

IMPROVING HEALTHCARE DELIVERY IN GHANA

*MAKING THE NATIONAL HEALTH INSURANCE SCHEME WORK FOR THE
PEOPLE*

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BACKGROUND & OBJECTIVES

1

- Ghana's NHIS was created by the National Health Insurance Act (Act 650) of 2003 and became one of very few attempts by a sub-Saharan African country to implement a national-level, universal health insurance program
- Healthcare is the backbone of every nation. Governments everywhere have taken the health sector as a priority sector. In the wake of the COVID-19, healthcare has received some level of attention. The global pandemic has exposed inefficiencies
- One of the primary goals of Ghana's NHIS was to increase the affordability and utilisation of drugs and health services in general and among the poor and most vulnerable populations, in particular
- Since its introduction, the scheme has helped mobilize revenue for providers, thus helped in health financing
- Health service utilisation has increased significantly and out-patient visits per capita increased abruptly after 2005, the same year NHIS operations began.

A recent survey indicated that about 50 percent of Ghanaians are registered on the scheme. The majority of these are the working class, poor and vulnerable in the under-served rural communities who cannot afford an alternative scheme like the private mutual health insurance scheme.

However some challenges have characterised the National Health Insurance Scheme during implementation these include:

- Delay in transfer by the government and the NHIS to service providers;
- charging of unapproved fees;
- and abuse of clients by some health workers

The challenges mentioned above persist even though the Government of Ghana continues to pump huge resources into the scheme, while subscribers in the formal sector whose 2.5 percent of their salaries are deducted also contribute. The recalibration of the 2.5 percent of the Valued Added Tax (VAT) has also increased revenue meant for the scheme.

As a result of these challenges, many companies have had to sign their workforce onto a private mutual insurance scheme, albeit more efficient, and provides a wider drug list. The private mutual scheme is costly, making it impossible for most middle class, the poor and the vulnerable to afford to enroll

Research goal & objectives

The goal of this project is to advocate and influence policymakers and other relevant stakeholders to strengthen health outcomes and the welfare of subscribers. This can be ensured if the NHIS and its accredited healthcare providers provide utmost care to insurance subscribers while at the same time reducing out-of-pocket expenses in using the scheme.

The specific objectives were to:

- review the existing status of the NHIS in Ghana;
- explore the challenges that are preventing the NHIS to deliver on its mandate to subscribers
- facilitate debate and discussions on the obstacles preventing the NHIS and how to address the same;
- advocate for government to make the necessary reforms, including policy and practices, to ensure that the NHIS effectively perform its mandate; and
- increase the level of awareness of subscribers to know their rights and entitlement under the scheme

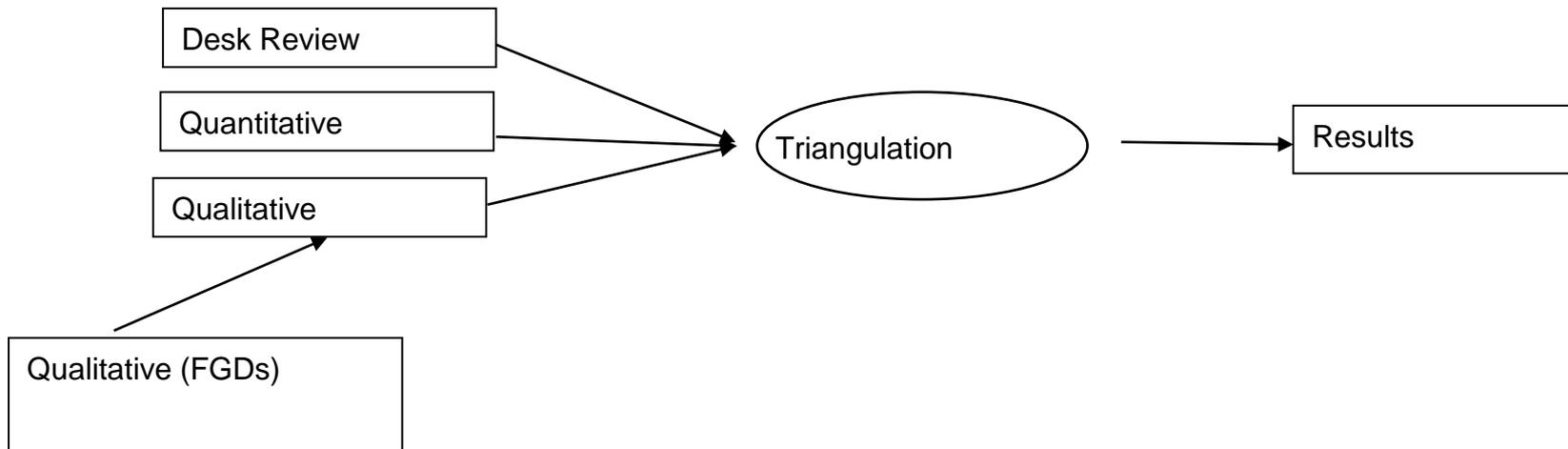
WHAT WE DID...

2

The methodology employed by the study relied on two phases, with phase one focussed on the supply-side, where information was gathered and analysed on NHIS fund managers, hospitals and pharmacies providing services for the health insurance scheme. Phase two focussed on the demand-side analysis based on a survey of active and inactive users. This was carried out to inquire and triangulate users' perceptions and attitudes towards NHIS.



In order to fully address the study objectives, a three-pronged approach was implemented in three main phases, namely, Desk Review, Quantitative (exploratory research) and main evaluation study comprising of Quantitative analysis. In order to provide holistic and comprehensive analysis that is statistically tenable, the study was designed as shown in the Figure below:



Desk Review

- This phase of the study, gathered, reviewed and analyzed existing documents or data on NHIS in Ghana and beyond
- The literature review looked at the evolution of the NHIS in Ghana, funding sources, subscription, benefits of the scheme, international best practices, challenges and how the government is going to deal with them

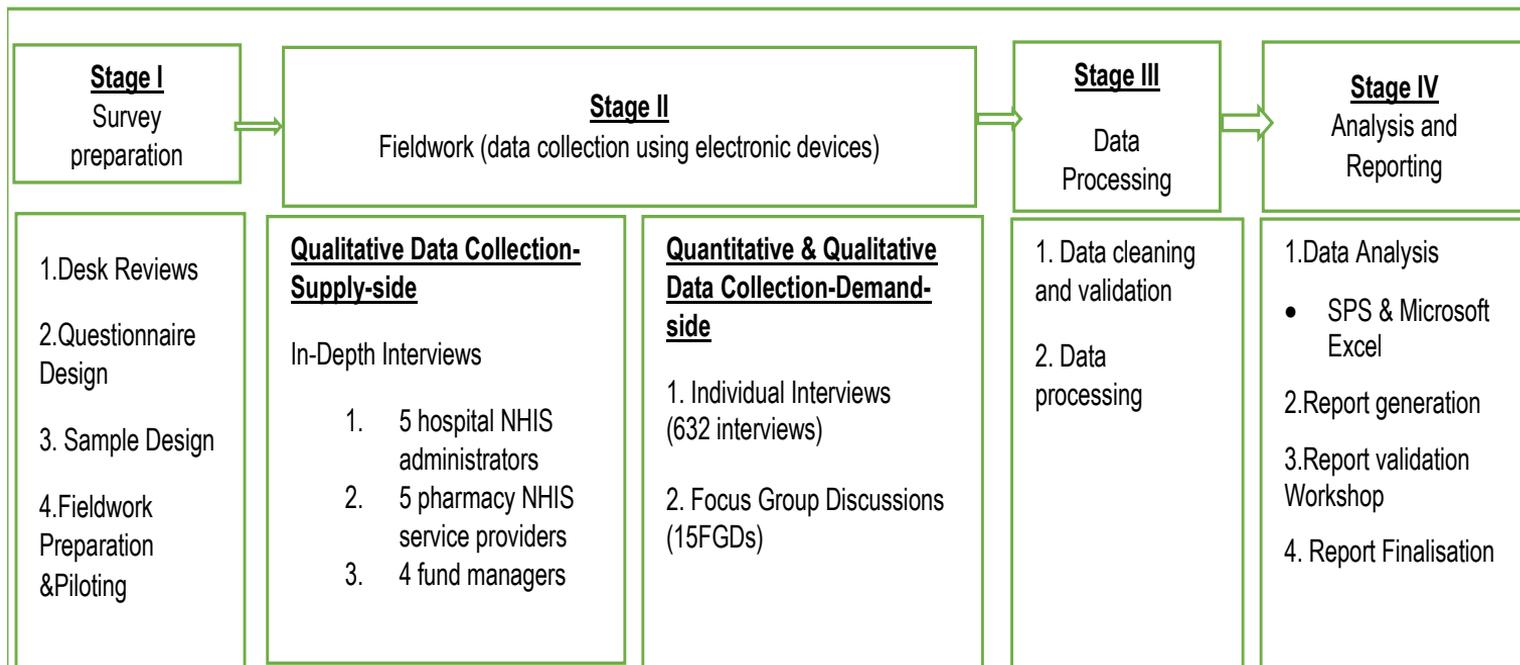
Demand Side Diagnostics

- This phase comprises Focus Group Discussions (FGDs) quantitative survey involving;
- 15 FGDs among active and inactive users of the NHIS
- 632 individual interviews among inactive and active users of the NHIS
- Both the FGDs and individual interviews were carried out across five selected regions of Ghana namely Ashanti, Central, Eastern, Greater Accra and Northern.

Supply Side Diagnostics

- This phase targeted the providers of NHIS, namely fund managers, hospitals, and pharmacies
- The sample size for the supply-side diagnostic involved a total of 14 in-depth interviews

Figure 1: Survey Implementation Stages and Tools & Techniques



**THE NATIONAL
HEALTH INSURANCE
LANDSCAPE IN GHANA**

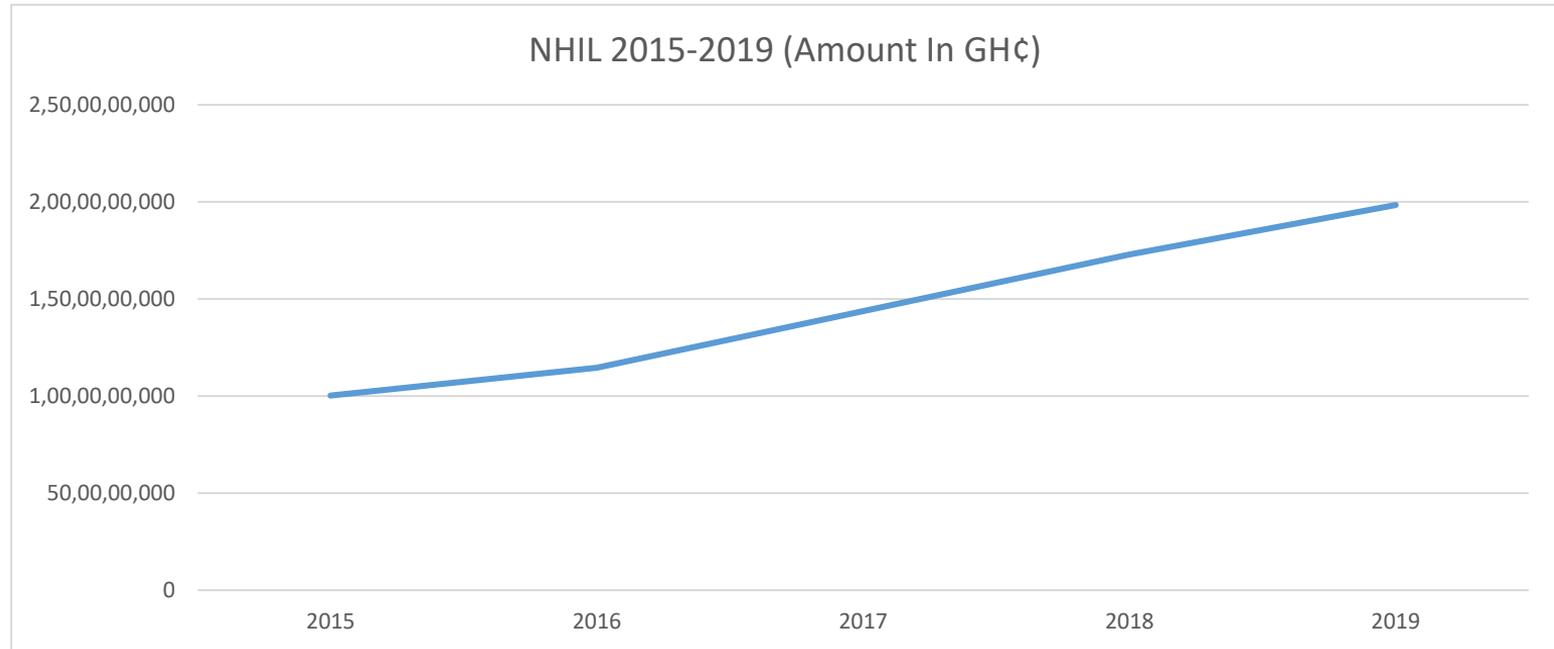


The National Health Insurance Fund is funded through four main sources:

- 2.5 percent of taxes on goods and service collected under the Value Added Tax (VAT) termed National Health Insurance Levy (NHIL);
- 2.5 percent of monthly contributions under the Social Security and National Insurance Trust (SSNIT);
- Returns on the National Health Insurance Fund investments (government budgetary allocation and donor funding); and
- Premium paid by informal subscribers.

