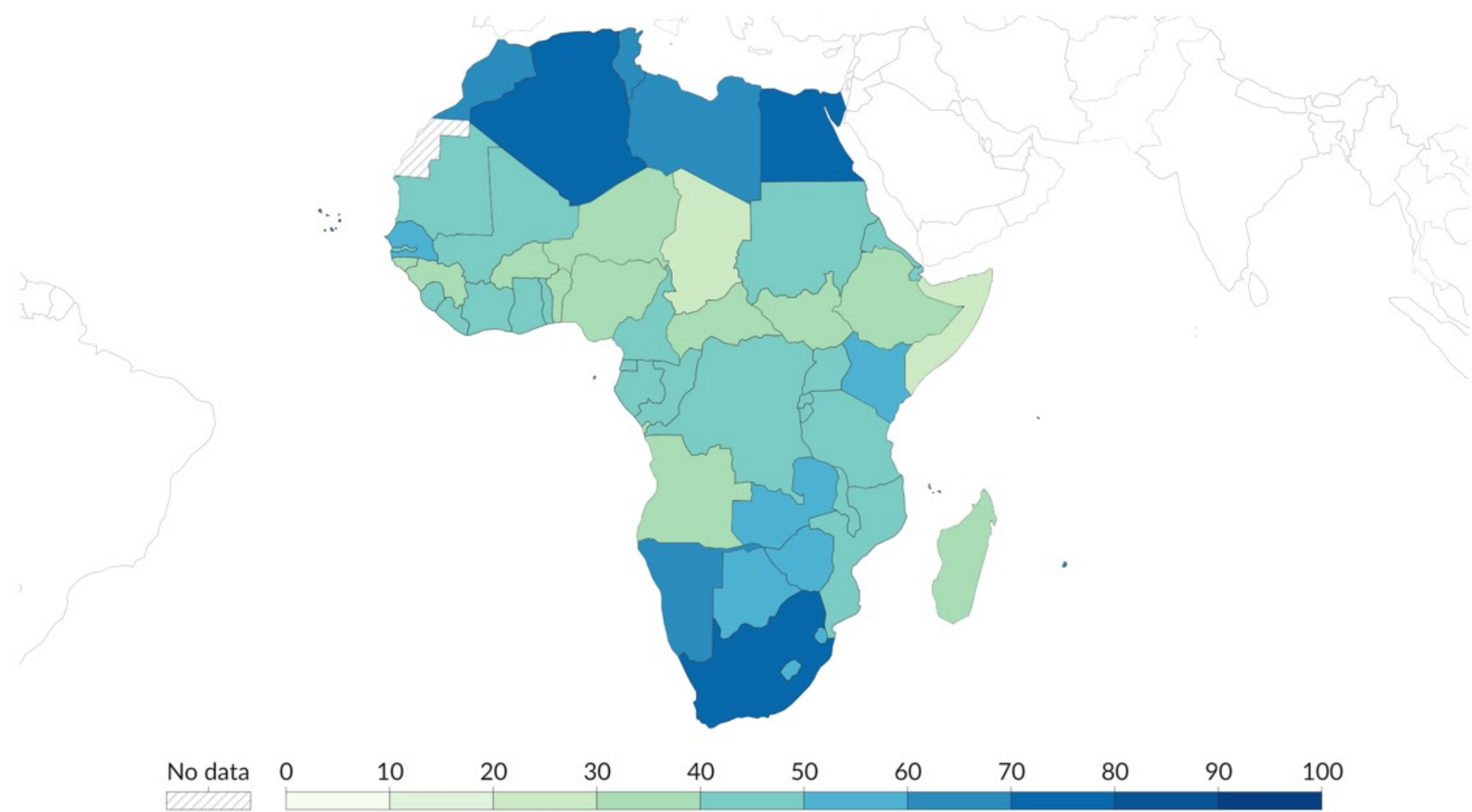




NHI in Africa



Low Coverage Of Essential Health Services



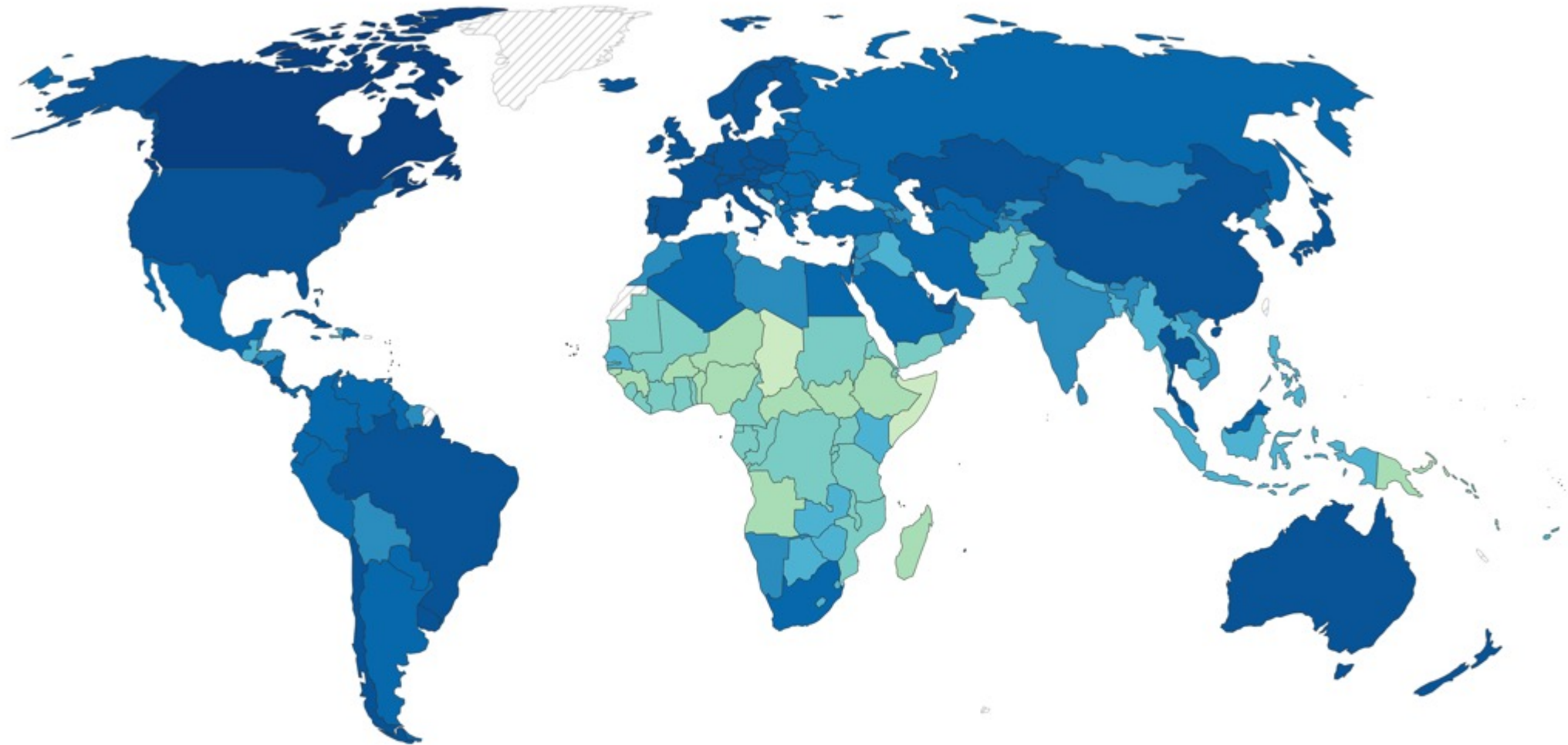
Data source: World Health Organization - Global Health Observatory (2024)

