**An economic evaluation regarding the benefits package of Ghana’s National Health Insurance Scheme**

BACKGROUND

Ghana’s National Health Insurance Scheme (NHIS) was initiated in 2003, with the aim of achieving Universal Health Coverage. However, NHIS performance has been challenged by financial sustainability issues. The NHIS has faced deficits since 2009. Healthcare providers receive reimbursements nine months late on average. A revision of the benefits package has been suggested as a mitigating measure and policy-makers are investigating the option of including only primary healthcare (PHC) interventions.

OBJECTIVES

We conducted an economic evaluation with the objective to give recommendations regarding the interventions to be included in a revised benefits package. A scenario analysis was performed to provide insights into the outcomes of various options for the benefits package, including the option of focusing on PHC.

METHODS

70 interventions were costed using local data sources. Data on the health benefit of each intervention (measured in Disability-Adjusted Life Years (DALYs) averted) was collected through a literature search. Subsequently, the **net** health benefit of each intervention (DALYs averted) was calculated and used to rank the interventions.

Six different benefits packages were designed, based on different policy aims. The expected total costs of the packages were kept within a budget drawn from 2017 expenditure on NHIS claims. For each package we reported: total cost; budget impact per disease area; total DALYs averted; total cases treated; and number of interventions included.

FINDINGS

The most beneficial interventions were found to be in the areas of *malaria*, *maternal and neonatal care* and *reproductive health*, while interventions in the areas of *NCDs* and *neurological and psychological disorders* tend to be less beneficial.

We found that aiming to maximise DALYs averted in designing the benefits packages also achieves good results in other areas of interest. Focusing on including a high number of interventions, as opposed to covering a larger proportion of the population, leads to low total health benefit and number of cases treated. Including all available PHC interventions in the benefits package is unlikely to be possible with the current NHIS budget. Introducing co-insurance appears a promising avenue to achieve good outcomes. However, further research is needed.

KEY RECOMMENDATIONS

We recommend for population coverage to be prioritised over intervention coverage. Emergency obstetric and neonatal care should be included in any PHC package, despite being higher-level care, as these interventions are highly beneficial. We also recommend increased efforts to build technical capacity in the field of health technology assessment to enable further research.