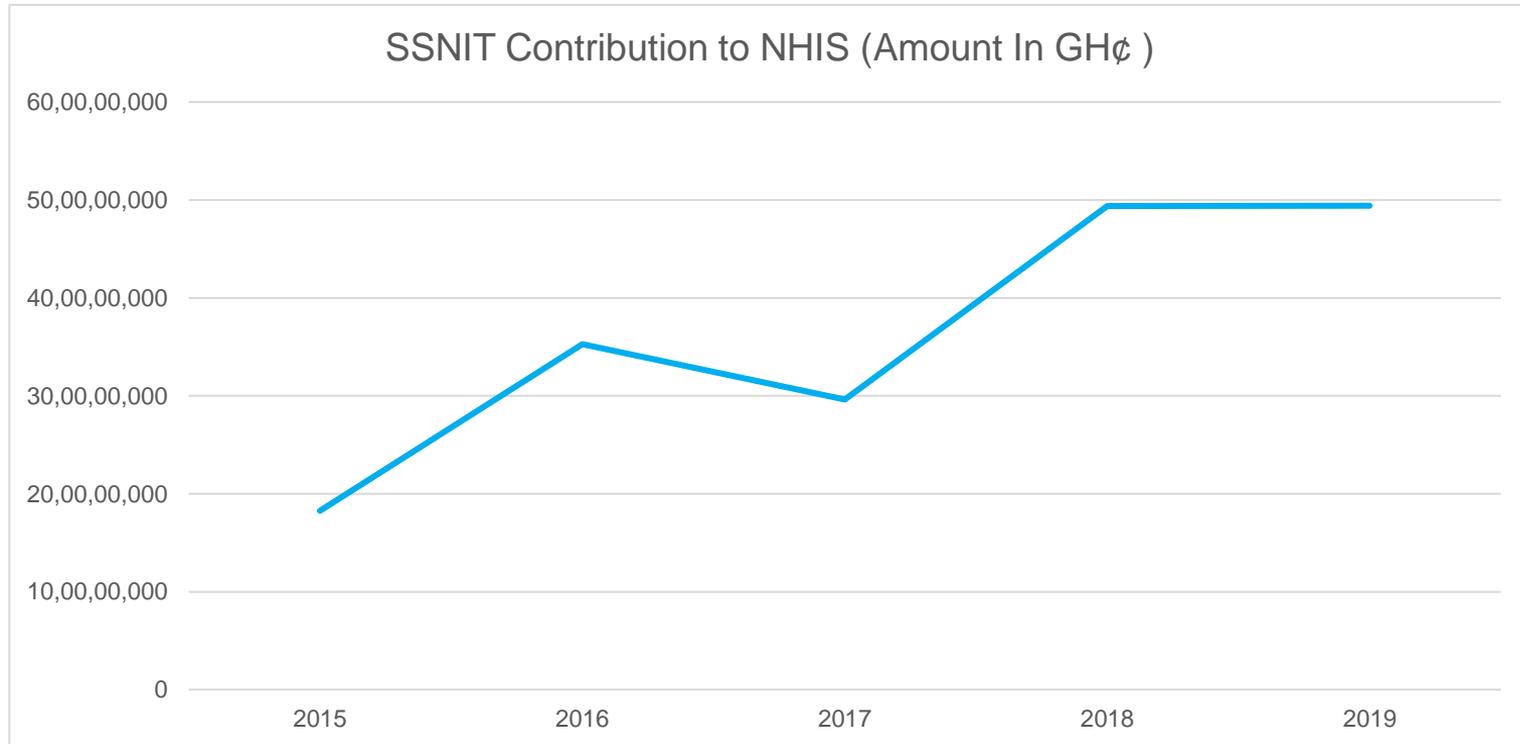
- Overall, the contribution of the various funding sources has been increasing over the past five years (2015-2019) except for the NHIF, which peaked in 2018 and started to dwindle

- The NHIL contribution to the NHIS has been increasing over the past five years. In 2015 the levy contributed GHC 1,003,090,000 to the NHIF and in 2019, its contribution was GHC 1,983,220,000 representing 18.8% of growth over the five years



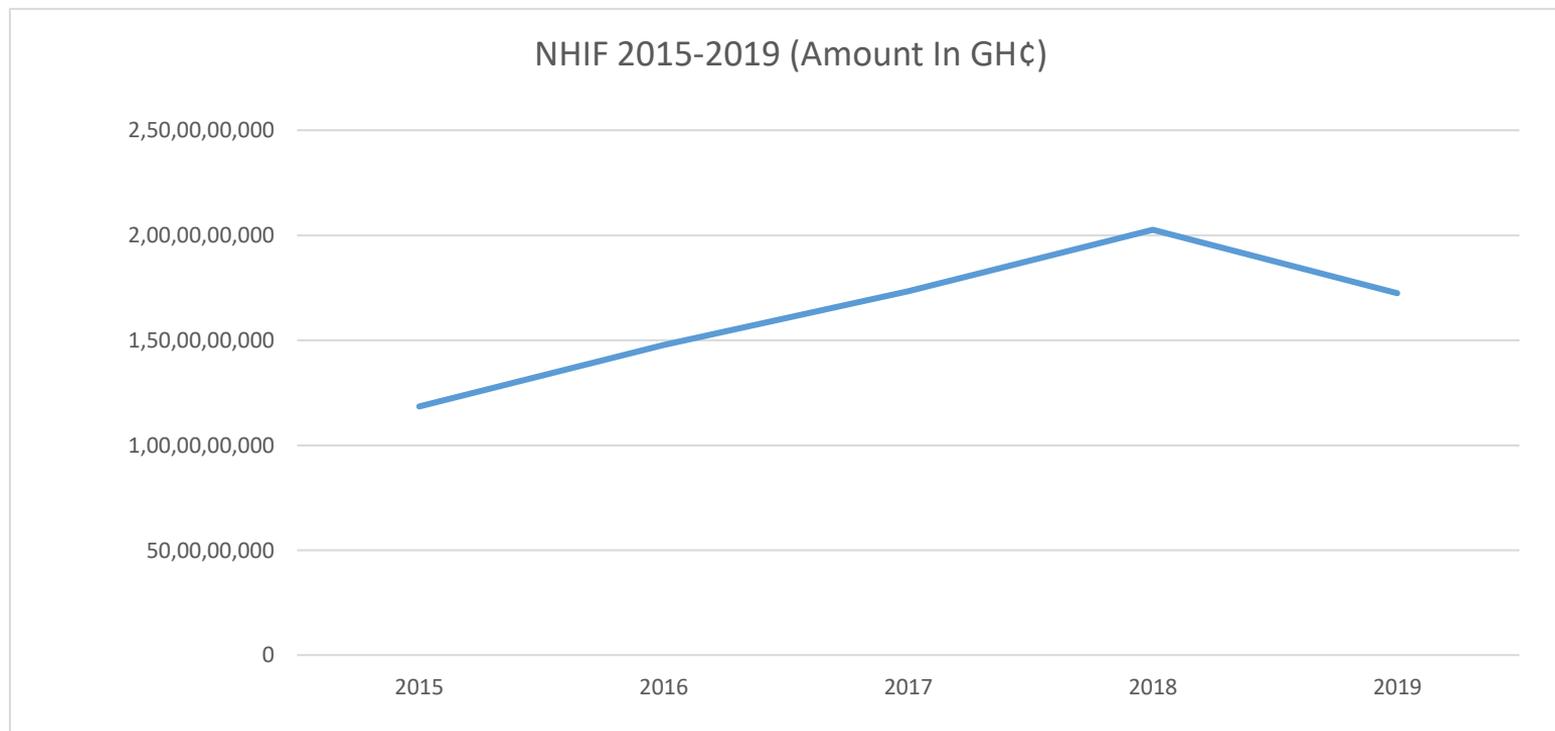
Source: Data extracted from yearly National Financial Budgets

- SSNIT contribution to the scheme has been unstable over the past five years. In 2015, SSNIT contribution was GH¢182,584,914, increased to GH¢ 352,825,919 in 2016, it then declined to GH¢ 296,333,342 in the next year and peaked in 2019 with an amount of GH¢ 494,172,112



Source: Data extracted from yearly National Financial Budgets

- The NHIF for the 5-year period started increasing from GH¢ 1,185,674,914 in 2015 until it peaked in 2018 at GH¢2,026,210,229 and began to fall to GH¢1,724,946,052 in 2019



Source: Data extracted from yearly National Financial Budgets

- Although the funding trend above shows that overall, funding to the scheme has been increasing over the years, it is worth noting that these yearly contributions differ from the budgeted figures

Year	NHIL			SSNIT			NHIF		
	Projected Figure	Actual Figure	Deficit/Surplus	Projected Figure	Actual Figure	Deficit/Surplus	Projected Figure	Actual Figure	Deficit/Surplus
2015	1,126,298,800	1,003,090,000	+123,203,800	205,024,176	182,584,914	+22,439,262	1,331,322,976	1,185,674,914	+145648062
2016	1,259,890,000	1,145,250,000	+114,640,000	253,623,845	352,825,919	-99,202,074	1,513,513,845	1,477,705,919	+35,807,926
2017	1,330,217,836	1,438,120,000	-107,902,164	292,788,873	296,333,342	-3,544,469	1,623,006,709	1,734,453,342	-111,446,633
2018	1,814,854,736	1,729,457,892	+85,396,862	419,057,447	494,002,987	-74,945,540	1,814,537,436	2,026,210,229	-1,788327207
2019	1,947,210,361	1,983,220,000	-36,009,639	467,249,053	494,172,112	-26,923,059	1,814,012,173	1,724,946,052	+89,066,121

Source: Data extracted from yearly National Financial Budgets
 + means budget surplus

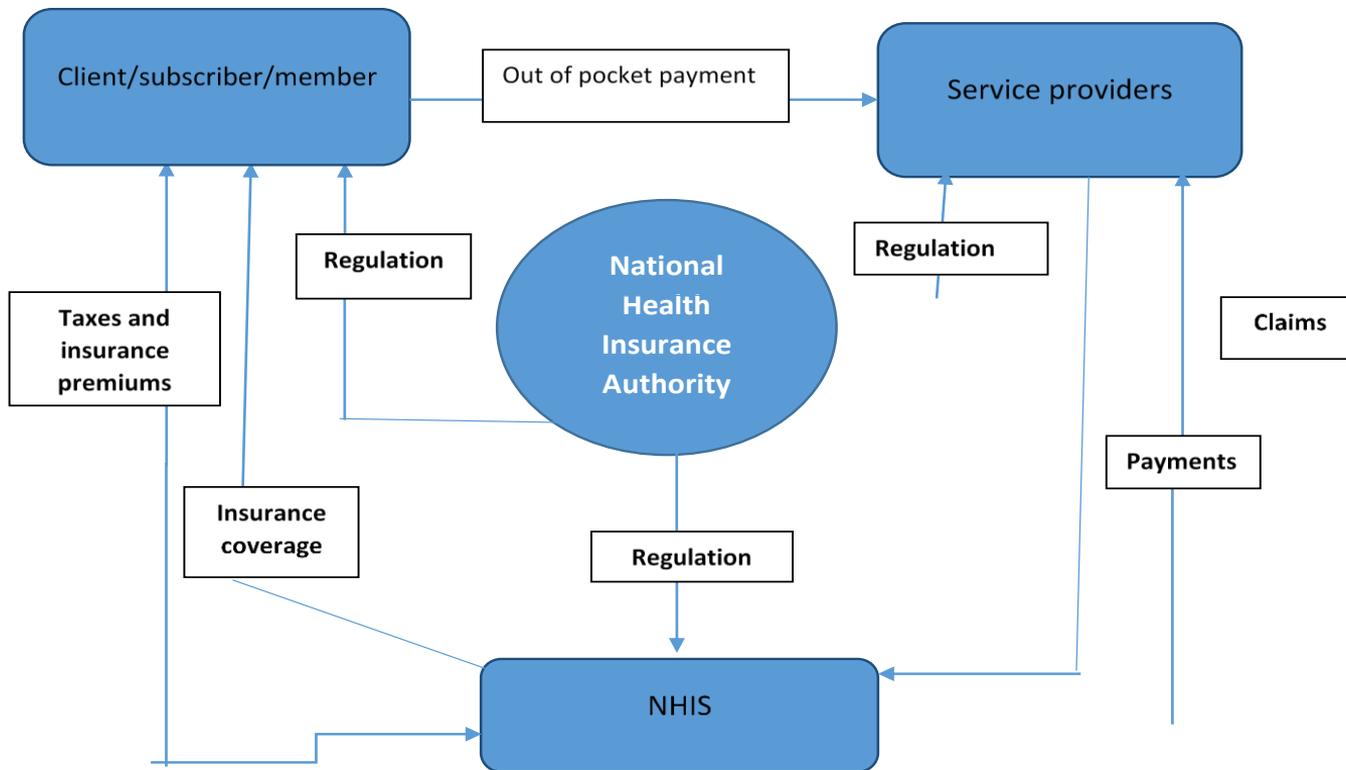
- The NHIS is a pro-poor health financing policy aimed at improving universal health insurance coverage and making quality healthcare accessible to all Ghanaians, especially vulnerable groups, regardless of their socio-economic background. The NHIS was established under Act 650 of 2003
- The healthcare scheme is part of a broader development plan called the Ghana Poverty Reduction Strategy (GPRS) to alleviate poverty and improve the standard of living in the country
- The scheme also seeks to improve the standard of the healthcare delivery system in the country significantly
- It seeks to replace the cash-and-carry system and reduce the out-of-pocket expenses in the erstwhile health regime

