

ACHIEVING UNIVSERAL HEALTH COVERAGE

GHANA'S CASE STUDY

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GHANA'S DEMOGRAPHICS





Population (2023):

32,870,166



Poverty headcount at

\$1.90/day (2022):

11.3%



Current health expenditure (CHE) per capita (2019):

US\$75.28



Out-of-pocket expenditure (OOP%CHE) (2019):

36.2%





Life expectancy (2023 WB):

64.94 years



Domestic government expenditure as % of CHE (2019): 40.2%



External expenditure as % of CHE (2018):

12%





GENERAL OVERVIEW OF NHIS





Legislation	 National Health Insurance Acts 650 (2003) and 852 (2012)
Purchaser	National Health Insurance Authority (NHIA)
Population coverage	 Appx. 54% of the population Enrollment is mandatory (but challenges with enforcement)
Services	 Inclusive benefit package that covers 95% of health condition Contracts with public, private & faith-based providers
Sources of finance Hybrid	 Health levy, deductions from employees (>90% of NHIF) Premiums & processing fees with generous exemption policies
Payment methods	 Outpatient and inpatient services: G-DRGs (capitation 2012-2017) Medicines: Fee-for-service



UNIVERSAL HEALTH COVERAGE - ISSUES



What are the broad issues?

- Right to Health is a Universal Human Right
- Social insurance MUST be mandatory
- Health Infrastructure ineffective without access
- Competing attention for limited development funds
- High fraud potential Transparency is Sustainability





CHALLENGES FACED BY HEALTH ADMINISTRATION





Usage of fake identities to obtain healthcare services

AUTHORITIES



Inefficient communication and low literacy level



Health Service Providers
Charging fees for services
never rendered



Lack of digital records, usage and bigdata for an overview national health status and policy initiates



Government not able to effectively collect revenues to fund National Health system



Mandatory registration difficult to enforce



WHAT THE SOLUTION MUST DO - MYNHIS APP





01

The use of smart technology identifies and accept members MyNHIS works on both Android and iPhone smartphones.

02

The App is the front-end part of a bespoke solution with a powerful backend dashboard (NMA).

03

The App communicates with backend dashboard providing NHIS services to users in the comfort of their homes.

04

The App provides extensive useful data for both Government decision making and preventive healthcare



MyNHIS APP – HOW TO TACKLE THESE ISSUES

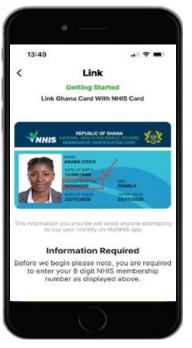


1. Accessibilty

- No travelling to enrollment centers
- No additional cost to citizens
- It is accessibile everywhere
- Foreign phone numbers allowed
- Individual / group use

utpatient Services

2. Establish a trusted identity





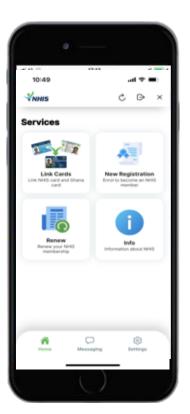


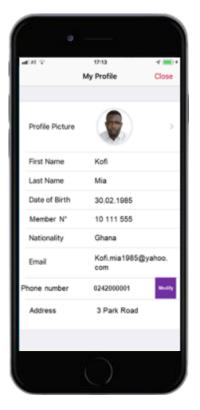


MyNHIS App - HOW TO TACKLE THESE ISSUES

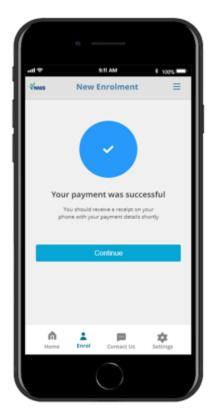


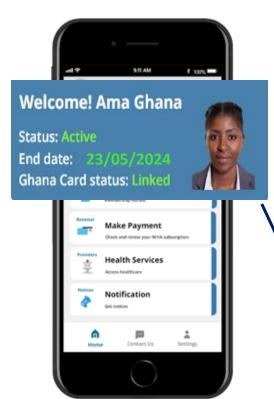
3. One stop shop between citizens and health provider & insurance











