



# MAKING NATIONAL INSURANCE SCHEME WORK FOR THE PEOPLE

# Making the National Health Insurance Scheme Work for the People

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# Abbreviations

AfDB	African Development Bank
CBHIS	Community-Based Health Insurance Scheme
DANIDA	Danish International Development Assistance
DfID	Department for International Development
DMHIS	District Mutual Health Insurance Scheme
EKN	Royal Netherlands Embassy
FGD	Focus Group Discussion
GGRG	Ghana Diagnostic Related Grouping
GPRS	Ghana Poverty Reduction Strategy
HISPAG	Health Insurance Service Providers Association of Ghana
IDIs	In-Depth Interviews
KOFIH	Korean Foundation for International Health Care
LEAP	Livelihood Empowerment Against Poverty
M&E	Monitoring and Evaluation
NHI	National Health Insurance
NHIA	National Health Insurance Authority
NHIF	National Health Insurance Fund
NHIL	National Health Insurance Levy
NHIP	National Health Insurance Policy
NHIS	National Health Insurance Scheme
OOP	Out-of Pocket
OPD	Outpatient Department
PPP	Preferred Primary Provider
SSNIT	Social Security and National Insurance Trust
USAID	United States Agency for International Development
VAT	Value Added Tax
WHO	World Health Organisation

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**Appiah Kusi Adomako**  
Centre Director  
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# Executive Summary

## Introduction and Objectives

Healthcare is a priority sector for governments the world over. In 2003, the Government of Ghana committed to improving healthcare access for all Ghanaians and introduced a social intervention programme known as the National Health Insurance Scheme (NHIS). Its main goal was to increase the affordability and utilisation of drugs and health services, especially among the poor and most vulnerable populations. 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 programme.

Despite significantly improved healthcare delivery in the country, the scheme is not without challenges, preventing it from being as impactful as possible. In this vein, CUTS Accra, with support from Open Society Initiatives for West Africa (OSIWA), implements a project titled '*Making the National Health Insurance Scheme Work for the People.*' The project's goal is to advocate and influence policymakers and other relevant stakeholders to strengthen the health outcomes and welfare of subscribers. This will ensure that the NHIS scheme and its accredited healthcare providers provide utmost care to insurance subscribers while reducing out-of-pocket expenses in using the scheme.

## Methodology

Both qualitative and quantitative approaches were used for the supply-side and demand-side of this study. The qualitative approach consisted of Focus Group Discussions with current/potential/Lapsed users randomly selected from households across different socio-economic backgrounds and In-Depth Interviews with fund managers, accredited pharmacies providing NHI and hospital NHI administrators. These were done across five regions in Ghana; Ashanti, Central, Eastern, Greater Accra and Northern regions.

This approach included the use of in-depth desk reviews, qualitative and quantitative data collection and analysis. The desk research gathered, reviewed and analysed existing documents or data on NHIS. The literature review looked at the evolution of the NHIS in Ghana, funding sources, subscription, benefits of the scheme, international best practices, challenges with the scheme and what the government is doing to deal with the challenges.

15 focus group discussions were held for the demand-side. The sample size for the supply-side diagnostic involved a total of 14 in-depth interviews.



## **Findings from the Demand-Side**

### ***Characteristics of respondents***

Of the total respondents;

- 328 (51.9 percent) were current/active users, 158 (25 percent) were lapsed users and 146(23.1 percent) were non-users
- 54.4 percent (344) were females, while 45.6 percent (288) were males

### ***Respondents perception about the scheme***

Generally, respondents understood that the scheme was introduced to alleviate financial burdens on Ghanaians, especially the aged, less privileged and vulnerable at hospitals and was introduced to replace the cash and carry system where one needed to pay before treatment.

Meanwhile, subscribers have mixed feelings about the NHIS. The following are the positive feelings towards the scheme: Aside from the scheme being affordable, the process of renewal has been made easier when using the mobile phone. It takes care of antenatal, labor and delivery charges and has ultimately helped eradicate the cash and carry health care system.

Despite the scheme being affordable, access to quality healthcare is not guaranteed. Also, children receive better health care in terms of service delivery and medications under the scheme, but adults do not receive the same level of care as children. Respondents further indicated that the anticipated hope of getting better healthcare before a subscription is weakly attainable.

Motivations to immediately subscribe to the scheme include but not limited to a positive change in operational systems, monitoring and evaluation at local levels by the NHIA and NHIS managers. The delivery of healthcare under the scheme is improved. And there is a change in the poor attitude of health workers towards NHIS card bearers as well as a periodic review of the scheme was done to capture emerging diseases such as cardiovascular diseases and more expansive coverage of drugs.

### ***Understanding Consumers' Attitude towards the NHIS***

For respondents who are currently using the NHIS, the three main reasons that accounted for the subscription are: to be able to avoid paying huge money when sick and visit a facility, to prepare for unforeseen sickness and to mainly cope with hospital bills. However, many respondents who are not or have stopped using the scheme did not provide any apparent reason for doing so. Other major factors mentioned as the reasons for non-subscription include "not having considered it", "not needing it anymore", "lack of trust", and "it being too expensive". The lack of time to renew the NHIS upon expiration, or the feeling that they occasionally fall sick, the NHIS not working, and the lack of resources ( money) also account for the reasons why respondents are not or have stopped using the scheme.

The renewal or non-renewal rates of the National Health Insurance card indicates the level of trust that subscribers have for the scheme. The results showed that 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. However, respondents who have not renewed their NHIS card for the past six months primarily attributed it to the lack of time. Other primary reasons that emerged include the distrust for the scheme, the thinking that the scheme does not work, the lack of contact with providers and the low income of subscribers.

Respondents were assessed on their level of satisfaction with the NHIS. 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.

### ***Understanding Consumers' Attitude towards the adoption of the NHIS***

Consumers' attitude towards the adoption of NHIS was assessed to determine respondents' awareness or knowledge about the scheme, the subscription rate of the national health insurance versus other health insurance facilities, reasons for subscribing to more than one health insurance package, experience with the usage of the scheme.

The knowledge or awareness of NHIS is essential as it helps to do a proper analysis about the scheme's level of adoption, among others. The research results indicated that all respondents (100 percent) know 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 since the NHIS does not cover some treatment and medication. Others obtained the additional package from their place of work or telecommunication provider.

Respondents indicated that they received information about the Scheme from TV/Radio, Billboards, family and friends, hospitals, worship centres, workplaces, etc.

An assessment was also carried out to determine the respondents who have not visited the hospital since signing up for the scheme. The essence of this approach is to help further identify how well the scheme is functioning. The survey results showed that 390 (80.4percent) had visited the hospital, while 95 (19.6 percent) have never visited the hospital.

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. Furthermore, most 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***

The majority, 84.2 percent (409) of respondents, 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 (5). Regarding the preferred mode of receiving information, most 54.55 percent (42) prefer that the information is sent through written mode while 45.45(35) percent prefer such information transferred verbally.

Concerning the source of information, 50 respondents received it from the insurer, 28 received it from the hospital, 14 from an agent and 3 from the media. Moreover, a greater number (54) of the respondents prefer to receive information from the insurer more than other sources. 20 of respondents receive information before subscription and during subscription respectively.

However, the majority of respondents (61) are provided with information after the subscription and 41 respondents received information on the scheme when they visited the hospital and thus not knowing the details of the agreement they have signed before the subscription. This violates consumer protection principles and has implications for disagreements, especially at service provision and reception. However, 25 participants prefer to receive the information before subscription, 26 after subscription, 21 when they visited the hospital and 5 percent during the subscription. For those who received NHIS information (both verbal and written), 20(26%) indicated that they were adequately informed of all coverages before being signed on whilst majority 57(74%) stated otherwise.