- Subscribers' benefit from a single package that cover about 95% of all diseases likely to inflict a Ghanaian. These diseases include malaria, STIs, asthma, typhoid, ulcer, hypertension, diarrhea, rheumatism, anemia, among others
- The NHIS covers out-patient services which include diagnostic testing and operations such as hernia repair
- Most in-patient services, including specialist care, most surgeries, hospital accommodation (general ward), and oral health treatments, are all covered under the scheme
- All maternity care services, including caesarean deliveries, are covered under the scheme
- Subscribers can enjoy emergency care and services as well as all drugs on the NHIA Medicines List under the scheme.

- ❖ It is important to note that very expensive procedures and services such as certain surgeries, cancer treatments (other than breast and cervical cancer), organ transplants, and dialysis; non-vital services such as cosmetic surgery, and items such as HIV antiretroviral drugs are excluded under the NHIS

- The NHIS is implemented by pulling financial resources from different sources to keep the scheme operating from the figure above.
- Subscribers' can then enjoy access to healthcare when sick from an accredited facility or service provider.
- Service providers render services and claim their expenses from the National Health Insurance Authority (NHIA).
- The Authority then pays service providers for their services
- The National Health Insurance Authority regulates and coordinates the activities of subscribers, service providers and the scheme.
- However, when a resident refuses to subscribe to the scheme, he/she must pay directly (out of pocket payment) to the service provider at the point of service to access healthcare.

NHIS Service Delivery System



- Equity in access to health services - those who need the services should get them, not only those who can pay for them
- The quality of health services is good enough to improve the health of those receiving services; and
- Financial-risk protection - ensuring that the cost of using care does not put people at risk of financial hardship.
 - Hence, standard universal health insurance should raise sufficient funds in an equitable, efficient, and sustainable manner, reduce financial barriers through affordable access and fair and efficient pooling and use resources wisely through their equitable and efficient use

**DEMAND SIDE
DIAGNOSTIC**

4

- General background and characteristics of respondents
- Understanding consumers' attitude towards NHIS
- Understanding consumers attitude towards adoption of NHIS
- Information disclosure and transparency
- Gauging consumer's experience on recourse mechanism
- Addressing the issue of out-of-pocket expenses



GENERAL BACKGROUND AND CHARACTERISTICS OF RESPONDENTS

- Out of the total number of clients interviewed as part of the consumer survey, 328 (51.9 percent) were current/active users, 158 (25 percent) were lapsed users and 146 (23.1 percent) were non-users

Consumers and Non-Consumers of NHIS

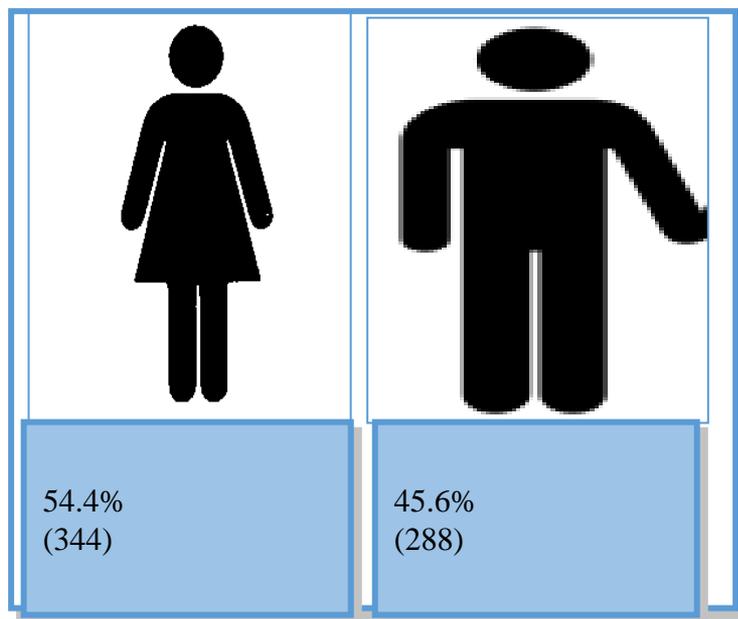
National Health Insurance Consumer Category	Respondents	Percent (%)
Current Users	328	51.9%
Lapsed Users	158	25%
Non Users	146	23.1%
Total	632	100%

Source: Survey results (2021)

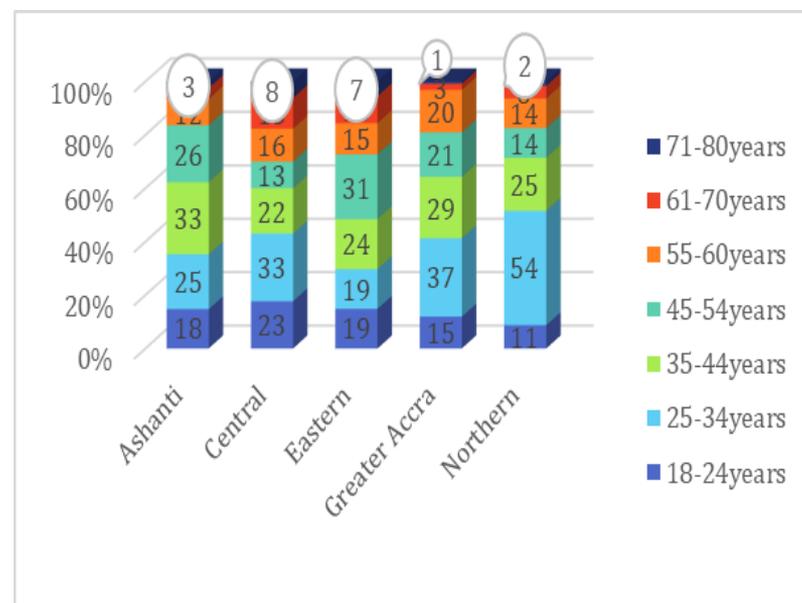
Socio-Demographic Profile of Respondents

The age distribution are as follows: 86 (13.6 percent) are 18-24 years, 168 (26.6 percent) are 25-34 years, 133 (21 percent) are 35-44 years, 105 (16.6 percent) are 45-54 years, 77 (12.2 percent) are 55-60 years, 42 (6.7 percent) are 61-70 years and 21 (3.3 percent) are 71-80 years

