



Increasing financial access to quality health care for the poor and vulnerable: How to sustain initiatives taken

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NATIONAL HEALTH INSURANCE SCHEME

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INTRODUCTION



BACKGROUND

- ✚ **NHIS established by Act of Parliament in 2003** (Act 650) in response to challenges posed by “Cash and Carry”.
- ✚ NHIS Law reviewed in 2012, now Act 852.
- ✚ **A Government Social Health Protection Policy** to secure financial risk protection against the cost of healthcare services for all residents in the country.

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OBJECT OF THE NHIA

To attain universal health insurance coverage
(Universal Financial Risk Protection) in relation to:

- a. Persons resident in the country; and
- b. Persons not resident in the country but who are on a visit to Ghana.

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EQUITY CONSIDERATIONS

To achieve the object of the Authority, the NHIA is to ensure:

- a. Equity in health care coverage.
- b. Access by the poor to healthcare services.
- c. Protection of the poor and vulnerable against financial risk.

(Sections 3 & 25 of Act 852)

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NHIS EXEMPTION POLICY



EXEMPTION POLICY



Exempted
from
premium
payment

Category	Premium	Proc. Fee
Informal sector	✓	✓
Under 18 years		✓
70 years and above		✓
SSNIT contributors		✓
SSNIT pensioners		✓
Indigents		
Pregnant women		
LEAP beneficiaries		
Persons with mental health conditions		

NHIS & MDGs



MDG 1
Poverty & Hunger

Free registration and access to healthcare for the poor and vulnerable. Thus, preventing catastrophic health expenditures and poverty

MDG 4
Child Mortality

All persons under 18 years have free access to health insurance. They represented almost 50% of registered members as at December 2012.

MDG 5
Maternal Health

Free maternal care policy introduced in July 2008

MDG 6
HIV/AIDS,
Malaria & TB

Malaria, TB, HIV opportunistic diseases are covered

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TARGETING THE POOR



CHALLENGES WITH MEANS TEST (LI 1809)

A person shall not be classified as an indigent under a district scheme unless that person:

1. Is unemployed and has no visible source of income;
2. Does not have a fixed place of residence according to standards determined by the scheme;
3. Does not live with a person who is employed and who has a fixed place of residence; and
4. Does not have any identifiable consistent support from another person.

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TARGETING APPROACH USED

- MoU with Department of Social Welfare to enroll all LEAP beneficiaries.
- Enrolment of potentially poor and vulnerable residents of institutions such as Orphanages, Psychiatric Hospitals, Leprosaria etc.
- Registration of persons covered by other social intervention programs School Feeding, Capitation Grant etc.

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SPECIAL REGISTRATION IN 2013 (HIP PROJECT)

Objective

Provide coverage for 1 million poor and vulnerable persons by:

- Identifying and enrolling poor and vulnerable persons not currently enrolled; and
- Renewing membership for persons already identified and enrolled into NHIS

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GROUPS REGISTERED

- LEAP beneficiaries.
- Indigents as defined in LI 1809.
- Residents of orphanages.
- Persons with mental health conditions.
- Prison inmates (those who have been reported to be poor and vulnerable).
- Persons with disabilities (dumb, deaf and blind in special schools).
- Beneficiaries of School Feeding, School Uniform & Capitation Grant Programs.

