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POLICY BRIEF

Ghana's National Health Insurance Scheme: Considerations for a more Effective Scheme



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INTRODUCTION

Health insurance coverage remains one of the most important protections against poverty associated with catastrophic health expenditures. It is also one of the means to achieve the third Sustainable Development Goal (SDG) on good health and well-being (Agyepong et al, 2016). One of the key advantages of Ghana's Health Insurance Scheme is making it possible for sick people to seek healthcare early and to more readily use healthcare facilities in times of emergency (Blanchet, Fink, & Osei-Akoto, 2012; Novignon, Ofori, Tabiri, & Pulok, 2019) thus, averting health complications.

KEY ISSUES

Access to healthcare using the National Health Insurance Scheme (NHIS) has reduced rather than increased in recent years. Between 2015 and 2017, Out Patients' Department (OPD) attendance using the NHIS consistently declined for both males and females (Table 1). OPD use without the NHIS

consequently increased during the period. This has implications for out-of-pocket payment burden, known to cause delays in seeking healthcare at the appropriate time. The most recent (2016) information available indicates that residents of Ghana bear a higher out-of-pocket expenditure on health as a percentage of private expenditure on health. It shows that Ghanaians bear 36.1% compared to African and global averages of 35%

and 33%, respectively (Ghana Health Service, 2019, p. 17; WHO, 2020). However, between 2015 and 2017, there was close to double the OPD attendance of NHIS-insured females, compared to that of NHIS-insured males. This is possibly a result of the free healthcare policy for pregnant women and new mothers under the policy (Institute of Statistical, Social and Economic Research [ISSER], 2019).

Table 1: Use/non-use of NHIS to access healthcare in Ghana, 2015-2017

	2015	2016	2017
Total OPD attendance of insured females	15,834,518	15,659,733	14,863,904
Total OPD attendance of insured males	8,881,417	8,578,502	7,867,806
Total OPD attendance of insured (both females and males)*	24,715,935	24,238,235	22,731,710
Total OPD attendance of uninsured (both females and males)*	5,233,238	5,503,373	5,721,564
Total OPD attendance (both females and males, insured and uninsured)	29,949,173	29,741,608	28,453,274
Total number of admissions of insured females	875,835	899,159	899,720
Total number of admissions of insured males	427,854	428,536	412,250
Total number of admissions of uninsured females	125,450	133,084	138,476
Total number of admissions of uninsured males	116,590	127,271	135,337

Sources: Policy, Planning, Monitoring and Evaluation Division, Ghana Health Service, 2018; ISSER, 2019, p.69.

Note: * denotes the information provided was not categorically provided by the GHS but was derived from information the GHS provided on total OPD attendance and total OPD attendance for insured males and females.

Besides the decline in healthcare access using the NHIS, the credibility and viability of the NHIS is diminishing due to problems such as overcrowding at facilities (which lengthens the time cardholders must spend to register and/or renew their membership, or access healthcare), its precarious financial position, alleged corruption by some top officials and other managers of the scheme, as well as healthcare practitioners (ISSER, 2017; Kodom,

Owusu, & Baidoo Kodom, 2019). Other recent problems confronting the NHIS are abuse of procurement processes by management, very high turnover of top management, politicisation and the inability of the scheme to pay service providers within a reasonable time. It is also on record that unpaid NHIS debts to service providers accrued to the tune of GH¢1.2 billion in the recent past, mostly during the previous administration. The

current government has made it known that it has paid this debt (ISSER, 2019). However, delayed payment to service providers seems to be a persistent problem. This affects prompt service delivery and morale, particularly to quasi-government and private healthcare institutions.

As ISSER has maintained in the Ghana Social Development Outlook (GSDO) series since 2012, the NHIS is insolvent in its present state. The premiums charged – one of the main sources of funding – is too meagre. Other key problems include the fairly long time it takes for registrants to validate their status at health facilities. Furthermore, there is inadequate information dissemination to enable registrants understand how to receive reimbursements for medicines the Scheme is unable to cover and which they are compelled to purchase out-of-pocket. Currently, dissemination of information on the status of the scheme, such as the number of active registrants and the financial position of the Scheme, is scarcely put into the public domain, though such information used to be readily available online for public consumption. Against this background, attempts to seek information, even officially, from the Scheme is not responded to, or at best, treated lackadaisically.

CONCLUSION AND RECOMMENDATIONS

In conclusion, even though the NHIS has achieved laudable successes, including providing easier access to healthcare for active subscribers (Blanchet et al., 2012; Novignon et al. 2019), and contributing to reducing the health burden in Ghana, the Scheme is still burdened with some problems which militate against its ability to realise its full potential. ISSER has persistently drawn attention to the lack of solvency of the NHIS in its current state and called for a reform of the Scheme (see ISSER, 2013, 2014, 2017). Subsequently, ISSER recommends that:

- The National Health Insurance Authority (NHIA), which manages the Scheme, finds innovative ways of increasing the number of premium-paying subscribers, as well as the premium paid by individual subscribers. The Government of Ghana's (GoG) contribution to the Scheme should also be increased.
- GoG explores additional sources of funding.
- GoG and political parties refrain from interfering in the operations of the NHIA.
- The NHIA finds innovative means to drastically shorten the time and effort it takes to register and/or renew one's membership, and validate an active membership at points of service.
- The Scheme steps up information dissemination to enable subscribers reap maximum benefits from the Scheme. Also, it should make information on its operations more readily available to the public.

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