### ***Gauging Customer Experience on Customer Recourse***

The mechanism of lodging complaints is supposed to be captured in the Policy Summary made available to subscribers either in hard copy or electronically. The survey results indicated that merely (14.8 percent) of NHIS subscribers indicated awareness of the provisions available for seeking help, while 85.2 percent 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 shortcode” (17), and “write a formal complaint to NHIS” (11) as the key sources for seeking help.

Respondents also highlighted the use of SMS messages to shortcodes as another source (8). For the respondents who knew where to seek assistance to their NHIS related problems, 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, only 15 have never called it, while only 1 has ever called it and indicated that it was helpful.

### ***Addressing the Issue of Out-Of-Pocket Expenses***

One of the major reasons for a health financing system is to ensure that people are not denied access to health care services on the basis that they cannot afford it. The study attempted to assess if NHIS subscribers are still made to pay out of their pockets especially for services that are supposed to be provided by the scheme. The analysis covered: Respondents who have made a pocket payment, areas of pocket payment, range of pocket payment, number of times pocket payments have been made, reasons for pocket payment, service denial because of inability to pay, and payment for full hospital cost.

Results indicated that 69.8 percent (339) of respondents had made out-of-pocket payments while 30.2 percent (147) had not made any when they visited a facility with the NHIS. Majority of pocket payments were 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 ranged 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 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.

Additionally, participants using NHIS were also assessed on whether they have been denied services or care and have been made to pay total hospital cost. The survey results showed that most respondents (87.9 percent) had not been denied service or care whilst a handful (12.1 percent) had experienced so. Meanwhile, 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.

## Findings from the Supply Side

### *The Provision of National Health Insurance in Ghana*

NHIS providers understood the scheme as a governmental effort to subsidise healthcare for Ghanaians. Services provided under the scheme are typically offered by fund managers, accredited pharmacies and health facilities. Services offered by fund managers include health care services, renewal of expired cards, issuing new cards for first-time subscribers, getting qualified people to sign onto the scheme, community education, and sensitisation programmes. Free health care services to pregnant women, citizens under LEAP, aged and under 18. Health provisions include but are not limited to OPD services, inpatient services, consultation services and surgery while accredited pharmacies provide specific drugs for free based on the listed drugs in the health insurance book.

Fund managers mentioned the following as customers' top concerns:

- 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

Providers' top operational concerns were the issue of pricing, pre-financing for procured drugs, irregular review of policy, delay in reimbursement of funds, low fees, tendering expired cards for service delivery and instant card renewal issues. Pharmacies' concerns were unavailability of medicine and the high cost involved, unrealistic tariffs, extra tariffs, delayed payment from the NHIA, cumbersome claim processes, no workshops for claims officers.

Providers agree that the scheme is partly delivering on its mandate and could be improved. They highlighted factors that they describe to be barriers to the provision of health insurance in Ghana. These are delays in funding and reimbursement, non-transparency of the scheme, limited coverage, lack of education about the scheme and network/IT challenges. These together mar the experience of some subscribers and negatively affect the perceptions of the scheme.

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

### *Information disclosure and transparency*

Fund managers were assessed on how information regarding key terms and conditions like duration, benefits and premium was disclosed to subscribers as a way of measuring the transparency of the scheme. Insurers indicated that they make information available to customers through both written and verbal formats. Written format mostly comes in the

form of handbooks, leaflets, brochures and text messages. Issues were raised about the most dominant language used in English and how some subscribers may not be reached. To counter this problem, a local language is preferable, especially when communicating with the lower class, who form a significant number of customers.

### ***Customer needs assessment***

The survey found that NHIS providers do not largely undertake proactive customer needs assessment in the provision of NHIS to customers, which can be attributed to why consumers complain of low or no coverage of their health needs.

### ***Customer recourse mechanism***

The significant areas of customer recourse examined include the availability of customer complaint or recourse policies, communication of recourse policies and procedures, complaints and redress channels, the duration for resolving complaints, and statistics on complaints and disputes.

The study's findings showed that the provider (NHIA) does not have an established customer complaint or recourse policy written down for customers to follow. There are no specific manuals or guidelines that specify how consumers can register their displeasure, how issues should be addressed, and the benefits of punishment. Channels to register displeasure included 'call to a toll-free line', sharing experiences on Facebook account,' walk-in complaints and letters. However, not all NHIS offices have a toll-free line or dedicated staff members to handle complaints. This was found especially true with local NHIS offices.

## **Conclusions and Recommendations**

The research shows that NHIS has helped improve health financing and good health, reduced out-of-pocket expenditure and poverty. However, the impact can be better felt if the challenges preventing the NHIS from delivering on its mandate to subscribers are keenly addressed.

These challenges include fraud, limited funding, information asymmetries, delay in payments on claims, and poor service quality. Additionally, a recognisable number of consumers complained of exploitation by the scheme through additional charges meted out to them when they visit healthcare facilities irrespective of the particular service falling under the scheme's coverage. Some consumers are also asked to pay extra money for the registering process expedition in the same vein. Apart from the above-mentioned issues, consumers also raised the scheme's low coverage, delays in registering and receiving the NHI card, and limited NHIS registration centres as challenges.

Furthermore, the study showed that the provider (NHIA) practically does not have an established customer complaint or recourse policy written down for customers to follow. Although there are avenues where consumers can channel their grievances, most consumers are not aware of them. For that reason, a significant number of consumers have not utilised the existing redress mechanisms. Moreover, the study found that providers do not mainly

conduct a customer needs assessment to determine the scheme's gaps from reaching its desired goals. These challenges have limited the positive impact of the scheme for its subscribers over the years.

The impact can be better felt if the challenges preventing the NHIS from delivering on its mandate to subscribers are keenly addressed. In light of this, the study recommends increased funding, better monitoring and evaluation processes, developing a clear cut strategy and procedure for redress mechanisms, a continued reduction in out-of-pocket payment, expanding coverage of the Scheme, and conducting regular needs assessment to ensure that subscribers' healthcare needs are being met.

# 1

## Background and Purpose of the Study



### Background

Healthcare is the backbone of every nation. The government everywhere has taken the health sector as a priority sector. In 2003, the Government of Ghana decided to improve health coverage and access and introduced a social intervention known as the National Health Insurance Scheme (NHIS).

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. 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 programme.

The NHIS is financed from four primary sources: a 2.5 percent value-added tax (VAT) levy on goods and services, an earmarked portion of social security contributions from formal sector workers, individual premiums, and miscellaneous and other funds from investment returns, donors funding. The 2.5 percent tax on goods and services, called the National Health Insurance Levy (NHIL), is the most significant source, comprising about 70 percent



of revenue source. Social security contributions account for an additional 23 percent, premiums for about 5 percent, and other funds for the remaining 2 percent.

A recent survey indicated that about 50 percent of Ghanaians are registered on the scheme.<sup>1</sup> Majority of whom are the working class, poor and vulnerable in the under-served rural communities who cannot afford the private mutual health insurance scheme. Some challenges have characterised the NHIS during implementation. These include delays in transfer by the government and the NHIS to service providers, charging of unapproved fees, and clients' abuse by some health workers.

The challenges above persist even though the Government of Ghana continues to pump enormous resources into the scheme. At the same time, subscribers in the formal sector whose 2.5 percent of their salaries are deducted are also contributing. The recalibration of the 2.5 percent of the VAT has also increased the taxable revenue meant for the scheme.

