

# 2012 HEALTH ACCOUNT

Presentation of Results  
at the  
2014 HEALTH SUMMIT  
May 2014

Ghana Health Account Team

# Acknowledgement

1. Ministry of Health for the oversight and guidance
2. World Health organisation, Geneva for technical support and assistance
3. World Health organisation, Ghana for technical support and assistance
4. Global Fund for financing the study and guidance
5. Development Partners, NHIA, GHS, CSO and corporate organizations and Private Health
6. All individuals who participated in the study in various ways

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# OUTLINE OF PRESENTATION

1. Introduction
2. What is National Health Accounts?
3. National Health Accounts Tools
  - a. SHA 2011, HAPT and HAAT
4. Objectives and Methodology of the 2012 NHA
5. Key Findings and Observations of 2012 NHA
6. Key NHA indicator trends
7. Conclusions and Recommendation

# Introduction

With the growing complexity of health needs and services and the efforts towards universal Health Coverage (UHC), many countries are turning to National Health Accounts (NHA) to measure the flow of funds, distribution, provision of services and beneficiaries of the health services.

# What is National Health Accounts?

- Health Accounts (NHA) is a universally accepted study for measuring total (public, private, donors and Households) health expenditure in a country.
- NHA methodology tracks the flow of funds from sources (where the money comes from), through Financing Agents (who manages the funds) to Providers (who provide the services) and beneficiaries (who benefits from the services)
- It also help analyze expenditure on what the funds were used for (products, diseases and interventions)

# How NHA Links to Health Policy Decisions

## Health policy decision areas

Resource mobilization/  
financing strategies

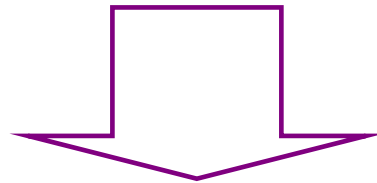
Pooling  
arrangements/Schemes,  
Cost recovery,  
Regulation of payers

Financial incentives  
Subsidies  
Resource allocation  
Provider regulation

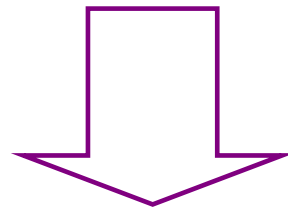
Targeting  
Redistributive policies

## Flow of resources in health financing

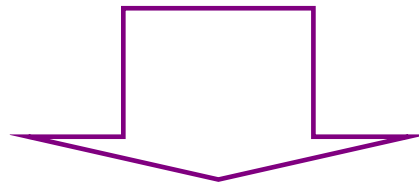
Financing Sources



Financing Agents



Inputs Providers Functions



**Important Distributions e.g.**

**Diseases    Age/Gender    Socio-Econ.  
Status**

## Some key policy questions

### How are resources mobilized for health?

- Who provides the funds?
- Under which schemes?

### How are health resources managed?

- What pooling arrangements?
- What payment/purchasing arrangements?

### Who provides health services?

- Under what financing arrangements?
- With what inputs?

### Who benefits from health services?

- Who receives what?
- Which diseases/Interventions are the funds spent on?

# National Health Accounts Tools

- **System of Health Accounts (SHA) 2011**  
The standard guidelines for the production of NHA
- **Health Accounting Production Tool (HAPT)**  
The software for generating survey questionnaires, data entry, analysis and production of NHA tables
- **Health Accounts Analysis Tool**  
The software for analyzing NHA results



# Uniqueness of the 2012 NHA

- The use of SHA 2011
- Use of HAPT and HAAT
- Health spending on diseases!

