



# Decoding Country-Level UHC Financing Policy

FAMILY PLANNING ADVOCACY IN GHANA





#### ACKNOWLEDGMENTS

This publication was a joint effort between colleagues from PAI and Marie Stopes International Ghana (MSIG) as part of the UHC Engage project. It was written by Lethia Bernard, senior project manager, UHC, PAI; Stephen Duku, health financing specialist, MSIG; and Rachel Milkovich, SRHR-UHC policy intern, PAI. This work was made possible through funding from the Bill & Melinda Gates Foundation.



# UHC ENGAGE

Universal health coverage (UHC) is the defining health goal of the sustainable development era and requires country-specific health systems and financing changes. As governments across Asia and Africa introduce UHC financing reforms centered on nationwide health insurance schemes, policymakers have the chance to design reforms that deliver for women and girls from the beginning. Through the policy process, there are advocacy entry points for sexual and reproductive health and rights (SRHR) champions from civil society to engage alongside government counterparts. Advocates can use these opportunities to ensure decision-makers develop UHC policies that are rights-based; increase the availability, affordability, acceptability, equity and quality of sexual and reproductive health services and commodities; and bolster sustainable domestic financing for family planning (FP).

With this urgent motivation, PAI launched UHC Engage, a multiyear, evidence-based advocacy project that supports SRHR champions in countries where governments are introducing UHC-oriented reforms, including Ethiopia, Ghana, India, Kenya, Uganda and Zambia. PAI is working with civil society partners to prioritize SRHR within emerging UHC policies and share learnings from these local FP advocacy efforts to inform the global UHC conversation.

# DECODING COUNTRY-LEVEL UNIVERSAL HEALTH COVERAGE FINANCING POLICY

## Family Planning Advocacy in Ghana

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The goal of universal health coverage (UHC) is inspiring landmark political and systemic change all over the world to guarantee access to the quality services people need — spanning preventive through palliative care — and financial protection to ensure they are not pushed into poverty by realizing their right to health care. However, the details of emerging policies at the country level are not widely available at the global and regional levels. Through the UHC Engage project, PAI and partners collaborated to develop a series of publications demystifying country-specific UHC financing policies to illustrate family planning (FP) advocacy opportunities and inform the international dialogue. As each country is in a different stage of UHC financing reform, these briefs deconstruct UHC policy processes in real time, illuminate multifaceted examples for advancing FP in UHC-oriented policies and offer insights across multiple contexts for sexual and reproductive health and rights (SRHR) advocates to strengthen global action.

In Ghana, Marie Stopes International Ghana (MSIG) is one of the organizations advocating for strong UHC policies that prioritize SRHR.

Along with key partners, MSIG is working to fill a critical FP access gap and bolster the evidence base for policymakers who will decide whether and how to fully cover FP in UHC-oriented reforms. MSIG is advocating for improved availability, accessibility and expanded use of modern FP services, especially for those who need it most but are hindered by out-of-pocket costs: individuals of low socioeconomic status and adolescents. Research has shown that cost is a barrier for FP services, and MSIG's advocacy to remove this financial limitation on Ghanaian's SRHR can improve access to and use of FP.

## Ghana's FP Snapshot

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Ghana's government announced its first Family Planning 2020 (FP2020) commitments in 2012 and has since led a multisectoral effort to expand access and availability of quality FP services at all levels of the health system. As of 2019, the modern contraceptive prevalence rate (mCPR) among all women is 22.2% and the current unmet need for FP is 32.9%.<sup>1</sup> Government leaders have also prioritized improving FP access for adolescents, expanding contraceptive method mix, mobilizing domestic resources and, for the first time, including FP in the National Health Insurance Scheme (NHIS) benefits package.<sup>2</sup> However, more progress is needed to reach the government's FP commitments. FP commodities are free in public sector facilities, but in order to receive their chosen contraceptive method, women and girls still face the barrier of paying out of pocket for the service provision. The National Health Insurance Fund finances free maternal health services, and although the revised 2012 National Health Insurance Act establishes a legal provision for the Fund to also finance FP, policymakers have yet to follow through with the required policy changes.

In Ghana, FP is financed by the government, out-of-pocket spending, private sources and international donors. As of 2017, the government directly funded only one quarter of all FP commodities, with a target

to cover one-third by 2020.<sup>3</sup> This funding comes from a dedicated budget line for essential health commodities which includes contraceptives, but the amount is inadequate to meet the need for FP. As such, Ghana's FP commodity procurement is highly dependent on international donors, including the U.S. Agency for International Development and the U.K. Department for International Development.