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

In this context, CUTS Accra, with support from Open Society Initiatives for West Africa (OSIWA) is implementing a project titled '***Making the National Health Insurance Scheme Work for the People.***'

The project's goal is to advocate and influence policymakers and other relevant stakeholders to strengthen health outcomes and the welfare of subscribers. This can be ensured that 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.

## **Objective**

The specific objectives of the study are to:

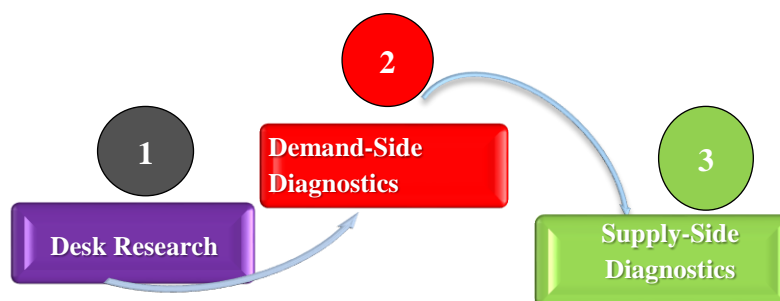
- review the existing status of the NHIS in Ghana;
- explore the challenges that are preventing the NHIS to deliver on its mandate to subscribers
- facilitate debate and discussions on the obstacles preventing the NHIS and how to address these;
- advocate for government to make the necessary reforms, 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.

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<sup>1</sup> <http://citifmonline.com/2016/11/17/status-of-the-nhis-the-bare-facts-infographic/>

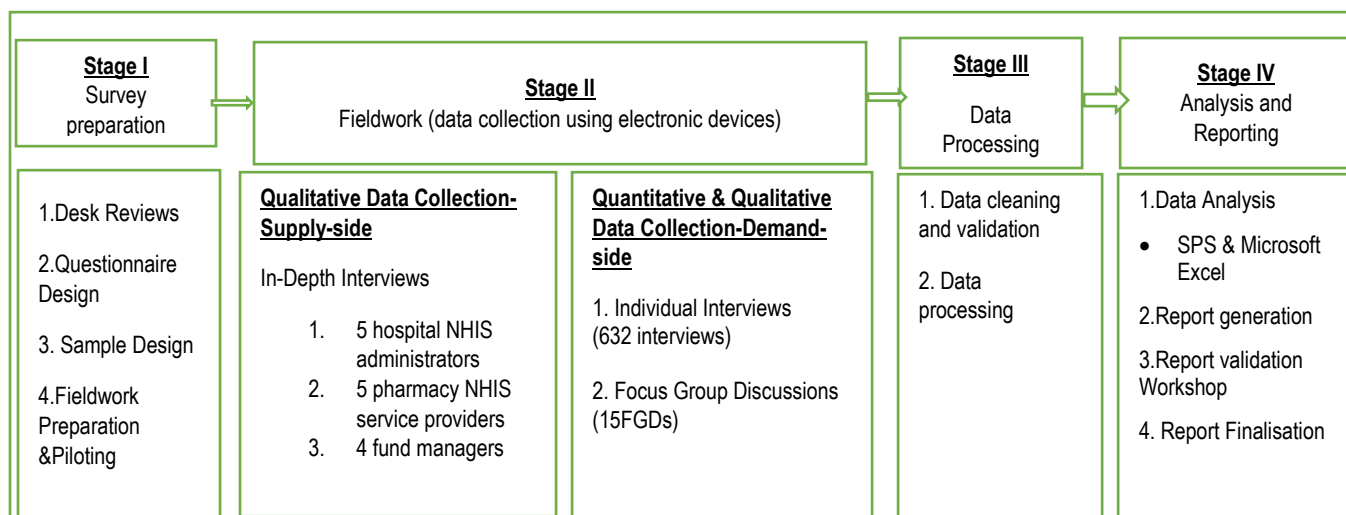
## Methodology and Limitations

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.



The survey for both the supply-side and demand-side was conducted in four (4) stages: survey preparatory efforts; fieldwork execution; data processing; and data analysis and reporting. The approach adopted included the use of in-depth desk reviews, qualitative and quantitative data collection and analysis. The four (4) stages and the tools and techniques depicted in Figure 1.

**Figure 1: Survey Implementation Stages and Tools & Techniques**



### Survey Preparation

**Desk Review:** Desk research, which was the first phase of the study, gathered, reviewed and analysed existing documents or data on NHIS. 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.

**Questionnaire Design:** This comprised the design of a data collection instrument for one (1) main respondent, namely consumers (current and potential consumers). Two (2) other tools were designed to guide in-depth interviews with key informants of the providers, namely NHIS providers (fund managers, hospitals, and pharmacies), and focus group discussions (FGDs) with consumers.

**Sample Design:** Five regions were selected for the study, including Ashanti, Central, Eastern, Greater Accra and Northern. The individual consumer sample distribution for the five respective regions was initially designed based on the population proportionate to the size of each area. Still, the dynamics changed because of certain limitations encountered on the ground due to the COVID-19 pandemic. Overall, 632 individual consumers were interviewed. Moreover, 15 FGDs were held for the demand-side. A mix of multi-stage random sampling and purposive sampling was adopted in the selection of individual consumers. The sample size for the supply-side diagnostic involved a total of 14 in-depth interviews.

**Fieldwork Preparation and Piloting:** This entailed training of enumerators on the survey instruments and interview techniques; fieldwork guide preparation; mapping of communities; pilot testing the data collection instruments; discussion of pilot testing; and finalisation of questionnaires.

### ***Fieldwork***

Fieldwork took place from September-October 2020. The field team used Android devices to collect field data, which indicated that data collected went to hit the data server in real-time. The qualitative and quantitative data collection approaches used during the survey are discussed:

**Qualitative Approach:** This approach consists of FGDs and In-depth Interviews (IDIs). The approach captured information on and assessed real-life experiences from consumers and national health insurance suppliers, respectively. It is exploratory research that served as an eye-opener that gained insights from consumers, lapsed users, providers, or national health insurance suppliers, including fund managers, hospitals, and pharmacies.

- **Focus Group Discussions (FGDs):** The FGDs gathered 6-8 respondents of homogenous characteristics, pre-selected according to specific criteria to discuss the subject of interest under a skilled moderator's direction to ensure that each respondent expresses individual opinions. This technique was used to unearth how consumers feel, understand and connect emotionally with the subject matter. This approach involved 15 FGDs in total: three each in Greater Accra, Ashanti, Central, Eastern and Northern regions with current/potential/lapsed users randomly selected from households across Upper (SEC AB), Middle (SEC C1C2) and Lower (SEC DE) Socio-economic Class. This phase was conducted in October 2020.

- **In-Depth Interviews (IDIs):** Involved face-to-face, one-on-one in-depth interviews with fund managers, accredited pharmacies providing NHI and hospital NHI administrators at their place of work or home based on a pre-scheduled appointment. This approach was suitable for this segment of respondents due to their busy lifestyle. It may not be convenient for them to attend an FGD, but rather in-depth interviews were most suitable and convenient for them e.g., their offices or homes. This approach was used for four interviews among fund managers: five with accredited pharmacies providing NHI, five with hospital NHI administrators. This phase took place between October 2020.

**Quantitative Approach:** This approach primarily focussed on the individual consumers' of the scheme.

- **The Individual Consumer** included individuals currently subscribed to national health insurance and potential consumers (included those not currently subscribed to national health insurance but are likely to do so in the future). This approach measured consumer demographic profiles, awareness of NHIS and service features, attitude towards adopting the NHIS, information disclosure and transparency, customers' experience on recourse mechanism, and out-of-pocket expenses. A total of 632 interviews was conducted during September-October 2020: 126 in Greater Accra, 122 in Ashanti, 130 in Central, 128 in Eastern and 126 in Northern regions, with samples randomly drawn for representativeness among target respondents.