# Objectives of the 2012 NHA

- The primary objective of the Ghana 2012 NHA was to describe in a comprehensive manner the flow of all health expenditures in its health care system
- Provide evidence for policymakers to make better informed decisions

# Methodology

# Data Collection & Sources

	Source of Data	Type of Instrument
Public sector organisations spending on health.	Secondary data	Expenditure records, financial statement
Development Partners (Donors) involving bilateral and multilaterals	Primary Records	Survey Questionnaires
Non Governmental Organisations	Primary Records	Survey Questionnaires
Employers	Primary Records	Survey Questionnaires
Households	Secondary data	Estimation

# Sampling Size

	Sampling Size	Responses
Government (including NHIA)	All	Expenditure records, financial statement
Quasi Government institutions	16	11
Development Partners (Donors) involving bilateral and multilaterals	18 DPs (10 multilaterals & 8 Bi-laterals)	4 (1 bi-laterals & 3 Multilaterals)
Insurance Companies	25 (12 health insurance providers and 13 general Insurance Providers)	25 (all were received)
NGOs	15	9
Employers	138	110

# Estimation

- The Household health expenditure was estimated from the Ghana Living Standard Survey (GLSS 6).

# **Key Findings and Observations**

# THE by Financing Source

Source	Amount (GHS)	%
Transfers from government domestic revenue (allocated to health purposes)	1,421,115,982	40.0%
Transfers distributed by government from foreign origin	317,736,720	9.0%
Social insurance contributions (NHI)	593,832,938	16.7%
Voluntary prepayment	57,259,630	1.6%
Other domestic revenues n.e.c. (includes HH)	1,152,208,742	32.5%
Direct foreign transfers	7,315,965	0.2%
Total	3,549,469,978	100.0%



# Revenues of Healthcare Financing Schemes

Revenues of health care financing schemes	THE (GHS)	%
Government schemes and compulsory contributory health care financing schemes	2,331,041,858.73	65.7%
Voluntary health care payment schemes	76,685,063.88	2.2%
Household out-of-pocket payment	1,141,401,787.93	32.1%
Other financing schemes (n.e.c.)	341,267.16	0.0%
Total	3,549,469,977.70	100.0%

# Financing agents managing the financing schemes

Revenues of health care financing schemes	%
Transfers from government domestic revenue (allocated to health purposes)	61.0%
Transfers distributed by government from foreign origin	13.6%
Social insurance contributions (NHI)	25.4%
Total Govt	100.0%

# Financing agents managing the financing schemes – excluding Compensation

Revenues of health care financing schemes	%
Transfers from government domestic revenue (allocated to health purposes)	9.6%
Transfers distributed by government from foreign origin	31.4%
Social insurance contributions	59.0%
Total Govt	100.0%

# THE by Provider Type

Providers	THE	%
Hospitals	1,373,480,765.06	38.7%
Providers of ambulatory health care	1,144,177,558.90	32.2%
Providers of ancillary services	5,724,876.00	0.2%
Retailers and other providers of medical goods	7,797,176.64	0.2%
Providers of preventive care	504,149,019.01	14.2%
Providers of health care system administration and financing	475,896,086.02	13.4%
Rest of the world	348,978.56	0.0%
Other health care providers (n.e.c.)	37,895,517.51	1.1%
THE	3,549,469,977.70	100.0%

# THE by Healthcare Functions

Healthcare Function	THE (GHS)	THE (USD)	%
<b>Curative care</b>	<b>2,376,317,572.90</b>	1,291,476,942	66.9%
<b>Ancillary services (non-specified by function)</b>	<b>5,743,603.28</b>	3,121,524	0.2%
<b>Medical goods (non-specified by function)</b>	<b>6,711,957.84</b>	3,647,803	0.2%
<b>Preventive care</b>	<b>646,446,092.42</b>	351,329,398	18.2%
<b>Governance, and health system and financing administration</b>	<b>475,896,086.02</b>	258,639,177	13.4%
<b>Other health care services not elsewhere classified (n.e.c.)</b>	<b>38,354,665.24</b>	20,844,927	1.1%
THE	3,549,469,977.70	1,929,059,770	100.0%

# THE by Disease/Interventions

Diseases/Interventions	THE (GHS)	%
Infectious and parasitic diseases	880,639,099	24.8%
Reproductive health	104,942,165	3.0%
Other diseases / conditions (n.e.c.)	2,563,888,714	72.2%
	3,549,469,978	100.0%

