TABLE OF CONTENTS

List of figures

List of tables

EXECUTIVE SUMMARY

Background

The 2019-2021 Medium Term Strategic Plan of the NHIA is situated within the global context of health care financing, as well as the health care financing architecture of Ghana. The Plan is designed to conform to the planning cycle of the National Development Planning Commission (NDPC) of Ghana. To better address all outstanding and emerging issues affecting the Scheme, a comprehensive environmental analysis and review of the performance of the 2015-2018 Medium Term Strategic Plan were carried out.

Evidence obtained from the review of the 2015-2018 medium term plan revealed that:

1. Population coverage of the NHIS decreased from 41% in 2015 to 35% in 2018
2. NHIL releases from Ministry of Finance to NHIA improved over the period
3. Premium collection and lodgement improved as a result of the Consolidated Premium Account (CPA) and piloting of e-receipting.
4. Percentage share of premium to the total inflows increased from 3.3% in 2015 to 4.3% in 2018.
5. Claim-It application was successfully piloted in Greater Accra region
6. All 4 Claims Processing Centres (CPCs) absorbed claims from 149 out of 166 district offices
7. Some directorates were restructured to ensure effective and efficient use of human resource
8. Escrow accounts were opened for all private health insurance schemes to protect members' interest
9. Both hardware and software solutions were introduced to strengthen management information system within the NHIA
10. An integrated marketing and communication strategy was developed and operationalised to facilitate the implementation of capitation payment policy in three regions: Upper East, Upper West and Volta

Lessons learned and challenges encountered were used to inform the development of the new strategic objectives and strategies to address them.

Objectives

The 2019-2021 Medium Term Strategic Plan (MTSP) focuses on consolidating the position of the NHIS as the preferred financing mechanism for reducing financial barrier to health care in Ghana through a National Health Insurance Scheme (NHIS) that is anchored on 6 strategic objectives, namely:

1. To work towards attainment of Universal Health Coverage (UHC) for Primary Health Care (PHC) by increasing active membership of the Scheme from 35% in 2018 to 47% by end of 2021
2. To secure the long-term financial sustainability of the Scheme through income-side and expenditure-side interventions throughout the plan period
3. To implement management and administrative reforms, including staff training and development, by end of year 2021 for improved efficiency and transparency in governance
4. To improve accountability and quality assurance systems and intensify research, monitoring and supervision throughout the plan period.
5. To support the growth and development of private health insurance industry in Ghana
6. To intensify and sustain public education on the NHIS in order to project a positive corporate brand and image that promotes excellent relationship between NHIA and its stakeholders

Strategies

The 6 strategic objectives as outlined above, will be addressed by:

a) Scaling-up of electronic membership renewal (e-renewal) across the country
b) Targeting enrolment of formal sector employees through corporate registration
c) Advocating for additional sources of funding to the Scheme
d) Intensifying engagement with government to increase the NHIL from 2.5% to 3.5%
e) Implementing electronic claims management system
f) Strengthening budget management and controls across the country
g) Implementing the newly approved organizational structure
h) Developing and implementing training models to build capacity of staff to fill their knowledge and skills gap
i) Developing a holistic HR policy and disseminate it in furtherance of transparency and accountability in governance
j) Strengthening the legal system and empowering the legal directorate to effectively represent the interest of NHIA in all legal matters
k) Improving asset registration and management by keeping proper assets and management records
l) Implementing systems to enhance clinical audit and implement clinical audit recommendations
m) Enhancing Business Intelligence for research, monitoring and supervision
n) Building capacity of regional staff in research, monitoring and evaluation to support district office and research activities.
o) Enhancing internal information flow through the use of dashboard updates, bulletins and newsletters, seminars and social media.

p) Conducting regular stakeholder engagements to enhance their participation in NHIS programs
q) Re-vamping the Call Centre with appropriate technology and infrastructure to offer responses to public enquiries.

Implementation, monitoring and evaluation

The Performance of the 2019-2021 Medium Term Strategic Plan will be assessed through the use of:

1. Annual Programme of Work (POW)
2. Performance Contracting and Assessment
3. Annual Performance Reviews (Management Retreat)

Detailed implementation Plan and M&E framework, as per attached, will be used to monitor the progress of implementation of the Plan.

1.0 BACKGROUND

1.1 Global Context

The Millennium Development Goals (MDGs) were instrumental in mobilizing collective efforts of countries and the development community to end extreme poverty, reduce hunger, promote gender equity, and improve education and health. While the MDGs helped the world attain many goals, the MDG framework has also been criticized for focusing attention and resources on the attainment of specific "vertical" targets at the expense of others. The "focusing" problem has been particularly apparent with regard to the health goals, where resources and effort have been directed at strengthening certain disease-specific or "vertical" programs, often at the expense of broader, cross-cutting investments in health systems that can deal with a variety of health issues in a more integrated manner (WHO, 2016).

The Sustainable Development Goals (SDGs), on the other hand, offer a more holistic and integrated approach to tackling the core indicators, including poverty, hunger, inequity, health, education, water and sanitation as part of a broader agenda of social development. The SDGs require major re-thinking and re-design of health systems and the way they function in order to adequately address the health needs, including financing, of the population. Almost 150 million people experience catastrophic health expenditures each year for making out-of-pocket payments for health care (WHO, 2016). Several low and middle-income countries, including Ghana, have adopted various forms of health insurance as a health financing strategy to provide financial risk protection against the cost of health care services for their citizens.

1.2 Health Financing in Ghana

Prior to independence in 1957, access to healthcare services was by out-of-pocket payment at the point of service use. Immediately after independence, healthcare delivery became entirely free in all public healthcare facilities across the country, financed by general taxation. Sustainability of the fee-free healthcare system, however, became a challenge in the 1960s as the economy began to stagnate, resulting in shortage of essential medicines, supplies and equipment, as well as concerns over poor quality of care. Consequently, facility user-fees were introduced through the passage of the Hospital Fees Regulation and Legislative Instrument (LI) 1277 in 1963, to partially offset increasing cost of healthcare and also prevent frivolous use of services. Further decline in the economy in the 1970s and 1980s and subsequent introduction of the Structural Adjustment Programme (SAP), led to substantial rise in facility user fees, which became known as 'cash and carry'. The 'cash and carry' policy was implemented to recover at least 15% of recurrent cost of providing healthcare services in public healthcare facilities. This form of paying for healthcare services widened inequity in access and caused poor health outcomes and avoidable deaths in the 1990s.

In 1992, the first community-based health insurance scheme was established at Nkoranza in the Brong Ahafo Region with the support of the Catholic Church to mobilize financial resources to

address the health needs of members. This initiative attracted the attention of other communities that replicated it. In 1998, government piloted social health insurance in the Eastern region of Ghana with the view to replicating it across the country but the initiative could not go beyond the pilot stage (Agyepong et al, 2008). It, however, increased awareness among the population of the need for some form of social health protection to cater for their health care in times of need. Consequently, by 2003, about 159 voluntary health insurance schemes had been established in 67 districts across the country (Atim, 1999; ILO 2005). These community initiatives were, however, not coordinated nor regulated by any legal framework and membership was strictly based on subscriber contribution and, therefore, the poor and needy were left out of the safety net (Andoh-Adjei, 2019).

1.3 National Health Insurance Scheme

During the campaign period of the 2000 general election, the major political parties promised to introduce a national level health insurance scheme (NHIS) to remove the 'cash and carry' system when elected. The NHIS was introduced by President Kufuor's Administration in 2003 through the passage of the National Health Insurance Act, 2003 (Act 650) and LI 1809. The policy objective of the scheme is to offer financial risk protection to all residents in Ghana against the need to pay out-of-pocket at the point of service use, in order to obtain access to a defined package of acceptable quality health services. The NHIS was subsequently implemented in 145 districts across the country in 2004; and the benefit package covers about 95% of disease conditions afflicting majority of the population.

Sources of funding to the Scheme include:

- 2.5% levy on selected goods and services
- formal sector workers' Social Security and National Insurance Trust (SSNIT) contribution of 2.5%
- monies approved by Parliament for the National Health Insurance Fund (NHIF)
- income from investment, grants, donations and gifts to the fund
- fees charged by the NHIA in the performance of its functions
- contributions from informal sector workers; and
- monies accruing from National Insurance Commission

Over the recent few years, the NHIS has been saddled with serious challenges notably, inadequate funding, increases in utilization and claims expenditures, as well as operational and administrative inefficiencies. One effect of these challenges is delayed reimbursement of provider claims. Available reports indicate that as at the end of December 2016, the Scheme owed its credentialed providers an average period of nine months and a total amount of GHS1.2 billion. To effectively address this situation, and in view of government commitment to move Ghana towards the attainment of universal health coverage, government is determined to revive the National Health

Insurance Scheme in order to make it more efficient and responsive, with capacity to finance health care services on a timely basis.

