Financing Reproductive, Maternal, Newborn and Child Health Services in Ghana: Partnerships for Primary Healthcare Models and Reforms

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Background

Over the last two decades, Ghana has made significant strides in promoting the health and wellbeing of its citizens. In 2003, the Government established the National Health Insurance Scheme (NHIS) to provide equitable access to basic healthcare services for all Ghanaians. Two years later, the National Strategic Plan for Community-based Health Planning and Services (CHPS) was introduced, which underscored the important role of CHPS in providing underserved communities with primary health care (PHC) services. Despite these advancements, Ghana has struggled to show anticipated progress with maternal and child health service indicators[1]. This is partially due to a lack of widespread reproductive, maternal, newborn, and child health (RMNCH) services that should be part of essential Primary Healthcare (PHC) systems and accessible to all Ghanaians. However, the NHIS continues to focus its resources on reimbursing curative and more expensive secondary and tertiary services. To address this problem, USAID's Maternal and Child Survival Program (MCSP) worked with the Ministry of Health (MOH), National Health Insurance Authority (NHIA) and Ghana Health Service (GHS) to support the scale-up of its CHPS strategy and other systems strengthening approaches to improve access to PHC across the country. This support will help the Government of Ghana bridge the inequities in accessing essential health services by 2030 and achieve other milestones of its Universal Health Coverage (UHC) agenda.[2]

MCSP Support to PHC Reforms: Key Facts

- **Timeline:** 2018 - 2019
- **GoG Partners:** National Health Insurance Authority; (NHIA); Ministry of Health (MOH); Ghana Health Service (GHS); Ministry of Finance (MOF)
- **Other Partners:** African Health Markets for Equity Project, IQVIA, Civil Society Organisations
- **Geographic Focus:** National

[1] Ministry of Health. 2015 Programme of Work: Working together towards universal coverage: Accelerating the momentum for attaining health MDGs. (2015). Ghana.

[2] International Health Partnership. Mobilizing High-Level Support for Universal Health Coverage and Strengthening Accountability for Health in the Sustainable Development Goals. (2018). Geneva. https://www.uhc2030.org/fileadmin/uploads/uhc2030/Documents/About_UHC2030/mgt_arrangemts___docs/UHC2030_SC_meetings_as_of_2017/SC3_meeting_June_2018/05._SC3_Mobilizing_High_level_Support_for_UHC_and_strengthening_accountability_in_the_SDGs_rev1.pdf

Program Approach and Implementation

MCSP's goal is preventing maternal and child deaths by introducing and supporting high-impact, sustainable reproductive, maternal, newborn and child health (RMNCH) interventions in partnership with ministries of health and other partners. To achieve this goal, USAID requested MCSP to support efforts to strengthen Ghana's national and regional capacity to implement a harmonized CHPS model and other PPHC systems strengthening activities. Among other things, MCSP supported the Government of Ghana in:

- **Developing an actuarial model**[3] to inform the design of a PHC benefit package (inclusive of CHPS and key RMNCH services) as part of a broader UHC benefit package for all Ghanaians and to model future sustainability and funding scenarios to accommodate different benefit package options.
- **Creating a broad range of practical materials** to support the design and implementation of PHC reforms, which will ultimately be integrated into the MOH's UHC Roadmap.

In carrying out these activities, MCSP was guided by the following principles and approaches:

- **Ownership and Sustainability:** To place the Government at the forefront of all decisions and ensure that our activities were aligned with Ghana's public health priorities.
- **Multi-Stakeholder Engagement:** To leverage the richness and diversity of views and expertise to ensure systems-wide success of the process.
- **Transparency and Accountability:** To ensure that all partners were aligned on the goals and objectives of the activity.
- **Leveraging and Further Strengthening Capacities:** To work in tandem with the NHIA's Actuarial Directorate and build on their capacity to develop and use the actuarial model.
- **Advocacy for expanding CHPS through PHC reforms:** To help the Government implement needed equity, efficiency and sustainability reforms.

Design of an Actuarial Model:

The purpose of the actuarial model was to estimate and project costs and revenues to ensure the sustainability of NHIS, and to inform the design of a PHC benefit package within a broader UHC package provided by the NHIS.[4] The work was implemented in four phases, which are detailed below. On-the-job support to the NHIA and stakeholder engagement were intrinsic throughout this process to enhance continuity and sustainability.