### ***Data Processing, Analysis and Reporting***

**Data Processing:** The data was validated and archived. Errors detected were deleted and re-fielded. Several amendments were made to the data to make sure they are clean and validated. For the open-ended questions, the team collated them to provide a basis for standard analysis. The analysis of free-text responses delivered an additional wealth of information.

**Data Analysis and Reporting:** Data analysis was undertaken using SPSS together with a Microsoft Excel spreadsheet and reporting was done through Microsoft PowerPoint packages.

### ***Data Quality Assurance***

Various quality control measures and strategies were employed to ensure it attained complete, accurate and reliable data. During the survey, best practices were followed in data collection, data entry, and data cleaning protocols. These protocols included the following:

- Pilot testing of survey questionnaires,
- Rigorous training of survey team,
- Use of mobile data collection devices that automatically synchronize with an online database when connected to the internet, leaving no need for manual data entry,
- Consistent participation in data collection efforts by the project leader and core members, enabling the survey to address any data quality issues in an ongoing way,
- Regular monitoring of data to ensure consistency and completeness.
- Data cleaning by a qualified statistician and errors that were detected were deleted and re-fielded, and
- Discrepancies resolved through checking with the data collection team and through call-backs to respondents when necessary

### ***Limitations***

The major limitation the survey encountered was the COVID-19 restrictions which impacted the numbers of the respondents. This emanated from the adherence to the COVID-19 pandemic restrictions, which were highly observed in the regions above. This affected the individual consumer sample distribution for the five respective regions, which was initially designed to suit the population proportionate to each region's size.

# 2

## The National Health Insurance Landscape in Ghana



### Evolution of NHIS in Ghana

Healthcare in Ghana's pre-independence era was largely "pay as you go" with some public financing healthcare for expatriate civil servants.<sup>2</sup> Ghana's first national health insurance was tax-funded free healthcare for all after independence.<sup>3</sup> This system became unsustainable, especially in the 1970s, partly because of the country's economic recession<sup>4</sup> and political instability. The country reverted to pay as you go healthcare delivery, popularly known as "cash and carry," except for some communicable diseases.<sup>5</sup> The cash and carry

<sup>2</sup> Ghana's Journey to a Universal Health Coverage. [nhis.gov.gh/downloads.aspx](http://nhis.gov.gh/downloads.aspx)

<sup>3</sup> Blanchet, N. J., Fink, G., & Osei-Akoto, I. (2012). The effect of Ghana's National Health Insurance Scheme on healthcare utilisation. *Ghana medical journal*, 46(2), 76-84.

<sup>4</sup> Agyepong, I. A., & Adjei, S. (2008). Public social policy development and implementation: a case study of the Ghana National Health Insurance scheme. *Health policy and planning*, 23(2), 150-160

<sup>5</sup> Supra Note 3

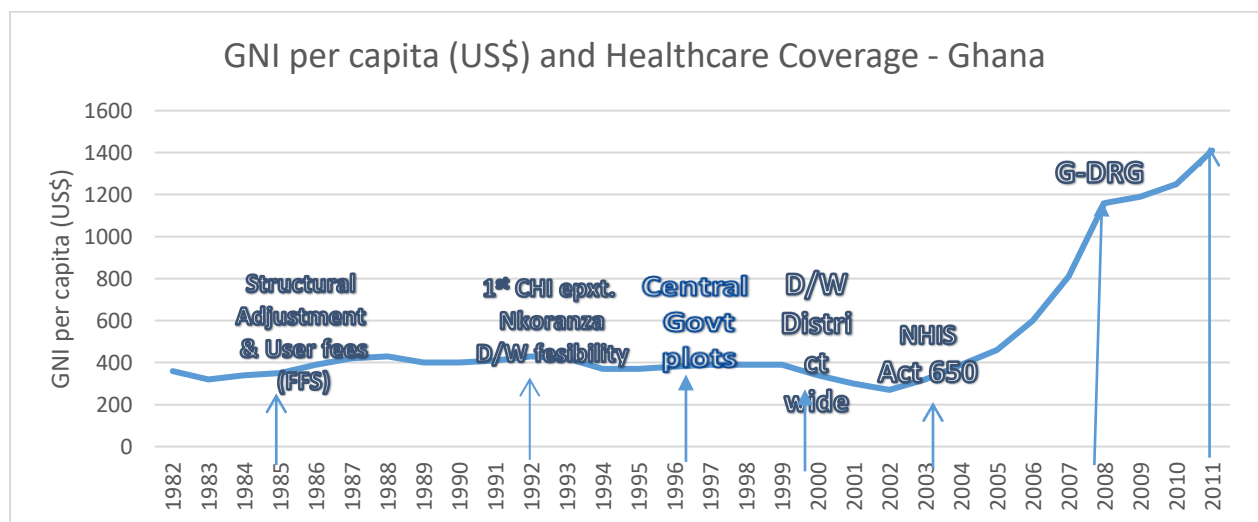
system improved the revenue operations for some facilities but demerited healthcare in general due to weak regulations.<sup>6</sup>

For instance, some health facilities were charged for communicable diseases that were supposed to have been exempted. There were no guidelines for implementation and no conscious system designed to prevent possible financial leakages.<sup>7</sup>

In the ensuing years, the standard of healthcare provision fell drastically. The cash carry system's challenges necessitated the emergence of alternative schemes such as the Community-Based Health Insurance Schemes (CBHIS). These schemes were mostly initiated by non-governmental organisations, which covered only about 1 percent of the population with limited packages.<sup>8</sup>

The limited nature of the CBHIS meant most residents in Ghana had to pay to access healthcare. Since most residents could not afford it, about eighty percent of Ghanaians who needed healthcare could not access it.<sup>9</sup> To replace out-of-pocket expenses at the point of health service delivery, the Government of Ghana initiated a nationwide health insurance scheme in 2003.<sup>10</sup> The evolution of the National Healthcare system in the country is illustrated in Figure 2.

**Figure 2: Evolution of Ghana National Health Coverage**



Source: National Health Insurance Authority

<sup>6</sup> Waddington CJ, Enyimayew K. (1989) A price to pay: The impact of user charges in Ashanti-Akim district, Ghana. *Int J Health Plann Manage.* 4(1), 17-47

<sup>7</sup> National Health Insurance Policy

<sup>8</sup> Atim C, Grey S, Apoya P, Anie SJ, Aikins M. (2001) *A survey of health financing schemes in Ghana.* Bethesda, Maryland: Partners for Health Reformplus, Abt Associates.

<sup>9</sup> Supra Note 7

<sup>10</sup> Supra Note 4

The NHIS is a pro-poor health financing policy that is aimed at making quality healthcare accessible to all, especially vulnerable groups.<sup>11</sup> The National Health Insurance Scheme (NHIS) was established under Act 650 of 2003.<sup>12</sup> This health coverage was part of a broader development plan in the country i.e., the Ghana Poverty Reduction Strategy (GPRS). The scheme aims to provide universal health insurance coverage for all Ghanaians, regardless of their socio-economic background.<sup>13</sup> The overarching vision of the NHIS in Ghana is to ensure that every resident of Ghana has equitable and universal access to a good quality package of essential healthcare, as stated below:

*"Every resident of Ghana shall belong to a health insurance scheme that adequately covers him or her against the need to pay out of pocket at the point of service use to obtain access to a defined package of acceptable quality of health service."<sup>14</sup>*

The health coverage goal emphatically mentions the removal of cash and carry methods of health service utilisation.

