



PRESS STATEMENT

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International UHC Day Commemoration

A Reminder to the General Public and the Government of Ghana that about 6.1 Million Poor People and 1.7 Million Extremely Poor People in Ghana Still do not Have Access to Health Care Under Ghana's Current Health Care Systems Arrangements

The Alliance for Reproductive Health Rights and allies across the globe are commemorating the 2020 Universal Health Coverage Day on this day 12th December 2020 and rallying people and governments to prioritize increased investments into health care to protect all people. Appropriately, the international theme for the commemoration is "Health for all to Protect Everyone". Many civil society organizations in different countries are organizing solidarity events to unite voices of ordinary people in the demand for increased financial resources to guarantee health care service availability and accessibility to everyone.

Important COVID-19 lesson – Health Sector Spending Secures the Economy and much more

Globally, the outturn of the COVID-19 pandemic has strengthened the resolve and earlier position of UHC campaigners that ill health of people, be they communicable or non-communicable, affects not only the individual patient but also the family, the community and the entire country. This is precisely why civil society and other actors have been demanding an understanding of health care service provision which extends services to all in order to protect everyone while also ensuring continuous economic and social progress for people. The concept of protection implies a redefinition of healthcare as services with equal emphasis on curative and preventive health. Though the world is yet to count the full economic cost and losses as a result of COVID-19, the important lesson of the closeness between people's health and the economy will never be forgotten.

Ordinary progress is not enough, rapid steps toward UHC is required

In Ghana, a lot remains to be done to accomplish the UHC goal. Though some progress has been recorded through collaboration between CSOs and Government resulting ultimately in improvements in the Ghanaian Healthcare system over the last few decades, Ghana's health indicators reveals there are still gaps in Ghana's health system. This means that successive governments must commit to ensuring the availability and accessibility of healthcare to a lot more people, especially those in underserved and hard to reach communities in different parts of the country.

Ghana's Health System has developed progressively - from a cash and carry system (fee for service) and limited health infrastructure. Ghana has expanded and improved its health care system through programmes such as the National Health Insurance Scheme and the Community-based Health Planning and Services (CHPS) to prevent catastrophic health spending while bringing health to the door steps of Ghanaians across the country. Successive governments have both shown strong

commitment to universal health care. Recently, the Ministry of Health and the Ghana Health Service rolled-out a UHC road map and a Primary Health Care Implementation strategy which sets out clear policy priorities to enable all Ghanaians to have access to quality and improved health services.

The NHIS is widening access but has left the poor behind

Though the NHIS has been a major gamechanger in terms of ensuring financial risk protection for many Ghanaians, its current coverage arrangements have rendered it less effective at ensuring equity. The total number of active membership of the NHIS was about 12 million¹ people as at the end of 2019. Of this number 5.6%² (672,000) were covered by the indigent provision of the scheme and provided NHIS services without charge. The problem is, in the Poverty Profile Report published by the Ghana Statistical Service for 2016/17, 6.8 million³ Ghanaians were reported to be poor and could not afford to spend GH¢4.82⁴ (about \$0.82) per day. Worse, the survey also found about 2.4 million⁵ people to be extremely poor who could also not afford to spend GH¢2.69⁶ (about \$0.46) per day yet the NHIS only covers only 672,000 people of the indigent population. This situation is consistent with the Primary Health Care Performance Indicators' (PHCPI) Vital Signs study⁷ which indicates that Ghana is not doing well in the area of health service coverage. With these equity gaps in the health system, the urgent need for rapid progress towards UHC cannot be overstated.

Availability of services necessary for UHC

Availability of quality services is also a challenge that should occupy the attention of policy makers as the country works to achieve universal health coverage by 2030. Progress in indicators on infrastructure and drug/medicine availability at health facilities under the Vital Signs study conducted by PHCPI in collaboration with the Ghana Health Service raises issues that the Ministry of Health and the Ghana Health Service must address in order to build confidence in the NHIS and CHPS programmes. To this, the often excuse found in the challenge of lack of financial resources is not really a challenge but a question of political and social priorities.

More room for improvement on increased financing for health

As a country we have consistently failed to achieve the target of the Abuja declaration signed by Ghana in 2001 despite its precepts still being relevant today. The declaration obliged signatories including the government of Ghana to allocate 15% of national budget to the health sector. Despite positive improvements in the economy over the last two decades, Ghana has on the average of allocations between 2017 to 2020, been able to achieve only about half of the proposed target⁸. We are conscious about the fact that increased financial resources without effective safeguarding and utilization of disbursed funds will achieve little. Indeed as shown in an earlier study⁹ savings from efficient utilization of financial resources and avoidance of pilferage could fill a significant gap in Ghana's health financing. The Ministries of Finance and Health should see these also as important strategies that should cause the necessary systems changes if we are to rapidly achieve the national UHC targets. It is a positive sign that the Ministry of Health is fully aware of the above hurdles as

¹ <http://www.nhis.gov.gh/News/nhis-active-membership-ranking-female-category-tops-5283>

² *ibid*

³ <https://www.graphic.com.gh/business/business-news/6-8million-ghanaians-are-poor-gss-survey.html>

⁴ *ibid*

⁵ *ibid*

⁶ *ibid*

⁷ <https://improvingphc.org/sub-saharan-africa/ghana>

⁸ <https://arhr.org.gh/wp-content/uploads/2020/09/CSOs-Health-Manifesto-for-Election-2020.pdf>

⁹ https://oi-files-d8-prod.s3.eu-west-2.amazonaws.com/s3fs-public/file_attachments/rr-achieving-shared-goal-healthcare-ghana-090311-en_3.pdf

demonstrated in the revised national health policy (2020), however, it needs to calve out clear roles for the different stakeholders willing to assist in the drive towards UHC.

Bipartisan support of UHC should be followed with action

The decision of whether or not to prioritize health spending is a political choice and where the people continue to demonstrate that they prefer their tax contributions to be spent to improve social services like health care to protect everyone, it is important and prudent for governments to listen and fulfill the aspirations of the people.

Need for a comprehensive essential health services package to address equity issues

Universal access to healthcare can no longer wait, while slow progress is also not acceptable. As mentioned above, of the 6.8 million poor and the 2.4 million extremely poor people in the country, only about 672,000 are provided some protections. At this very conservative calculation a large number of poor people are not covered, many of whom will eventually have to pay with their lives in the event of ill health. This is unacceptable. The Ministry of Health will have to continue and further energize its leadership to rapidly widen access while ensuring availability of services. The strategy of leveraging the NHIS and the CHPS for UHC is commendable though the two do not address the glaring equity issues which has persisted since the inception of the scheme. To address the equity issues, we further propose that a comprehensive essential health services package should be added as a third element to the strategy as well as a primary health care policy that defines how PHC services are provided. Such a package should be paid for from the national budget and should spell out and guarantee the availability of basic services for all people irrespective of financial status. It must also be free at the point of use.

Signed:



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