# THE by Disease/Interventions

	% of THE	% of Infectious s & Parasitic Disease
<u>Infectious and parasitic diseases</u>	<u>24.8%</u>	<u>100.0%</u>
HIV/AIDS	6.2%	25.0%
Tuberculosis	3.1%	12.5%
Malaria	7.5%	30.3%
Neglected tropical diseases	0.0%	0.0%
Poliomyelitus	3.4%	13.9%
Measles	0.9%	3.8%
DPT_Hepatitis B_Influenza	1.9%	7.5%
Yellow Fever	1.8%	7.1%
Other infectious and parasitic diseases (n.e.c.)	0.0%	0.0%

# SHI and Prepayment Scheme

Social insurance contributions	91.2%
Voluntary prepayment from individuals/households	6.1%
Voluntary prepayment from employers	2.7%
Total SHI and Voluntary Prepayment Schemes	100.0%

SHI and Voluntary Prepayment Schemes as a % of THE	18.3%
SHI, Voluntary PP Schemes and HH Exp. as a % of THE	50.8%

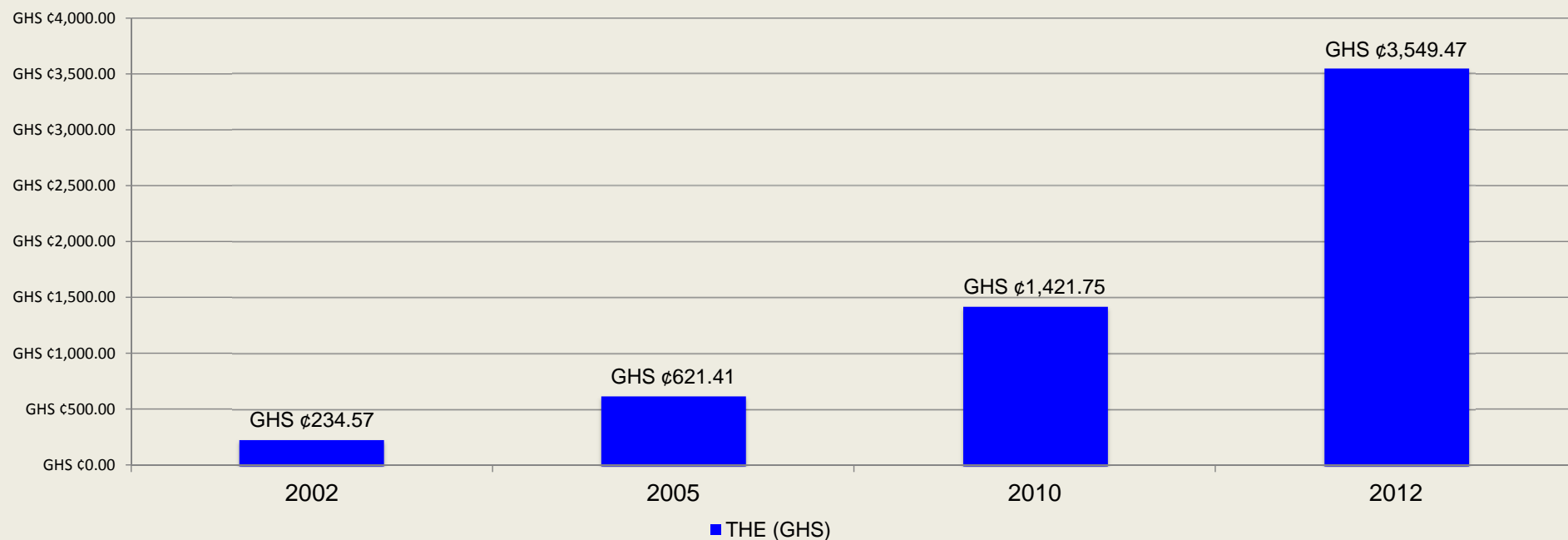


# Trends in NHA indicators

# Health Financing Indicator Trends

## NHA

Ghana health Accounts Study  
 Total Health Expenditure  
 2002, 2005, 2010 and 2012



	2002	2005	2010	2012
THE (GHS bn)	GHS 234.57	GHS 621.41	GHS 1,421.75	GHS 3,549.47
THE (US \$bn)	\$278.42	\$338.46	\$964.68	\$1,933.26

