



Progress towards Universal Health Coverage in Ghana

GHANA

Financing, political support and a clear strategic vision are key drivers of the realisation of Universal Health Coverage. As Ghana moves away from development assistance, iDSI traced Ghana's path towards UHC and its respective decisions on Health Technology Assessment (HTA), from being one of the first Sub-Saharan African countries to introduce a national health insurance scheme, to the present day as Ghana commits to achieving UHC by 2030.

2003: National Health Insurance Scheme established by the Government of Ghana

Ghana's UHC journey began when the National Health Insurance Scheme (NHIS), which ensured treatment was provided first before payment, became law and Ghana's National Health Insurance Authority, responsible for monitoring and regulating the operation of health insurance schemes, was established. The NHIS offered a comprehensive healthcare package to all citizens, heavily subsidised by tax and the National Health Insurance Levy.

2003

2008: NICE International started working with Ghana under leadership of the Ghanaian Ministry of Health

NICE International, the international division of the National Institute for Clinical Excellence, which provides national guidance and advice to improve health and social care in the UK, began a working relationship with the Ghanaian authorities under the leadership of the country's Ministry of Health. Both organisations explored how they could learn from one another's systems; and how they could collaborate to set priorities for funding in health policy and practice in Ghana and started working on a strategy for HTA.

2008

2016: Hypertension chosen as a priority topic for first Health Technology Assessment study in Ghana

As part of iDSI, the Global Health & Development Group at Imperial College London (formerly NICE International) collaborated with academia and government in Ghana to produce a hypertension HTA study, which modelled different policy scenarios for the cost-effective management of hypertension. *(cont. overleaf)*

2016



(cont. from page 1) Hypertension is a risk factor for NCDs and treating NCD events is costly, so it is in the interest of any country to avoid and treat them in cost-effective ways. Targeting priority decision problems and reinforcing the link between HTA capacity-building efforts was high on the agenda for iDSI's collaboration with Ghanaian partners. The study resulted in a strategic plan for HTA institutionalisation and a national medicines policy in Ghana.

2017**2017: HTA model presented at the National Health Summit**

The pilot study on hypertension along with recommendations for institutionalising HTA were presented by representatives of iDSI at the Ghana National Health Summit. Results included evidence-informed formulated policy scenarios as a means for achieving cost-effective management of hypertension for Ghanaian policy makers.

2018: HTA cited in the Aide Memoire from the National Health Summit, a revised National Medicines Policy and a pledge to achieve UHC by 2020**2018**

The Ghanaian government signed an Aide Memoire cementing the role of HTA in optimising drug procurement and supply chains for UHC, reflecting discussions and conclusions from the 2018 National Health Summit and containing commitments of health partners towards providing quality healthcare for Ghanaians.

A revised National Medicines Policy (NMP) with a five-year implementation plan was launched. The NMP promoted the responsible use of medicines by healthcare providers and consumers and expressed the government's commitment towards UHC.

The Director-General of the Ghana Health Service stated Ghana's commitment to achieving UHC by 2030 during a speech at the International AIDS Society conference in Amsterdam.

The 'Setting Priorities Fairly' event, endorsed by Ghana's Minister for Health, Kwaku Agyemang-Manu, took place in Accra, facilitating knowledge sharing and networking to optimise the impact of health spending for almost 100 representatives from Sub-Saharan Africa.

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