*"The Health Insurance will replace out of pocket payments by providing a specified minimum healthcare benefits package at the point of service use."<sup>15</sup>*

The objectives include increasing the population's access to healthcare, reducing fees and cost-sharing, and increasing the service coverage.<sup>16</sup> There are two types of national health insurance allowed to be operative in the country, namely: District Mutual Health Insurance Schemes (DMHIS) and Private Mutual Health Insurance Schemes.<sup>17</sup>

Since most people belong to the previous because it is the common form of health insurance in the country, it is prudent to focus on how this health coverage has impacted the health of subscribers.

The National Health Insurance Authority (NHIA) was commissioned to implement the National Health Insurance policy through the regulation and licencing of District Level Mutual Health Insurance Schemes (DLMHISs), overseeing, reporting NHIS operations and all other functions under the Act.<sup>18</sup> The Authority currently has 10 regional, 166 districts and 5 registration centres.<sup>19</sup>

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<sup>11</sup> National Health Insurance Scheme [nhis.gov.gh/about.aspx](http://nhis.gov.gh/about.aspx)

<sup>12</sup> Ghana National Health Insurance (2003) Act (Act 650).

<sup>13</sup> Dalinjong, P. A., & Laar, A. S. (2012). The national health insurance scheme: perceptions and experiences of health care providers and clients in two districts of Ghana. *Health economics review*, 2(1), 13.

<sup>14</sup> Ministry of Health (2004) National Health Insurance policy framework for Ghana

<sup>15</sup> Supra Note 7

<sup>16</sup> Supra Note 2

<sup>17</sup> Supra Note 7

<sup>18</sup> National Health Insurance Act, Act 650, (August 2003).

<sup>19</sup> [www.nhis.gov.gh/districts.aspx](http://www.nhis.gov.gh/districts.aspx)



The Regional offices report to the Head office through the Membership and Regional Operations Directorate headed by Deputy Directors.<sup>20</sup> The District offices report to regional offices headed by managers and are also in charge of the registration and renewal of membership.<sup>21</sup> One of the principal goals of Ghana's NHIS was to increase the affordability and utilisation of drugs and health services in general, especially among vulnerable groups.



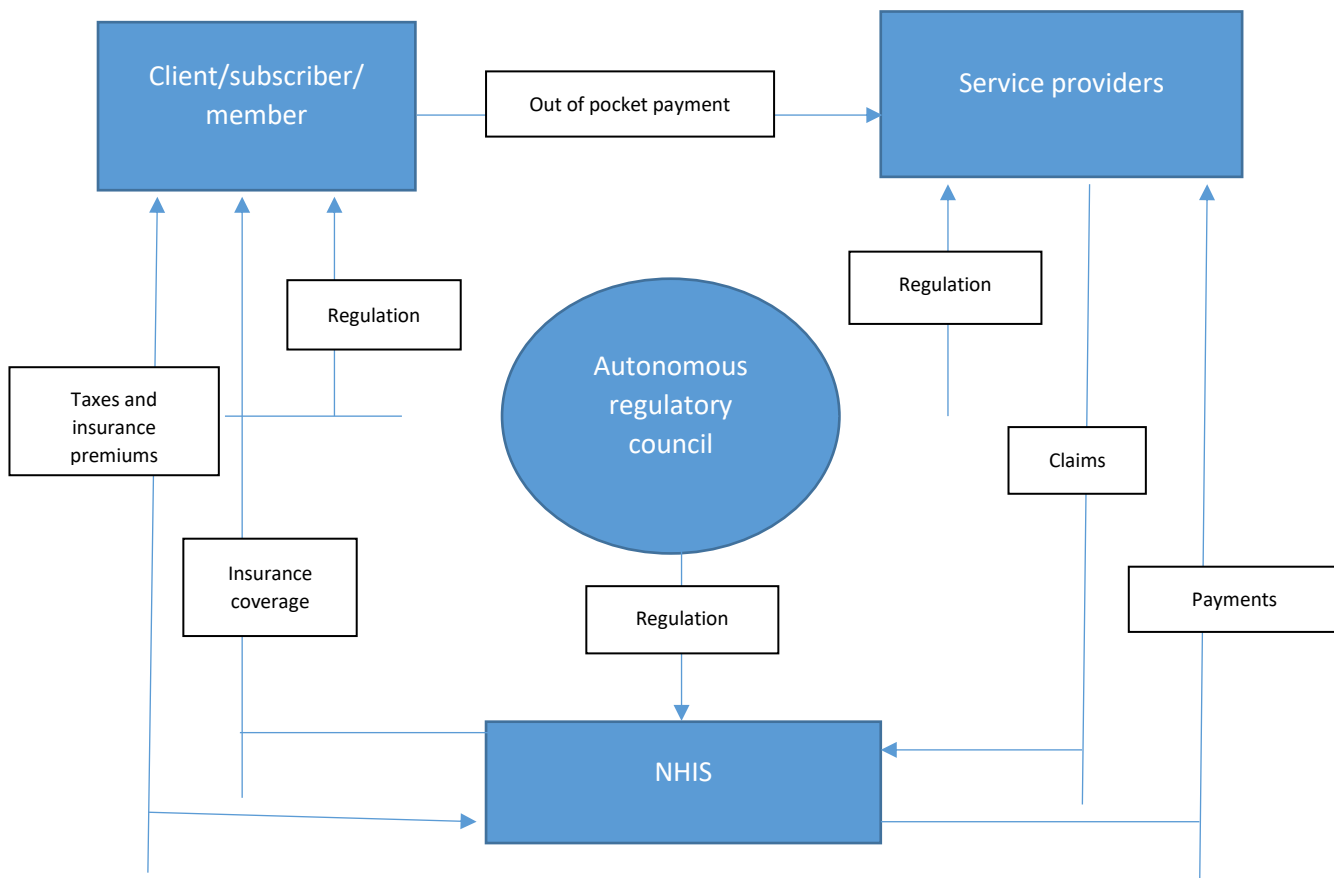
The NHIS was to be implemented by pooling financial resources from various sources to make up for the scheme. Clients can then enjoy access to healthcare when sick from an accredited facility or service provider. Service providers render services and claim their revenues from the scheme, which pays service providers for their services. There is also a regulatory authority that regulates and coordinates the client's activities, service provider, and scheme. On the other hand, 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. The financing and service utilisation of the NHIS is shown in Figure 3.

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<sup>20</sup> *Ibid*

<sup>21</sup> *Ibid*

**Figure 3: Health Finance and Service Delivery System**



Source: Adapted from National Health Insurance Policy

### **Subscription**

The subscribers of the scheme fall under two broad groups: The informal and the exempt groups. The informal group consists of people who pay a premium. The exempt group does not pay the premium. They consist of people who fall in the following categories; SSNIT contributors, children below 18 years, pregnant women, persons classified as indigents by the Ministry of Gender and Social Protection, people with disabilities, SSNIT pensioners, elders above 70 years and other categories prescribed by the Ministry of Health.<sup>22</sup> Under the Legislative Instrument (LI 1809), an indigent should not have a place of abode and any identifiable income source, hence, unemployed.