1.4 Vision

To be a model of sustainable, progressive and equitable national health insurance scheme in Africa and beyond.

1.5 Mission

To provide financial risk protection against the cost of quality health care for all residents in Ghana and to delight our members and other stakeholders with an enthusiastic, motivated and empathetic professional staff who share the values of honesty and accountability in partnership with all stakeholders.

1.6 Core Values

- integrity
- accountability
- empathy
- responsiveness
- innovation and
- adherence to professional ethics.

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2.0 PERFORMANCE REVIEW (2015-2018)

2.1 Membership and Benefit Management

2.1.1 Membership Management

As part of efforts to attain universal health coverage for all residents in Ghana, the Authority set itself the objective *to provide universal and equitable health insurance coverage within the scope of a sustainable health benefits and exemptions package for all residents in, and those visiting Ghana.* To achieve this key objective, the NHIA committed to:

- increase active membership coverage from a baseline of 38% in 2014 to 46% of national population by end of 2018 through annual growth rate of 2%
- protect the poor and vulnerable against financial risk in healthcare access by increasing coverage of the poor by 15% over baseline year-on-year, and
- implement benefits package and exemption policies that are technically feasible and financially sustainable by end of 2018

However, at the end of 2018, 35% of the national population had been covered in contrast to a target of 46% (figure 1). Challenges that accounted for the decline in membership include frequent shortage of consumables and constant breakdown of registration equipment, resulting in long queues at the district offices that served as demotivation to registration and renewal.

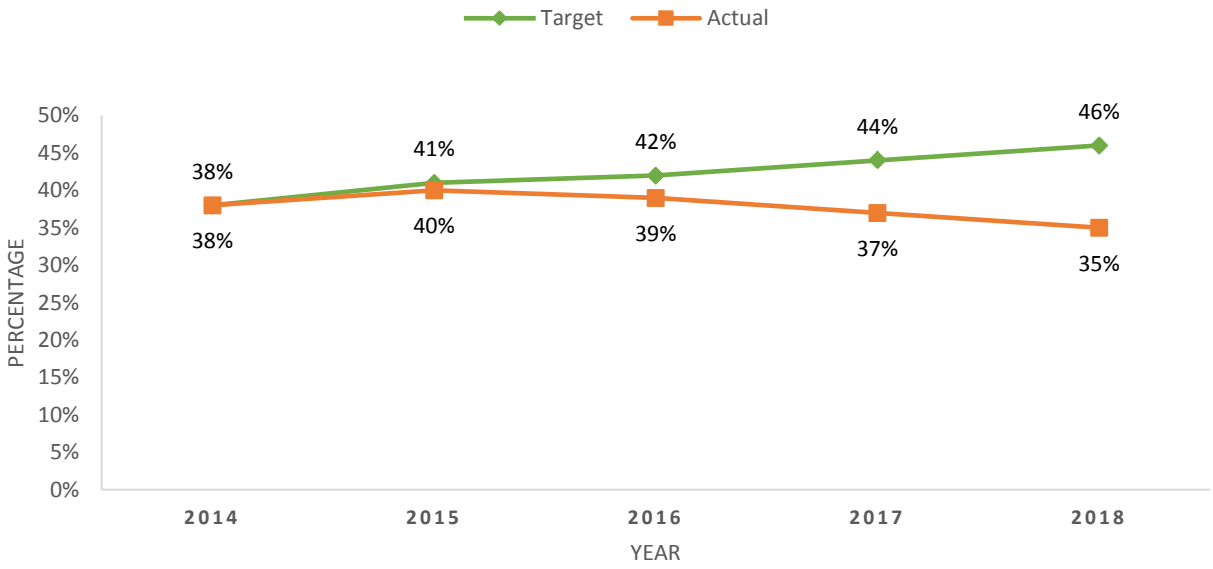

Figure 1: Trend in population coverage, 2014-2018

2.1.2 Benefit Management

In view of the sustainability challenges confronting the implementation of the scheme, the NHIA recognized the need to review the benefits package in line with Section 20, subsection 3 of the NHIS Act, 2012 (Act 852) which states that "*the Authority shall assess the healthcare benefit package provided under the scheme every six months and advise the Minister accordingly*". As a result, a 7-member Presidential Committee was set up in 2015 to review the entire NHIS and make policy proposals to revamp the scheme, including revision of the benefit package. The committee submitted its report in September 2016. Subsequently, an actuarial study has been initiated to assess the possible financial impact of a proposed benefit package that seeks to provide universal health coverage for all residents in the country.

2. 2. Financial Management

The key financial management objective over the medium term 2015-2018 was to ensure efficiency in fund mobilization and the financial management of the Scheme. To achieve this, the NHIA sought to:

- build efficient and effective Finance and Investment systems to support the attainment of universal health coverage
- arrange for the efficient and effective collection of no less than 75% of the NHIL and SSNIT collections due the National Health Insurance Scheme
- develop realistic premium collection mechanism and tighten control systems in order to raise current premium levels above 5% of total inflow by end of year 2018
- implement prudent investment policies to optimize investment income in order to maintain not less than 3 months investment cover for claims liabilities and
- deepen relations with NHIA's Development Partners to support NHIS projects in order to reduce NHIA direct expenditure on such projects.

2.2.1 Inflows

During the medium-term period, the Authority stepped up dialogue with the Ministry of Finance, Parliament, the Controller and Accountant-General's Department and the Social Security and National Insurance Trust (SSNIT) to facilitate speedy release of monies collected on its behalf. This initiative resulted in moderate improvement in actual funds received. (Table 1)

Table 1: Budgeted collections and actual funds received

Year	Budgeted Collection GH¢ million	Actual Funds Received including arrears from previous year GH¢ million
2014	926.61	1,063.20
2015	1,185.67	1,095.96
2016	1,497.28	1,101.85
2017	1,734.45	1,205.38
2018	1,814.54	1,473.28

Source: NHIA Finance Directorate

In 2016, the NHIA piloted on-site banking and e-receipting in 33 district offices as part of measures to ensure the safety of premiums and processing fees collected at the district offices. This resulted in improved efficiency in the cash collection processes at the district offices and facilitated real time monitoring of collections on the electronic receipting platform. Notwithstanding these improvements, premium as a percentage of total inflows fell below the 5% target (figure 2).

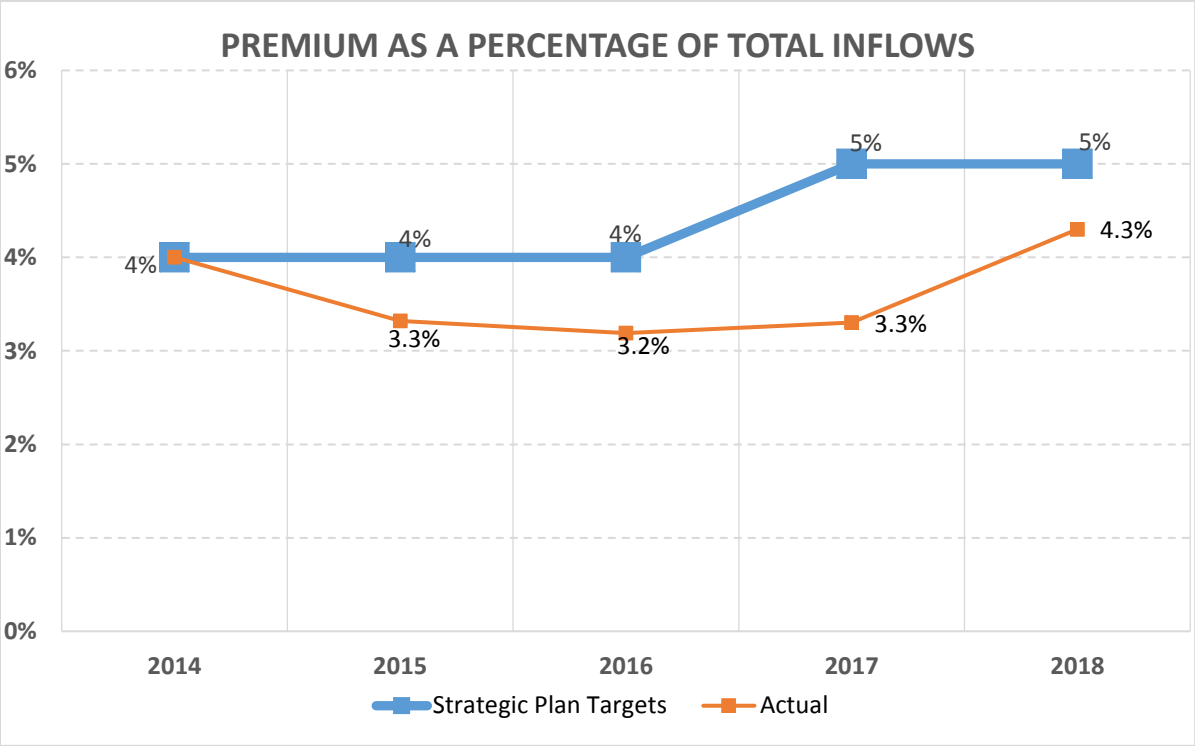

Figure 2: *Premium collected as a percentage of total inflows*

Interest income declined sharply from GH¢21.88 million in 2014 to GH¢16.15 million in 2015 and increased marginally to GH¢18.89 million in 2016 before finally dropping to GH¢14.00 million in 2017.