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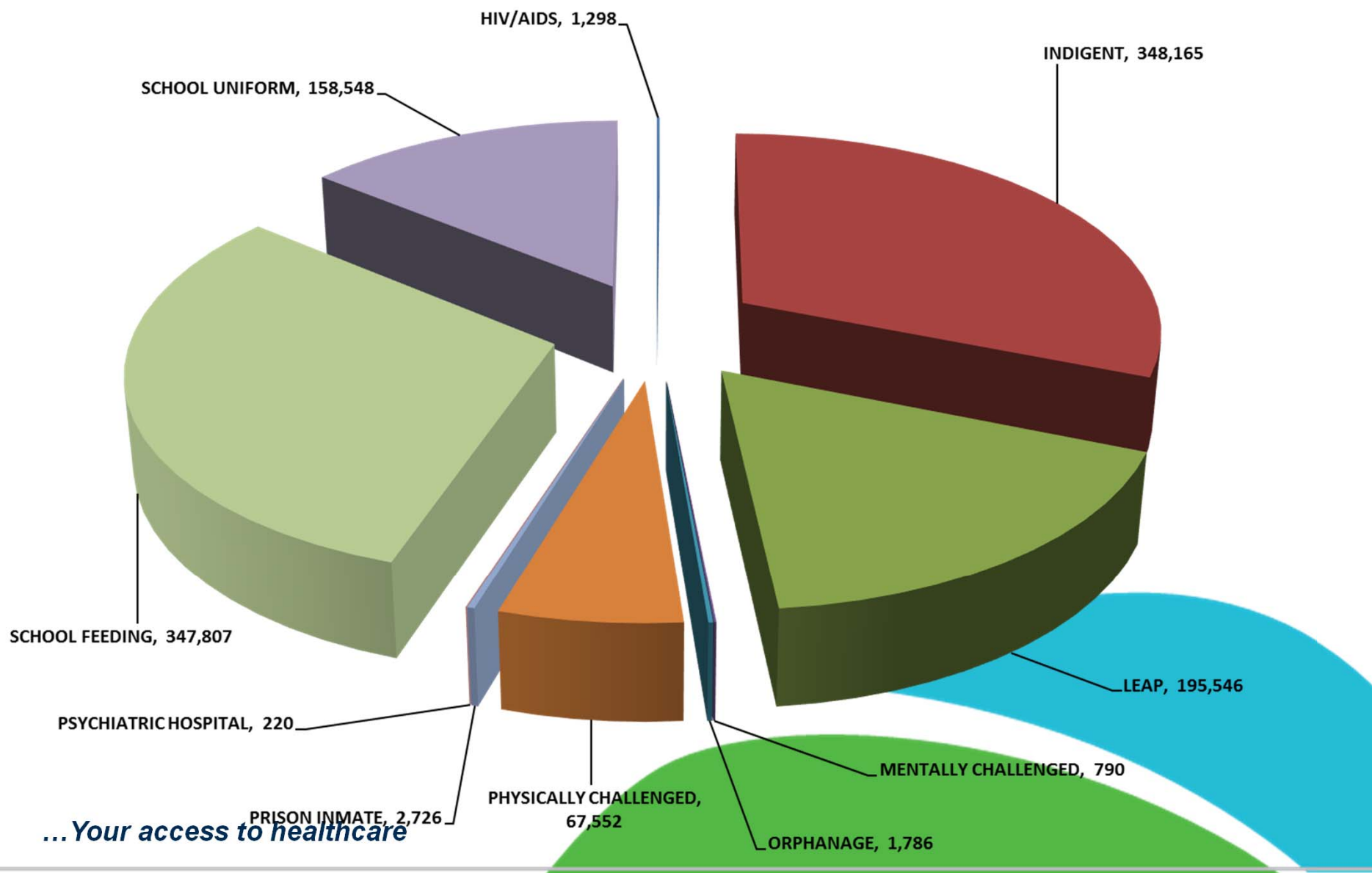


OUTCOME OF TARGETING EXERCISE (MEMBERSHIP BY CATEGORY – 2013)

Category	Membership (Provisional)	% of total
Informal	3,409,237	33.6%
SSNIT Contributors	360,865	3.6%
SSNIT Pensioners	24,540	0.2%
Under 18 years	4,714,121	46.5%
70 years and above	381,518	3.8%
Indigents	1,230,602	(from 4.5% in 2012) 12.1%
Police Service	7,790	0.1%
Military	16,261	0.2%
Security Services	262	0.003%
Total	10,145,196	

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POOR AND VULNERABLE REGISTERED (BY SUB-GROUPS)