However, all subscribers are required to pay additional fees for the renewal of their cards, except for pregnant women and indigents.<sup>23</sup> To be classified in the exempt group, a person

<sup>22</sup> National Health Insurance Scheme [nhis.gov.gh/about.aspx](http://nhis.gov.gh/about.aspx)

<sup>23</sup> Sarpong N, Loag W, Fobil J, et al. (2010) National health insurance coverage and socioeconomic status in a rural district of Ghana. *Trop Med Int Health*. 15(2), 191-197.

needs to meet specific requirements and provide proof. Pregnant women are to give a current antenatal card, a signed document from a doctor or midwife, pregnancy test result signed by a doctor or midwife, or an ultrasound scan report as proof of pregnancy before they can be among the exempt group.<sup>24</sup>

An SSNIT contributor's name should also be on the list provided by SSNIT to the National Health Insurance Authority before he can be exempted from paying the premium.<sup>25</sup>

The NHIS Act requires all Ghanaians to enroll. However, in practical terms, registration under the scheme is voluntary. Section 31 of Act 650 state that:

*“(1) A person resident in Ghana other than a member of the Armed Forces of Ghana and the Police Service shall belong to a health insurance scheme licensed under this Act. (2) A person resident in a district, who is not a member of a private health insurance scheme or any other district scheme registered under this Act, shall apply to be enrolled as a member of the district mutual health insurance scheme in the relevant district.”*

The Act also allows individuals to join any private health insurance. Households are, therefore, not automatically enrolled unless they willingly register. The first step to enroll in the scheme is to visit a registration centre where an officer will assist one in filling a registration form. The following personal information is required:<sup>26</sup>

1. Full name
2. Date of birth
3. Age
4. Marital status
5. Mobile phone number(s)
6. Residence proof

The person then makes payments, after which the registration officer takes your photograph and biometric information (fingerprints of your ten fingers). A subscriber will be required to select your preferred primary provider (PPP) or is given one. One can change their preferred primary provider at determined intervals or when you change your permanent residence. After registration, a subscriber is required to renew their cards yearly. Renewal can be done at a district office or online or by sending a shortcode.

Subscribers benefit from a single package believed to cover about 95 percent of all diseases likely to inflict a Ghanaian.<sup>27</sup> The NHIS covers outpatient services that include diagnostic testing and operations, such as hernia repair, in-patient services, surgeries, hospital

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<sup>24</sup> [www.nhis.gov.gh/membership.aspx](http://www.nhis.gov.gh/membership.aspx)

<sup>25</sup> *Ibid*

<sup>26</sup> *Ibid*

<sup>27</sup> Supra Note 18

accommodation; oral health treatments; maternity care services, emergency care, and drugs on the NHIA Medicines List.<sup>28</sup>

Costly procedures and services, such as certain surgeries, cancer treatments (other than breast and cervical cancer), organ transplants, and dialysis; non-vital services (cosmetic surgery); and items such as HIV antiretroviral drugs are excluded under the NHIS.<sup>29</sup> A detailed list of the benefits package can be viewed at the NHIA website: [nhis.gov.gh/benefits.aspx](http://nhis.gov.gh/benefits.aspx),

### ***Subscription Trends***

As of 2016, 77 percent of Ghana residents were registered under the NHIS, with 78.7 percent and 75.3 percent of urban and rural population registering.<sup>30</sup> Reasons for drop out from the scheme include the low income of households, no satisfactory service, community beliefs and peer pressure.<sup>31</sup>

### ***Sources of Funding***

In 2012, Act 650 was repealed and a new Act came into effect. Act 852, Section 39 established the National Health Insurance Fund (NHIF) to provide funds to subsidise members' healthcare services cost under the scheme.<sup>32</sup> This objective will be achieved by payment of healthcare cost of members under the NHIS and administration cost of running the NHIS; facilitating the provision of healthcare service and investment in healthcare access facilitation programs as may be determined by the Ministry of Health in consultation with the board.<sup>33</sup>

The NHIF is funded through four main sources: 2.5 percent of taxes on goods and service collected under the VAT termed National Health Insurance Levy, 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.<sup>34</sup>

The NHIL is the largest funding source, constituting about 70 percent of the funds, SSNIT constitutes 23 percent, premium constitutes 5 percent and the remaining sources the 5 percent.<sup>35</sup>

Also, the NHIA has collaborated with international organisations including the Danish International Development Assistance (DANIDA), United States Agency for International

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<sup>28</sup> NHIA. NHIS website. Available at: <http://www.nhis.gov.gh/>

<sup>29</sup> *Ibid*

<sup>30</sup> Ghana Living Standard Survey Round 7 Report

<sup>31</sup> Supra Note 13

<sup>32</sup> Annual Report, 2013, National Health Insurance Scheme

<sup>33</sup> NHIS Act 852, Section 40(2)

<sup>34</sup> Supra Note 11

<sup>35</sup> Yankah B. (2009) Financial sustainability of NHIS based on recent financial assessment of the scheme. Presentation at Health Summit. 2009 November 16-20.

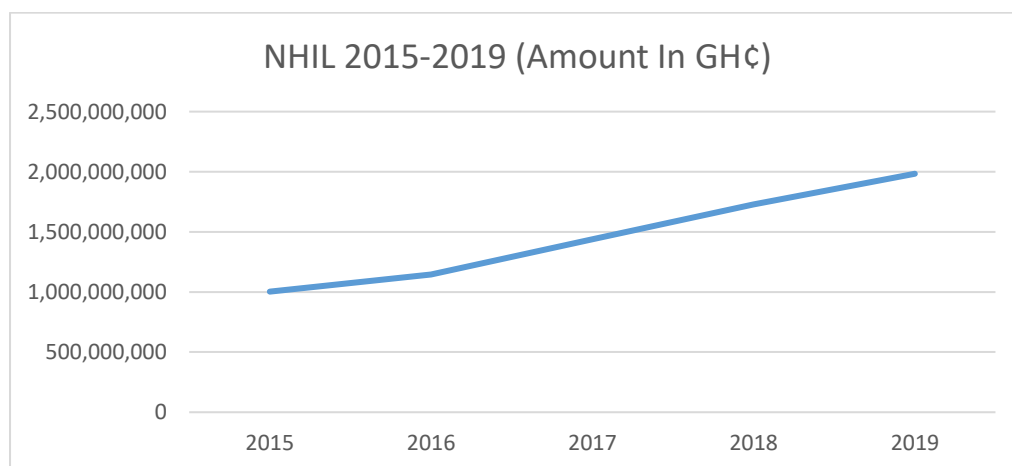
Development (USAID), Royal Netherlands Embassy (EKN), British Department for International Development (DfID), Korean Foundation for International Health Care (KOFIH), African Development Bank (AfDB), International Finance Corporation, World Bank, and Rockefeller Foundation to provide funding for projects as well as technical support.<sup>36</sup>

According to the National Health Insurance Policy, health coverage payments should be made based on income levels. Six main groups of income levels were proposed, namely: the core poor, very poor, poor, middle income, rich, and very rich.<sup>37</sup> All these groups are required to pay in line with their income ability. However, this has not been done in practice except for a few very poor who fall under the exempt group.

### **Funding Contribution Trends**

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 GH¢ 1,003,090,000 to the NHIF and in 2019, its contribution was 1,983,220,000 representing 18.8% of growth over the five years (shown in Figure 4).