OurWorldInData.org/financing-healthcare | CC BY





Especially when compared to the rest of the world



Data source: World Health Organization - Global Health Observatory (2024)

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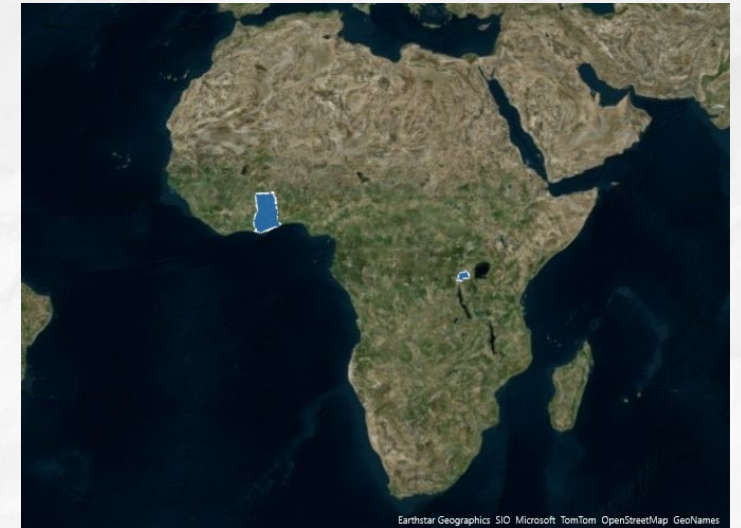
Africa faces many challenges in its pursuit of Universal Healthcare Coverage



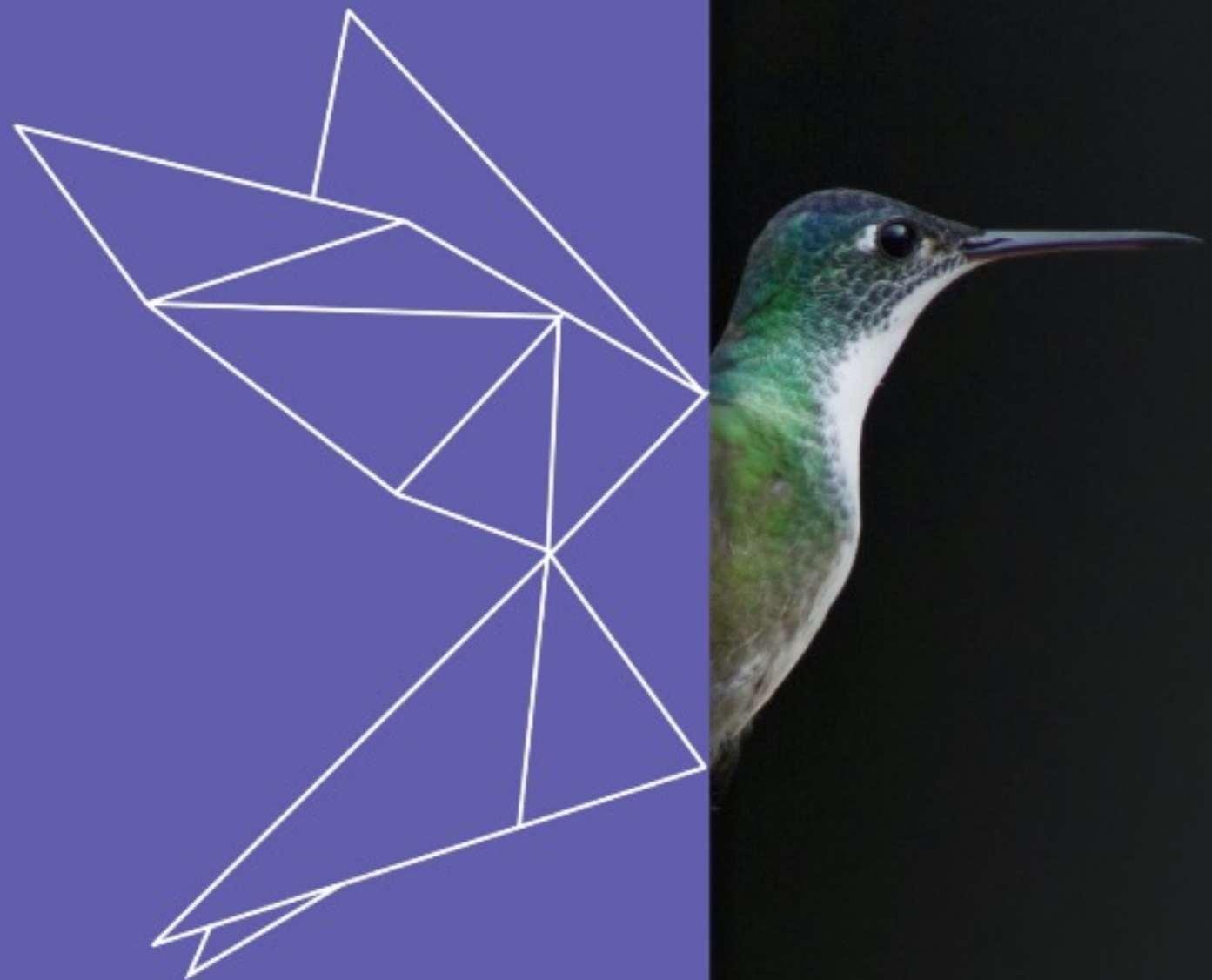
These challenges include...