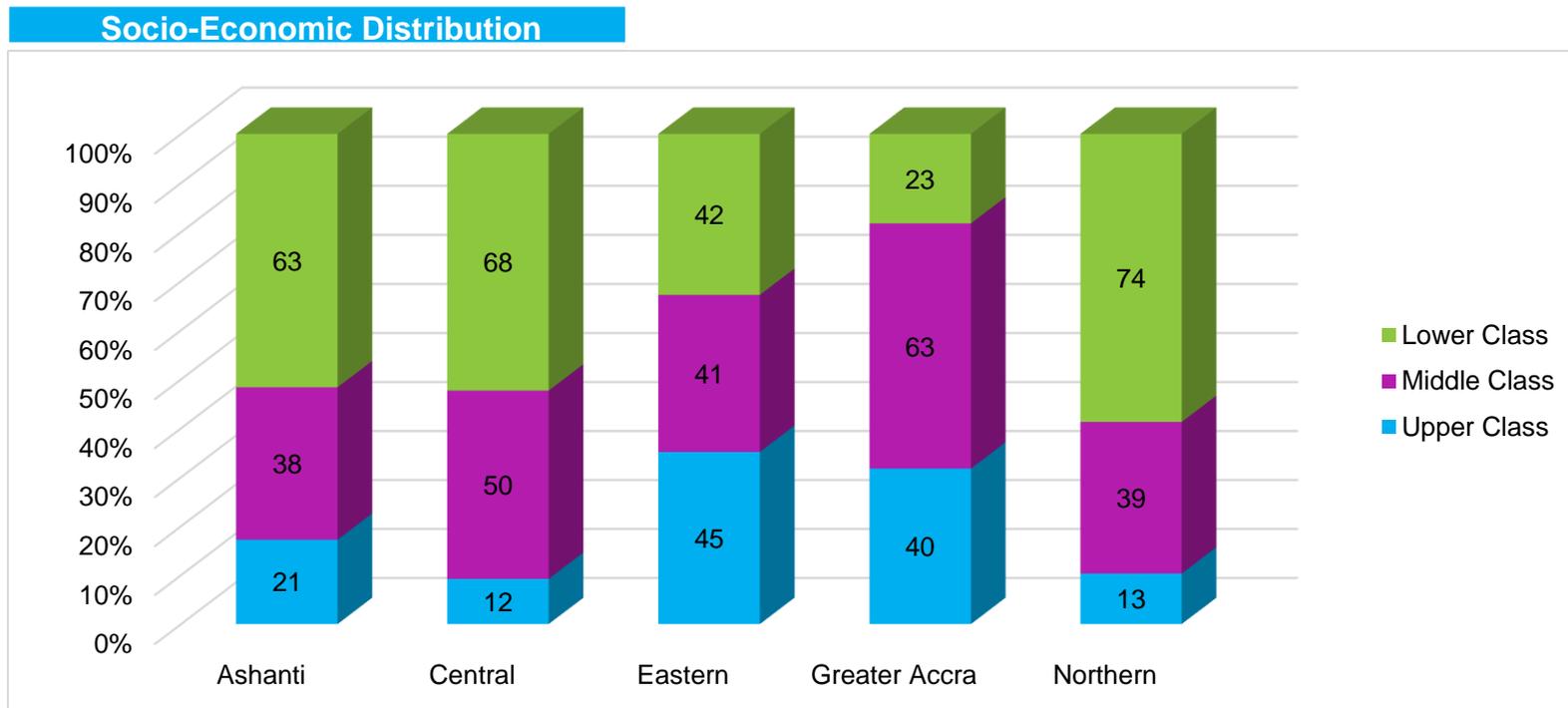
Gender Distribution of Respondents



Age Distribution of Respondents

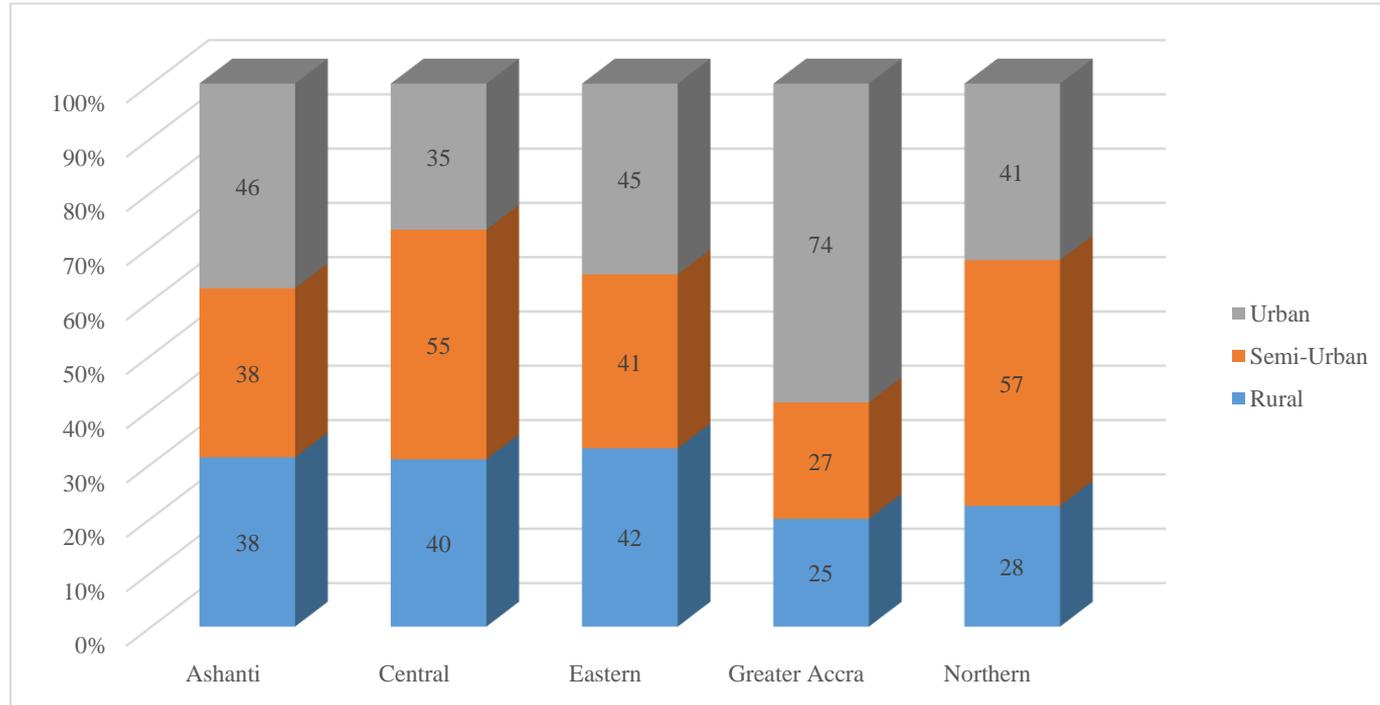


- Three socio-economic categories were sampled for the survey including upper-class (AB), middle-class (C1C2), and lower-class (DE) portion of the population. The low and middle-income population, which are the prime target of the NHIS, constitute 79.3 percent of the respondents interviewed, while the high-income category comprises the remaining 20.7 percent



The urban segment constituted 38.1 percent (241) followed by the semi-urban segment 34.5 percent (218) and the rural segment 27.4 percent (173)

Urban Rural Distribution





UNDERSTANDING CONSUMERS PERCEPTION ABOUT NHIS

Consumers Understanding about the Scheme

Some key observations from the FGDs on Respondents Understanding of NHIS

- NHIS is an insurance policy to cater for health bills and provide access to better healthcare systems for people with or without money especially the aged, less privileged and the vulnerable in society
- NHIS is an insurance policy that enables subscribers to get access to health care anytime even if one does not have money provided the person is a subscriber
- It is an insurance policy that takes care of your medical bill when you go to the hospital
- It is an insurance policy that absorbs all health care cost

Consumers Feeling about Subscribing to the Scheme

Some key observations from the FGDs on Respondents feeling about the Scheme

Consumers have mixed feelings about the NHIS

- a. Positive comments:

- The process of renewal has been made easier when using the mobile phone
- It takes care of antenatal, labour and delivery charges and hence helps in eradicating the cash and carry health system
- It is affordable

- b. Mixed feelings:

- Affordability is sure, but the accessibility of quality healthcare is not guaranteed
- Children receive better health care in terms of service delivery and medications under the scheme. But adults do not receive the same good health care as children.
- The anticipated hope of getting better healthcare before the subscription is weakly attainable

What Consumers hear from others about the Scheme

Some key observations from the FGDs on what respondents pick from others about the Scheme

- a) People complain NHIS cardholders are given less efficacious medications, which are also less costly
- b) People talk about the poor service delivery to holders of NHIS as compared to the subscribers of private insurance
- c) Generally, poor services are rendered to customers
- d) People have observed the scheme favours children more than adults because the former is given better treatment than the latter
- e) People complain the scheme covers mostly cheap drugs while expensive ones are paid from one's pocket
- f) People complain of health workers' appalling attitude (i.e. Nurses) towards NHIS card bearers. For instance, one participant recounted a personal experience as follows:
“My sibling had appendicitis and when we got to the hospital, the nurses were feeling reluctant to treat him and acting slowly, but when a Non-User of the NHIS card came to the hospital, she was treated accordingly and faster.”
Female participant, Kumasi

What Could Motivate Lapse and Non- Users to Immediately Subscribe to the Scheme

Some key observations from the FGDs on what could motivate respondents to immediately subscribe to the scheme

-) If NHIS covers a considerable part of the cost of medication and not only the consultation as it does currently
- b) If there is an improvement in the attitudes of health workers towards the holders of the NHIS
- c) If the main idea of quality, affordable, accessible and delivery of healthcare under the scheme is delivered and improved
- d) Improvement on the management and operation of the scheme
- e) If the quality of drugs and the attitude of
- f) If there is a positive change in operational systems, monitoring and evaluation at local levels by the NHIA and NHIS managers

Top 5 (five) Benefits Subscribers Enjoy from Using the Scheme

Some key observations from the FGDs on What subscribers enjoy from using the scheme

- a) Easing of financial burdens in relation to health
- b) Easing financial burdens in case of an emergency
- c) Helps especially the aged and children. For example, a participant rightly put it: *“The scheme has helped to take good care of my aged mother at absolutely no cost.”*
- d) Free delivery of maternal health care (labour and delivery, post and pre-natal). As one respondent put it: *“It covered the costs of my maternity and childbirth which saved my antenatal cost.”* **Respondent, Kumasi**
- e) Ease and convenience of going to the hospital (For example, it takes care of consultation fee)

What additional Services Respondents would Like the Scheme to Offer

Some key observations from the FGDs on what additional services respondents would like the Scheme to offer

- a) The scheme should cover life-threatening diseases and major surgeries
- b) The scheme should cover more medications such as cancer medications
- c) The scheme should extend services to private facilities (herbal/homeopathic centres)
- d) The scheme should cover (private) doctor counselling sessions
- e) The scheme should include optometry services and blood transmission services
- f) The scheme should include kidney/ renal/ liver tests and treatment, diabetes treatment
- g) The scheme should include scans and laboratory tests, cancer tests and treatment

What Respondents Require from Providers to Ensure Continuous Use of the Scheme

Some key observations from the FGDs on what respondents require from providers for continuous usage of the scheme

- a) Efficiency in the system (measures should be put in place to run administrative duties and the main purpose of the policy should be re-evaluated and re-ignited) for instance, reimbursement of health facilities by the schemes on time
- b) Monitoring and evaluation should be done of the various NHIS facilities
- c) Health workers should have a positive attitude towards NHIS cardholders
- d) NHIS need to cover the full medical cost of accessing health care
- e) There should be education, creation of public awareness and sensitisation of the general public on NHIS to educate and change the scheme's negative perceptions.

Current Users Strongest Motivation for Using the Scheme

Some key observations from the FGDs on what motivates current users subscription to scheme

- a) Ease of access to healthcare for children, aged and the vulnerable
- b) The prospect of receiving free maternal care (ante-natal/ postnatal/delivery)
- c) The expectation of reducing health care cost
- d) Ease of consultation with a doctor
- e) Future uncertainties

Respondents Willingness or not to Contribute More for the Running of the Scheme

Some key observations from the FGDs on whether respondents are willing to contribute more for the smooth operation of the scheme or not

The majority of the participants agreed to pay more, provided that would translate into better services. Some suggested subscriptions should come in packages of gold, silver, bronze payment so persons of all social and economic classes can sign on to packages that suit their needs and lifestyle



UNDERSTANDING CONSUMERS' ATTITUDE TOWARDS NHIS

Reasons for Using NHIS

The four main reasons that accounted for the subscription are: to be able to avoid paying huge money when they visit a facility (206), to prepare for unforeseen sickness (199) to mainly cope with hospital bills (168) and to avoid out-of-pocket payment (143).

REASONS FOR USING INSURANCE PRODUCTS	Frequency
Mainly to cope with hospital bills	168
To avoid out-of-pocket payment	143
To be able to avoid paying huge money when sick	206
To prepare for unforeseen illness	199
To get access to quick treatment at the hospital	118
To be able to visit the hospital regularly anytime you are sick	77
Other	4

Source: Survey Results (2021)

Note: Respondents were allowed to choose more than one response

Reasons for Not Using NHIS

Many respondents (129) who are not or have stopped using the scheme did not provide any apparent reason for doing so.

REASON FOR NOT USING NATIONAL HEALTH INSURANCE	Frequency
I do not understand how it works	25
I don't trust Insurance	57
I have stopped using the scheme	129
It is too expensive	45
I do not need Insurance any more	61
I have never considered it	73
I now use private health insurance	10
Other	35

Source: Survey results (2021)

Note: Respondents were allowed to choose more than one response

- ❖ 348 (71.6 percent) have ever-renewed their NHIS card
- ❖ Out of the 348, 284 representing 81.6 percent have renewed their NHIS in the past six months

Reasons for Non-Renewal

Respondents who have not renewed their NHIS card for the past six months primarily attributed it to other reasons (19), including lack of time. Other major reasons include the distrust for the scheme (10), the thinking that the scheme does not work (10), the lack of contact with providers (9) and the low income of subscribers (8)

Reason for not renewing/subscribing in the past 6 months	Frequency
I am not aware of national health insurance	3
I do not make enough income	8
I am aware but have not had any contact with the providers	9
I do not understand how it works and where to sign up	3
I think they will cheat me	2
I don't trust the national health insurance system	10
I don't need health insurance now	6
They don't disclose all information at the time of sign-on	3
I do not think it works	10
Other	19

Source: Survey Results (2021)

Note: Respondents were allowed to choose more than one response

Mode of Payment of National Health Insurance

Payment through agent/through direct cash (186) is the most used mode of payment, followed by mobile money wallet (149) and payroll deductions (8)

NHIS Payment Method	Frequency
Mobile Money wallet	149
Payroll deductions	8
Payment through agents/ Through direct Cash	186

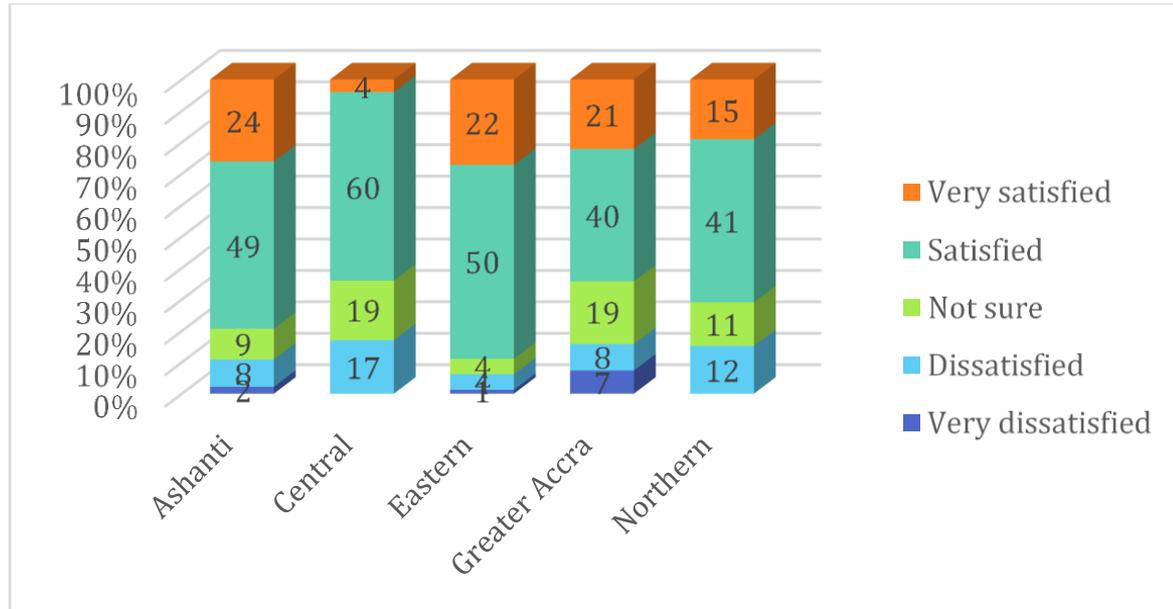
Source: Survey results (2021)

Note: Respondents were allowed to choose more than one response

Level of Satisfaction/Dissatisfaction with the Scheme

More than half (53.7 percent (240)) of respondents are satisfied with the scheme, 19.2 percent(86) are very satisfied, 13.9 percent (62) are not sure, 11 percent (49) are dissatisfied, and 2.2 percent (10) are very dissatisfied.