**Figure 4: NHIL Contribution 2015-2019**



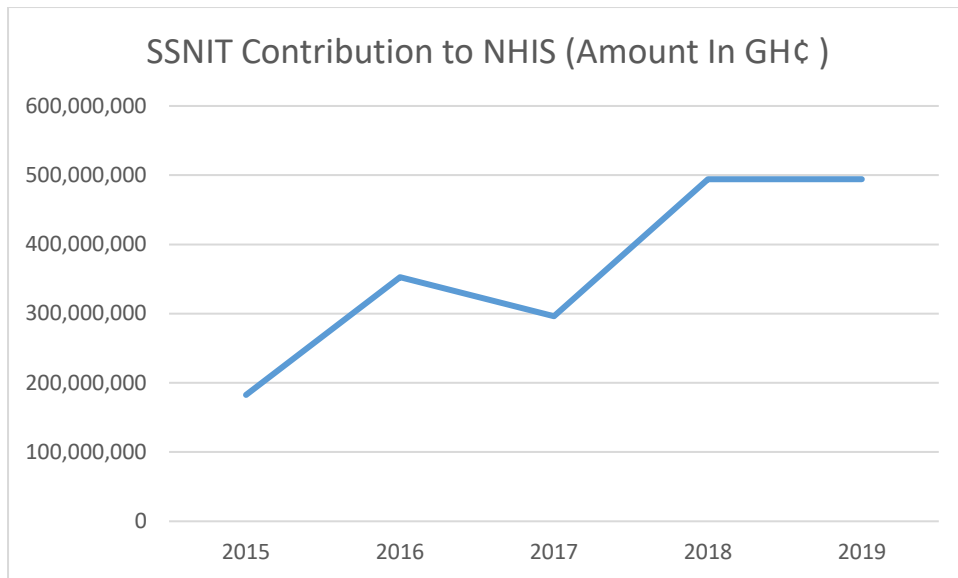
*Source: Data extracted from yearly National Financial Budgets*

Unlike the constant increase in the NHIL, the 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 (see Figure 5).

**Figure 5: SSNIT Contribution to NHIS (2015-2019)**

<sup>36</sup> Annual Report 2013, NHIS

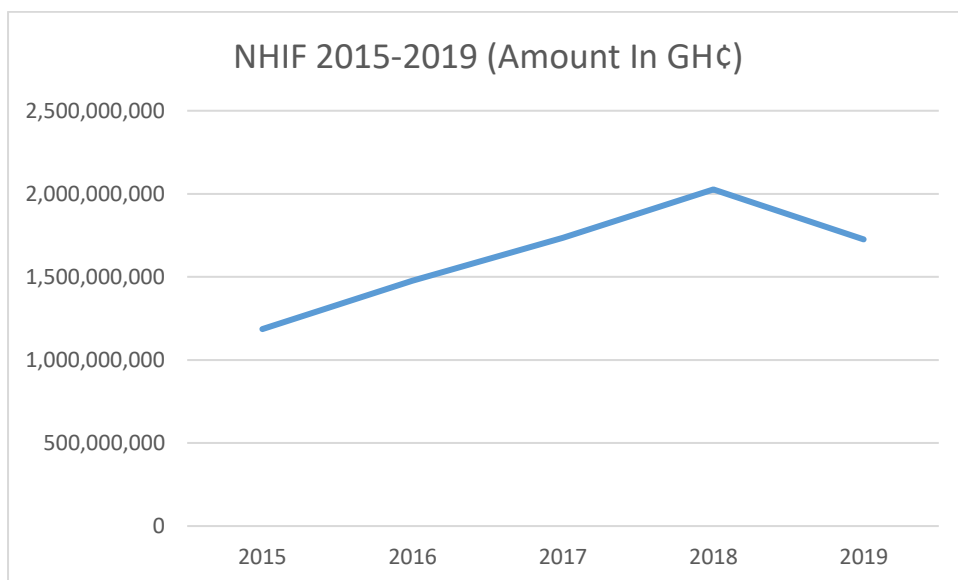
<sup>37</sup> National Health Insurance Policy Document



Source: Data extracted from the yearly National Financial Budget

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 (see Figure 6).

**Figure 6: National Health Insurance Fund 2015-2019**



Source: Data extracted from the yearly National Financial Budget

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 shown in Table 1. Most of the years and funding sources recorded budget surplus over the stipulated period. However, some funding sources recorded budget deficits — for instance, the SSNIT contribution except for 2015 recorded deficits for the rest of the

years. Also, 2015 recorded the highest budget surplus while 2017 recorded the highest budget deficit.

**Table 1: Projected, Actual and Deficit of NHIS Funding Contributions (2015-2019)**

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 the yearly National Financial Budget

+ means budget surplus

- means budget deficit

### Government Arrears

Through the Ministry of Finance, the Government of Ghana oversees the release of the funds accumulated from the various sources to the NHIA, which also disburses these funds to the service providers. However, the release of these funds sometimes takes more extended periods before providers receive them. In 2017, the NHIS owed services providers GH¢1.2 billion.<sup>38</sup>

Service providers, therefore, threatened to withdraw all their service to the scheme. Consequently, the government promised to clear this arrear within 18 months period. The government managed to pay off some of the debts within 18 months. Since the government could not clear all arrears as promised, the Health Insurance Service Providers Association of Ghana (HISPAG) and the Ghana Medical Association (GMA) have continually raised concerns about the government not honouring its promise and threaten to go on strikes.<sup>39</sup> The government, therefore, managed to pay a total of GH¢689 million between January to June 2020.<sup>40</sup>

Nevertheless, the Pharmaceutical importers Association of Ghana is still sceptical about payments claimed by the government and has decided that until their arrears which date

<sup>38</sup> National Health Insurance Scheme. [www.nhis.gov.gh](http://www.nhis.gov.gh)

<sup>39</sup> B&FT Business News <https://bit.ly/37N6fQk>

<sup>40</sup> Supra Note 38

back to 2014, are paid, they were going on strike on 1<sup>st</sup> July 2020. Although the government has committed itself to pay arrears, the rate at which this is done may negatively impact health service delivery.

## **Benefits and Importance of a National Health Insurance**



### ***Health Financing and Good Health***

The scheme helps mobilise revenue for providers, thus helping in health financing.<sup>41</sup> Theoretically, health insurance is expected to change the choices individuals make when sick.<sup>42</sup> Members under a health insurance scheme are expected to seek formal treatment rather than traditional treatment modalities or undertaking self-medication.<sup>43</sup> Insured members are expected to seek healthcare at the early stages of sickness, therefore preventing and reducing mortality rates.<sup>44</sup>

In Ghana, health service utilisation has increased with the introduction of the NHIS. The number of outpatients visits per capita increased abruptly after 2005, the same year NHIS operations began.<sup>45</sup>

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<sup>41</sup> Carrin G (2002) Social health insurance in developing countries: a continuing challenge. *International Social Security Review*, 55(2):57.

<sup>42</sup> Supra Note 3.

<sup>43</sup> Jehu-Appiah, C., Aryeetey, G., Agyepong, I., Spaan, E., & Baltussen, R. (2012). Household perceptions and their implications for enrolment in the National Health Insurance Scheme in Ghana. *Health policy and planning*, 27(3), 222-233

<sup>44</sup> Annual Report 2013, NHIS

<sup>45</sup> Witter S, Garshong B. (2009) Something old or something new? Social health insurance in Ghana. *BMC Int Health Hum Rights*. 9, 20.



A study among 3,000 women, insured women were more likely to receive care before birth, deliver at a formal health facility with their deliveries attended by trained health professionals, and experience fewer birth complications.<sup>46,47</sup>

With the introduction of the NHIS, Ghana has experienced a massive improvement in life expectancy, infant mortality, under-5 year mortality, with the country having a lower burden of major diseases.<sup>48</sup>

For life expectancy, Ghana had 58 and 59 years for males and females respectively in 2000. In 2010, it increased to 63 and 65 years for males and females respectively.<sup>49</sup>

Also, the introduction of the NHIS in Ghana has increased public expenditure on health sharply from 35 to 60 percent within 7 years (2010).<sup>50</sup> Public funds on health increased from GH¢18.95 million in 2005 to GH¢409.63 million in 2010.<sup>51</sup> Besides, the bulk payment of claims under the new payment method has helped in financing some minor infrastructural developments in some facilities.

