



The Minister of Health,  
Ministry of Health,  
Accra

## COMMUNIQUE

*of the* **PRIMARY HEALTH CARE ADVOCACY COALITION** *and the* **UNIVERSAL ACCESS TO HEALTHCARE CAMPAIGN**

### **ACHIEVING UNIVERSAL HEALTH COVERAGE – WHAT GOVERNMENT MUST DO!**

**Tuesday, February 5, 2019**

The Sustainable Development Goals (SDGs) provide Ghana with an opportunity to resolve issues related to health, environmental pollution, poverty, gender inequality and quality education, among others. The post millennium goals allow for countries to consolidate the gains made since the end of Millennium Development Goal implementation. The SDGs give the necessary context for countries to adopt pragmatic, country-specific strategies to achieve universal health coverage, approaching healthcare holistically using a primary health care model. in the national drive to achieve UHC by 2030 under the SDG 3.

Over forty years since the Alma Ata Primary Health Care (PHC) Declaration in Astana Declaration, malaria is still the leading OPD disease in Ghana, HIV incidence is on the rise again while there is a surge in the number of Ghanaians affected by non-communicable diseases such as hypertension, diabetes and mental health.

Despite this, more than three years after signing on to the SDGs, issues such as the lack of access to quality health care; inequitable distribution of health resources, including staff deployment; and a high cost of health care, including out of pocket expenses, are still rife in Ghana's health system. Contributing to this fallout is the apparent low political commitment to the SDGs 3 — in the last 2 years – as government has not listed health as one of its priority areas of the national budget.

Health financing trends reveal that a considerable proportion of the health budget is being spent on staff compensations to the detriment of important priority areas such as Goods and Services and health infrastructure development. The means that national efforts to strengthen and improve the primary health system is stalled resulting in a continuous situation of low quality of care, high priced and often unavailable essential drugs, medicines and vaccines; a dire mismanagement, misappropriation and misuse of health finances; a weakening human resource for health evident in the lack or low numbers of skilled health personnel such as midwives, pediatric nurses to provide services and; failed inter-sectoral collaboration among government ministries, agencies and departments and little engagement with the private sector. Furthermore, while Ghana has developed a robust, reliable and efficient health monitoring systems, there is clear evidence that data is not sufficiently utilized to inform decision making at all levels of the health system.

To achieve Universal Health Coverage (UHC) there is substantial evidence that shows that, government must clearly define and adopt an acceptable strategy to facilitate the redress of gaps

impeding progress Evidently, there is a need to pragmatically adopt PHC as one of the pathways towards achieving UHC given the growing shift of disease burden.

The Universal Access to Healthcare Campaign and Primary Health Care Advocacy Coalition therefore call on the Ministry of Health, the Ghana Health Service, the National Health Insurance Authority to, as a matter of urgency:

### ***Cabinet***

1. Include the health sector in the list of government priority areas for development to ensure that the health sector is adequately financed like the education and agriculture sectors when developing the national budget.

### ***Ministry of Health and Finance***

2. Ensure that the total allocation to the health sector represents about 15 percent of the national budget instead of the current 8% allocations — with greater focus on Capital Expenditure (CAPEX) and Goods and Services.
3. Speed up the development of a national primary health care policy to improve access to primary health care.
4. Define an essential health service (EHS) package for primary health care which aligns with national priorities outlined in the current Health Sector Medium Term Development plan (2018-2021) and the SDG 3. It is crucial that this EHS package also aligns with the NHIS benefit package to guarantee equitable access to primary health care and mitigate catastrophic expenditure or other financial hardships.
5. Engage the private sector to find alternative resources to finance and sustain the NHIA.
6. Review the NHIS benefits package to cover ambulance services, mental health, family planning and dialysis treatment for poor people suffering from kidney failure.
7. Ensure that the total NHIL revenue is allocated and fully transferred to the NHIA to support the implementation of the NHIS and that the NHIL revenue is separated from the consolidated fund.
8. Complete all health infrastructure projects including those started by previous governments.
9. Ensure timely disbursement of allocations to the health sector.
10. Strengthen public-private-partnership to address health needs such as the availability of anti-rabies and anti-venom drugs and improve the availability and local use of alternative medicines.
11. Increase Annual Budget Funding Amount (ABFA) and Capital Expenditure (CAPEX) allocations to the health sector to complete unfinished projects instead of building new infrastructure.
12. Integrate water and sanitation issues within the health care system and facilitate strong inter-sectoral collaboration to maximise and consolidate gains in improving health care within these sectors.
13. Ensure that a percentage of the communication tax is allocated to NHIS.
14. Liaise with the Ministries of Transport & Energy to substantially invest in regional/district transportation and power networks to increase access to primary healthcare facilities