Level of Satisfaction/Dissatisfaction with the NHIS



Source: Survey results (2021)

Justification for Satisfaction with the Scheme

The scheme's satisfaction is principally ascribed to two reasons: the ease/convenience of the renewal process (201) and dependability (164)

Justification for the Satisfaction with the NHIS

Justification for satisfaction	Frequency
Prompt service delivery	124
Transparency & Openness	91
Dependability	164
Ease/convenience of sign-up	116
Ease/convenience of renewal processes	201
Convenience of contributions/premium payment	72

Source: Survey results (2021)

Note: Respondents were allowed to choose more than one response

Justification for not being sure with the Scheme

The uncertainty about satisfaction with the scheme is mainly attributed to: “illegal fees charged by hospitals” (24), followed by “some facilities still charging for services already catered for by the scheme” (19), “the poor treatment by healthcare workers to NHIS card holders” (16) and “the refusal of some service providers to accept NHIS (13)

Reasons for Consumers not being Sure with their Satisfaction with the Scheme

Justification for not sure	Frequency
Some service providers refuse to accept NHIS	13
No reimbursement made when out-of-pocket payment is made	4
Lack of proper client communication	11
Non-disclosure of full terms and conditions	5
Lack of knowledge on entitlement	7
Some facilities still charge for services that have already being catered for	19
Charging of illegal fees	24
Abuse of clients by some health workers	12
Poor treatment by healthcare workers when using NHIS	16
Prompt service delivery	2
Transparency & Openness	1
Ease/convenience of sign-up	1
Ease/convenience of renewal processes	5
Other	21

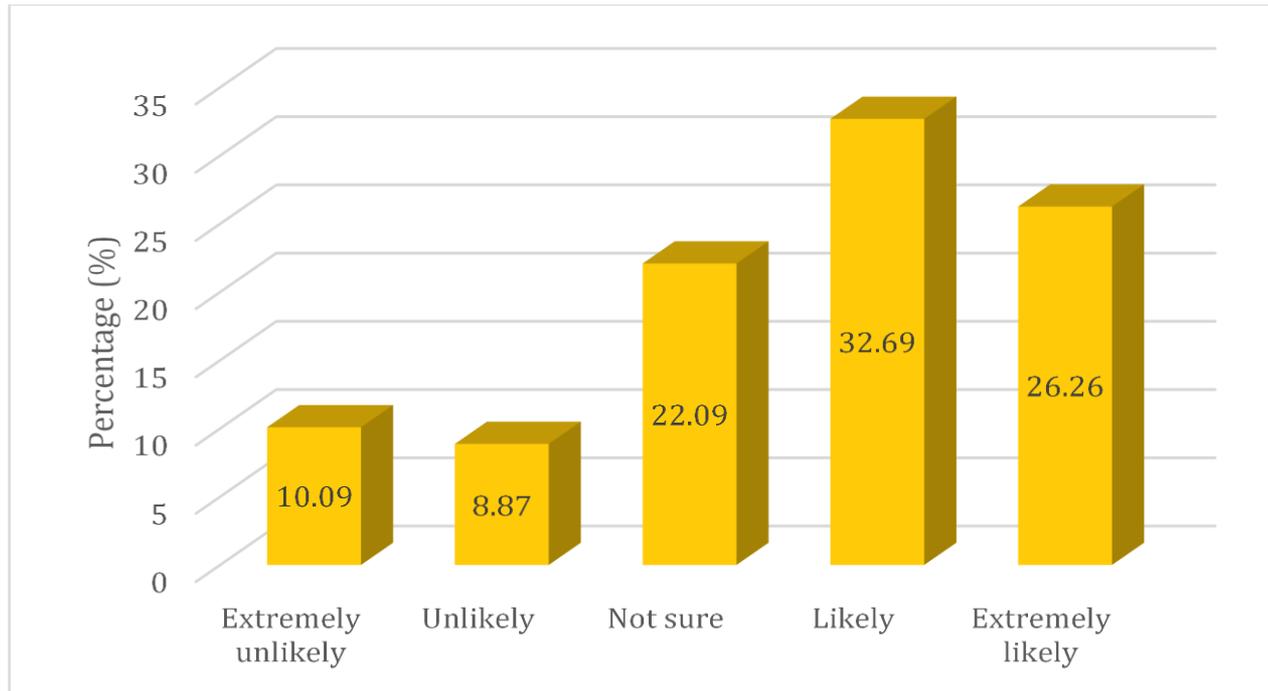
Source: Survey results (2021)

Note: Respondents were allowed to choose more than one response

Likelihood to Recommend NHIS to Others

26.26% are extremely likely, 32.69% are likely, 22.09% are not sure, 8.87% are unlikely and 10.09% are extremely unlikely to recommend NHIS to others, respectively

Consumers Likelihood to Recommend NHIS to Others

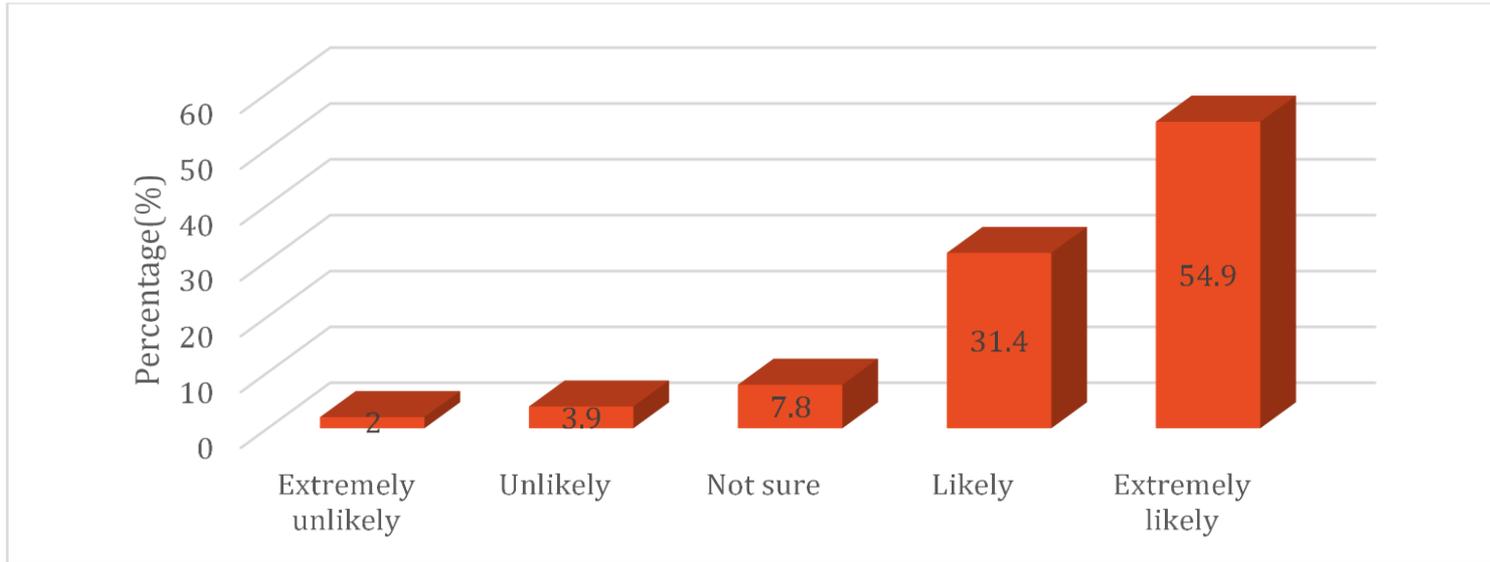


Source: Survey results (2021)

Likelihood to use NHIS in Future

54.9% are highly likely, 31.4 % are likely, 7.8 % are not sure, 3.9 % are unlikely, while 2 % are extremely unlikely to use the scheme in the future

The likelihood to use NHIS in Future



Source: Survey results (2021)

The background of the slide is a vibrant yellow color with a dynamic, wavy pattern that resembles liquid or flowing fabric. The waves are horizontal and vary in amplitude, creating a sense of movement and depth. The lighting is soft, with subtle gradients of yellow and orange, giving the background a three-dimensional appearance.

UNDERSTANDING CONSUMERS' ATTITUDE TOWARDS THE ADOPTION OF NHIS

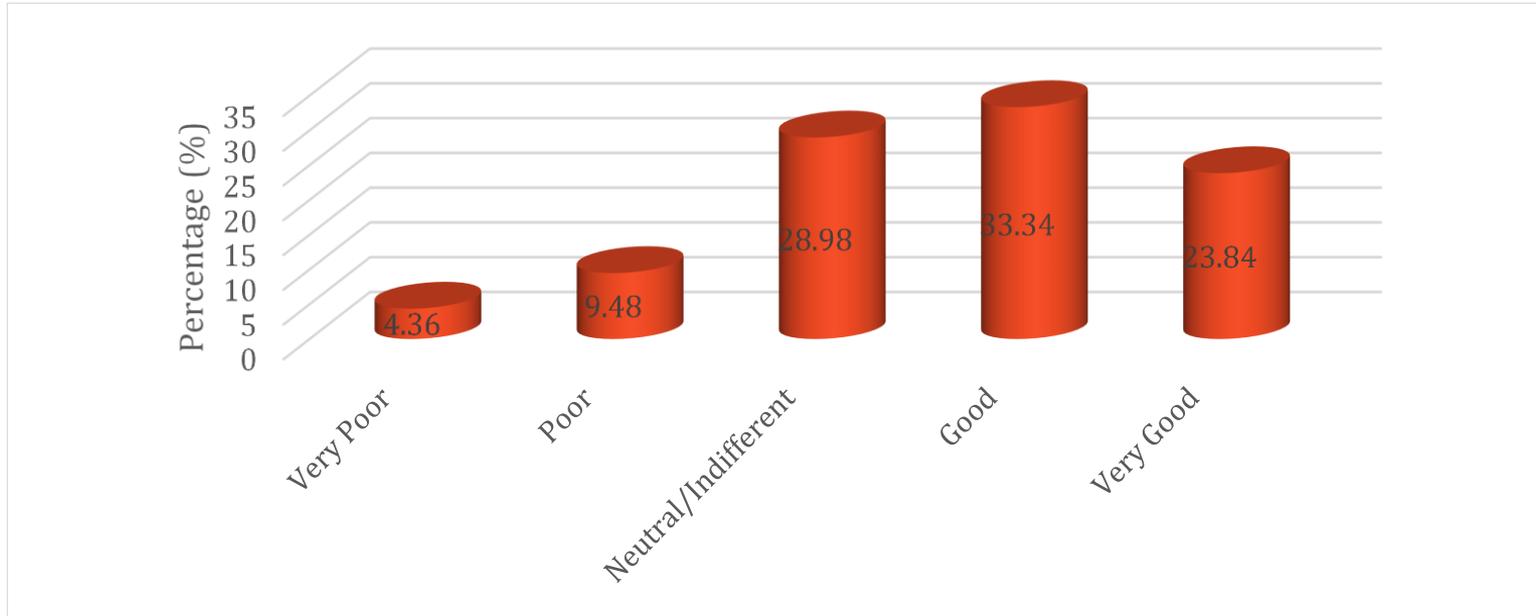
- ❖ All respondents (100 percent) are aware of the scheme. However, 92.8 percent (440) subscribe to only NHIS, while 7.2 percent (34) have more than one health insurance package.
- ❖ For those who have more than one insurance package, the reason is mainly to serve as a backup and trustworthiness as the NHIS does not cover some treatment and medication.
- ❖ Others obtained the additional package from their place of work or telecommunication provider

The survey results showed that 390 (80.4 percent) had visited the hospital after subscription while 95 (19.6 percent) have never visited the hospital.