After initially excluding FP in its landmark NHIS 16 years ago, Ghana is piloting reimbursements for FP in seven districts to catalyze progress toward UHC. This pilot reflects years of advocacy and presents a long-awaited opportunity for incorporating FP into a newly reopened NHIS benefits package. Including FP in the benefits package would allow FP commodities and services to be funded by the National Health Insurance Fund, in addition to the existing dedicated budget line. This would mitigate out-of-pocket barriers for women accessing FP through the public sector, as well as enable the government to increase its domestic financing for FP and reduce donor reliance.

## Ghana's Commitment to UHC

UHC is not a new concept in Ghana: Between the late 1970s and early 2000s, the Ministry of Health (MoH) introduced significant policy reforms to increase access to quality health care while ensuring a financial safety net from out-of-pocket spending. These reforms spanned from a primary health care (PHC) strategy and the Community-Based Health Planning and Services program to the NHIS in 2003. Since then, Ghana's UHC strategy has evolved to prioritize filling gaps in quality service provision and financial risk protection. The 2015 sustainable development goals brought policymakers renewed energy to unite disparate UHC-focused programs and make new progress toward UHC.

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#### THE UHC ROADMAP

In April 2019, the MoH began developing the Universal Health Coverage Roadmap 2020–2030 (UHC Roadmap). Once launched, this roadmap will be the guiding policy framework for all of Ghana’s UHC-targeted initiatives.

The UHC Roadmap elevates three main objectives:

- 1 Provide universal access to an efficiently managed, high-quality PHC system;
- 2 Reduce unnecessary maternal, child and adolescent deaths and disabilities; and
- 3 Increase access to responsive clinical and public health emergency services.<sup>4</sup>

Thus far, the UHC Roadmap outlines specific NHIS reforms to cover a broader range of services and people while minimizing debilitating out-of-pocket expenditure; provide financial risk protection for Ghanaians accessing PHC services and shore up domestic resources to do so; and strengthen service delivery and provider capacity — especially at the PHC level — all while targeting the needs of women and adolescents, as well as groups at higher risk of poor health due to social, economic, political and environmental barriers.

## Ghana’s Health Financing Reform Toward UHC: A Revitalized NHIS

Reforming the NHIS is the UHC financing effort at the heart of the UHC Roadmap. The NHIS is a nationwide, mandatory tax-based health insurance scheme established to provide equitable access and financial risk protection for basic health care services. Historically, the NHIS has struggled with achieving full population coverage for all Ghanaians, as the original policy dictates annual re-enrollment. There have also

been concerns regarding sustainability of funding, as the NHIS lacks sufficient revenue to guarantee a broad range of services.

According to the National Health Insurance Authority (NHIA), the current NHIS benefits package covers health services for about 95% of diseases affecting Ghanaians.<sup>5</sup> Importantly, though, the existing NHIS benefits package was not designed to address current health sector priorities, such as PHC and maternal and child health, due to limited resources. In its current iteration, the NHIS benefits package does not include preventive and promotive services, nor FP.

To remedy this gap in the NHIS, the government tasked a technical review committee with proposing reform options and creating a plan to redesign the scheme that will address health sector goals in alignment with the UHC Roadmap. The committee recommended guaranteeing a core PHC-level benefits package for all Ghanaians as part of the new overall NHIS benefits package. It also proposed incentivizing cost-effective preventive care and protecting individuals of lower socioeconomic status and other vulnerable groups from the financial burden of out-of-pocket costs above the PHC level. To begin to address the sustainability concern, policymakers are also exploring ways for those with the ability to pay to financially contribute to the NHIS.

## NHIS Policy Process

To implement the proposed NHIS reforms and other key components of the UHC Roadmap, the government is initiating a series of activities over the next few years. Next steps hinge on gathering an evidence base to make informed policy decisions, with the goal of revamping the NHIS and introducing a PHC package of care for preventive and promotive health care.

BY JAN. 2020

### GOVERNMENT LAUNCHES ACTUARIAL STUDY TO COST NHIS BENEFITS PACKAGE OPTIONS

In November 2018, the government commissioned an actuarial study to research potential NHIS reforms and explore different options to financially sustain the insurance scheme. The actuarial study will cost out various options – ranging from health services and supplies as well as provider payment options – for primary-, secondary- and tertiary-level care, with a focus on the new PHC package of services. After analyzing and comparing the respective scenarios, the government will use these findings to determine what to include in the PHC package, as well as to inform changes to the NHIS's operations, fundraising and service provision.

BY DEC. 2020

### NHIA RECOMMENDS NEW NHIS BENEFITS PACKAGE, INCLUDING PHC BENEFITS PACKAGE

Based on actuarial study data, policymakers will propose a revised NHIS benefits package, as well as the new PHC package subset. The final UHC Roadmap will contain these recommendations.

IN 2021

### MoH ADOPTS UPDATED NHIS BENEFITS PACKAGE

Once the NHIA formally proposes the new NHIS benefits package, the MoH will approve the proposal and implement the policy.