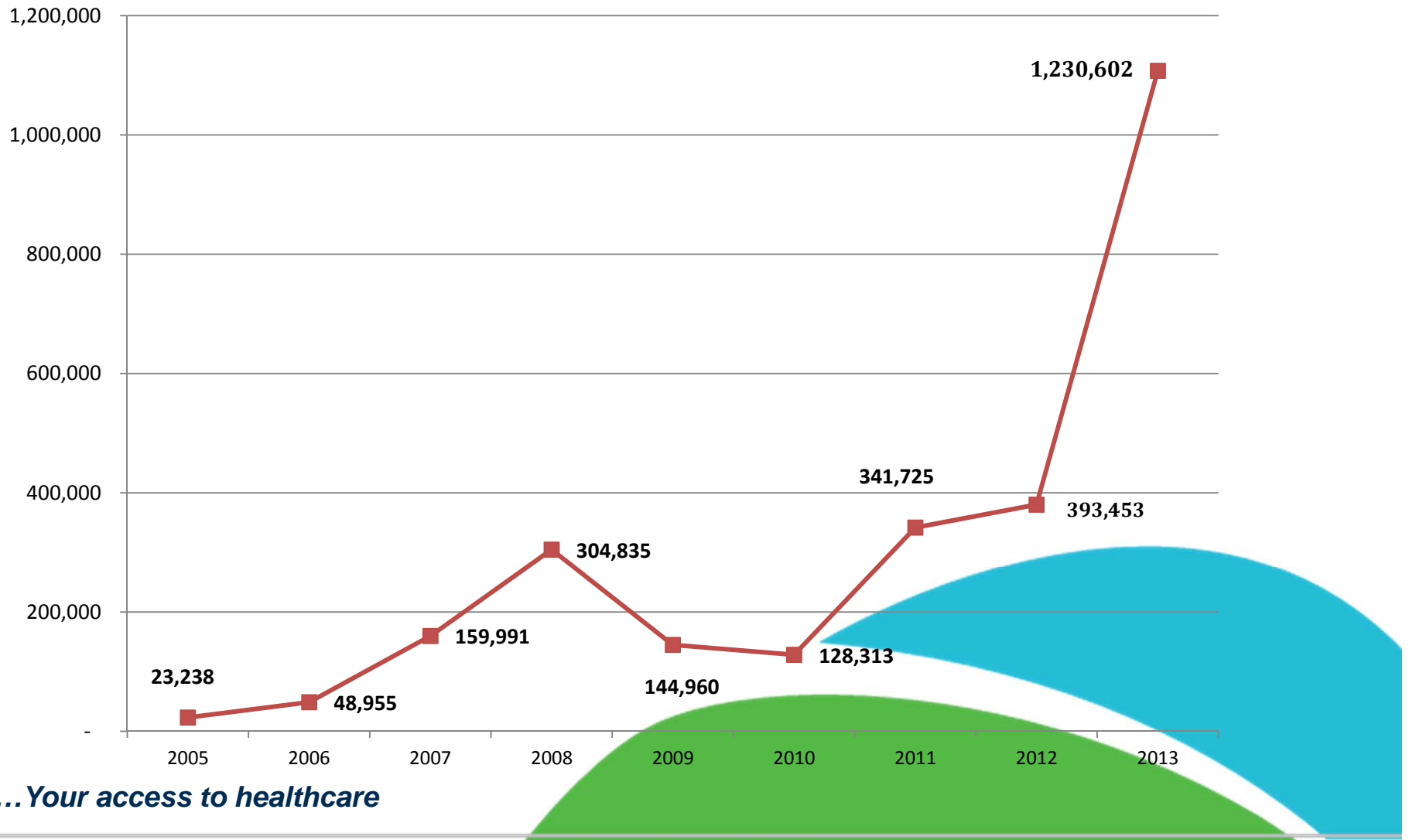


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COVERAGE FOR THE POOR (INSTITUTIONAL REGISTRATION IN GHANA)

NO	NAME OF INSTITUTION	NUMBER REGISTERED	DISTRICT	REGION	STATUS
1	ACCRA PSYCHIATRIC HOSPITAL	711	OSU KLOTTEY	GREATER ACCRA	ON GOING
2	ANKAFUL (LEPERS CAMP)	119	KEEA	CENTRAL	ON GOING
3	ANKAFUL (PSYCHIATRIC)	277	KEEA	CENTRAL	ON GOING
4	BOLE (LEPERS)	11		NORTHERN	ON GOING
5	CHOSEN REHAB CENTRE (PSYCHIATRIC)	82	OKAIKOI	GREATER ACCRA	ON GOING
6	KOKOFU (LEPERS)	40	BEKWAI	ASHANTI	ON GOING
7	LEPERS AID COMMITTEE (HO)	402	HO	VOLTA	ON GOING
8	LEPERS AID COMMITTEE (UPPER WEST)	451	7 DISTRICTS	UPPER WEST	ON GOING
9	NKANCHINA-KPANDAI	209	EAST GONJA	NORTHERN	ON GOING
10	PANTANG (PSYCHIATRIC)	354	GA	GREATER ACCRA	ON GOING
11	TISAPAA (PSYCHIATRIC)	7,523	TAMALE	NORTHERN	ON GOING
12	YENDI (LEPERS)	6	YENDI	NORTHERN	ON GOING
13	WEST MAMPRUSI (LEPERS)	18		NORTHERN	ON GOING
14	EAST MAMPRUSI (LEPERS)	12		NORTHERN	ON GOING
15	BUNKPURUGU/YUNYOO (LEPERS)	8		NORTHERN	ON GOING
16	SAWLA/TUNA/KALBA (LEPERS)	14		NORTHERN	ON GOING
17	NORTHERN(WALEWALE, GAMBAGA, DAMONGO (LEPERS)	117		NORTHERN	ON GOING
18	ACCRA (LEPERS)	31		GREATER ACCRA	ON GOING
19	FIJAI SPECIAL SCHOOL	30	SEKONDI	WESTERN	ON GOING
20	TWIN CITY SPECIAL SCHOOL	105	SEKONDI	WESTERN	ON GOING
21	KAYAYE SPECIAL REGISTRATION		ACCRA	GREATER ACCRA	FINISHED
22	SEKONDI SCHOOL FOR THE DEAF	69	SEKONDI	WESTERN	FINISHED
23	ST LUKES CATHOLIC VOCATIONAL SCHOOL	350	NZEMA EAST	WESTERN	
24	FIJAI (MENTALLY ILL SCHOOL)		SEKONDI	WESTERN	

TREND ANALYSIS FOR REGISTRATION OF POOR & VULNERABLE





CHALLENGES AND SUSTAINABILITY



CHALLENGES

- Dealing with duplications due to use of multiple programs.
- Difficulties in identifying the poor under indigency provisions of LI 1809.
- Funding for the program.
- Constrained capacity at the district level to target the poor.
- Ensuring quality care for registered persons.

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SUSTAINING THE INITIATIVE

- Seek funding to support the initiative from
 - Development Partners,
 - Civil Society Organizations,
 - Philanthropists.
- Continue to enroll LEAP beneficiaries.
- Collaborate with Ministry of Gender, Children and Social Protection and other stakeholders to identify other vulnerable groups for enrolment.
- Support common targeting efforts.
- Make the registration exercise a part of NHIA Annual POW.
- Strengthen quality of care monitoring through Credentialing, Clinical Audits and Call Centre operations.

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THANK YOU

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