Respondents Rating of Hospital Treatment

Out of the respondents who have visited the hospital before, 23.84 percent rated the hospital treatment as very good, 33.34 percent as good, 28.98 percent as neutral or indifferent, 9.48 percent as poor and 4.36 percent as very poor

Respondents Rating of Hospital Treatment



Source: Survey results (2021)

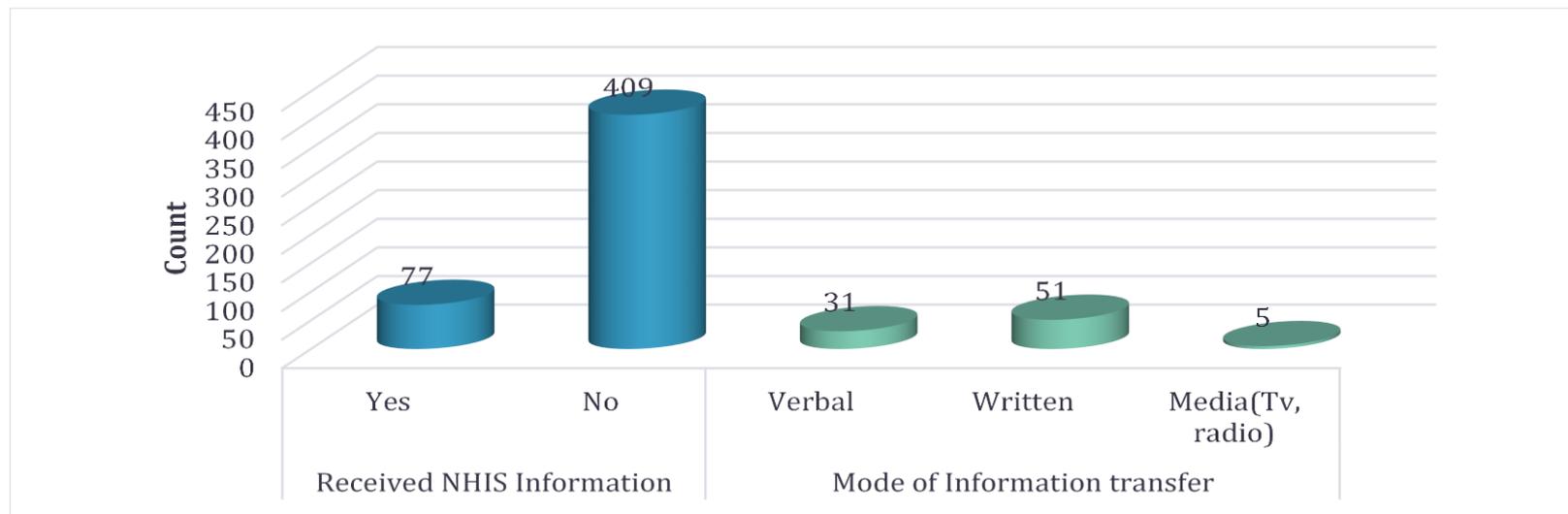
Most of the respondents, 74.4 percent (290) who have visited the hospital before, claimed the hospital process to access healthcare was smooth while 25.6 percent (100) claimed otherwise.



INFORMATION DISCLOSURE AND TRANSPARENCY

- Majority, 84.2 percent (409), of current subscribers have not received any NHIS related information from providers in the past 12 months, whereas only 15.8 percent (77) have received some information
- Out of the 77 who have received NHIS information in the past 12 months, written format (51) was the highest means of receiving information, followed by verbal form (31) and then media
- **95%** of information received through the written format is via **SMS messages**.

Respondents Received Information and Mode of Information Transfer



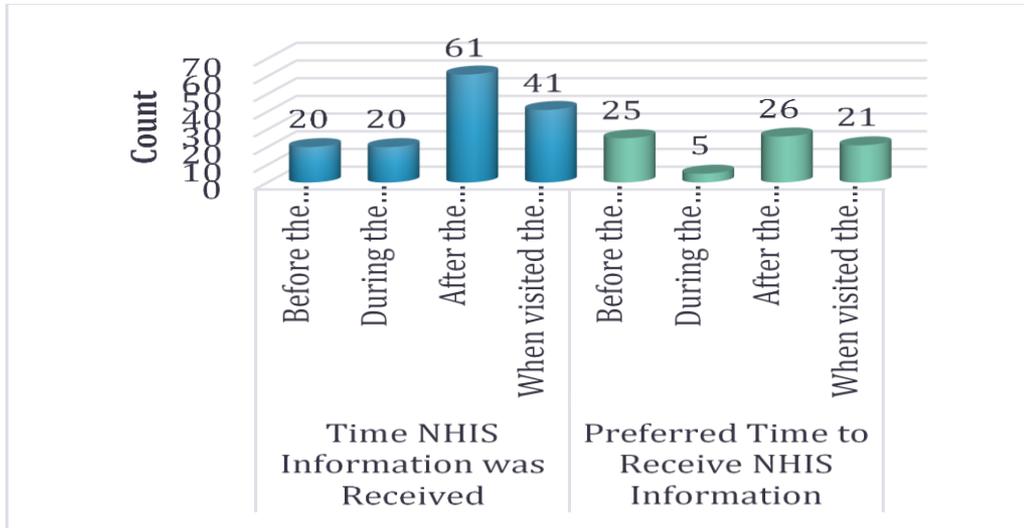
Source: Survey results (2021)

- Most (54.55%) consumers prefer that the information is sent through written mode while 45.45% prefer such information transferred verbally
- Although, the number of consumers choosing the verbal form is relatively high (45.45 percent), consumers still prefer to receive information through written formats (54.55 percent)
- The significantly high preference for the verbal format, shows that consumers have a better understanding of the scheme when receiving information via a verbal form

Time NHIS Information is Received and Preferred Time to Receive Information

- Most respondents (61) are provided with information after subscription and 41 of respondents receive information on the scheme when visited the hospital.
- However, 25 of the participants prefer to receive the information before subscription, 26 after subscription, 21 when visited the hospital and 5 during the subscription.

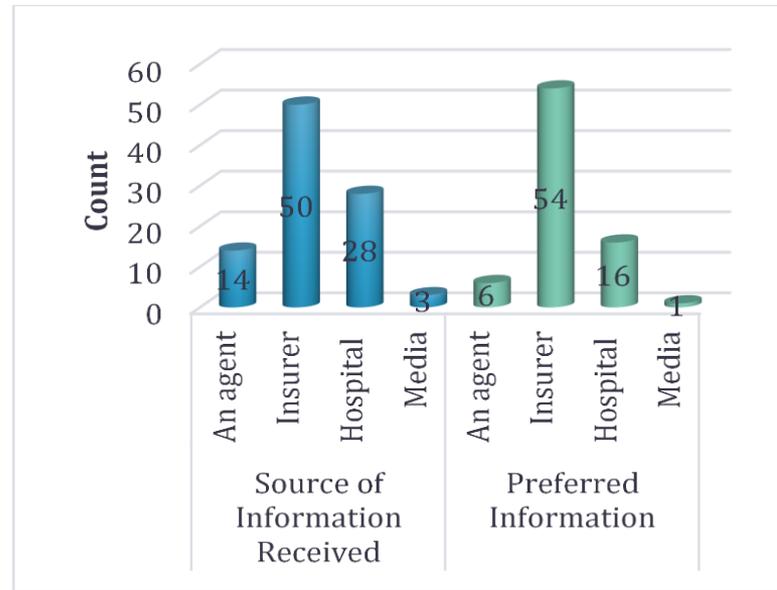
Time NHIS Information Received and Preferred Source of Information



Source of NHIS Information Received and Preferred Time to Receive Information

- For those who have ever received information 50 received it from the insurer, 28 received it from the hospital, 14 from an agent and 3 from the media
- A greater number (54) of the respondents prefer to receive information from the insurer more than other sources

Source of NHIS Information Received and Preferred Time to Receive Information



Source: Survey results (2021)

For respondents who received NHIS information (both verbal and written), 20(26 percent) indicated they were informed of all coverages before being signed on. However, the majority- 57(74 percent) indicated otherwise. Thus, they were not adequately informed before being signed on.

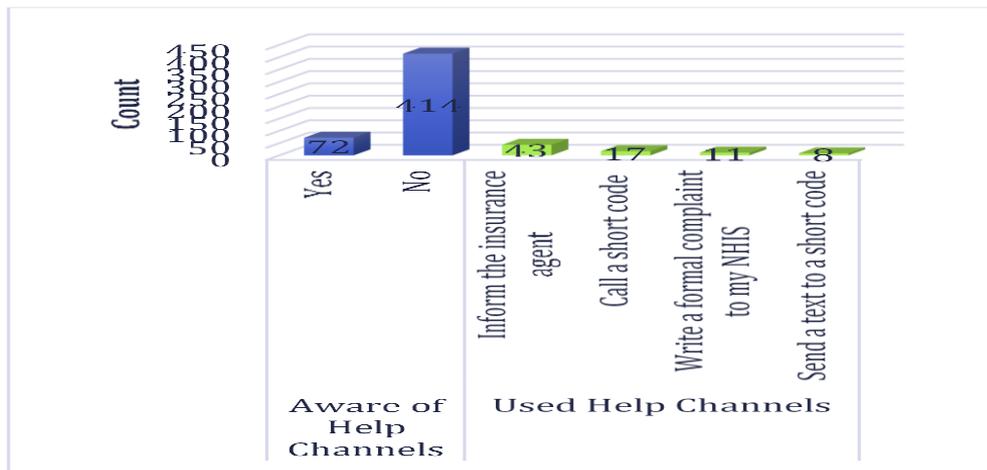


**GAUGING CUSTOMERS
EXPERIENCE ON CUSTOMER
RECOURSE**

Awareness of Procedures for Seeking Redress

- 14.8 percent (72) of NHIS subscribers indicated awareness of the provisions available for seeking help, while 85.2 percent(414) of them are not aware of processes to seek help or lodge complaints
- Subscribers who are aware of redress mechanisms indicated “inform the insurance agent” (43), “call to short-code” (17), and “write a formal complaint to NHIS” (11) as the key sources for seeking help.

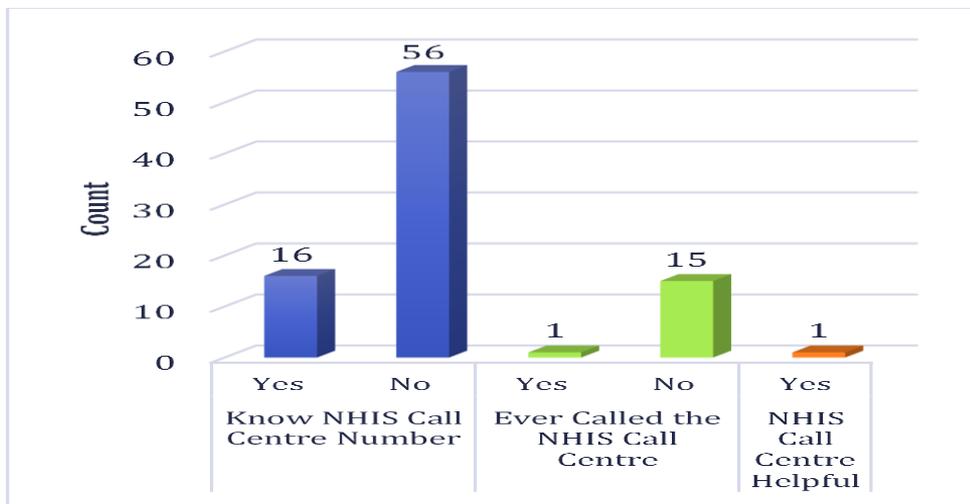
Respondents Awareness of and the Used Redress Channels



Awareness of Procedures for Seeking Redress

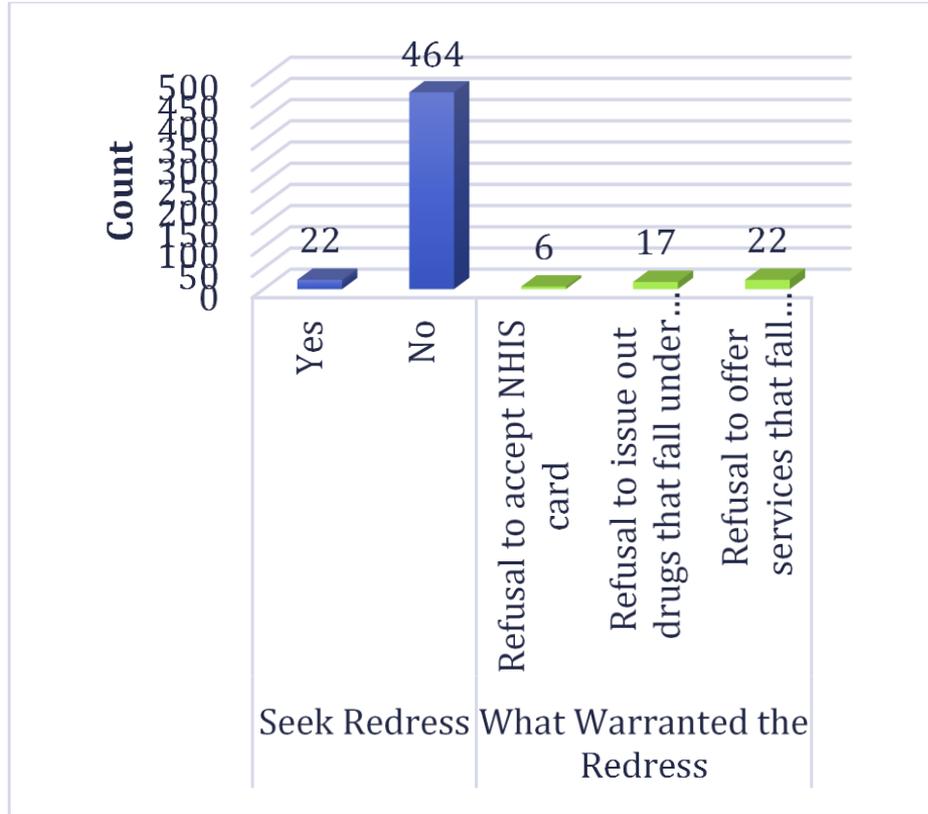
- A considerable number (56) do not know “NHIS Call Centre Number” while only a few (16) are aware of the same.
- For subscribers who know the NHIS Call Centre Number, 15 of them have never called it whilst only 1 has ever called the same and indicated it was helpful