African Countries with NHI



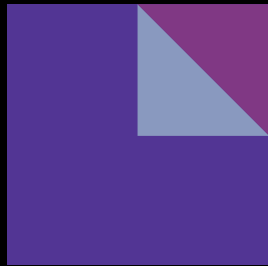
GHANA



foresight
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Healthcare system in Ghana



70% of the population is covered by National Health Insurance Schemes (NHIS)



NHIS comprises of three main forms of health insurance:

1. Private Commercial Health Insurance
2. Private Mutual Health Insurance
3. **District Mutual Health Insurance Schemes (DMHIS)**



As of 2021, DMHIS covers 54% of the population (16.75 million lives)

How does NHI in Ghana work?

Inpatient and outpatient benefits

Benefit packages can vary across each district

No benefit limits

No co-payments, co-insurance and deductibles

Benefits

Funding

Enrolment

2.5% tax levy on goods and services

2.5% tax on contributions into the Social Security and National Insurance Trust

Individual premiums

Miscellaneous funds

Financial support from NHIA

Compulsory enrolment

Premium rates are on a sliding scale

Some groups of the population are exempt from paying premiums

Success of Ghana

Reduced fragmentation within the healthcare system

Reduction in out-of-pocket expenditure

Equitable benefit package for all members

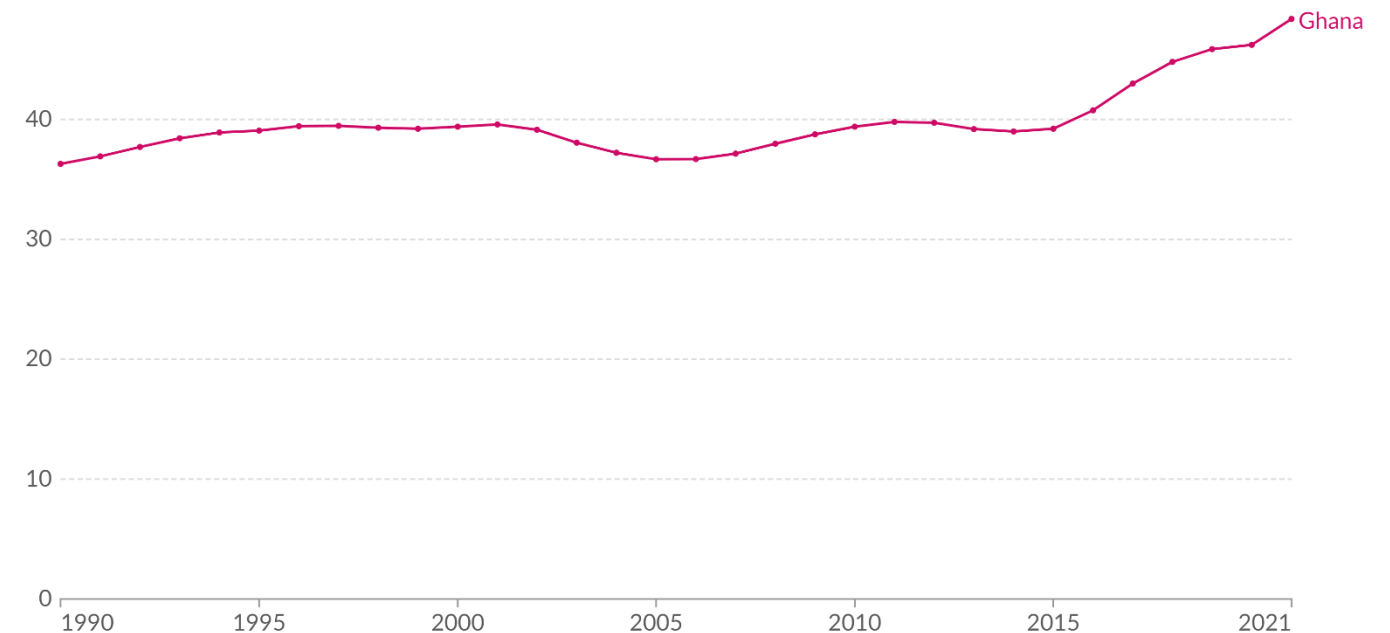
Improvements in disease burden

Improved coverage of essential health services

Coverage of essential health services

Our World
in Data

Coverage of essential health services is measured as an index on a scale of 0 to 100 (where higher is better). This index is based on risk-standardized death rates – which give a measure of healthcare access and quality – and whether common interventions are carried out.



Data source: Institute for Health Metrics and Evaluation (IHME)

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Note: The healthcare index used to assess coverage of essential health services is based on a range of health quality and access indicators and risk-standardized death rates which give a measure of healthcare access and quality. This definition acknowledges that countries provide a wide range of services for health promotion, prevention, treatment, and care, including rehabilitation and palliation, and that tracer indicators should be selected to represent overall coverage of essential services.

