Global (political) impact on the Health System in Ghana

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Ghana

- Population ~ 26 million
- 10 Regions & 216 districts
- Stable political system
  - six elections since 1992
- Economy
  - Lower middle income country (LMIC)
- Key sectors
  - Cocoa, gold, telecommunication, oil & tourism
Health System

• Three-tier concept:
  – Tertiary, Secondary & Primary levels

• Smallest unit of the system
  – Community-based Health Planning & Service (CHPS)

• Major burden of diseases
  – Remains preventable e.g. Malaria, tuberculosis

• Non-communicable diseases
  – Diabetes, obesity, cancers,

• Health seeking behaviour
CHPS-1

• CHPS Strategy
  – Community health officers (CHOs)
  – Doorstep health care
  – CHOs conduct house-visit
  – Eliminated geographical barriers
  – Reduced morbidity and mortality
Some achievements in 2012
- 2226 total functional CHPS
- 21.4% of population covered
- 6.1% of total OPD attendance
- Innovation using ICT
- Strong political will
  - 10% of President & Ministers salaries voted CHPS facilities
- Local ownership
Health financing in Ghana

- National Health Insurance Scheme (NHIS)
  - 1957: free health care
  - 1985: User fees implemented
  - 1990: “cash & carry” implemented
  - 2000: increased out-of-pocket payment
  - 2003: NHIS act 650 passed
NHIS Strategy

• Cross-subsidization
  – Rich subsidizes for poor
  – Healthy subsidizes for the sick
  – Workers subsidizes for children, indigents & elderly
  – 35% of national population active (~9 million persons)
  – 80% of OPD attendance
# NHIS 4-Premium Levels

<table>
<thead>
<tr>
<th>Group</th>
<th>Who follows within this category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core poor</td>
<td>Unemployed receive support to live/survive</td>
<td>free</td>
</tr>
<tr>
<td>Very poor</td>
<td>Unemployed but receive identifiable and consistent support from sources of low income</td>
<td>GH₵ 7.20</td>
</tr>
<tr>
<td>Poor &amp; Middle income</td>
<td>Employed but receive low returns for their efforts and unable to meet their basic needs or able to meet their basic needs</td>
<td>GH₵ 18</td>
</tr>
<tr>
<td>Rich &amp; Very Rich</td>
<td>Persons able to meet their basic needs and some of their wants or meet their basic needs and most of their wants</td>
<td>GH₵ 48</td>
</tr>
</tbody>
</table>
NHIS income by Source (2011)

SSNIT: 17.4%
Premium: 4.5%
Interest: 5.3%
Others: 0.1%
IDA (WB): 0.03%

NHI Levy: 72.7%

SSNIT plus NHI Levy = 90.1%
NHIS Exempted persons

- < 18 years of age
- Pensioners under SSNIT scheme
- 70 years and above
- Pregnant women
- Very poor (indigent) covered under NHIS
Global Health Initiatives (GHIs)

• GHIs are launched every decade
  – WHO Alma-Ata in 1978
  – Expanded Program of Immunization (EPI)
  – Millennium Development Goals (MDGs)
  – Roll Back Malaria
  – Presidential Emergency Plan for AIDS Relief (PEPFAER)
  – Global Fund to Fight HIV/AIDS, Tuberculosis & Malaria
  – Now Post-2015 Agenda
Global Health Initiatives (GHIs)

- Achievements
  - Rapid scale-up of disease specific interventions
  - Elimination of some targeted diseases e.g. guinea worm, polio
  - Reduction in morbidity and mortality
  - Improvement in family planning
Impact of GHIs on health system

• Positive impact on health system
  – Immunization improved (~90%)
  – Reduced morbidity and mortality
  – Improved supervised delivery (55.6%)
  – Reduced HIV/AIDS prevalence (1.3%)
  – Collaboration with traditional birth attendants
  – Incentives of supervised delivery
Impact of GHIs on health system

- Challenges
  - Negative implications of LMIC status
  - Ownership problems with GHIs initiatives
  - Malaria resistance
  - Counterfeit drugs
  - Problems with anti-retroviral drugs
  - Pollution of water bodies
  - Increased cultivation of biofuel plants
Potential & future

• Health experts produced in the country
• Students trained outside are returning
• Corruption
• Lack of commitment
• Need to scale-up CHPS strategy
• NHIS needs improvement
• Need for essential medicines
Thank you for your attention