

# PROJECT EFFECTIVENESS REVIEWS

'enhancing effectiveness through evidence-based learning'



## Health for All: Towards Free Universal Health Care in Ghana 2012/13

In 2003 the National Health Insurance Scheme was introduced in Ghana. The scheme is funded through individual annual contributions from formal sector workers. Internationally the scheme gained recognition as a health insurance 'success story' owing to its substantial coverage of the Ghanaian population. For civil society groups this 'good news' story did not reconcile with what they saw on the ground. The objectives of Universal Health Care Campaign were twofold. Firstly the Campaign aimed to raise awareness of the weaknesses of the health insurance scheme as a modality for financing free universal health care; and secondly, it proposed solutions, including alternative tax-based and innovative health care financing mechanisms to deliver universal health care. The Campaign was realised through activities such as public events, popular mobilisation, lobbying, and media engagement.

Figure 1: Strategies and objectives of the campaign. Outcomes shaded green were decided upon as the most reasonable to select for the evaluation.

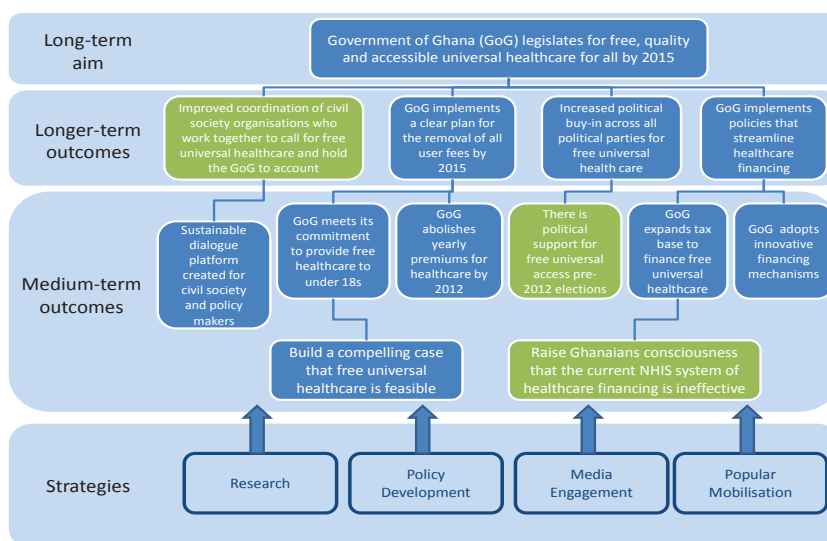


Photo credit: Alliance for Reproductive Health Rights (ARRH)

## Evaluation method

External evaluator, Gavin Stedman-Bryce, from Pamoja Consulting, was selected to apply a pre-defined research protocol to rigorously assess the project's contribution to key outcomes it sought to bring about. Drawing on theory-based evaluation approaches, Oxfam has defined a robust qualitative research protocol, 'process tracing', to enable assessment of a) the extent to which intended objectives, or interim outcomes that signal progress towards these objectives, were successfully achieved and b) the extent to which the intervention contributed to these changes. (Re) constructing the campaign's theory of change with key stakeholders, the approach identifies the interim and final outcomes the campaign sought to achieve. The evaluator then seeks evidence for the extent to which these outcomes have materialised; identifies plausible causal explanations for those outcomes (including but not limited to the campaign itself); and assesses the extent to which each of the explanations are, or are not, supported by the available evidence.

**Rating key:** ● - Evidence supporting large impact; ● - Evidence supporting more modest impact; ● - Evidence of large impact, but only for specific sub-groups/measures; ● - Evidence of modest impact, but only for specific sub-groups/measures; ● - No evidence of impact

Outcome	Rating	Commentary
1. Improved co-ordination of civil society organisations to advocate for free universal healthcare for all		Campaign made a high contribution to building the capacity of CSOs within the Campaign's membership to advocate for free universal health care. This centred on helping CSOs to understand the Campaign report's findings.  The Campaign made a moderate contribution to increasing the ability of CSOs to plan and work together to advocate for free universal health care.
2. The current NHIS system is shown to be an ineffective vehicle to deliver free universal health care in Ghana		Changes to how the NHIA calculated NHIS coverage was shown to be flawed by the Campaign.  The NHIA changed its methodology for calculating NHIS coverage because of pressure from the campaign.
3. Increased political buy-in for free, quality and accessible universal healthcare for all		Little evidence that the outcome was realised.  Activities of the Campaign appear to have failed to establish constructive dialogue with parliamentarians in the lead up to the elections.

## Results

The Campaign's cornerstone report, 'Achieving a Shared Goal: free universal health care in Ghana', published in March 2011, contained evidence that contrary to official reports of 67 per cent coverage by the health insurance scheme, as few as 18 per cent of Ghanaians were enrolled. Despite being met with widespread controversy and a vociferous backlash from the National Health Insurance Authority, some months following its publication the official coverage figures were lowered from 67 per cent to 34 per cent. The evaluation found strong causal evidence linking the Campaign's report to changes in the way the National Health Insurance Authority calculated health insurance coverage.

A further key success of the Campaign was its ability to mobilise civil society organisations in the health arena around the common goal of free universal health care, though the evaluation failed to find compelling evidence that the Campaign had made a significant contribution to stimulating political buy-in for free universal health care in the lead up to the 2012 elections, in part due to limitations of the evaluation in gaining access to parliamentarians.

## Going forward

The project is being continued by the civil society coalition, but, as part of a long-agreed exit strategy, Oxfam in Ghana will no longer be providing financial or staff support beyond supporting efforts to fundraise for the sustainability of the coalition. The campaign continues to be recognised as influential at country and global level. In April 2013, the World Bank requested the coalition to produce a video recorded message on access to universal health care to be part of the World Bank President's message to the World Health Assembly. The World Health Organisation proactively contacted Oxfam to apply for funding to campaign and advocate on access to universal health care. The application has been successful to continue the work in Ghana, and roll out two new campaigns in Egypt and India.