Challenges facing Ghana

Sustainability

Efficiency

Satisfaction

Governance

Access



The Ghana National Health Insurance Scheme: Barriers to Access for Informal Workers

Laura Alfors



Ghana's successful but unpopular healthcare

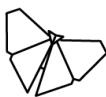
Hailed as a model for countries trying to build their health systems, scheme is still shunned by millions.



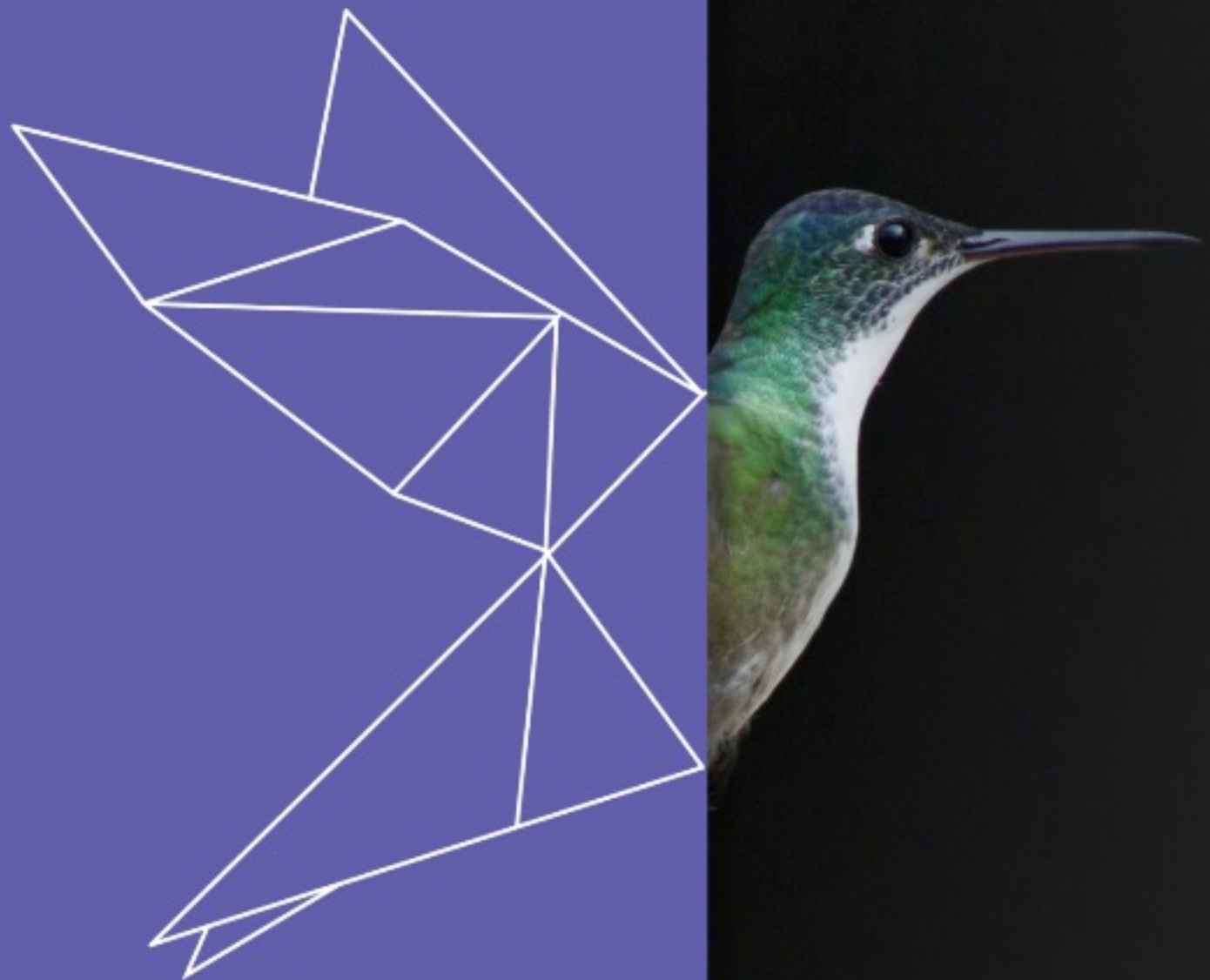
The Collapse Of NHIS And The Return Of Cash And Carry Reveal Mahama's Incompetence

General News of Friday, 21 April 2017

NHIS on time bomb - Health Minister rings alarm bells



RWANDA



Rwanda in 1994

The 1994 genocide killed approximately more than 800 000 civilians and displaced more than 2 million Rwandans

The genocide left the healthcare system in ruins

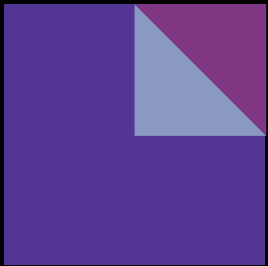
- Healthcare facilities were destroyed
- Lack of doctors and nurses
- Lack of medicines and medical equipment
- Lack of financial investment in healthcare
- Economy had collapsed



Rebuilding a healthcare system post the 1994 genocide

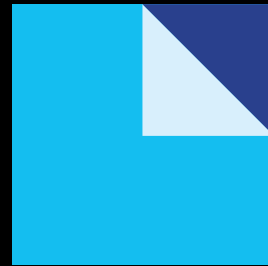


Healthcare system in Rwanda – post genocide



Rwanda has managed to build a healthcare system consisting of:

- Over 1 400 healthcare facilities
- Over 45 000 community health workers
- A robust financing system



Four main healthcare funders:

1. **Community Based Health Insurance (CBHI)**
2. Rwandaise d'Assurance Maladie (RAMA)
3. Military Medical Insurance
4. Commercial Private Medical Insurance