Subscribers Awareness of, Usage of and Helpfulness of the NHIS Call Centre Number



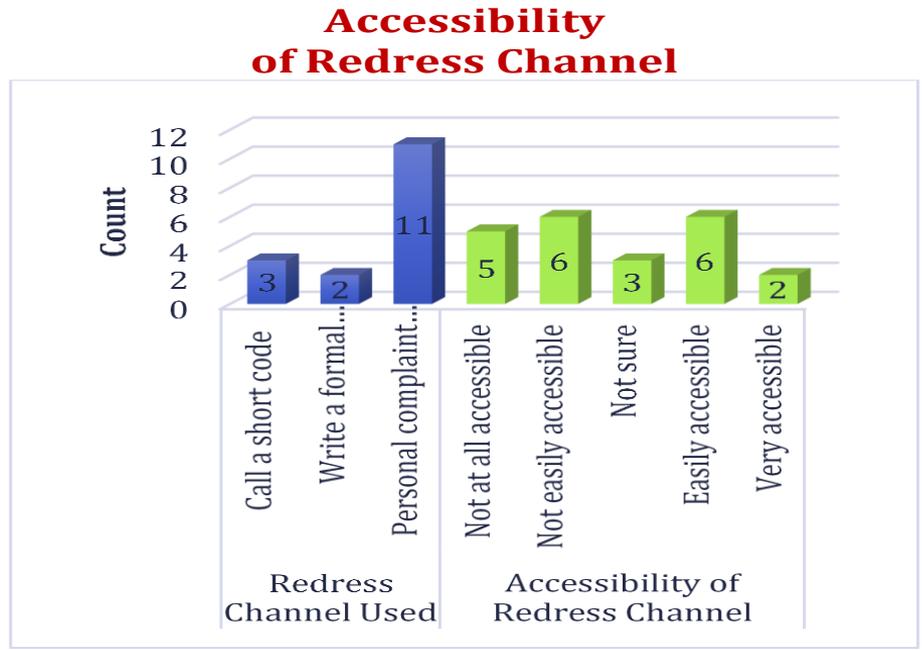
- The majority of respondents, i.e. 95.5 percent (464) had never sought redress when they encountered a problem, while only a marginal number 4.5 percent (22) have been able to seek redress. This synchronises with 85.2 percent of subscribers who are not aware of procedures for seeking help. It also corresponds to most subscribers who indicated an unawareness of telephone numbers to call when they were confronted with any NHIS related problem
- Regarding respondents who have ever sought redress, the highest concern was on “the refusal to offer services that fall under the scheme” (22) followed by “the refusal to issue out drugs that fall under the scheme” (17) and “the refusal to accept NHIS card” (6).

Redress Channel Used



Most Used Redress Channel

- For respondents who encountered challenges, the channels used to seek redress were “personal complaint at the district/regional office” (11), “a call to a short code” (3) and “writing a formal complaint to NHIS office” (2)



Key observations from FGDs on Problems Encountered by Respondents

Participants were asked if they have ever experienced fraud or exploitation, delays in treatment and non-acceptance of NHIS card? They mentioned the following grievances:

- a) Some mentioned not receiving receipts for payments made
- b) Others indicated unavailability of certain medication at hospital pharmacy
- c) Some also stated delays in receiving the NHIS card after registering
- d) Some mentioned being asked to pay money to expedite the registration

“I was asked to make extra payments (small tokens) to speed up the registration and renewal processes and to jump the queue.” **Male participant, Accra**

“I reached the call centre when my daughter’s card hadn’t been received 3 months after it was sent for renewal and before the issue was resolved.” **Female participants, Kumasi**

Key observations from FGDs about Seeking Redress on Problems Encountered by Respondents

Participants were asked if they report the issue of fraud, exploitation, corruption and what the results were.

The majority of participants stated they do not bother reporting the issue of fraud, exploitation and corruption because they had no trust in the system to take the necessary actions to rectify the situation, which left them dissatisfied.

“I recalled reporting to the hospital administrators about not being given the required medicine but it, however, yielded no results.” **Respondent, Kumasi**

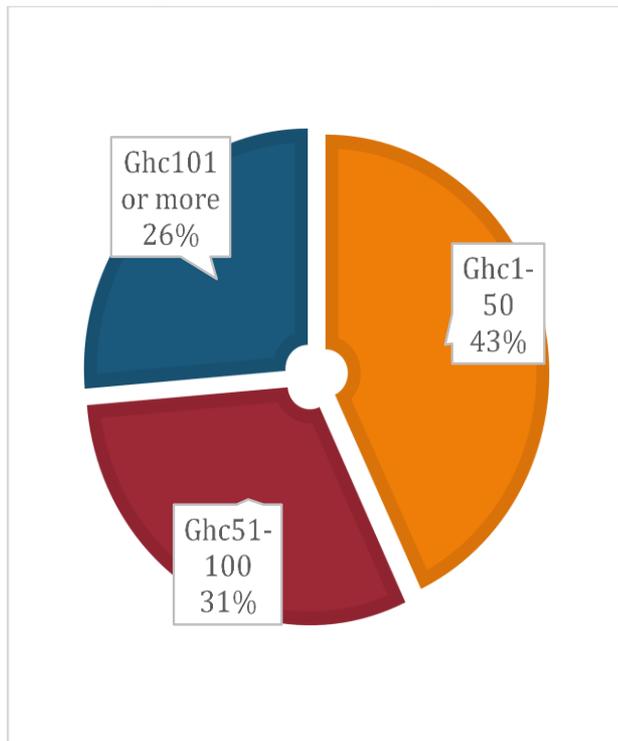
“I did not report my challenge at all because I know it won’t go anywhere.” **Respondent, Accra**



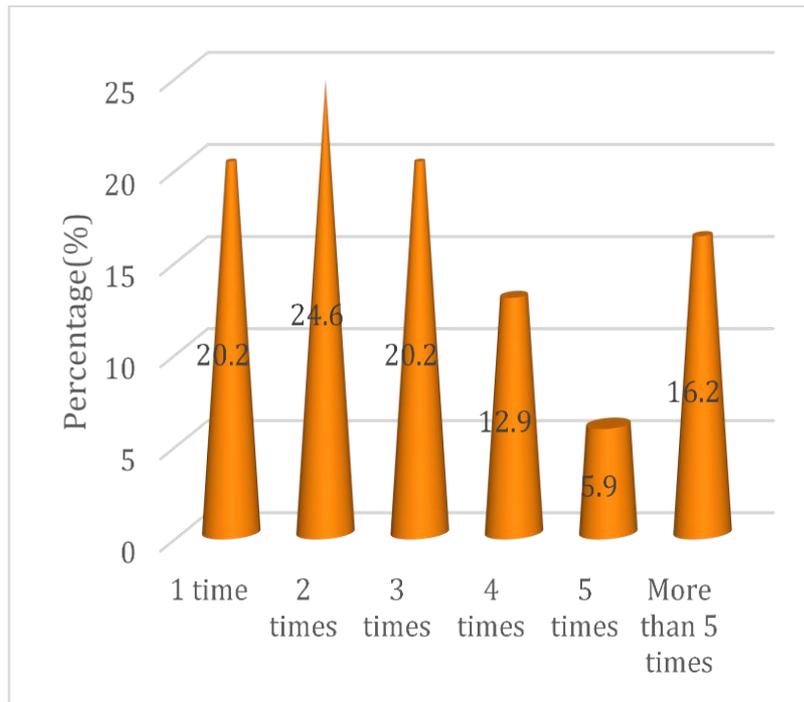
ADDRESSING THE ISSUE OF OUT- OF-POCKET EXPENSES

- 69.8 percent (339) of respondents have made out-of-pocket payments while 30.2 percent (147) have not made so when visited a facility with the NHIS.
- The majority of pocket payment was made on drug prescription (313), laboratory test or scan (205) and admissions for in-patient (77).
- Pocket payments made range from Ghc 1-50 (43 percent), Ghc 51-100 (31 percent) and Ghc 101 or more (26 percent). The number of times pocket payment has been made in the past year ranges from 2 times (24.6 percent), 3 times (20.2 percent), 1 time (20.2 percent) more than 5 times (16.2 percent), 4 times (12.9 percent) and 5 times (5.9 percent)
- For respondents who were charged or made to make pocket payments, 51.5 percent did not ask for an explanation. The remaining 48.5 percent asked for the reason. And 89.8 percent were given reasons for the charges. Among some of the reasons given included “facility has not been re-imbursed, “the scheme does not cover the service” among others.

Ranges of Pocket Payment



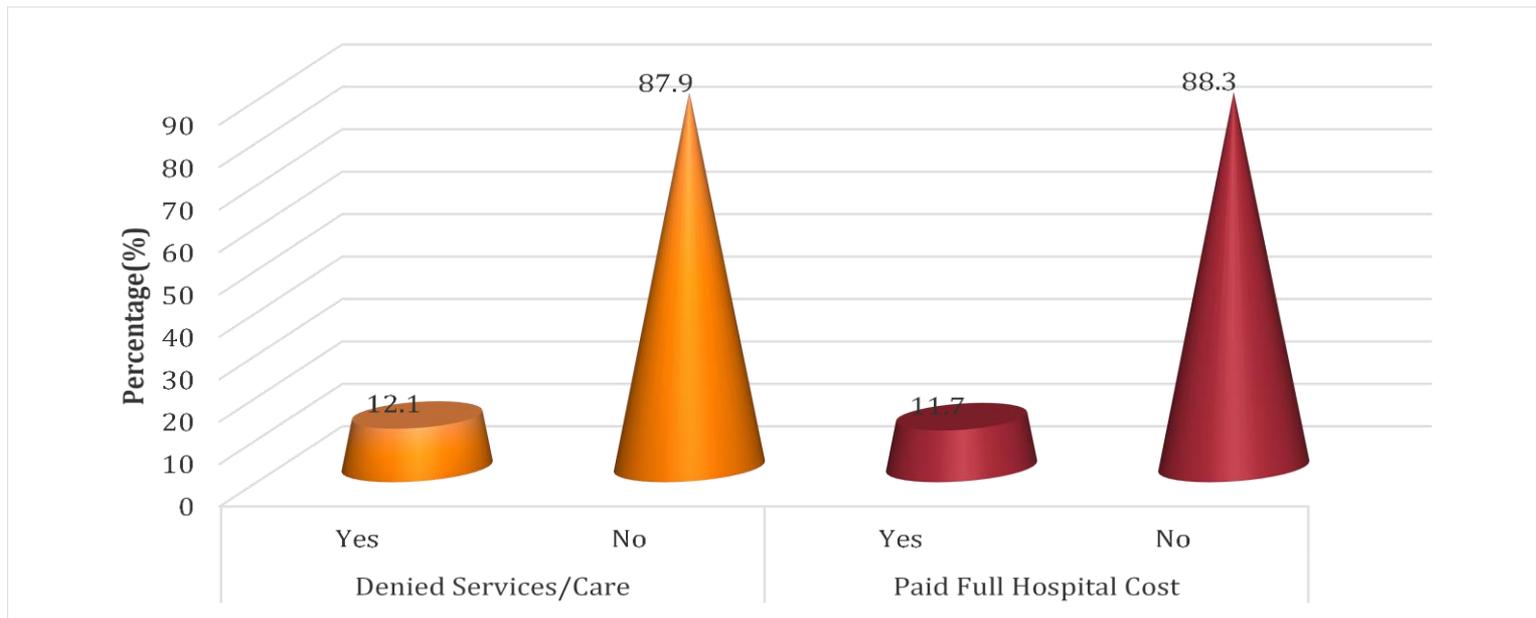
Number of Times of Pocket Payment



Denied Service/Care/ Paid Full Hospital Cost

- Most respondents (87.9 percent) have not been denied service or care whilst a handful (12.1 percent) have experienced so.
- A large number of participants (88.3 percent) indicated they had not been made to pay full hospital cost, but a marginal number (11.7 percent) declared otherwise

Denied Service/Care/ Paid Full Hospital Cost



SUPPLY SIDE DIAGNOSTICS

5

- The provision of national health insurance in Ghana
- Information disclosure and transparency
- Customer needs assessment
- Customer recourse mechanism



