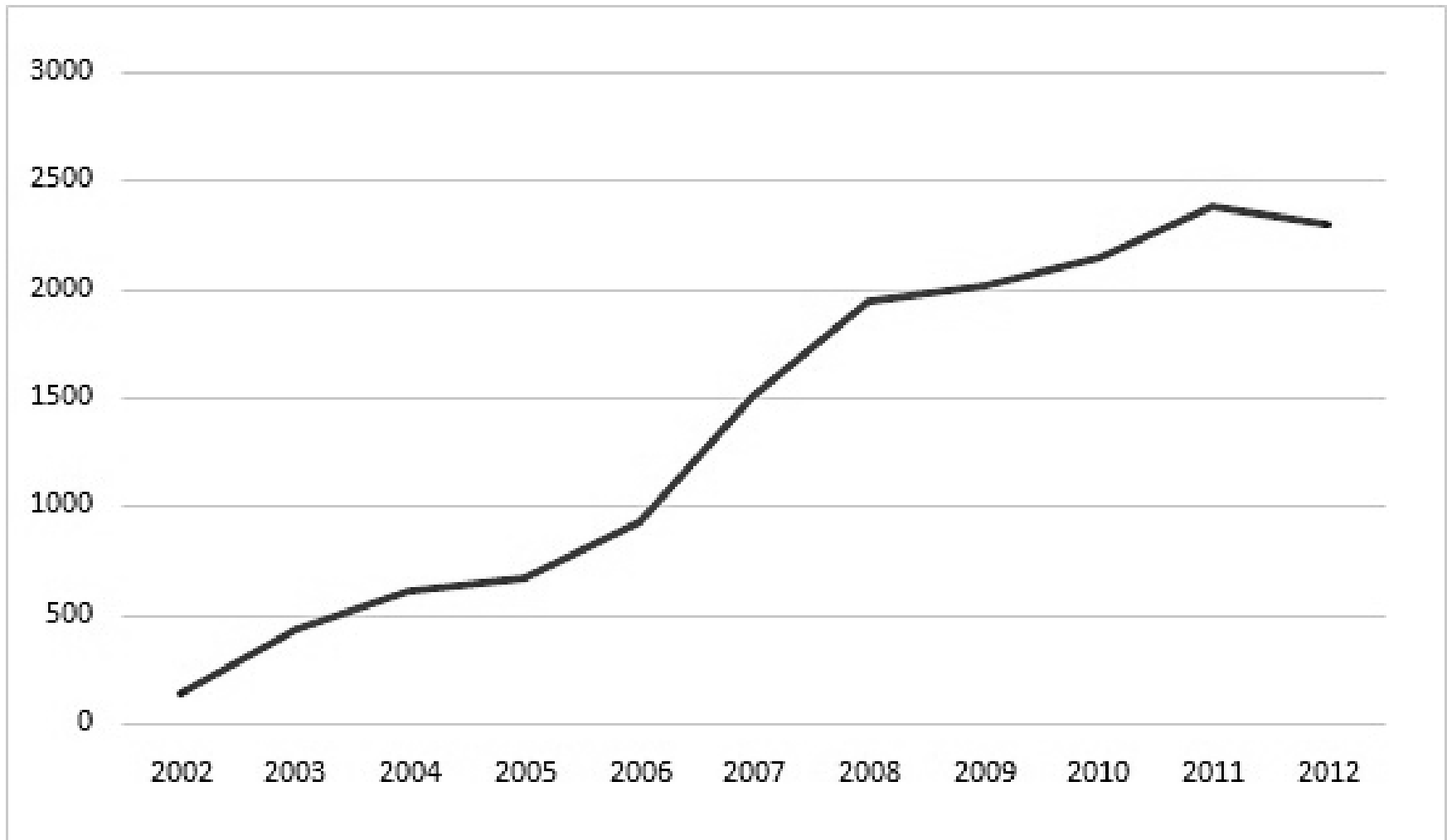


CHPS acceptability...