Close to 90% of the population is covered by health insurance plans

CBHI schemes cover 85% of the population

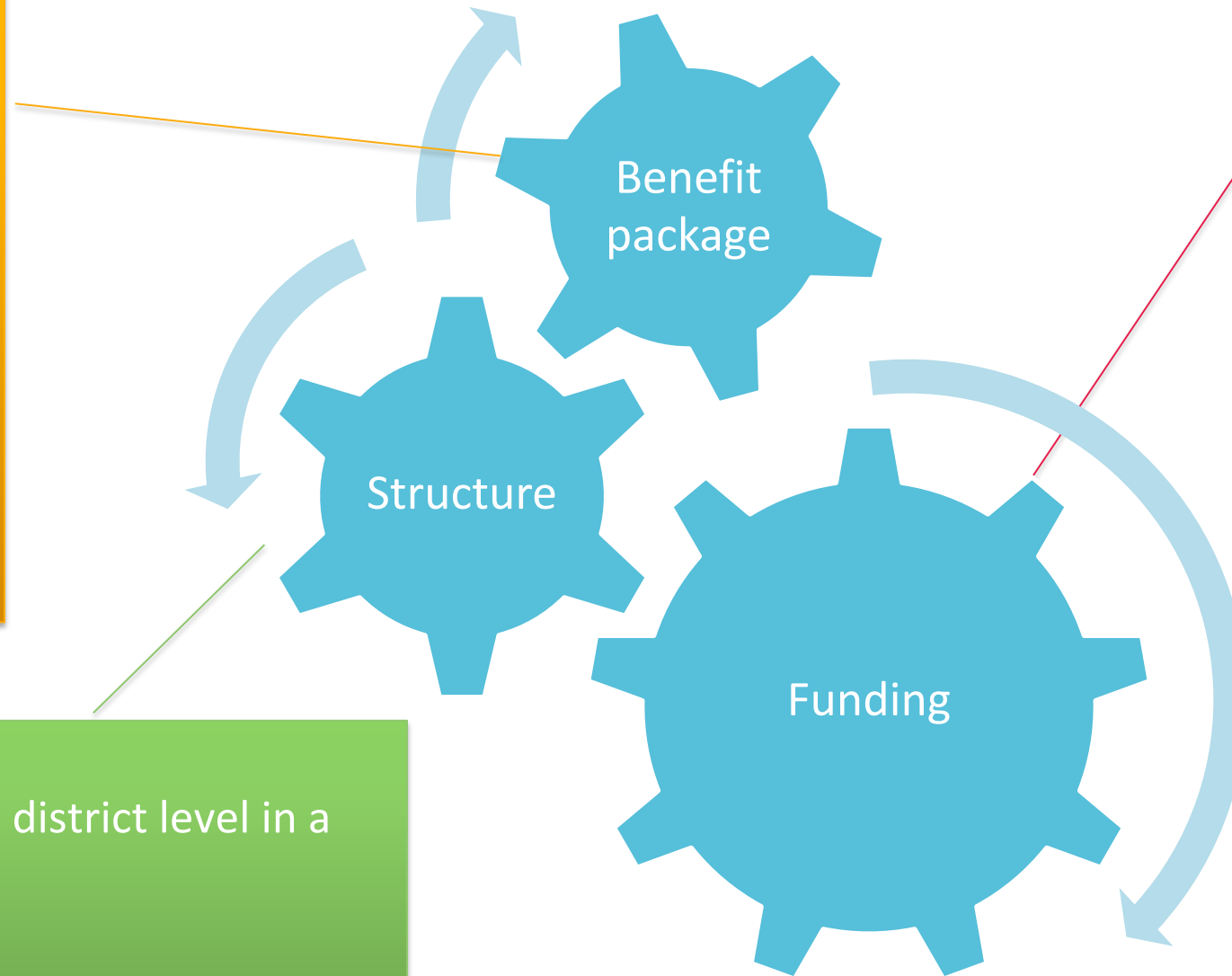
CBHI was piloted in 1999 but formally implemented in 2004

Mostly provides coverage to populations in rural and informal sections of the economy

How does NHI in Rwanda work?

- Inpatient and outpatient benefits
- Curative and preventative benefits
- Cover provided at public facilities only
- Excludes cover at private and for-profit facilities

- CBHI schemes are implemented on a district level in a decentralized manner
- Compulsory membership



1. Individual premiums
2. Government funding
3. Co-payments
4. Tax revenue from social and health insurance schemes
5. Donor funding
6. Miscellaneous funds