PROVISION OF NATIONAL HEALTH INSURANCE IN GHANA

Fund managers through the IDI mentioned the following as customers' top concern:

- The customers complain about spending money on drugs that are covered under the NHIS
- The fact that the scheme doesn't cover the entire cost at the health facility
- The need to top up or co-payment of the entire medical bills in most cases
- Bureaucracy at the hospital; sometimes, patients with the card are subjected to a long process. However, those paying for their bills, that is, patients not using NHIS or not on any insurance mostly get attended to faster than those with NHIS
- In using health insurance, hospitals don't offer appropriate care

Accredited health care facilities and pharmacies also expressed the below-mentioned concerns:

- Clients concern mainly has to do with the scope of coverage of the scheme. The insurance package does not cover everything and thus, patients want the policy expanded to cover more services and products
- Lack of faith or trust in the scheme; their expectations do not align with the realities they face at hospitals or other health facilities
- One of the major problems being faced is that most of the clients thought NHIS is free, which is due to a lack of education about the scheme
- The hospital not having the drugs prescriptions and the need to get it elsewhere, which costs them money
- The need to top-up for the cost of certain drugs that the insurance does not cover
- The low quality and quantity of the drugs being served to them

For accredited health care facilities and hospitals their concerns are:

- **The price difference between what the pharmaceutical companies provide or quote and what the NHIS quotes or pays for does not match.** For instance, a drug could be procured at 300 Ghana cedis from the drug manufacturer, but the NHIS only pays, say, 200 cedis. This way, it becomes difficult for the hospital to operate—soundly financially. In short Price of drugs far exceeds what NHIS pays for
- **The issue of pre-financing for procured drugs:** The hospital might run at a loss and/ or may not be able to procure enough drugs because the hospital does not have the wherewithal to pay for the drugs even though the NHIS might cover that drug; customers may then have to be referred elsewhere to buy drugs
- **Frequent policy review:** Irregular review of policy under different governments makes it difficult for a hospital to cope as well as render the best of services to subscribers

For accredited health care facilities and hospitals their concerns are:

- **Delay in reimbursement of funds:** Reimbursement of funds are delayed; insurance is not paid for on time to enable hospital purchase drugs and run other services unhitched
- **Low fees:** The low fees paid by the government to health facilities should be looked at. The cost of most of the equipment keeps on increasing day in day out. The fees paid on drugs are also very low though the cost keeps increasing
- **Tendering expired cards for service delivery:** Some patients come with expired cards to health facilities and still expect to be treated under the scheme
- **The issue of instant card renewal:** Some also renew the card and expect it to be active immediately, not knowing that they have to wait after a month before the card would be activated

Pharmacies, however, indicated the following as their top concerns:

- **Unavailability of medicine and the high cost involved:** Generally, certain medicines are not available and there is an increased cost involved in procuring medicines
- **Unrealistic tariffs:** There must be tariffs that are realistic by taking into consideration current market prices
- **Extra charges:** Clients complain when they need to top up payment for some of the drugs that are not fully covered by the scheme, which usually becomes a misunderstanding
- **Delayed payment from the Fund managers:** Fund managers delay in reimbursing accredited pharmacies
- **Cumbersome claim process:** At the NHIA, it takes a long time to process GRA and claims reports in order to receive claims
- **No workshops for claims officers:** There are no workshops for claims officers

Key Observations from the IDI on Whether the Scheme is Delivering on its Mandate

Majority of respondents asserted the scheme is partially delivering on its mandate because it needs more room for improvement.

“For me, I think to some extent because there is more room for improvement. People need to be encouraged to sign up to enjoy the benefits the scheme provides.” **Training coordinator, Accra**

“I will say not fully because of the delay in payment.” **Head Pharmacist, Koforidua**

“I think for it to fully deliver on its mandate, prices of drugs should be reviewed and subsidized for the drugs to become affordable especially for the poor.” **Pharmacy manager, Tamale**

For accredited Pharmacies and Health Facilities:

- **Delays with funding and reimbursement:** This cripples the smooth operation of the scheme
- **Non transparency of the scheme:** There is non-transparency about the insurance coverage and benefits
- **Limited coverage:** Limited coverage of insurance package hinders clients from enjoying the scheme
- **Funding and payment:** Inadequate funding and late payments hamper health insurance provision, especially for the poor and destitute who are covered by the scheme but do not pay any premium. Any attempt to offer services to the people above runs hospitals into "bad debt"
- **Lack of education about the scheme:** This affects the scheme's smooth operation as most subscribers have the perception that NHIS free. Others also have no information on how the scheme works
- **Card activation period:** The one month given to patients before a card can be usable serves as a disincentive to subscribers as it is deemed to be too long

For Fund Managers:

- **Funding challenges:** The scheme is invariably starved of funds
- **Network/ICT problems:** Intermittent network failure makes it difficult to render service
Customers will then have to go back and forth, which makes it tiresome for most of them
- **Payment delays:** The delay in payment of arrears or monies to pharmacies and health facilities causes them to run out of stock of drugs and other necessities

Key Observations from the IDI on the Effects of Delayed Reimbursement on Providers

Respondents identified the following as effects of delayed reimbursement on respondents:

- Delays result in the unavailability of medicine. Drugs and other surgical materials are not procured on time
- It affects the drug procurement mechanism; stocks will have to be limited or scrapped completely because drugs cannot be paid for. Clients will then have to be asked to buy drugs from elsewhere because the hospital does not have enough drugs
- It affects the salaries of staff as same has to be delayed including lay off of staff because of lack of funds

“For almost two years the scheme never paid us until 2020 February. We had to borrow drugs from outside in order to run the hospital.” **Pharmacist, Cape Coast**

“ We Experienced actual delayed in payment for almost two years.” **Hospital Administrator, Kumasi**

For Fund Managers:

- The NHIA should pay facilities on time. Prompt payment of monies to providers will enable drugs and other essentials to be procured and stocked for patients to use. Also, NHIS must pay arrears on time so as not to derail effective operation providers
- NHIA should improve the application or system connectivity to avoid the rampant system failure
- A system of Dialogue should be incorporated into the scheme. That is, there is the need for frequent dialogue between NHIA and providers. This will help resolve issues bordering providers
- Health care facilities should desist from charging clients an extra fee, especially when services being delivered falls under the coverage of the scheme
- Health facilities should be loyal to the scheme regarding their claims

For Pharmacies and Health Care Facilities:

- There should be wider access to healthcare like prostate cancer and dialysis
- There is the need to devise other strategies to rake in more revenues for the scheme instead of largely depending on government funds
- There is the need to increase awareness to get more people to subscribe to the scheme
- Pharmacies and health facilities should be paid at the right time
- The scheme's policy must be clearly spelt out to customers, especially about coverages
- There is the need to include more drugs in the free drug book and drugs that require part payment should be stopped and instead paid for fully
- Subscribers should be made to use their cards immediately after renewal
- There is a need to create more offices in the local communities.

What Mechanism does the Scheme Has in Place to Ensure Clients Retention?



Fund Managers Indicated the Following:

- ❖ Public education on the benefits of NHIS
- ❖ Adoption and use of mobile money renewal payment plan to ease the discomfort of making visits to NHIS premises to renew subscription
- ❖ Community sensitization programs to engage clients and also address their concerns
- ❖ Proper keeping of records and also proper vetting of the records about the retentions of clients
- ❖ Capitation grant



INFORMATION DISCLOSURE AND TRANSPARENCY

How Providers Disclose Information to Consumers?

Fund Managers Indicated the Following:

- ✓ A handbook is made available to all clients with every detail of information to make the policy easy and explicit to subscribers
- ✓ During registration and card renewal, customers are educated on the policy
- ✓ Through media campaigns and front desk information
- ✓ Through public education (e.g. social media platforms)
- ✓ Through text message
- ✓ Subscribers have a grace period of 3 months within which expired subscriptions can be renewed.... after that a penalty of 1 month is applied
- ✓ Through verbal and community durbar engagement
- ✓ Through information service centres

Fund Managers Indicated the Following:

- ✓ It was found out that the most common language of communication (in written format) is English instead of local dialects.
- ✓ However, there was a mixed reaction in terms of verbal communication. Whilst some indicated local language is used, others indicated only English language is employed.
- ✓ Occasionally, terms and conditions regarding the scheme are reviewed hence, fund managers were asked if such an activity is made known to customers. Respondents indicated they do not only notify only customers but also all the other stakeholders involved



CUSTOMER NEEDS ASSESSMENT

- ❑ NHIS providers do not largely undertake proactive customer needs assessment in the provision of NHIS to customers. This is especially true because employees whose premiums are directly deducted from their payroll are not even inquired of their health needs. This buttresses the more reason why consumers complain of low or no coverages of their health needs.



CUSTOMER RECOURSE MECHANISM

The study found out that providers (NHIA) practically do not have an established customer complaint or recourse policy written down for customers to follow. Put differently, there are no specific manuals or guidelines in place specifying how consumers can register their displeasure, how any issue will be addressed and the benefits or punishment thereof.

A further assessment revealed that customers could only make their complaints through “a call to a toll free line,” “share experience on Facebook account,” “a walk-in complaints” and “letter writing.” The scheme does has a dedicated desk/ officer responsible for handling complaints. It was identified however, that the Public Relations Office is in charge of complaints handling and not all NHIS offices across the country are equipped with such a dedicated desk or officer.

Key Observations from the IDI on Reports on Statistics on Customer Complaints

Majority of respondents asserted the scheme has statistics and report on customer complaints

“Yes... we have the statistics but I can’t talk about the details.” **Assistant Administrator, Koforidua**

“Yes ... all complaints are compiled and the needed adjustments are made during the review.” **Manager, Greater Accra**

“Yes... we have statistics and reports about clients’ major issues, which are mostly compiled and send to our national office for redress. Again during our annual national and regional meetings, issues of bordering subscribers are addressed.” **Manager, Tamale**

RECOMMENDATIONS

6

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***Recommendations to the
NHIA and Relevant
Policymakers***

- **Sustainability:** The scheme needs to overcome challenges of limited funds for provider reimbursements and administrative activities; improve quality of health care and insurance services to enhance subscriber trust and increase utilization of NHIS services
- **Increased funding and subscription:** To ensure improvement in subscription and thus raise more funds, NHIA and other relevant authorities should establish a form of subscription that comes in packages of gold, silver and bronze payment so that persons of all social and economic classes can sign on to packages that suit their needs and lifestyle
- **Monitoring and Evaluation:** There is a need to institute effective monitoring and evaluation mechanisms to check healthcare facilities and registration centres' activities. This could be done either by establishing M&E desk that undertakes regular visits to facilities for monitoring. A consumer satisfaction survey can also be carried out periodically to evaluate service delivery, among others

- **Redress Mechanism:** There is the need for a clear-cut written down policy and procedure on redress mechanism that stipulates consumers' rights, complaints and redress channels, the duration for resolving complaints, penalties and rewards, etc
- **Out- of –Pocket Payment:** NHIA and relevant policymakers should address out-of-pocket payments experienced by some subscribers of the scheme. Whenever there is a strike by healthcare providers as a result of the delayed reimbursement to healthcare providers, there should be a way to reimburse subscribers who have to pay for their full cost of the healthcare
- **Expansion of the scheme:** The NHIA should consider expanding the coverage of the scheme in terms of drugs, diseases and health facilities
- **Needs Assessment:** The scheme should conduct a regular needs assessments in order to identify lasting goals and insurance needs of customers and to constantly design products to meet these goals and needs



***GENERIC
RECOMMENDATIONS***

- ✓ The scheme should cover life-threatening diseases and major surgeries like prostate cancer, dialysis, diabetes, kidney/ renal/ liver tests and treatment etc.
- ✓ There is the need to devise other strategies to rake in more revenues for the scheme instead of largely depending on government funds and other tax revenue
- ✓ Drug suppliers and health facilities should be paid within a reasonable time
- ✓ The scheme's policy must be spelt out to customers, especially about coverages
- ✓ There is the need to include more drugs in the free drug book and drugs that require part payment should be stopped and rather paid for fully

- ✓ Subscribers should be made to use their cards immediately after renewal
- ✓ There is a need to create more offices in the local communities. This will help address the issue of the stressful registration process and long waiting time at registration centres
- ✓ There should be a broader education, creation of public awareness and sensitisation of the general public on NHIS to enhance coverage and change the negative perceptions about the scheme
- ✓ There should be wider access to healthcare like optometry blood transmission services, scans and lab tests
- ✓ Health care facilities should desist from charging clients an extra fee, especially when services being delivered falls under the coverage of the scheme
- ✓ A system of Dialogue should be incorporated into the scheme. That is, there is the need for frequent dialogue between NHIA and providers. This will help resolve issues bordering providers

THANK YOU