2.2.2 Portfolio Performance

In 2015, the portfolio balance contracted sharply from GH¢104.49 million in 2014 to GH¢62.62 million. The Authority's portfolio thereafter increased to GH¢76.33 million and GH¢84.94 million in 2016 and 2017 respectively; and finally, reduced to GH¢**55.33** million as at the end of 2018.

Table 2: Portfolio performance

Year	2014	2015	2016	2017	2018
Investment (GH¢ million)	104.49	62.62	76.33	85.15	55.33

2.2.3 Expenditure

Expenditure patterns revealed a continuous upward trend during the period under review, with claims dominating and accounting for about 73% on a year on year average of the total expenditure. Table 3 below presents the income and expenditure report over the years 2014-2018.

Table 3: NHIS income and expenditure, in million GH¢, (2014 - 2018)

	2014	2015	2016	2017	2018
INCOME	**1,075.75**	**1,308.41**	**1,418.80**	**1,752.33**	**1,706.36**
Statutory Income	980.30	1,206.71	1,287.42	1,627.24	1,579.49
Premium Income & Processing fees	62.70	79.56	93.10	96.79	102.33
Investment income	22.55	16.62	32.94	25.38	21.07
Other Income	1.23	1.00	1.82	2.75	1.12
Donor Funding/Grants	8.97	4.52	3.52	0.17	2.35
EXPENDITURE	**1,219.95**	**1,286.45**	**1,428.07**	**1,470.39**	**1,637.55**
Providers Claims	890.44	899.00	895.47	1,080.00	1,140.00
NHIS ID Card & Biometric Expenses	109.84	129.27	126.54	59.09	54.59
Admin & Operating Expenses	152.33	173.85	219.75	222.91	253.49
Support to MOH	32.87	55.67	138.70	89.97	167.78
Fixed Assets/Capital Expenditure	34.47	28.66	47.61	18.42	21.69
Surplus/Deficit	**(144.20)**	**21.96**	**(9.27)**	**281.94**	**68.81**

NB: 2016 to 2018 is un-audited

2.3 Claims Management

Efficient claims management is important for the financial sustainability of the NHIS. In the medium term 2015-2018, the key objective of the NHIA for claims management was *to purchase effective and quality health care services in a cost-efficient manner for members of the scheme*.

The NHIA therefore committed itself to:

- strengthen systems to enhance efficiency and effectiveness in claims management
- strengthen capacity of the zonal claims processing centres to manage 100% of claims volumes by end of 2018
- implement provider payment reforms and adopt an optimal mix of payment mechanisms for improved efficiency in the operations of the NHIS and the strategic purchasing arrangements with NHIS-credentialed providers

Within the plan period, 130 providers were connected onto e-claims (107 through electronic platform and 23 through Claim-IT application). Claims received and vetted electronically constituted 18% of total claims volume received at the NHIA, leaving 72% being managed manually.

2.3.1 Outpatient and Inpatient Attendance

Outpatient attendance during the medium-term period showed a gradual decline from 26.59 in 2016 to 25.25 in 2017 and then increased again in 2018 to 27.55 million (figure 4) below. Admissions on the other hand, increased from a baseline of 1.68 million in 2014 to 1.75 million in 2015 and thereafter declined to 1.58 million in 2016 and further to 1.51 million in 2017 but increased significantly to 1.65 million in 2018.