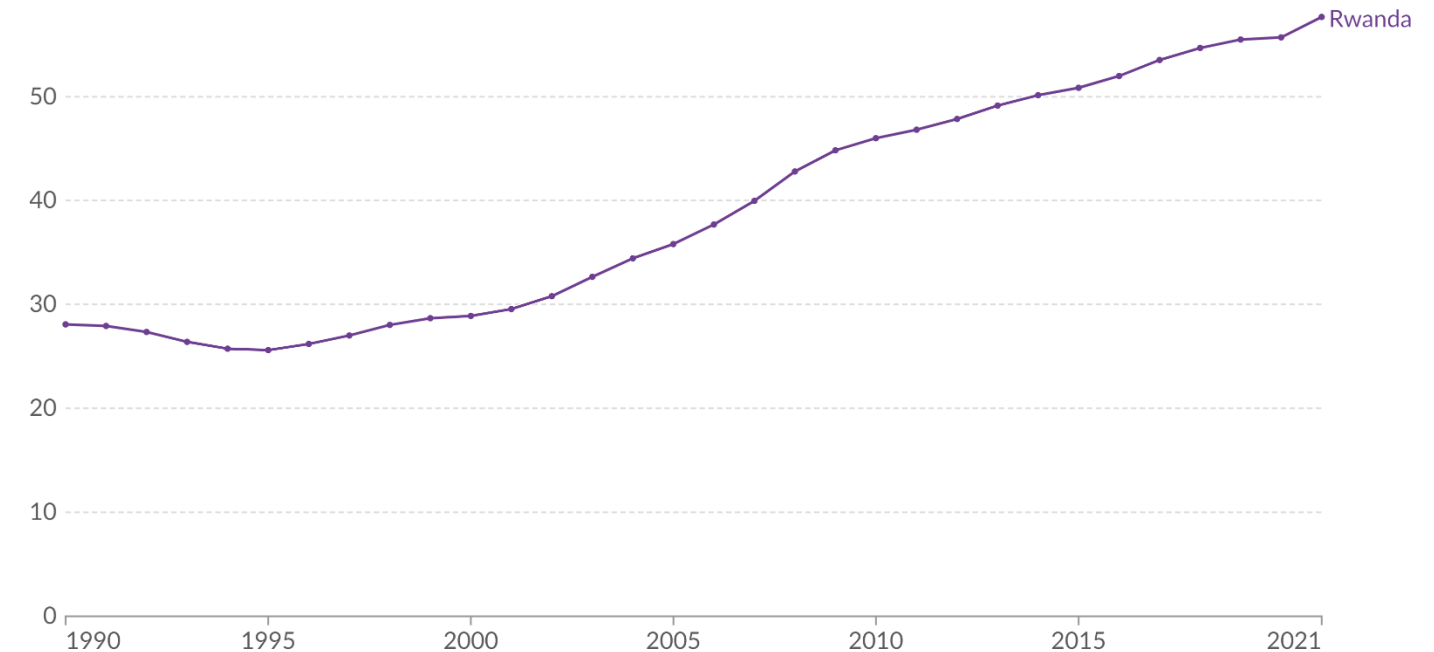
Success of Rwanda

- ✓ **Reduction in out-of-pocket expenditure**
- ✓ **Improved life expectancy**
- ✓ **Achieved all the health-related millennium goals**
 - ✓ **Reduction in child mortality**
 - ✓ **Reduction in maternal mortality**
 - ✓ **Improvements in disease burden**
- ✓ **Increased coverage of essential health services**

Coverage of essential health services

Our World
in Data

Coverage of essential health services is measured as an index on a scale of 0 to 100 (where higher is better). This index is based on risk-standardized death rates – which give a measure of healthcare access and quality – and whether common interventions are carried out.

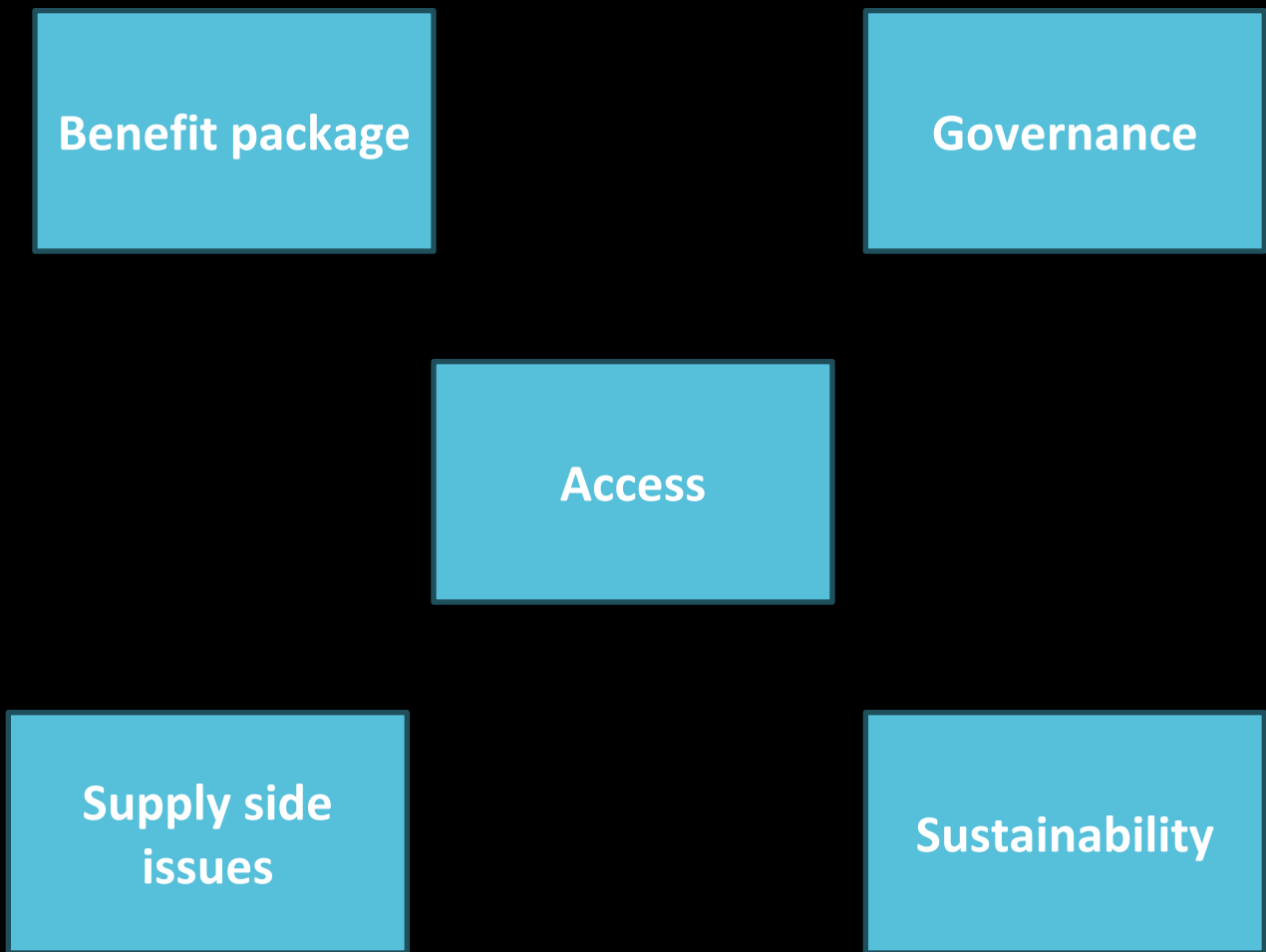


Data source: Institute for Health Metrics and Evaluation (IHME)