# Per Capita Expenditure on Health

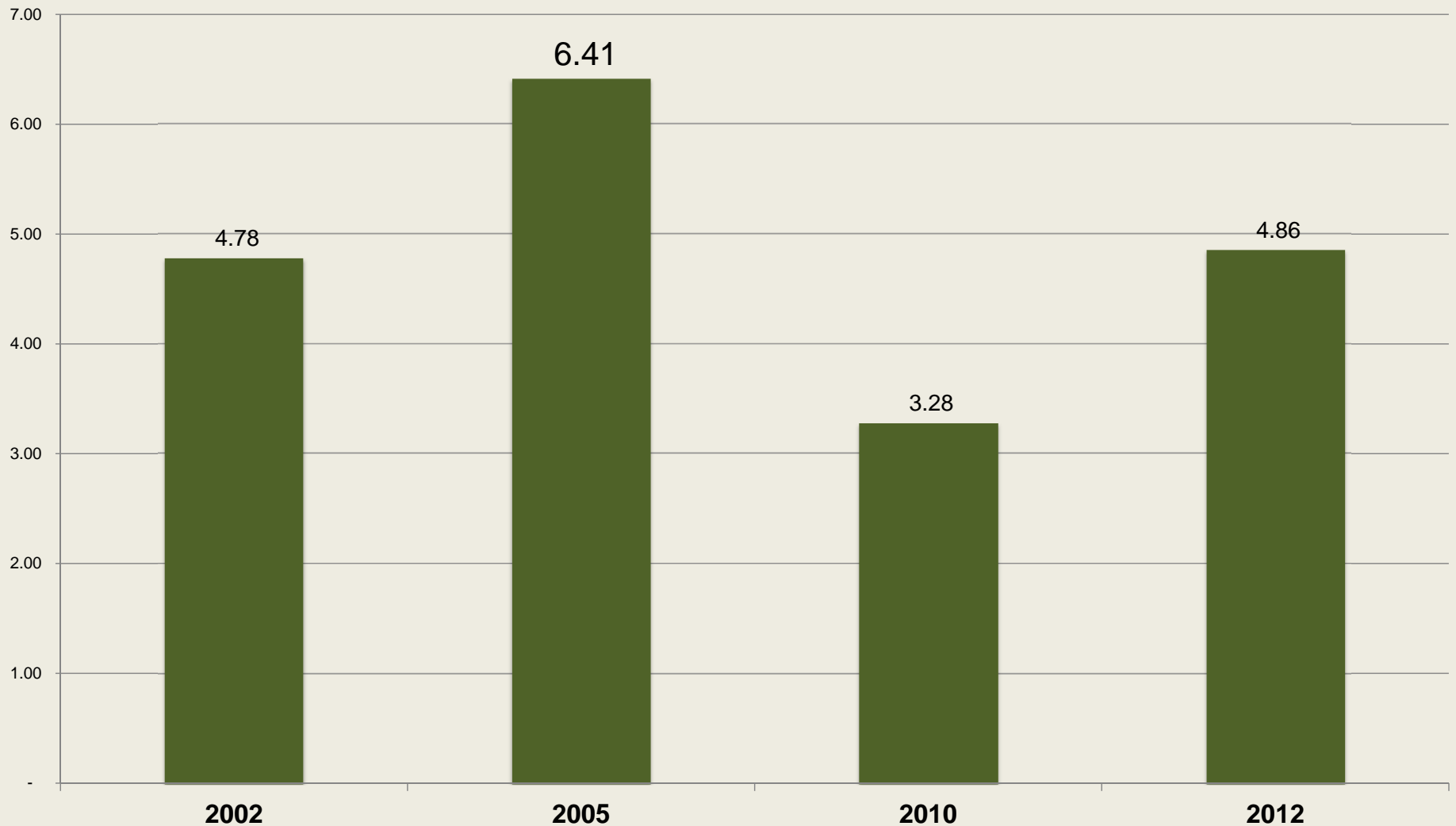
Per Capita Expenditure on Health  
2002, 2005, 2010, and 2012