- CHPS, as a concept and service delivery mechanism, has the potential to reach every household in Ghana
- Was launched in National Forum in 1999 for operationalization throughout the country - a national scale-up
- However, since the launch, implementation has been with challenges
 - CHOs had to be trained and be deployed in the estimated potential 16,000 CHPS zones
 - Logistics for CHO placement, service delivery even with availability of CHO's



Production Trend of CHOs





Progress made since inception...

- Continued reduction in geographic access barriers to health services across the country
- Significant increase in number and operationalization of functional CHPS nationwide: Implementation of functional CHPS has doubled from 868 in 2009 to 2175 in 2012.
- Correlated increase in the number of CHOs, with much high turn out rate (most already trained in CHPS service delivery as part of pre-service training).

Creating Sustainable Health Financing Mechanisms



- The Government of Ghana and its Development Partners provided leadership for developing and institutionalizing health financing policies that allows for flexibility of models - enhancing equity and social protection for most vulnerable individuals and groups in Ghana
 - Ensuring ‘Financial Risk Protection’



National Health Insurance Scheme

- **August 2003**
 - Based on an earlier electoral promise - Government took a ‘political’ decision to introduce by law - a Social Health Insurance – the NHI – amidst protestations (opposition, labour and unions) (*Agyepong and Adjei 2007*)
 - was after a dilemma, as to the way forward, had been resolved by a proposed ‘hybrid’ of
 - Classical single payer scheme for the organized formal sector
 - Multiple payer semi-autonomous MHO for the non-formal sector
 - Whilst allowing for private mutuals and commercial schemes
- organized around a ‘politically savvy’ governance and administrative set-up that is grounded in existing decentralized local government structures - the **District Assembly** - ...within central government guidelines
 - under the supervision of the Minister for Health (MOH), which relinquishes part of its role as ‘purchaser’ within an earlier Health Sector Reform ...

Ghana's NHIS: Progress and Challenges.....



- Progress
 - About 8.6 million of Ghana's population is covered by the NHIS and in the last few years the scheme has experienced tremendous growth in its membership, infrastructure, and utilization currently stands at 27.4 million.
- Challenges
- INTERNAL
 - Financial sustainability of the scheme
 - Identification and coverage of the poor
 - Member identification systems
 - ICT system implementation
- EXTERNAL
 - Moral hazards (demand & supply sides)
 - Inefficient pharmaceutical supply chain (high medicine cost)
 - Inability of poor to pay premiums
 - Quality of care
 - Long waiting times



Path to UHC

- These initiatives taken together provides a path towards Universal Health Coverage for Ghana.
- These initiatives can be coordinated by the MOH within the overall developmental agenda of Ghana ensuring that everyone, including the vulnerable, realize their right to health
- Unfortunately..... this is not so....



Strengthening Health Systems....

- To ensure efficiency and effectiveness of these initiatives, the Government of Ghana firmly believes building the health systems around the nine priority areas of the Ouagadougou Declaration on PHC and Health Systems
- The Government in recent times had all pledged to create health service delivery points and human resources for health, (inc. skilled health workers) that targets the poor and the households
 - *‘Primary producers of health are the households’*
- Government of Ghana also continues to support innovative actions/Projects to send services to those who need it most
 - MDG Acceleration Framework
 - ENSURING MOTHERS AND BABIES REGULAR ACCESS TO CARE (EMBRACE) – which ensures continuum of care from pre-pregnancy to childhood has been initiated



Health Systems that delivers An endorsement..

- Mr. Bill Gates, at the end of his recent visit to Ghana, said building the Districts health systems around the community services (community-based health planning and services) has enabled Ghana sustained high routine immunization coverage
And that....
 - *“The system is not perfect, but it works and can be improved to serve as a model.....”*



Point to consider....

- Can the Ghanaian examples provide the necessary 'lessons' for Sub-Saharan Africa innovative initiatives in the quest for universal health coverage?



Thank you for your kind attention