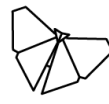
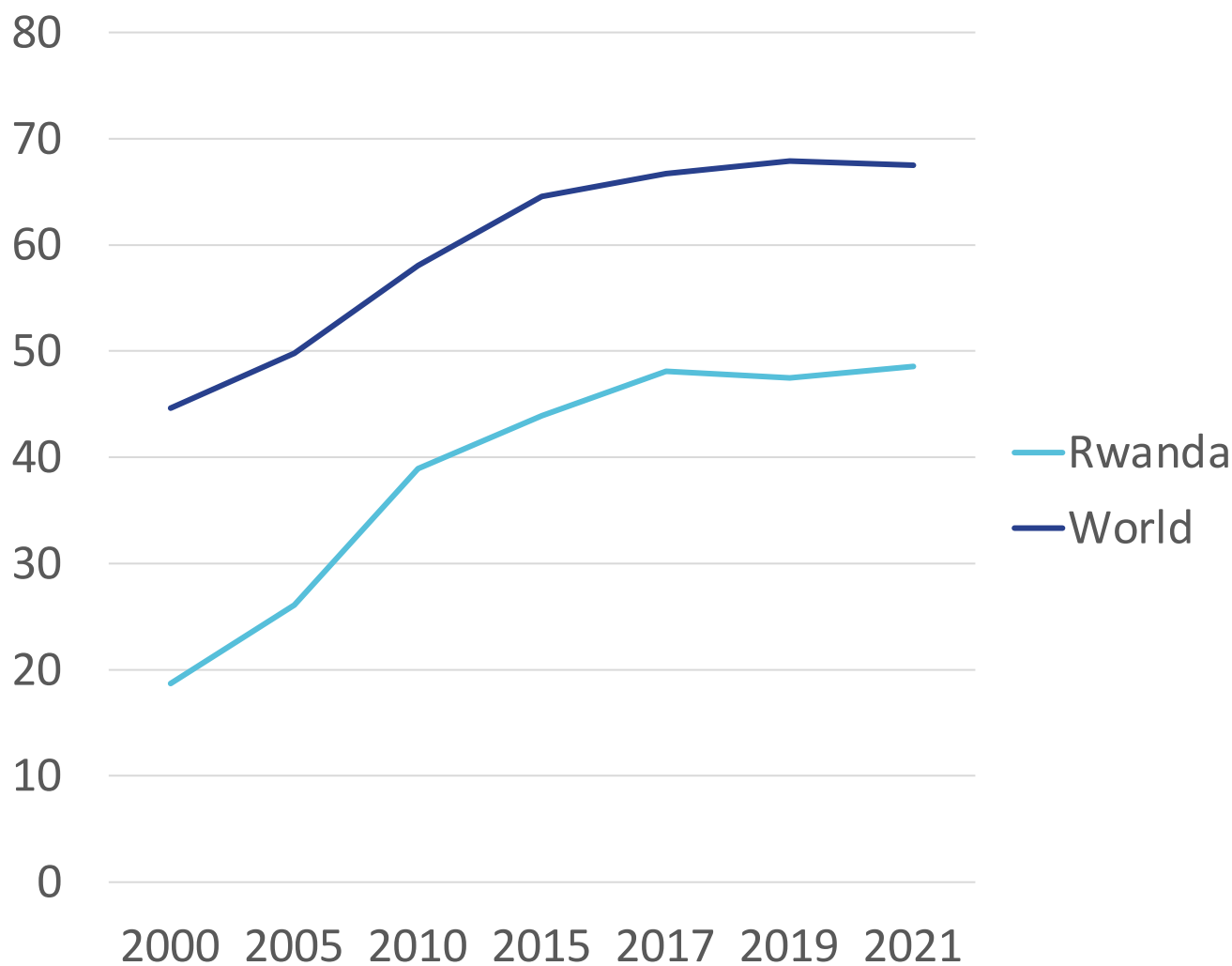
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Challenges facing Rwanda