Selection of the actuarial firm: Before building the model, MCSP supported the NHIA in hiring an actuarial firm to build the model and conduct initial analysis. MCSP did so by setting up a Technical Review Committee (TRC) that comprised of the Ghanaian government and development partners, and facilitated a process of fair, systemic and transparent evaluation process of competitive bids.

Service Scenarios Modelled

1. CHPS services*, including costs for outreach services.
2. NHIS outpatient services (including antenatal/postnatal care), excluding outpatient that is only carried out in specialist centers (eye or dental) and secondary or tertiary level facilities.
3. All NHIS inpatient and any outpatient that is only carried out in secondary or tertiary hospitals.
4. Services not currently included in the NHIS*: Vaccinations, Family Planning, Diabetes screening, HIV, Cervical Cancer, Prostrate Cancer and Childhood Leukemia

** These scenarios were modeled because of public health significance and to account for costs with and without commodities. The GoG has not concluded on the financing mechanisms for the additional modelled services.*

[3] Actuarial models are often used by health insurance agencies and companies to help manage the financial uncertainty of operating an insurance scheme. Actuarial models forecast future revenues and expenditures based on educated assumptions. By varying different model parameters, users can estimate the balance between revenues and expenditures under various scenarios.

[4] National Health Insurance Scheme (NHIS). Terms of Reference for a Consultancy: Development and Installation of an Actuarial Software for the Review and Evaluation of the Ghana National Health Insurance Scheme (NHIS). (2018). Accra.

Modelling and analysis: During this phase, MCSP worked with the selected firm (IQVIA) and NHIA to build a comprehensive actuarial model that projected expenditures associated with different benefit package options for NHIS; this includes packages that focus on RMNCH, disease prevention, health promotion, and other essential components of CHPS[5] and PHC. Moreover, the model made these projections based on the anticipated demographic and disease burden changes in Ghana. Model assumptions were agreed upon by the Technical Working Group (composition of which is described below).

MCSP facilitated interactions between the actuarial firm and government officials to leverage local expertise and ensure ownership, so that the model was aligned with the health priorities that were put forth by Ghanaian public health and policy experts. To that extent, MCSP supported the formation of a multi-stakeholder Technical Working Group (TWG) that comprised of government representatives from MOH and its agencies, Ministry of Finance, implementing partners and civil society. The TWG convened multiple times to provide technical oversight and support to the actuarial study. To further promote NHIA's ownership of the study, MCSP and IQVIA worked through NHIA's Actuarial Directorate to gather and analyze the necessary data and leveraged their existing expertise to develop the model.

Installation and capacity building: MCSP worked closely with the actuarial firm to ensure that by the end of the activity, the NHIA was able to independently use and adjust the model as needed. This was done through a mix of classroom-based and practical training exercises that promoted dynamic simulation and training on analytical skills, as well as the processes required to test the reproducibility of the model. MCSP made payments to the actuarial firm contingent on the availability of source codes, user manuals and adaptability functions of the model to safeguard the ability to continuously use and refine the model at NHIA.

Co-creation of recommendations: Finally, MCSP supported the TWG in co-creating recommendations, based on the results of the analysis. The TWG will then share these findings and recommendations with the NHIA's Oversight Committee and the NHIA Board. This process laid the foundation for the ownership and acceptability of policy reforms informed by model outputs. With strong advocacy and continued use of evidence, the recommendations can be implemented in the coming years to further support self-reliance in Ghana's health sector and to inform the sustainability of the NHIS over time.

Materials for Systems-wide PHC reform:

MCSP also developed a series of policy papers that examined the areas that could be strengthened in Ghana's current PHC system and provided evidence-based recommendations on how to address these weaknesses to build a stronger PHC foundation to advance UHC in Ghana.

This work was requested by the NHIA Board following their visit to Thailand in May 2018 (which was funded through the USAID Health Finance and Governance Project), where they gained practical knowledge on how to manage a well-functioning public health insurance scheme from Thailand's UHC experience. Following the study tour, the NHIA Board reflected on how the lessons learned from Thailand's experience could be used to inform future decision-making in Ghana — they were particularly interested in how aspects of Thailand's PHC system could be adapted in Ghana, and requested that MCSP support them in synthesizing evidence and formulating recommendations to propose a series of PHC systems-level reforms that they could discuss with the Government.