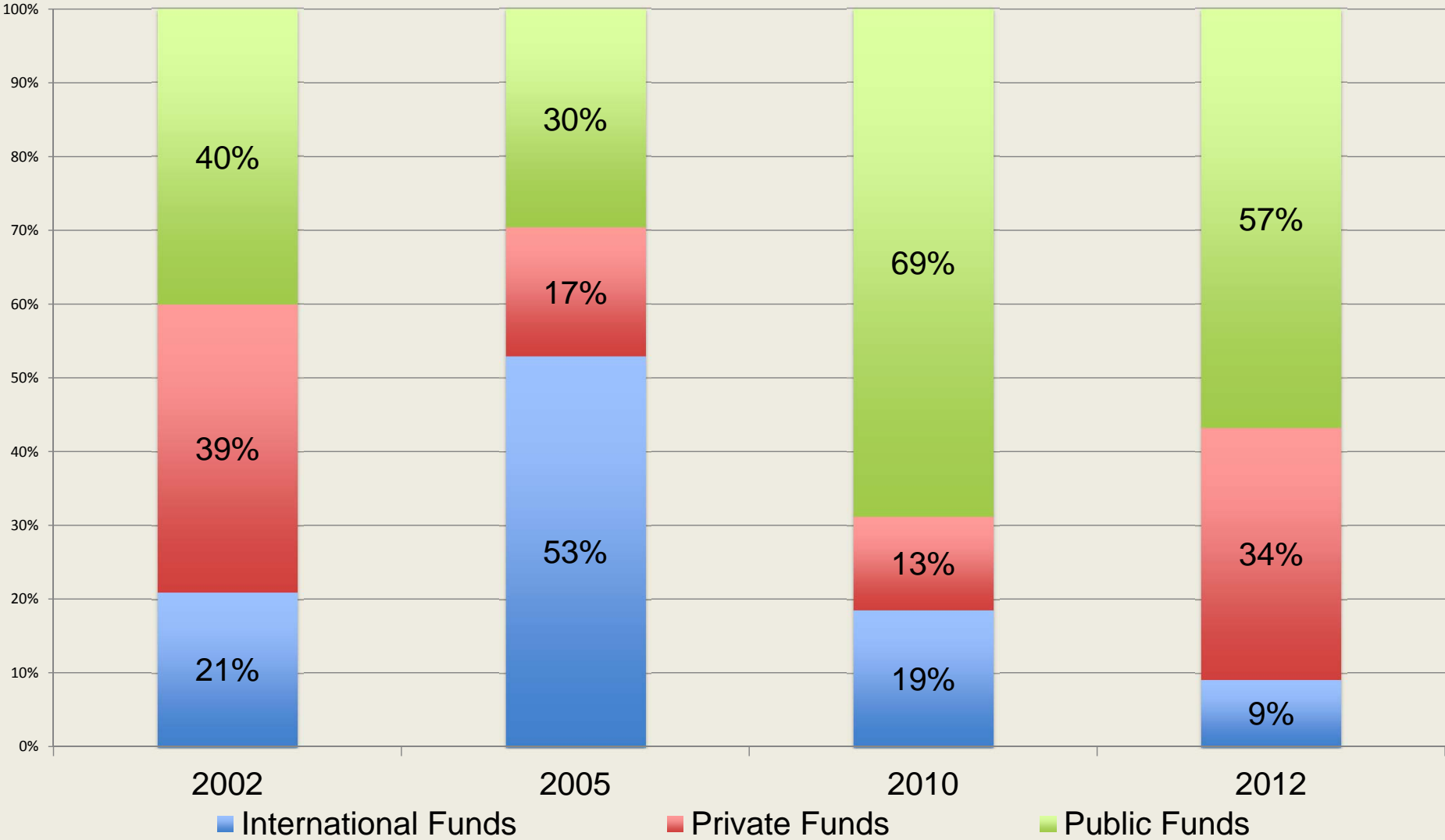
	2002	2005	2010	2012
PC Exp. on Health	GHS ₵11.50	GHS ₵29.55	GHS ₵57.66	GHS ₵136.87
PC Exp. on Health (US\$)	\$13.60	\$20.05	\$63.15	\$74.55