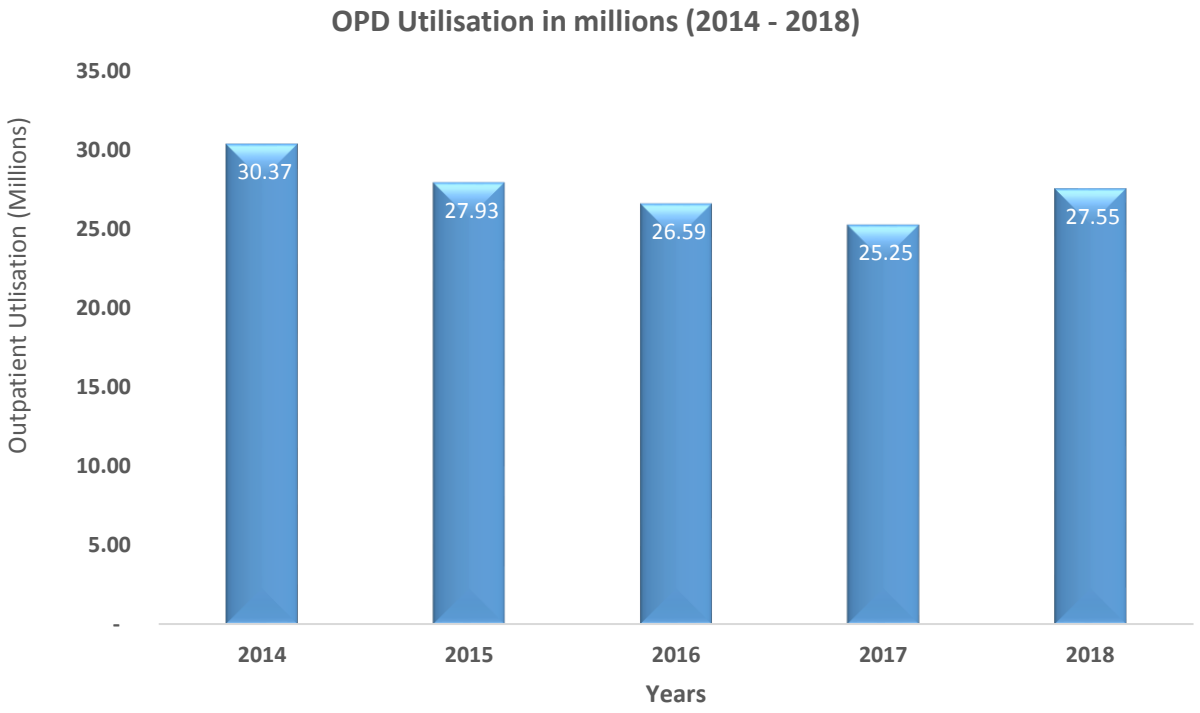

***Figure 3**: OPD attendance in millions (2014-2018)*

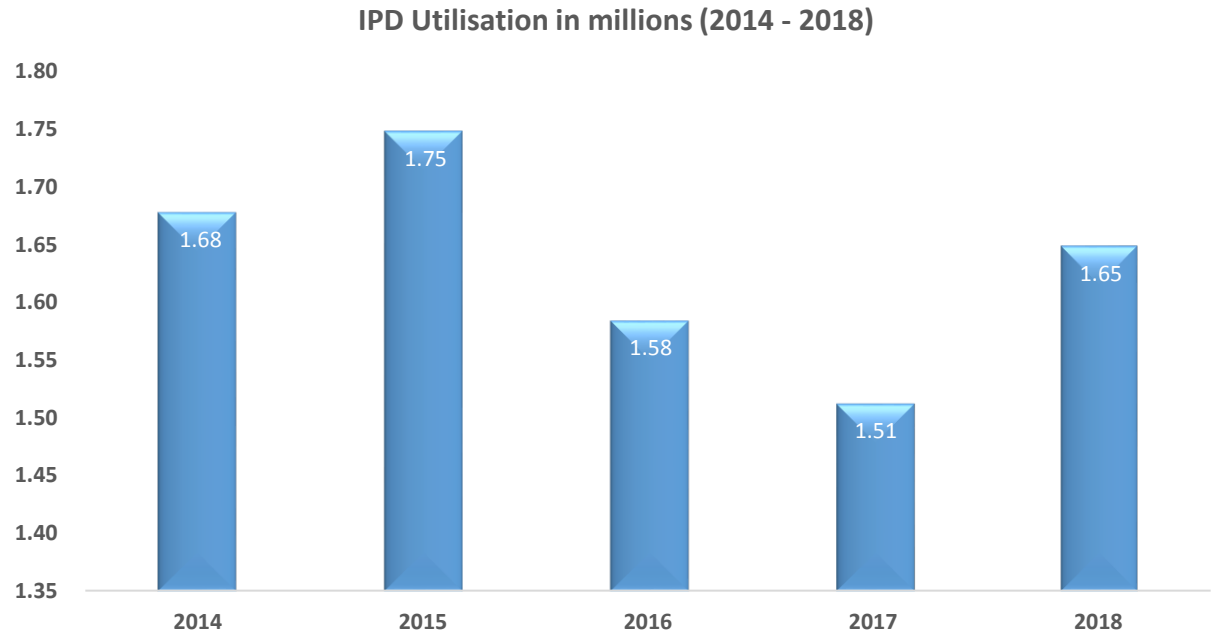

***Figure 4**: IPD attendance in millions (2014-2018)*

2.3.2 Claims Payment

There was a rise in claims payment year-on-year with the year 2017 recording the highest claims payment even though IPD and OPD utilization had the lowest figure during the period. This is because, part of the payments made in 2017 were arrears from the previous years. Claims payment subsequently reduced to 1,140 million Ghana Cedis in 2018.

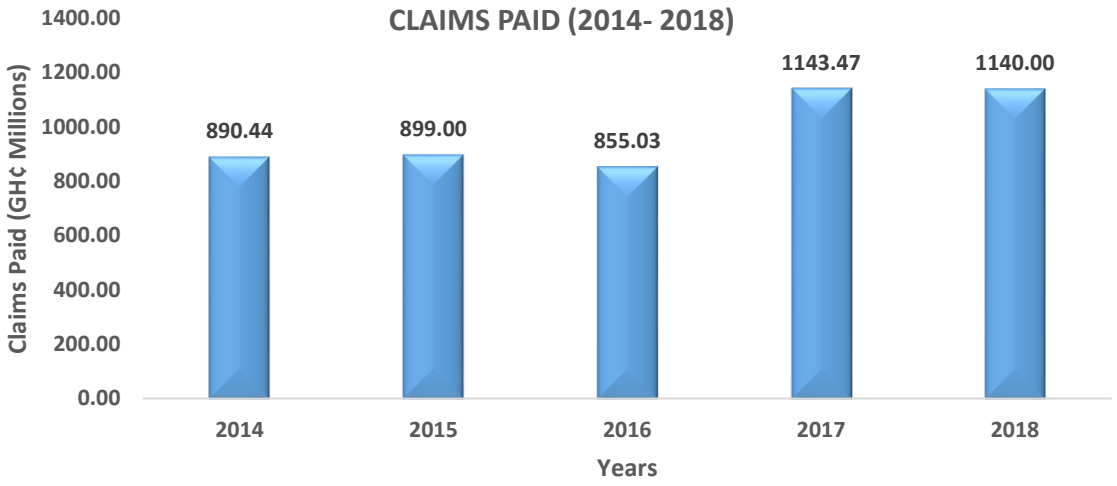

***Figure 5**: Claims Expenditure Trend (GHS 'Million)*

2.4 Governance Systems Strengthening and Human Resource Development

Governance systems and human resource development are essential for effective and efficient management of any corporate entity. Consequently, the NHIA, during the medium term 2015-2018 intended ***to develop and strengthen the governance systems in order to maintain a robust institutional and managerial capacity for the efficient management of health insurance in Ghana***. The NHIA therefore committed itself to:

- align all human resource strategies, programmes, policies, processes and procedures with the strategic goals of the Authority
- undertake a strategic alignment of directorates, departments and units to eliminate duplication of functions
- ensure efficient and optimal utilization of human capital
- develop, maintain and strengthen systems that enhance efficient resource utilization and
- provide safe and conducive environment for staff and property of the Authority.

The following were achieved:

- undertook restructuring for efficient and effective use of human resources
- provided 202 local and foreign training for staff of Authority

- completed the processes for the placement of all deserving staff per the Board approved corrective five year rule for the movement of staff on notches of the salary scale
- digitised and centralised all staff data for easy retrieval of information for decision making
- scanned and digitally archived 2,637,760 pages of records of the Authority for easy access, referencing and disaster recovery
- engaged staff and union on staff concerns thereby promoting industrial harmony throughout the period
- Assets-All-Risk insurance policy were renewed for Head Office, Regional Office buildings and contents of CPCs
- organised fire, security and safety awareness training for staff of the Authority
- procured 38 pick-up vehicles and delivered for phased replacement of aged fleets Procurement processes near completion for additional 30 new pickups for district offices
- undertook the scheduled and periodic maintenance of facilities, plants and equipment of the Authority

The following are the key challenges

- seventeen (17) directorates housed at the head office with the potential of duplication of functions between directorates
- over centralization of management at the head office, rendering the regional and district offices "passive recipients and implementers" of policies and programs from the head office
- lack of clear-cut policy direction on career progression of staff
- delayed and discriminatory implementation of notch system on the salary structure
- inadequate training for staff
- over-aged vehicles for operational activities at the district level
- high rental cost of office accommodations in towns and cities and high maintenance cost of facilities.

2.5 Oversight of Private Health Insurance Schemes

The NHIA is required by Act 852 to regulate Private Health Insurance Schemes (PHIS) in Ghana. In the plan period, the NHIA sought to *secure a vibrant and progressive health insurance industry that is conducive for a collective smooth march towards universal health coverage in Ghana.*

Specifically; it is targeted that:

- all prospective private health insurance schemes that applied for license and satisfied the set criteria were registered and granted license to operate
- all registered members of private health insurance schemes were active card bearing members of the National Health Insurance Scheme
- the interest of members of private health insurance schemes were protected through regulation and monitoring

- private health insurance schemes operate within a segregated market and provide benefits package outside the scope of the benefits provided by the NHIS

During the period under review, the following were achieved:

- an escrow account was opened for all private health insurance schemes to ensure the protection of members' interest
- the Authority published the list of PHISs in good standing and revoked the licence of one
- PHIS membership grew from 168,496 to 199,418 out of which 52,913 were NHIS subscribers in 2018. This represents 27% of PHIS members holding NHIS cards
- customer satisfaction survey was conducted to ascertain whether or not healthcare providers and subscribers under the private health insurance schemes were satisfied with services rendered to them. Eighty-four percent of respondents were satisfied with the services of their private health insurance provider, while 98% were satisfied with the quality of care they received from their health care provider

2.6 Information, Education and Communication

The effort of the NHIA to promote the NHIS brand remained a challenge. The strategic thrust during the 2015-2018 plan period was to sustain and project the NHIS as the best means of providing financial access to health care in Ghana. Accordingly, the NHIA planned to:

- improve communication, information and education of internal and external stakeholders of the NHIA
- promote excellent relationship between the authority and its stakeholders

Strategies outlined included:

- development and maintenance of excellent corporate brand for the NHIS,
- provision of requisite information about the NHIS to members of the Scheme and other stakeholders to empower them to enjoy their rights and live up to their responsibilities at all times
- awareness creation on all programmes, projects and achievements in order to secure public confidence and ownership of the Scheme and
- regular stakeholder engagements to enhance their participation in NHIS programmes

Over the past four years, the NHIA

- successfully developed and implemented an integrated marketing and communication strategy that promoted the Capitation which encouraged the public to enrol on the NHIS and select their preferred primary health provider in three (3) regions
- organised several meetings between key stakeholders and executive management in 2017
- organised general staff durbars to engage staff on key issues relating to staff welfare and the operations of the scheme

2.7 Support Systems Strengthening for Improved Efficiency

Support systems within the NHIS include:

- Management Information Systems (MIS)
- Research and Development (R&D)and
- Monitoring and Evaluation (M&E).

The NHIA in the period under review sought to strengthen support systems to enhance efficiency in the operations of the Scheme.