MCSP also held a multi-stakeholder dialogue in June 2019, which was co-convened by the MOH and the NHIA to determine how to integrate the PHC policy papers into the MOH's UHC roadmap work, and to discuss next steps for translating the UHC roadmap into action. At the conclusion of this work, MCSP collaborated with the MOH and other health systems experts to align and integrate the recommendations from the PHC papers into the UHC Roadmap for Ghana.

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[5] PHC as a separate package is not currently being prioritized and provided by NHIA. Prevention, health promotion and other key public health interventions are not covered either.

Results and Findings

The actuarial model is a tool for the Government of Ghana to support its journey towards self-reliance and achieve its "Ghana Beyond Aid" agenda.[6] It quantifies and estimates the impact of global and local health systems and macroeconomic trends on the cost of essential health services in Ghana and estimates the resources needed to transition away from relying on foreign aid for financing essential health services. By analyzing the various scenarios built in the model, the Government can estimate the resources needed for the NHIS to optimize its health systems impact and expand access to PHC services. It also includes multiple scenarios to inform the various decision points through this process (e.g. coverage expansion, payment models, effect of public health interventions, donor transition, etc.).

There were multiple process-related findings from this activity — most importantly, the value of investing in multi-stakeholder engagement, a critical step towards ensuring acceptability, context specificity and technical soundness of the model components and built-in assumptions. The recommendations devised through the TWG reflected the expertise and opinion of diverse stakeholders, which was advantageous given the political sensitivity around select model components (e.g. expansion of service and population coverage for NHIS).

The activity also demonstrated the importance of existing skills at the NHIA and other government agencies, especially in the face of data quality and availability issues. For example, the team relied on data managers from Actuarial, Management Information Systems and other directorates of NHIA to identify necessary data sources, clean and upload the data for the model's perusal. Their understanding of the nature and composition of the NHIA was crucial in ensuring that the externally developed model could run on information generated internally at NHIA. However, further strengthening of these capacities is necessary to ensure that more staff at NHIA can work with the model and carry out the necessary analysis.

The policy papers will provide broad considerations for other systems-level changes that need to be made to maximize the efficiency of the actuarial model. During June 2019, consensus was achieved among the participants that strengthening PHC systems (district level and below) is a critical pathway for achieving UHC. The participants agreed to consider the inclusion of following elements of the PHC policy papers into the UHC Roadmap: the inclusion of preventive and selected health promotion services in the part of the UHC package that the NHIS will cover; exploring integrated, people-centered PHC service delivery models that focus on providing care for households, and will build on the preferred primary care provider (PPP) networks and consider PHC fundholding as the payment mechanism; improving patient voice and better engaging NHIS members; and strengthening efforts to digitize and unify health information systems. Further discussions to discuss the details of these reforms will be led by the MOH.

Both of these MCSP-supported activities have been handed over to the Government to take forward, and together will help strengthen Ghana's PHC systems and bring it closer to its goal of achieving UHC by 2030.[7]

Conclusion and Recommendations

The outputs from the actuarial study and the PHC policy paper recommendations will help scale-up Ghana's CHPS approach to PHC services across the country. We hope that the following recommendations can inform future work in Ghana as it continues its quest towards achieving UHC.

- Multi-stakeholder engagement is a key way to incorporate diverse viewpoints into the program and enhance the acceptability of evidence-based recommendations among diverse actors with varied priorities. Allowing local institutions to lead the process is essential to ensuring the program's success in terms of ownership and sustainability.

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[6] The Ghana Beyond Aid agenda refers to the GoG's decision in 2017 to manage Ghana's resources in a manner that would allow the country's development agenda to be financed without external assistance.

[7] MCSP's feasibility of achieving UHC in Ghana: Inclusion of CHPS Services in Ghana's UHC Package slide deck

- NHIA should use the actuarial model to continuously inform CHPS and PHC expansion for the *Ghana Beyond Aid* agenda and other health financing decisions. Technical experts should continue to use the TWG platform and convene periodically to review model outputs to devise recommendations for policy makers regarding the expansion of RMNCH, CHPS and PHC services based on various models and implementation options for sustainability.
- NHIA and its partners should continue investing in the analytical capacities of their actuarial team to strengthen capacity building and maximize the use of the model. This will help with the institutionalization of evidence-based practices for improved and more efficient operations for NHIS.
- Under the MOH's leadership, the NHIA and other government agencies should routinely come together to discuss the "how-to" of actualizing the UHC Roadmap and ensure that stakeholders follow through on the decisions made during the June 2019 workshop to invest in efforts to build a strong PHC foundation to accelerate progress towards UHC.

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