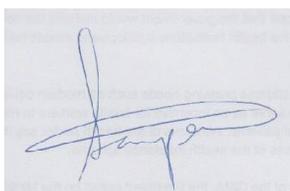
### ***National Health Insurance Authority***

15. Ensure that the NHIS is feasible and functional by implementing some of the following proposals for the NHIA:
  - a. Full implementation of the electronic claims management system to improve efficiency and reduce fraud.
  - b. Timely prosecution of persons engaged in fraudulent activities such as false claims.
  - c. Amendment of NHIS law to make crime against the scheme more punitive and a deterrent to potential fraudsters

- d. Prompt early NHIS repayments to avoid high fee-for-services offered at the health facility and doubling of service charges
  - e. Re-design the financial model of the NHIS with focus on:
    - i. Increased health taxes on Sugar, Alcohol, Plastic & Tobacco.
    - ii. Increments in the percentage of VAT and health levies paid by companies that produce soft drinks, alcoholic beverages, tobacco companies. Ensure that such companies pay 15% NHIL instead of the current 2.5%.
    - iii. Progressive taxation that does not burden citizens.
    - iv. Increments in NHIS premiums (between 10 and 20%) with targeted exemptions for vulnerable and marginalised groups (such as those on LEAP).
    - v. Redesigning the premium payments into a tiered system based on salary/remuneration.
16. Develop a mobile alert system to prompt clients to renew or reactivate their NHIS cards.
17. Intensify public education of the benefits of the NHIS to enhance public trust.
18. NHIA to strengthen its Monitoring & Evaluation systems to flash out any health facility charging illegal fees or providing poor healthcare services to NHIS card holders.

### ***Ghana Health Service***

- 19. Finalise work on the staffing norms to ensure equitable deployment of health workforce to underserved Regions, districts and communities.
- 20. Ensure that essential health staff are deployed based on the needs of each region, district, and community.
- 21. Develop a strategic national health protocol or programme that requires all public primary health facilities to spend a minimum of 3% of their NHIS funds on preventive care to address the shift in disease burden and rising cases of non-communicable diseases reported in health facilities.
- 22. Address issues related to the influx of fake or substandard drugs in the country by strengthening and adequately resourcing government agencies and institution such as the Food and Drugs Authority and the National Drugs Authority, to fulfil their mandate.
- 23. Adopt a holistic and integrated approach to healthcare instead of approaching health from a silo or vertical programmatic perspective.
- 24. Reduce reliance on retained IGF as health facilities burdened with this phenomenon are forced to generate funds by surcharging clients and focusing more on specialist services instead of providing primary healthcare services
- 25. Ensure that all health facilities are disability friendly.
- 26. Begin a process of integrating sign language study into the curriculum of health training facilities to address some of the challenges faced by persons with disabilities.



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## ADOPTED BY:

- Universal Access to Healthcare Campaign
- Alliance for Reproductive Health Rights (ARHR)
- Integrated Social Development Centre (ISODEC)
- SEND GHANA
- IPAS Ghana
- Planned Parenthood Association of Ghana (PPAG)
- Hope for Future Generations (HFFG)
- Ghana Coalition of NGOs in Health (GCNH)
- Young and Lonely Foundation
- Right and Responsibilities Initiatives Ghana
- Centre for Community Studies, Action and Development (CENCOSAD)
- Curious Minds
- Oxfam in Ghana
- Real Opportunity Network
- Society for Women Against Aids Ghana
- Mission of Grace Ministries
- Youth Advocacy on Rights and Opportunities (YARO)
- Integrated Rural Development Centre
- Ghana Developing Communities Association
- Pure Trust Social Investment Foundation
- Savannah Signatures
- Basic Needs- Ghana
- Northern Sector Action on Awareness Centre (NORSAAC)
- Youth in Action in Development
- Youth without Borders Ghana
- Zuuri Organic Vegetable Farmers Cooperatives Union (ZUVFA)
- Spirit Youth Ministry
- Window of Hope
- Christ Apostolic Church, International
- Centre for the Development of People (CEDEP)
- Environmental Protection Agency of Ghana, Kumasi
- Ghana Girl Guides Association
- World Federation of Independence Scout, Kumasi
- Young Women Christian Association, Kumasi
- TEENS NET Ghana
- Worakose Youth Development Association
- Saint Martin's Catholic Church, Kumasi
- Bimobas Literacy and Farmers Co-operatives Association (BILFACU)
- True Vine Ghana, Upper West
- Youth Empowerment for Life (YEFL)
- Young Urban Women
- League of Youth
- Rural-Urban Women and Children Development Agency (RUWACDA)
- SONGTABA
- Centre for Active Learning and Integrated Development (CALID)
- Urban Agriculture Network (URBANNET)
- SCIF Ghana
- Back to Reality (B2R)
- Ghana Federation of Persons with Disability