2.7.1 Management Information System

The focus for the plan period was to strengthen the management information system within the NHIA to improve data integrity. This was to be achieved by:

- introducing solutions to improve NHIS business processes
- improving availability and expanding network infrastructure to support NHIS operations
- setting up a robust and state of the art data warehousing system tailored to the informational needs of internal and external stakeholders
- supporting the integration/unification of biometric systems in the country
- building the technical and managerial capacity of MIS staff across the country
- achieving ISO 27001 certification for information assurance

During the period, the NHIA achieved the following:

- rolled-out an e-claims and implemented the national claims register in 63 health care facilities and 6 regional offices
- initiated and developed various software applications to enhance the operations of the NHIA
- rolled-out software application for the Private Health Insurance Scheme in the 1st quarter of 2016
- upgraded the BMS to support preferred primary provider roll-out
- rolled-out paperless member registration which significantly eliminated the cost of producing, transporting and storing membership registration forms.
- developed and rolled-out a robust revenue assurance and electronic receipting system in 40 of the 166 district offices to replace the manual General Counterfoils Receipt (GCRs) issued by the Controller and Accountant General (CAGD)
- developed the Claim-IT application in-house and deployed to 21 healthcare facilities
- commenced an Electronic Data Interchange (EDI) Project that seeks to streamline workflows and data availability for decision making
- collaborated with the NIA to integrate the NHIS membership details into the National Identity Card (Ghana Card)

- initiated the deployment of electronic claims software to all health centres, maternity homes and CHPS compounds in collaboration with the World Bank and the Ghana Health Service

2.7.2 Research

In the plan period (2015-2018), the NHIA set itself to strengthen research activities to provide empirical data to support management decision-making, This was to be achieved through collaboration with research institutions, the academia and other partners as well as supporting NHIA staff with small research grants to undertake relevant research projects as part of their academic work at the post-graduate level.

Key research activities carried out are:

- collaboration with Korean Foundation for International Health Care (KOFIH) to undertake a joint research project to enhance membership enrolment in the Volta Region
- a study on delay in claims reimbursement, NHIS regulatory framework and examining malaria claims cost to inform NHIS Technical Review Committee report
- customer satisfaction survey among providers and subscribers at the request of Private Health Insurance Directorate
- rapid assessment of NHIS capitation pilot in Ashanti Region to inform NHIA Board's decision on the capitation pilot

2.7.3 Monitoring and Evaluation

The set objective was to mainstream and integrate M&E activities within the NHIS and to build and develop M&E-technical capacity.

Specifically, the NHIA sought to

- continue efforts at mainstreaming M&E within the NHIS and integrating M&E activities for increased value addition to the Scheme,
- pursue efforts at developing an M&E policy to guide the implementation of M&E activities within the NHIS and
- build and develop M&E-technical capacity of relevant staff to address the inadequacies for efficient and improved monitoring and evaluation activities.

Pursuant to the above, the NHIA

- in May 2015, upgraded the Planning, Monitoring and Evaluation Department to a directorate status as a step towards the mainstreaming of M&E activities
- commenced the development of an M&E policy document but could not continue for lack of funding
- USAID, through the Health Financing Group (HFG) supported 25 staff from various directorates with basic training in M&E.

However, due to inadequate commitment to integrate M&E activities at all levels, M&E remains fragmented within the NHIA.

2.7.4 Collaboration with development partners

The NHIA has benefited from the support of Development Partners (DPs) over the years. For the period under review, five DPs provided either financial or technical assistance to the NHIA. The DPs and their respective support or projects are as indicated in the table below:

Table 4: Summary of Development Partners area of support

Development Partner	Area of support/Project
The United States Agency for International Development (USAID)	The USAID funded three projects namely; Expansion of Clinical audit activities, Capitation rollout and Capitation communication.
The British Department for International Development (DfID)	The United Kingdom through its agency, DFID, approved a grant of GBP1.73 million for the NHIA, as a non-budget support for the improvement of the financial management systems of the NHIA.
The Korean Foundation for International Health Care (KOFIH)	The NHIA and the KOFIH have been involved in a joint research study in the Volta Region since 2014 to improve membership enrolment in the NHIS.
French Development Agency (AFD/ILO)	The International Labour Organisation (ILO), with financial and technical support from the French Development Agency (AFD), funded a 2-year collaborative project aimed at improving NHIS membership renewal process.
UNICEF	UNICEF in collaboration with NHIA and other stakeholders from the MOH has developed "Every Mother Every New-born" (EMEN) Standards which have been incorporated into the existing NHIA Credentialing tools. They have also donated 50 electronic tablets to NHIA for credentialing data collection.

3.0 STRENGTHS, WEAKNESS, OPPORTUNITIES AND THREATS (SWOT) ANALYSIS

The NHIA has strengths that give it comparative advantage over any potential competitors. It also has weaknesses that need to be addressed by management the Authority to achieve the vision and mission of the organization. In addition, there are opportunities that management could leverage to improve operations as well as threats that must be safeguarded against.

Table 5: Summary of strengths, weakness, opportunities and threats

STRENGTHS	**WEAKNESSES**
Administrative/governance • Visionary leadership • Skilled and dedicated staff • Strong brand identity (name and image) with clear vision and mission **Financial** • Unique financial model (NHIL, SSNIT etc.) • Reliable and guaranteed source of funding **Operational** • Highly subsidised premiums that make NHIS affordable to the people • Exemption policy enhancing enrolment • Innovative ideas (i.e. e-renewal,, e-receipting) to improve efficiency • Portability of benefits • Nationwide ICT platform • Consolidated claims processing centres • Quality assurance through credentialing and quality monitoring • Effective financial and clinical audits	**Administrative/governance** • Over-centralization of functions at the head office (top-heavy and bottom-lean administrative structure) • Duplication of functions among some directorates • Inadequate staff reward system • Weak feedback mechanism (both internal and external) • Inadequate staff numbers at district scheme offices with capacity challenges • Inadequate technical capacity for post credentialing monitoring at the regional level • Inadequate staff training and development **Financial** • Delayed and irregular payment of claims • Weak financial controls at the district level **Operational** • Poor subscriber knowledge about the policies and programmes of the scheme • Logistics challenges leading to long queues at the district offices

	• Manual processing of large volumes of claims • Difficulty identifying the poor in the informal sector • Challenges with ICT (frequent down time, connectivity) • Extensive benefit package
OPPORTUNITIES	**THREATS**
Political/legal • Political will and general stakeholder acceptance of NHIS • High stakeholder and media interest • Legal backing for the Scheme • Availability and willingness of sister institutions and development partners to support the Scheme • International exposure and recognition **Socio-cultural** • General acceptance of the scheme • Social cohesion and positive influence of traditional authority • Traditional solidarity practices **Economic/financial** • Relatively stable macroeconomic environment • Potential to mobilize additional income from the middle class onto the Scheme **Technological** • Availability of technology to support and enhance membership management, eligibility authentication and claims processing and payment **Operational**	**Political/medico-legal** • Politicization of the NHIS • Potential medico-legal suits **Financial** • Lack of ring-fencing of the National Health Insurance Levy (NHIL) • Delayed and irregular release of funds from Ministry of Finance • Large informal sector that poses challenges in levy collection **Operational** • Weak gatekeeper system • Abuse of new technologies and pharmaceuticals with the potential to increase claims cost • High utilisation leading to high claims bills • Both demand and supply side moral hazard • Adverse selection • Poor health seeking behaviour of the population • Supply and demand side moral hazards • Ageing population with concomitant geriatric diseases and associated cost • Uneven distribution of providers

• Availability of credentialed providers across the country • Possibility to negotiate for lower medicine prices • Continued collaboration with relevant agencies in preventive health care initiatives • Introduction of Ghana Card to replace NHIS card may reduce cost • Broad/nationwide (potential) membership base	• Perceived poor quality of care for NHIS card bearing members and its negative effect on membership enrolment and retention • Irrational prescribing of medicines and its impact on claims • Unauthorised payment at provider sites **Technological** • Influx of sub-standard medicines and supplies • Weak pharmaceutical supply chain

Key Challenges Identified

a) **Membership mobilization**: Downward trend in membership growth rate over the past three years partly due to inadequate and intermittent shortage of consumables, frequent down time of BMS application and connectivity challenges, overcrowding in the district offices, frequent breakdown of printers, unauthorized payments in some credentialed health facilities and difficulty in identifying indigents for enrolment.

b) **Financial sustainability**: Inadequate funding, poor control systems leading to financial leakages, predominantly manual claims processing system lending itself to gaming, increasing claims volumes and cost to the NHIA.

c) **Operational inefficiencies:** Claims processing and management turnaround time standing at 90 days instead of the targeted 45 days; and unsatisfactory performance of the IT system, notwithstanding the huge annual financial investment.

d) **Management and administration:** Weak management and administrative systems that have the potential to erode staff confidence in the Scheme. This finds expression in the high attrition rate, denying the NHIA of very competent and well-qualified staff; the Authority's inability to attract very competent and well-qualified staff and to add value to the business through work-life balance poses a challenge of recruitment and retention of the younger generation of workers.