Prove your identity and insurance status with the health provider

Includes photo for biometric check

Sign up as a new member

Verify and correct your data

Renew memebership

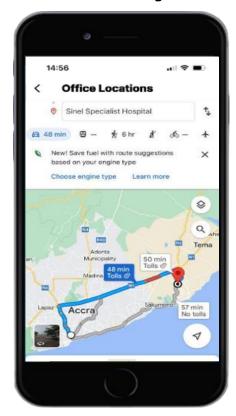
Pay by mobile money, Credit card, Bank transfer



MyNHIS App – NHIS IN YOUR POCKET



4. Usability

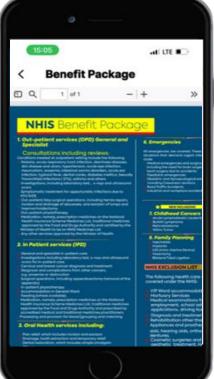


Health facility locations



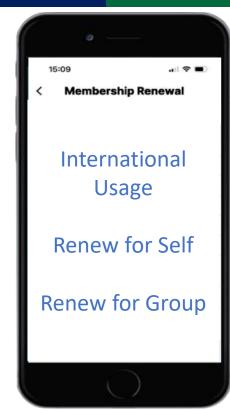
NHIS Medicine list







Communication with the Authority

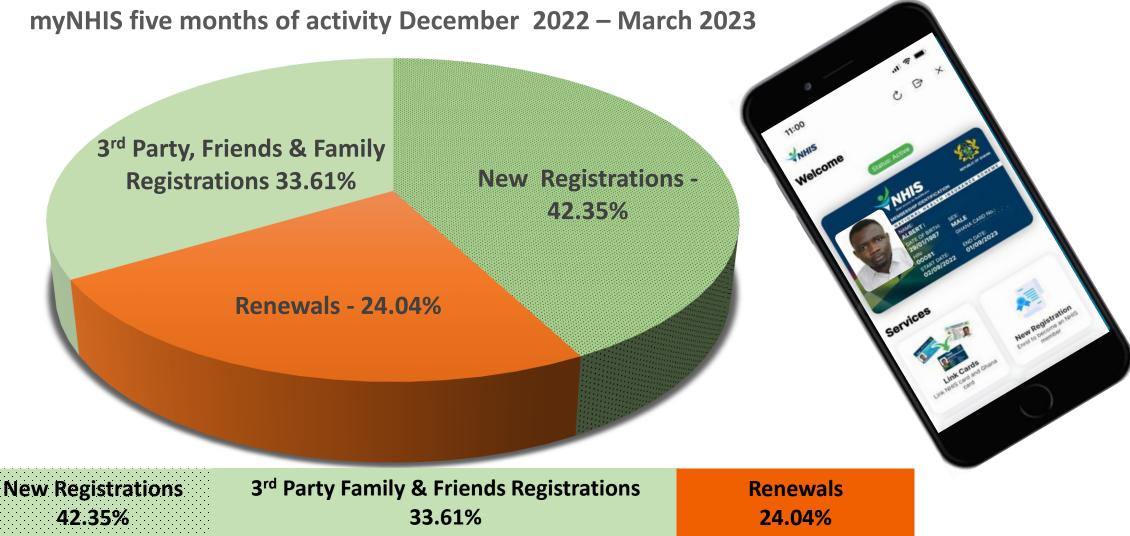


Flexibility



MYNHIS APP RESULTS SO FAR







BENEFITS





- ✓ Prevent fraudulent practices by health providers
- ✓ Control of national health costs, services and drugs.
- ✓ Vaccination credential / health card / health registers
- ✓ Increasing revenue enabling more funding

Efficient decisions based on bigdata for health planning:

- ✓ Location of healthcare facilities
- ✓ Overview of community health and prevention









"I was really excited because if it hadn't gone through I will have to wait in a queue... I renewed mine and left all the people in the queue behind. The mobile registration is convenient and easy"



MACRO CHALLENGES (HURDLES) – Lessons for Africa





- Data Privacy & Security
- Network Infrastructure & coverage
- Digital literacy gaps
- Communication strategy

Digital ID is a key to achieving UHC in

sub-Saharan Africa







Thank you very much

Merci beaucoup

Muito obrigado

Medaase pii

Asante sana