Universal Healthcare Coverage Index



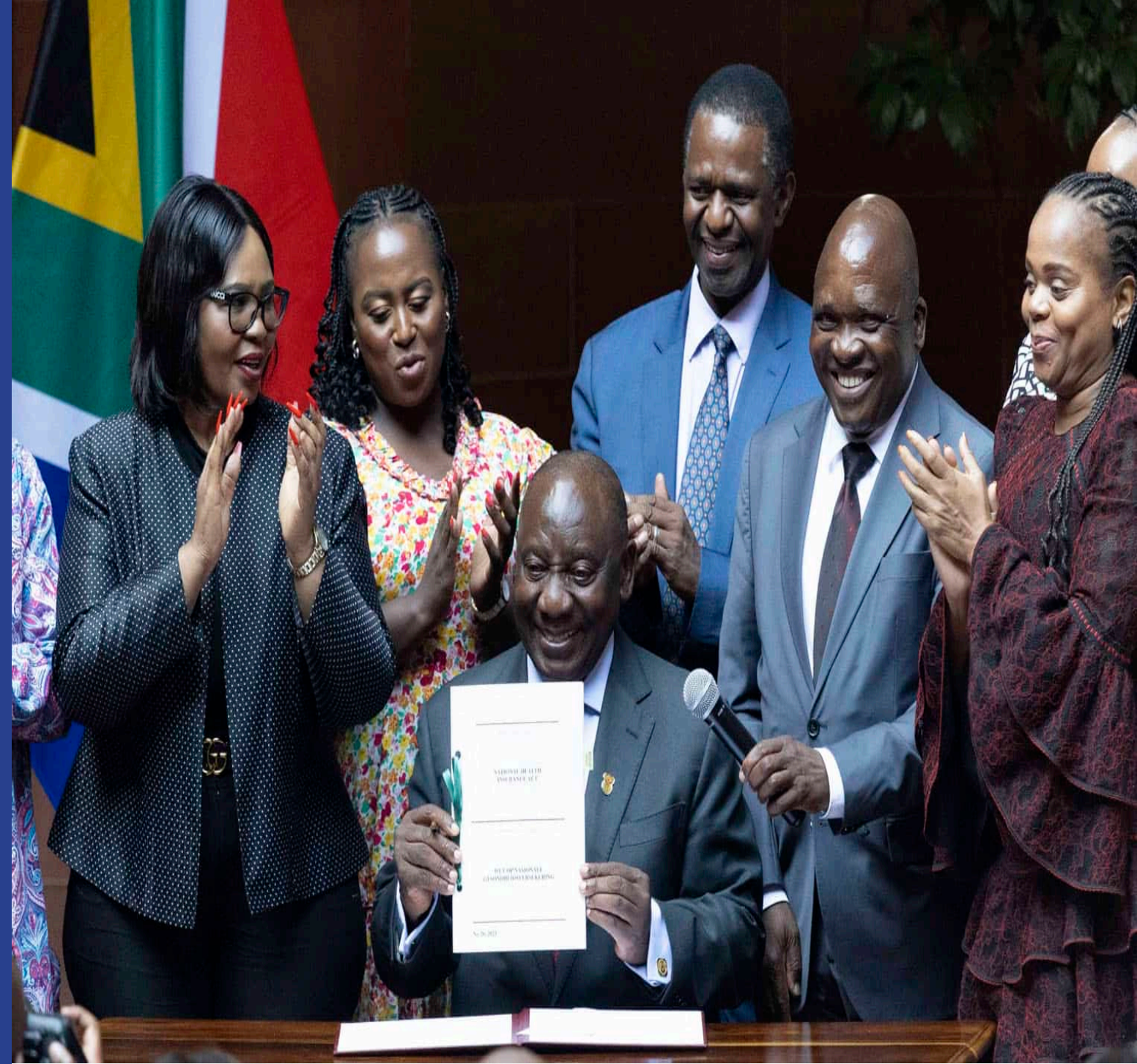


“Rwanda is an example of how a country can rise from the ashes of the Genocide to be a model for social development globally” –

Lamin M. Manneh



Lessons **South Africa** can learn from Ghana and Rwanda



Lessons we can take from Rwanda and Ghana

Strong leadership

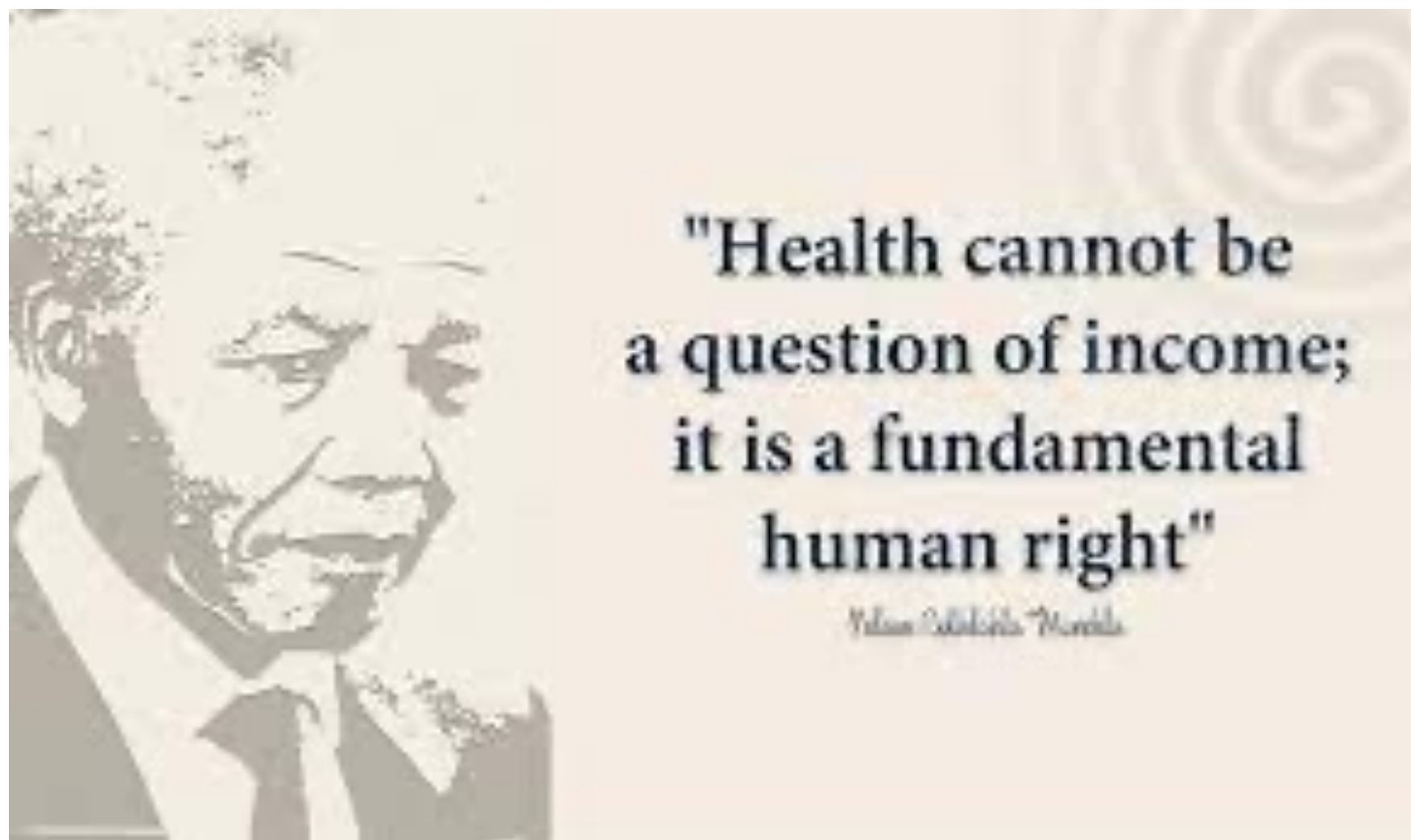
Collaboration

Time

Governance

Sustainability

Parting words – Ntate said it best



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Thank you.