Over centralisation of critical functions of the Scheme at the head office, inadequate logistics (shortage of, and over-aged vehicles) at the regional and district offices to perform operational duties. Lack of holistic review of the HR policy with critical consideration to

transfer, and recruitment policies including succession plan; as well as inadequate training and development for staff.

e) **Information, Education and Communication**: Inadequate information dissemination, education and communication about the NHIS and its activities to boost public trust and confidence in the scheme.

f) **Research, Monitoring and Evaluation**: Inadequate support for research, (including data capturing); monitoring and evaluation for key decision-making and policy formulation. Inadequate technical capacity for data management and analysis.

g) **Conflict of Interest:** Being an implementer of the NHIS and the regulator of Health Insurance Schemes in the country, concerns have been raised that the NHIA is in a conflict of interest situation.

Lessons learned

1. Considering the un-insured population and the usual crowd at the district offices, the 2% increase in membership targets year on year is achievable and can be increased to 4% if :
   - consumables are sufficient and regular in supply;
   - BMS application and connectivity challenges leading to frequent down time are resolved
   - enough and heavy duty printers are provided to solve the overcrowding in the district offices
   - unauthorized payments in some credentialed health facilities can be minimized
   - efficient strategy is devised to identify and target indigents for enrolment

2. Financial sustainability challenge of the NHIS will be resolved, if Government gives approval to:
   - review the Benefits package
   - increase the NHIL
   - ring fence the NHIL

3. Provider confidence in the NHIS decreases and unauthorized payments increases when claims payment over-delays

4. The implementation of the on-site banking and e-receipting has improved efficiency at the piloted districts. A nation-wide scale up will contribute to increase in the financial efficiency gains of the scheme

5. The two claims management applications (e-claims and Claim-It) reduce claims workload, reduce submission and vetting time and cut down entry of errors in the system. A nation-wide scale up will deepen the scheme–provider relationship

6. Staff satisfaction levels continue to be low as a result of lack of career progression and accompanying remuneration

4.0 2019-2021 STRATEGIC PLAN

4.1 Goal

The medium to long term goal of the National Health Insurance Authority (NHIA) is to attain universal health insurance coverage for all persons resident in, and or visiting Ghana in an equitable manner; and to provide them with financial access to quality health care services with emphasis on Primary Health Care (PHC).

4.2 Objectives for 2019-2021

1. To work towards attainment of Universal Health Coverage (UHC) for Primary Health Care (PHC) by increasing active membership of the Scheme from 35% in 2018 to 47% by end of 2021.
2. To secure the long-term financial sustainability of the Scheme through income-side and expenditure-side interventions throughout the plan period.
3. To implement management and administrative reforms, including staff training and development, by end of year 2021 for improved efficiency and transparency in governance.
4. To improve accountability and quality assurance systems and intensify research, monitoring and supervision throughout the plan period.
5. To support the growth and development of the private health insurance industry in Ghana.
6. To intensify and sustain public education on the NHIS in order to project a positive corporate brand and image that promotes an excellent relationship between NHIA and its stakeholders.

4.3 Strategies to Achieve Objectives

Objective 1: *To work towards attainment of Universal Health Coverage (UHC) for Primary Health Care (PHC) by increasing active membership of the Scheme from 35% in 2018 to 47% by end of 2021*

a. ***Scale-up e-renewal of membership across the country***: NHIA, in collaboration with ILO, piloted digital renewal project at Asuogyaman and West Mamprusi Districts. The system, which has been scaled up nationwide, will allow members to renew their membership via mobile phone in the comfort of their homes and is expected to save time and cost to both members of the Scheme and the NHIA. It will also reduce overcrowding in the NHIA district offices, facilitate the renewal process and boost up active membership.

b. ***Work with other government agencies to link NHIA membership to the provision of critical social services:*** Currently, many Senior High Schools enjoin students to register with NHIS. During the plan period, NHIA will collaborate with key state institutions such

as Passport Office, Driver and Vehicle Licensing Authority (DVLA) to make NHIS membership a condition for accessing those services.

c. ***Target enrolment of formal sector employees through corporate registration:*** District Offices shall be directed to pre-arrange with head of institutions to sensitize and register staff at their work place.

d. ***Collaborate with National Identification Authority (NIA) to deliver a seamless digitized process for NHIS membership enrolment***: Pursuant to government vision to make the Ghana card mandatory for accessing social services, it is expected that all NHIA cards will be replaced with the Ghana card when the exercise is rolled-out nation-wide.

e. ***Resource district offices with adequate equipment and logistics for effective delivery of services***: District offices shall be resourced with computers, printers, ribbons and other logistics to ensure smooth and interrupted membership enrolment exercise across the country for persons who may not use the e-platform for registration and renewal.

f. ***Design and implement universal primary health care coverage for all residents in the country:*** In line with government's determination to achieve UHC for the citizenry, NHIA will design and implement a universal primary health care package for all residents in the country. As part of the process, NHIS members will be required to enrol with their preferred primary care provider nationwide. It is projected that the new policy direction will guarantee un-hindered access to basic health care services for all residents irrespective of their economic status.

Objective 2: To secure long-term financial sustainability of the Scheme through income-side and expenditure-side interventions throughout the plan period.

Income-side Interventions

a. ***Advocate for additional sources of funding to the Scheme:*** The sources of funding for the NHIA have remained the same while expenditure keeps increasing over the years. As a result, expenditure levels have outstripped incomes for the past five years. NHIA will therefore engage government and other stakeholders on additional funding from the following sources:
    i. Environmental tax to be imposed on mining companies because their activities create health hazards
    ii. Taxes on sugar related products
    iii. Special premium to be charged for foreign residents in Ghana
    iv. Employer-employee contributions of 1:1 per cent of basic salary

b. ***Intensify engagement with government to increase the NHIL from 2.5% to 3.5%:*** Over the years, the NHIL has been the main source of funding NHIS, accounting for about 75% of total inflows. NHIA will therefore engage government and other key stakeholders to increase the levy to 3.5% as well as to exempt NHIA from the warrant-capping system in order to further boost inflows of the Authority.

c. ***Roll-out e-receipting across the country:*** NHIA will roll out e-receipting across the country to replace General Counterfoil Receipts (GCR) currently being used in our district offices. This is expected to block revenue leakages in premium collection and improve the revenue base of the Authority.

Expenditure-side Interventions

a. ***Implement electronic claims management system***: Claims management within the Authority will be fully automated to minimise human interventions in the claims management process. The Claim-It application which has been developed in-house for claims management will also be rolled-out nationwide to further enhance claims management processes.

b. ***Strengthen budget management and controls across the country***: The NHIA will pursue the policy of 100% remittance of all revenues generated by district and regional offices to head office and in return fund district and regional offices expenditure and activities through quarterly budgetary allocation and disbursement. District and regional offices will be required to submit budget variance reports and expenditure returns on monthly and quarterly basis. Rigorous budgetary control and management will continue to feature in the head office financial management architecture and processes.

c. ***Activate the enterprise risk management system:*** Risk management will be given prominence, considering the risk involved in the health insurance industry. A Unit will therefore be established to comprehensively identify risk within the organisation and come out with measures to address them. The internal audit functions will also be strengthened via the required staff strength and logistics to enforce controls at all levels of the authority.

d. ***Diversify the investment portfolio for increased returns on investment:*** NHIA will continually review the investment environment, economic policies and the capital market expectations for optimal investment decisions. NHIA will also identify and include in the portfolio, alternative investments with negative correlation to ensure one asset's gain is proportionally matched by other assets' loss.

e. ***Implement efficient claims payment system***: NHIA will implement efficient claims payment systems to enhance the sustainability of the scheme. A mix of payment methods

such as population-based payment, G-DRG and Fee for Service will be used to pay providers.