# Total Health Expenditure as a % of GDP

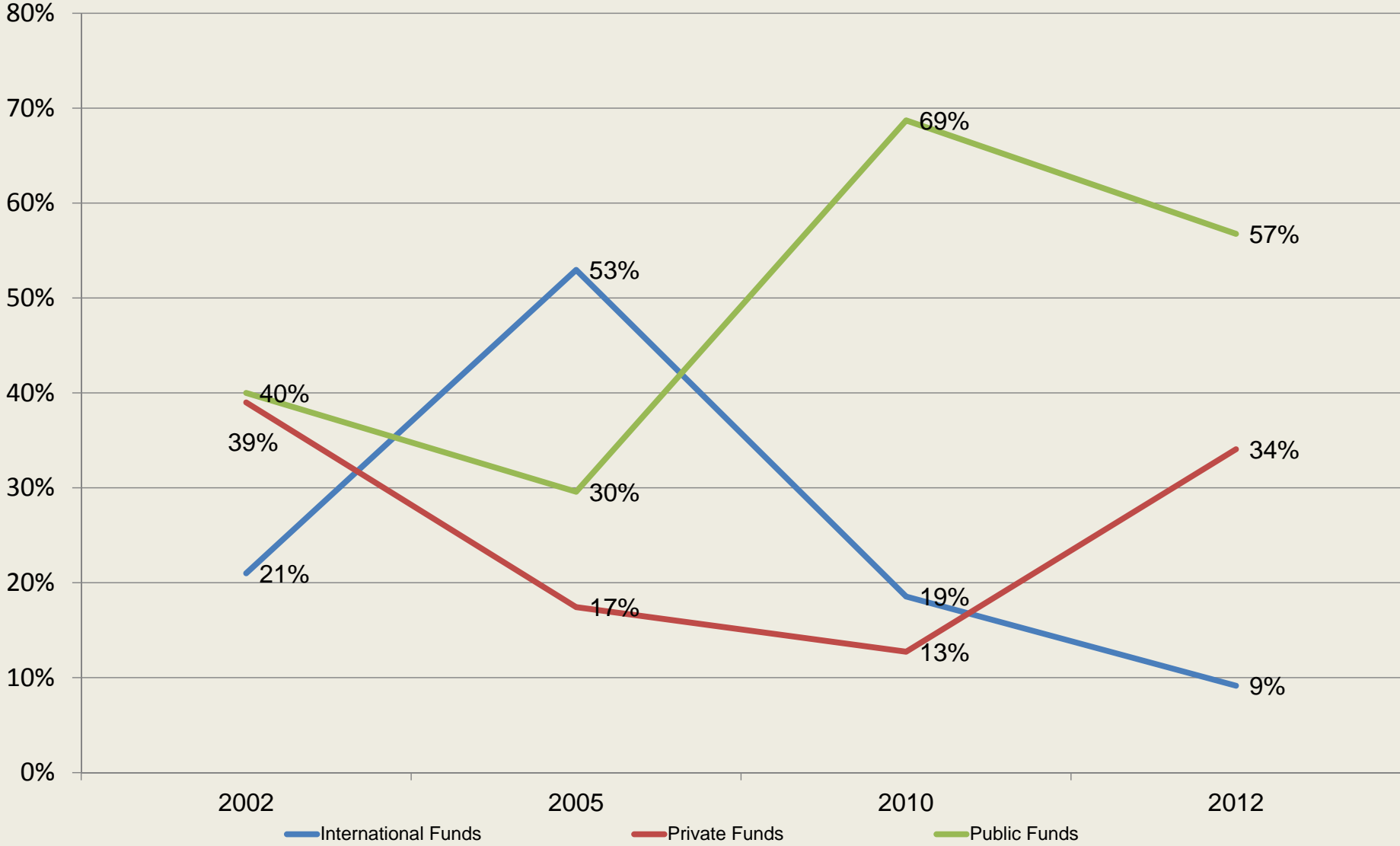
## THE as a % GDP



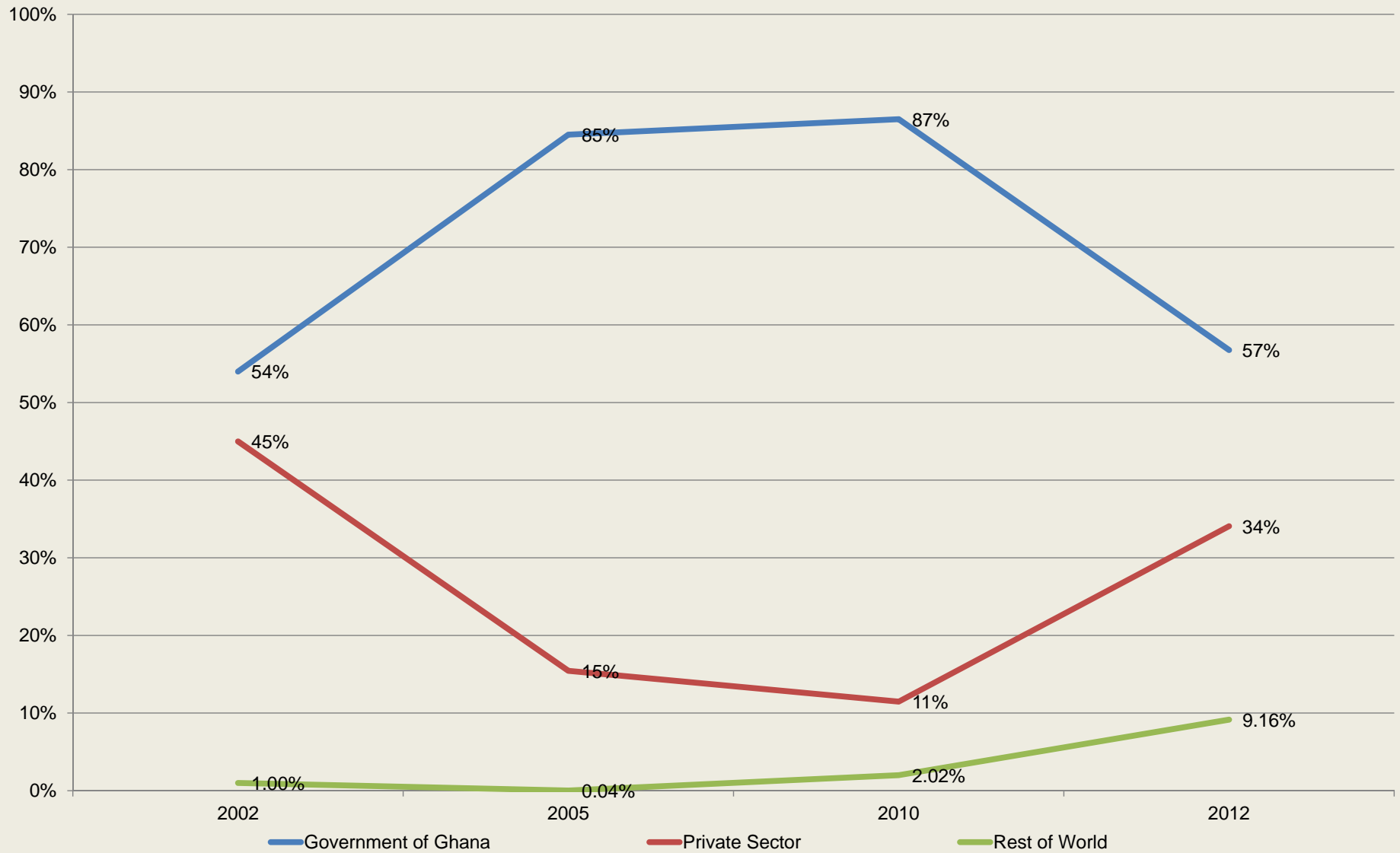
# Financing Schemes (Sources)



# Financing Schemes (Sources)



# Trends in Financing Agents



# Conclusions

- There is the need to pay more attention to the management of funds from financing sources
- There was a significant increase in health expenditure by hospitals between 2010 and 2012 which may be attributed to the increase in health insurance (both social and voluntary).
- A significant difference was observed between curative and preventive services and between hospitals and public health services



# Recommendations

- The health financing policy should address the challenges of managing the funds from financing sources (pooling of resources)
- Despite the many social protection programmes, household expenditure on health is high.
- Future NHA studies should focus on equity and diseases looking at regional disparities and some more details in spending on diseases including NCDs and NTDs