IN 2021

### MoH LAUNCHES UHC ROADMAP AND IMPLEMENTATION GUIDELINES

This central framework will house recommendations for the revised NHIS, as well as guidance on the health system's delivery of services and supplies – delineated by the different levels of care – as well as the flow of resources.

# FP Advocacy Opportunities

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At key policy and decision-making entry points, MSIG is advocating to ensure the government fulfills its most recent FP2020 commitment: to guarantee that FP services and commodities are included in the NHIS benefits package and that both are free of charge at all public-sector facilities and the private facilities providing care under the NHIS.

Growing evidence that health insurance coverage can enhance access to FP services presents a unique opportunity to advocate for FP in the NHIS benefits package, as well as impact the way providers are paid, as a matter of accountability for the government to address gaps in unmet need for FP.

As part of its efforts to support Ghana's advancement toward UHC, MSIG collaborated with the NHIA and MoH to launch a two-year FP pilot in seven districts in 2018. The purpose of the pilot was to generate data on the cost-benefit and cost-effectiveness of FP, as well as to illustrate how to finance FP commodities and services through the NHIS benefits package in public and private facilities. Together with key partners, the NHIA and MoH agreed that the pilot would test vasectomies, tubal ligations, intrauterine devices, implants and injectables. The pilot ends in September 2020, but preliminary findings are informing MSIG's advocacy strategy and messaging.

MSIG is focused on two primary advocacy opportunities:

- 1 Securing Inclusion of FP Commodities and Services in the New NHIS**
  - **Ensuring a Range of FP is First Included in the Actuarial Study**  
Because policymakers are using data from the actuarial study to make decisions, advocates know that if FP is to be included in the NHIS benefits package, then it must first be in the study's list of costed services under the PHC package.

Early findings from the pilot revealed FP uptake and cost implications, such as increased uptake of long-acting reversible contraceptives and reduced uptake of short-term methods when out-of-pocket costs were removed — evidence that MSIG and partners used to successfully advocate that the actuarial team study a broader range of FP methods and services, a foundational win for SRHR.

- Guaranteeing FP Methods are Included in NHIS PHC Package Recommendations**

Following the actuarial study, MSIG will advocate that the MoH include the range of FP methods and provider payment mechanisms to incentivize quality, rights-based FP provision in the final PHC package of the NHIS. Though the NHIA seems open to incorporating FP into the NHIS benefits package thus far, the overall cost implications remain one of its biggest concerns. MSIG and partners can rely upon the data the FP pilot yields on the cost-effectiveness of investing in FP to demonstrate that its inclusion in the benefits package will provide long-term cost savings to the NHIS. An initial NHIA investment in FP, especially through long-acting reversible contraception, would reduce future expenditure costs in FP and maternal health care from lower rates of unintended pregnancy.

- 2 Strengthening FP Financing and Quality Through the UHC Roadmap and Implementation Guide**

- Financing FP Commodities: Purchasing and Procurement**  
MSIG is advocating that following inclusion in the NHIS, FP commodities should be procured directly by the government and its development partners and distributed to facilities through the current Ghana Health Services distribution channels to ensure FP availability and access.



# Policy Process and Advocacy Opportunities



POLICY  
PROCESS

Government launches actuarial study to cost NHIS benefits package options.

NHIA recommends new NHIS benefits package, including PHC benefits package.

MoH adopts updated NHIS benefits package.

MoH launches UHC Roadmap and implementation guidelines.



ADVOCACY  
OPPORTUNITIES

Ensuring a range of FP is first included in the actuarial study

Guaranteeing FP methods are included in NHIS PHC package recommendations

Strengthening FP financing and quality through the UHC Roadmap

- Commodity purchasing and procurement
- Provider-payment mechanisms
- Standards of quality

Prioritizing FP in UHC financing policy reforms is only the beginning.



- **Provider-Payment Mechanisms**

Based on the findings of the two-year FP pilot, MSIG is advocating that providers be paid for their services according to case-based payments, as opposed to capitation. Capped rates can disincentivize providers to counsel and offer long-acting reversible and permanent FP methods, as providers are reimbursed per person and both of those method types are more expensive than short-term methods.

- **Standards of Quality**

MSIG is advocating that the NHIA upholds a facility accreditation requirement that staff members are sufficiently trained and adequate infrastructure is in place to deliver high-quality FP services and information.

## The Next Decade and Beyond

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As MSIG and its partners continue to make headway on ensuring UHC reforms in Ghana increase access to FP, advocates are readying themselves for the long haul. Prioritizing FP in UHC financing policy reforms is only the beginning. To reach universal sexual and reproductive health access through UHC, major policy and programmatic changes are needed across complementary parts of the health system, including the health workforce, service delivery, supplies, governance and information systems. Civil society champions like MSIG will remain pivotal to government efforts to achieve effective, sustainable change during this decade of action and following the global target date of 2030. ■



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