Objective 3: To implement management and administrative reforms, including staff training and development, by end of year 2020 for improved efficiency and transparency in governance.

a. ***Implement the newly approved organizational structure:*** Some functions of the head office will be decentralized to the regional and district levels. Additionally, Directorates and Units will be re-aligned to the core functions of the Authority.

b. ***Develop and implement training models to build capacity of staff to fill their knowledge and skills gap:*** The Authority will review and train staff on the Performance Management System (PMS) to monitor and assess performance of staff. The PMS will be used to identify and assess training needs of staff. Management will further incorporate Continuous Learning and Career Development (CLDG) goals into the PMS of the Authority. In-house training programmes will be undertaken by experienced and knowledgeable staff to enhance knowledge sharing among staff. Capacity building programmes in critical and relevant areas of the Authority's operations will be out-sourced for enhanced performance. Management will also collaborate with development Partners to build capacities of staff in critical areas of our operations. Foreign training programmes will be undertaken for staff in critical areas of NHIA's operations. There will be post training assessment of staff and knowledge sharing.

c. ***Develop a holistic HR policy and disseminate it in furtherance of transparency and accountability in governance:*** Staff will be re-assigned taking into consideration their academic and professional background and skills to ensure the right calibre of personnel are placed in their rightful places within the organisation.

d. ***Strengthen the legal system and empower the legal directorate to effectively represent the interest of NHIA in all legal matters:*** The NHIA will collaborate with the Attorney General's Department in obtaining fiat and required trainings for the Legal staff. An Alternative Dispute Resolutions (ADR) committee will be formed to speed up conflict and complaints resolution. Further, the NHIA will collaborate with relevant stakeholders in amending Act 852 and reviewing the Legislative Instrument (LI).

e. ***Improve asset registration and management by keeping proper assets and management records:*** As part of cost containment agenda, the Administration Directorate will continue to provide support for the operations of the Authority in a more economic and efficient manner by tracking the assets of the Authority in compliance with policies, ensure strict adherence to preventive maintenance as well as reinforce theft deterrent measures. The Directorate will continue to support fixed asset numbering and registration across the

country and to strengthen current policies and ensure better responsibility towards assets and ultimately, achieve the maximum benefits the Authority gains from the disposal of same at the end of economic usefulness. Additionally, timely alerts of management of assets that are outliving their economic usefulness for replacement will continue.

Objective 4: To improve accountability and quality assurance systems and intensify research, monitoring and supervision.

a. ***Deploy document management system to enhance efficiency***: The MIS directorate intends to improve back office paper work by collaborating with the various directorates to incorporate more electronic workflows into its operations by introducing a document management system. This system will allow for secure generation, processing, tracking, storage and easy retrieval of documents.

b. ***Implement systems to enhance clinical audits:*** The role of clinical audit in assuring quality of care and rational use of medicines is critical for the sustainability of the Scheme. The rollout of hospital management information systems and electronic medical records by health facilities presents opportunity to conduct clinical audits electronically. The MIS Directorate intends to work closely with the Quality Assurance Directorate and other agencies of the Ministry of Health to implement systems that will facilitate the conduct of audits.

c. ***Enhance Business Intelligence for research, monitoring and supervision:*** During the period, the MIS Directorate will work closely with its stakeholders to enhance the organisation's capability to leverage its data warehouse and business intelligence platforms to provide actionable insights for timely decision making. This will include building the capacity of key staff to effectively employ analytical tools to help answer research questions from the huge data store that will be placed at their disposal.

d. ***Intensify clinical audit and implement clinical audit recommendations:*** During the plan period, the NHIA will intensify clinical audit across the country. Management will also ensure strict and swift application of sanctions against errant providers to serve as deterrent to others.

e. ***Build the technical capacity of Regional M&E staff to undertake post-credentialing monitoring***: Regional M&E staff will be trained to conduct regular post-credentialing monitoring across the country. This will ensure that credentialed health facilities provide quality health care services to members and help minimise fraud and abuse in the system.

f. ***Provide education on standards of operations such as credentialing and ensure that controls, both existing and new ones, are adhered to***: NHIA will continue to engage credentialed providers and key stakeholders on the credentialing processes and clinical audit findings. This regular forum will help improve health care delivery for NHIS members.

g. ***Audit identified thrust areas to provide robust risk control measure against foreseeable challenges that can weaken any of the control measures:*** The thrust areas will include, but not limited to, Procurement and Projects, Quality assurance, Fund audit, Contract audit and co-sourcing of district offices to external Audit firms. Other thrust areas include enterprise risk management, investigate all referral of alleged fraud and malfeasance, renewal of ACL analytics and GCR software licence and follow up on status of all audit reports. Other strategies to strengthen the internal audit system include the decentralization of financial audit functions to the regions for pro-active auditing to avert financial infractions at the district offices. There will also be follow-ups on recommendations on audit reports to ensure they are fully implemented to strengthen accountability and control systems to avoid any lapses within the system.

h. ***Build capacity of regional M&E staff in research, monitoring and evaluation to support district office and research activities:*** M&E staff in the regional offices will be given periodic training on research and M&E to enable them carry out effective monitoring in the regions and to support research projects of the NHIA.

Objective 5: To support the growth and development of the private health insurance industry in Ghana

a. ***Ensure that prospective and existing private health insurance schemes that apply for licence and who satisfy the criteria for granting same are licensed to operate:*** Prospective applicants are expected to satisfy minimum requirements to qualify for licensing. Thus, Applicants who will meet these requirements will be issued with license to operate. Existing Schemes are also expected to satisfy certain requirements to qualify for renewal of their licenses.

b. ***Set acceptable standards to improve the procedure for registration and supervision of Private Health Insurance Schemes***: Standards will be set for registration and supervision of schemes. Intensive monitoring systems will be put in place to ensure that private health insurance schemes comply with the minimum benefits package prescribed by the Ministry of Health. Sanctions will also be applied to private health insurance schemes when necessary.

c. Engage with key stakeholders on strategies to expand the private health insurance market and nurture them into Health Maintenance Organization (HMOs)

Objective 6: To intensify and sustain public education on the NHIS in order to project a positive corporate brand and image that promotes an excellent relationship between NHIA and its stakeholders

a. ***Provide platform to engage Parliamentarians and other key stakeholders*:** Regular forums will be held to provide platform for Parliamentarians and other key stakeholders to contribute ideas to enhance the operations of the Scheme.

b. ***Conduct regular stakeholder engagements to enhance the participation of the Media in NHIS programs:*** The NHIA will foster more cordial relationship with media practitioners and provide more information, education and communication on NHIS operations for better dissemination. An NHIS Press Corps will be constituted to be educated on NHIS related matters to act as advocates.

c. ***Provide information desks at selected credentialed health facilities to enhance member experience at provider sites:*** Information desks will be provided at major credentialed health facilities across the country to address complaints and concerns of NHIS members. Trained and experienced NHIS staff will be deployed to support members who may need assistance with the view to enhancing member experience anytime they access health care.

d. ***Provide information desks at the Scheme offices*:** Information desks will be provided at all district offices to address complaints and concerns of NHIS members. NHIS staff at the district offices will be re-trained to support members who may need assistance with the view to enhancing member experience with the Scheme. The NHIS staff will also create awareness of NHIS benefit package, rights and responsibilities and all other initiatives to be implemented by the Scheme to secure public acceptance and better understanding of the scheme.

e. ***Enhance internal information flow through the use of dashboard updates, bulletins and newsletters, seminars and social media:*** Dashboards will be provided on membership, claims and other critical areas of NHIA operations. This will provide real time information for management and staff and further boost communication flow within the organisation. Monthly newsletters, bulletins and other social media platforms will be used to share information among staff.

f. ***Re-vamp the Call Centre with appropriate technology and infrastructure to offer responses to public enquiries:*** The NHIA currently host the call centre within its premises.

The appropriate technology and infrastructure will be procured to improve the services provided to members.

5.0 MONITORING AND EVALUATION

The success of the NHIS depends in part on its ability to carry out credible monitoring and evaluation and use the reports for evidence-based decision-making. Monitoring and Evaluating the implementation of the 2019-2021 Medium-Term Strategy is as important as identifying the strategic issues and goals. It is to ensure that the Authority follows the directions as outlined in the strategic plan and to ensure performance and achievement of the set objectives.

5.1 Implementation

Implementation of the plan will begin with a nationwide dissemination of the key issues contained in the 2019-2021 strategic plan among all staff of the NHIS and key stakeholders.

Key elements of the implementation process are:

1. The Annual Programme of Work (POW)
2. Performance Contracting and Assessment
3. Annual Performance Reviews (Management Retreat)

5.2 Annual Programme of Work

To facilitate implementation, a detailed Annual Programme of Work (POW) with corresponding budgets will be prepared annually by directorates and departments in line with the strategic objectives and key activities outlined in the medium-term plan. The strategic planning team will provide technical guidance to assist directorates to prepare their respective POW. The POW will define the specific measurable targets to be achieved within the respective years and will form the basis for the signing of performance contract. Heads of Directorates will be required to prepare Gantt charts to guide the implementation of their key performance activities.

5.3 Performance Contracting and Assessment

In order for Executive Management to be accountable and responsible for the deliverables in their POW, all principal officers will be required to sign performance contracts with their respective superior/bodies. These principal officers will also be required to sign performance contracts with their respective subordinates. The system of performance contracting and assessment is expected to have cascading effect on productivity, ensuring that all principal officers and other staff, clearly understand and accept their individual and collective responsibilities towards the achievement of the set objectives in the strategic plan. These performance contracts will also be used to measure staff output and constitute the major part of the annual staff performance appraisal.

5.4 Performance Reviews

There shall be quarterly, mid-year and annual performance reviews for the principal officers during which each will be required to present on their performance for the stated period by stating key successes, challenges and recommendations to help in achieving the various set objectives and targets.

5.5 Monitoring and Evaluation Reports

Monitoring: Monitoring of performance shall be done on monthly, quarterly, mid-year and annual basis. Principal Officers will, on monthly basis, report on the progress of their activities at management meetings. They will also be required to speak to issues that may require immediate attention of the Executive Management in order to avert any late discovery of challenges that can impact negatively on the entire corporate performance.

Regional Directors' Forum: The Regional Directors' forum shall be established to provide a platform for Regional Directors of the NHIA to engage in an annual peer-review exercise. This will be supervised by the directorate with direct oversight responsibility for the regional operations. The Regional Directors forum shall be preceded by regional performance review workshop for district directors/managers in the respective regions. The M&E team will provide technical assistance as may be required.

Evaluation: There will be two major evaluations during the plan period, namely mid-term review and end-of-term evaluation.

- ***Mid-term evaluation***: The mid-term review will be done solely by an in-house team to be drawn from the various directorates but may be led by an external consultant.

- ***End-of-term evaluation***: The end of term evaluation will be done jointly by an in-house team, the Board and/or consultants to be appointed by the Board. The end of term evaluation will focus on the impact of the strategic initiatives on the operations of the scheme and its beneficiaries, beginning from the year 2019 and covering up to the year 2021. The second quarter of year 2021 will be used to evaluate the implementation of the 2019-2021 strategic plan and the findings and recommendations will be factored into the next medium-term plan.

Annex 1: Implementation Plan and Budget

Key Objectives	Activities	Timelines			Responsibility		Means of Verification
Objective 1:	**To move towards attainment of Universal Health Coverage (UHC) for Primary Health Care (PHC) by increasing active membership of the Scheme from 35% in 2018 to 47% by end of 2021.**						
Key performance areas		2019	2020	2021	Responsible person(s)	Collaborating Directorate	Means of Verification
1. Intensify membership mobilization to achieve yearly targets.		39%	43%	47%	DCE (Ops)	MRO, CAF, MIS, RPME	Annual Reports
2. Enrol all NHIS members to their preferred primary care provider		√	√		DCE (Ops)	PPD, MRO, CAF, RPME	Annual Report
3. Scale up E-renewal of membership to all districts		√			DCE (Ops)	MRO, MIS, CAF, RPME	Annual Report
4. Implement UHC for PHC			√	√	DCE (Ops)	PPD, MRO, MIS, CAF, RPME	Annual Report
5. Implement E-registration				√	DCE (Ops)	MRO, MIS, CAF, RPME	Annual Report
6. Migrate NHIS membership data onto the Ghana Card		√	√	√	DCE (Ops)	MIS, MRO	Annual Report
Objective 2	**To secure the long-term financial sustainability of the Scheme through income-side and expenditure-side interventions throughout the plan period.**						
Activities		2019	2020	2021	Responsible person	Collaborating Directorate	MOV
1. Re-design the NHIS financial model		√			Chief Executive	DCE(F&I) Actuarial	Annual Report

2. Constitute a lobbying team for timely release of funds		√			Chief Executive	Executive Management	Annual Report
3. Lobby for additional funding to the Scheme		√	√	√	Chief Executive	Board, Executive management	Financial Report
4. Scale-up e-receipting across the Scheme		√			DCE (Finance)	MIS	Project Report
5. Implement e-claims management system		√	√		Chief Executive	DCE (Ops), MIS	Project Report
6. Deploy the Claim-IT application at all provider sites		√	√	√	DCE (Ops)	MIS, Claims	Project Report
7. Implement fund holding payment system for primary care in all regions		√	√		Chief Executive	Executive management, MRO, Actuary, RPME	Project Report
Objective 3	**To implement management and administrative reforms by end of year 2020 for improved efficiency and transparency in governance**						
Activities		2019	2020	2021	Responsible person	Collaborating Directorate	MOV
1. Implement the New Organizational Structure and Scheme of Service		√			Chief Executive	DCE (Admn+HR)	Annual Report
2. Decentralize some functions of the NHIA to the regional and district levels		√	√		Chief Executive	DCE (Admn+HR)	Annual Report

3. Train staff in their respective fields to improve their capacity and performance		√	√	√	DCE (Admn+HR)	All other directorates	
4. Secure a fiat from the Attorney General's department to prosecute own cases		√			Chief Executive	Legal	Annual Report
5. Secure an amendment of Act 852 and review the LI 1809			√		Chief Executive	Legal	Annual Report
6. Constitute internal alternative dispute resolution (IADR) board to speed up conflict and complaints resolution		√			Chief Executive	Legal	Annual Report
Objective 4	**To improve accountability and quality assurance systems and intensify research, monitoring and supervision throughout the plan period**						
Activities		2019	2020	2021	Responsible person	Collaborating Directorate	MOV
1. Conduct clinical audit in credentialed facilities that submit outlier claims for payment		√	√	√	DCE (Ops)	QA, Claims, Regional Offices	Clinical Audit Report
2. Conduct financial audit of Head Office, Regional and district offices of NHIA		√	√	√	DCE (F&I)	Internal Audit, Finance, Regional Offices	Financial Audit Report
3. Develop research agenda and research policy to guide research within the Scheme		√			DCE (Ops)	RPME	The policy document

4. Conduct (and or commission) research into NHIS operations		√	√	√	DCE (Ops)	RPME	Research report
5. Undertake performance monitoring of Directorates and Regional Offices of NHIA		√	√	√	DCE (Ops)	RPME, MRO	M&& Report
6. Conduct a review of the 2019-2021 strategic plan			√	√	Chief Executive	DCE (Ops)	Review Report
7. Develop the 2022-2025 medium term strategic plan				√	Chief Executive	DCE (Ops)	MTP document
8. Deploy a robust IT solution to support all processes of the NHIA		√	√	√	Chief Executive	DCE (Ops)	Project Report
9. Upgrade IT infrastructure at all CPCs		√	√	√	Chief Executive	DCE (Ops)	Project Report
10. Upgrade the e-claims software		√			DCE (Ops)	MIS, Claims	Project Report
11. Complete the electronic data interchange (EDI) project		√	√		DCE (Ops)	MIS	Project Report
Objective 5	**To support the growth and development of the private health insurance industry in Ghana**						
Activities		2019	2020	2021	Responsible person	Collaborating Directorate	MOV
1. Register and licence private health insurance schemes that apply for licensing.		√	√	√	Chief Executive	DCE (Admn+HR), PHIS, Legal	PHIS Register

2. Conduct performance monitoring of private health insurance schemes		√	√	√	DCE (Admn &HR)	PHIS, RPME	PHIS M&E Report
Objective 6	**To intensify and sustain public education on the NHIS in order to project a positive corporate brand and image that promotes an excellent relationship between NHIA and its stakeholders.**						
Activities		2019	2020	2021	Responsible person	Collaborating Directorate/Dept.	MOV
1. Undertake preventive health awareness campaign at the District Offices		√	√	√	DCE (Ops)	CAF, District & Regional Offices	Operational report
2. Conduct regular stakeholder meetings to enhance their participation in NHIS programmes		√	√	√	DCE (Ops)	CAF, All other directorates	Operational report
3. Provide information desks at credentialed provider sites to assist NHIS members seeking health care		√	√		DCE (Ops)	CAF, District and Regional Offices	Operational report
4. Constitute NHIS Press Corp to champion NHIS matters in the public domain		√			Chief Executive	CAF	Operational report

Annex 2: Monitoring and Evaluation Framework

(to be developed upon approval of the plan)