### ***Health Income and Poverty Reduction***

Households spend a greater share of their income on health, thus reducing the amount and resources spent on other goods' consumption.<sup>52</sup> Each year about 100 million people are pushed into extreme poverty because of out-of-pocket expenditure.<sup>53</sup> Health insurance can help prevent health-related impoverishment.<sup>54</sup>

Generally, universal health coverage is expected to reduce out-of-pocket health expenses, hence increasing household income. It provides access to health care services for the poorer populations since one does not need to pay for service at the point of consumption. Similarly, high utilisation of NHIS may lead to better health, therefore, mitigating the effects of health shocks among households and enhance their capacity to generate income.<sup>55</sup>

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<sup>46</sup> Mensah J, Oppong JR, Schmidt CM (2010) Ghana's National Health Insurance Scheme in the context of the health MDGs: an empirical evaluation using propensity score matching. *Health Econ*, 19 (S1):95–106

<sup>47</sup> Brugiavini, A., & Pace, N. (2016). Extending health insurance in Ghana: effects of the National Health Insurance Scheme on maternity care. *Health economics review*, 6(1), 7.

<sup>48</sup> Odeyemi, I., & Nixon, J. (2013). Assessing equity in health care through the national health insurance schemes of Nigeria and Ghana: a review-based comparative analysis. *International journal for equity in health*, 12(1), 9.

<sup>49</sup> *Ibid*

<sup>50</sup> *Ibid*

<sup>51</sup> Ghana National Health Accounts 2005 and 2010

<sup>52</sup> Chetty R, Looney A. (2006) Consumption smoothing and the welfare consequences of social insurance in developing economies. *J Public Econ*. 90:2351–6.

<sup>53</sup> World Health Organisation

<sup>54</sup> Lagarde M, Palmer N (2006) The impact of health financing strategies on access to health services in low and middle-income countries (Protocol). *Cochrane Database of Systematic Reviews*, Volume 3.: John Wiley & Sons

<sup>55</sup> Currie J, Madrian B. (2005) Health, Health Insurance and the Labor Market. *Handbook of Labor Economics*, Volume 3, Chapter 50. Edited by O. Ashenfelter & D. Card; Amsterdam: Elsevier-North Holland

For instance, the Ghana NHIS had helped reduce out-of-pocket expenditure for the few years of its implementation from 80 percent in 2000 to 66 percent in 2010.<sup>56</sup> Although this reduction is marginal, it can be said that NHIS can reduce out-of-pocket expenses at the point of service, especially among the poor.

### ***Improved Healthcare***

NHIS can also improve the efficiency and quality of health care services. The NHIS enhances the willingness of people to access formal healthcare.<sup>57</sup> A study among women in 2012 found that a significant percentage of the study sample (79.7 percent) seek formal healthcare at the clinic, doctor, hospital, and maternity home.<sup>58</sup>

While other factors such as educational level may play a role in women accessing formal healthcare, enrolled-women were likely to access formal healthcare compared with their counterparts who were not under the scheme.<sup>59</sup>

Also, surgeries such as hernias, which required payment to be done, have been covered by the NHIS, increasing healthcare access among men.<sup>60</sup> Moreover, the NHIS has set credentials that health facilities must meet before accrediting facilities under the scheme.<sup>61</sup> These standards have improved some healthcare providers' services since poor services may mean the contract's termination with the scheme.

The NHIS has also supported the training and development of health service staff both locally and abroad. In collaboration with other organisations, the scheme has trained medical staff locally through in-service training, workshops, and conferences. The scheme, in partnership with other international organisations has given sponsorship to healthcare workers to study masters and doctoral programs in Finance, Health Management and Policy, Health Care Policy, Management Information Systems and Supply Chain Management. For instance, in 2013, some 556 staff benefited from various training programs sponsored by the NHIA (56 trained abroad and 500 trained locally).<sup>62</sup>

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<sup>56</sup> Odeyemi, I., & Nixon, J. (2013). Assessing equity in health care through the national health insurance schemes of Nigeria and Ghana: a review-based comparative analysis. *International journal for equity in health*, 12(1), 9.

<sup>57</sup> Health Systems 20/20 Project and Research and Development Division of the Ghana Health Service (2009). *An evaluation of the effects of the National Health Insurance Scheme in Ghana*. Bethesda, Maryland: Health Systems 20/20 project, Abt Associates Inc.

<sup>58</sup> Supra Note 3

<sup>59</sup> *Ibid*

<sup>60</sup> Supra Note 13

<sup>61</sup> Supra Note 44

<sup>62</sup> *Ibid*

## International Health Practices

The WHO defines universal health coverage simply as access to adequate healthcare for all at an affordable price.<sup>63</sup> According to the World Bank, the scheme should achieve three key objectives for an effective and efficient universal health policy. The World Bank postulated that these three dimensions: the breadth (number of people covered), the depth (the extent of services covered), and the resulting impacts on health outcomes and financial protection against large out-of-pocket (OOP) expenditures should be the focus of any health financing coverage.<sup>64</sup> The World Health Organisation has also outlined three objectives every good universal health coverage should achieve.<sup>65</sup>

1. Equity in access to health services - those who need the services should get them, not only those who can pay for them
2. The quality of health services is good enough to improve the health of those receiving services; and
3. 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.<sup>66</sup>

Matching the Ghana NHIS to these standards gives varied results. First, in terms of raising funds in an equitable, efficient, and sustainable manner, the scheme has raised funds from the four funding sources discussed earlier. However, equity, efficiency and sustainability remain uncertain.

Ghana has equity with the free registration for the exempt group. However, most of these people are still not registered because either the measures used in classifying them are not fair enough or are located in hard-to-reach areas. Among informal groups, premium payments are highly regressive instead of progressive. The charging of flat rates for all under different income brackets makes it inequitable. For efficiency, low accountability and lack of improved methods of gathering funds from sources have contributed to the scheme's inefficiency. The unfair and inefficient way of raising funds has contributed to the scheme's unsustainability, leading to considerable arrears to be paid to service providers.

Second, good NHIS should reduce financial barriers. While the NHIS has improved health service utilisation, it is yet to achieve its aim of lowering out-of-pocket expenditure

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<sup>63</sup> World Health Organisation. (2005). *World Health Report 2005*. World Health Organisation, Geneva,

<sup>64</sup> Pablo Gottret, Schieber George J, Hugh R, Waters, (eds). (2008) *Good practice in health financing: lessons from reforms in low- and middle-income countries* World Bank.

<sup>65</sup> World Health Organisation [https://www.who.int/health-topics/universal-health-coverage#tab=tab\\_1](https://www.who.int/health-topics/universal-health-coverage#tab=tab_1) (Accessed on 4 June 2020)

<sup>66</sup> The World Health Organisation (2010) *The world health report - Health systems financing: the path to universal coverage*. Geneva: World Health Organisation

drastically. Subscribers still pay at the point of services since the scheme's unsustainability has caused many service providers to provide poor services and charge informal costs.

Thirdly, on the contrary, Ghana seems to have a more equitable insurance system in terms of entitlement. Under the NHIS, everyone is entitled to the same benefits despite their income level and social status. The scheme does not give preferential treatment to some. Every subscriber has the same benefits package. This places Ghana's NHIS as a roadmap to universal health coverage for her African colleagues, especially those in sub-Saharan Africa.

## Challenges of Health Insurance

Whilst Ghana's NHIS has gained admiration within the sub-Saharan African sub-region, it is still challenged in many ways. The scheme's challenges can be grouped into those faced by service providers, government, and consumers.

### *Government*

- **Funding problems:** Difficulties in tax mobilisation and premiums and sceptical donor community have contributed to the government's delay payments.<sup>67</sup> According to the NHIS Act, a minimum of about Ghc7.20 (\$8) and a maximum of Ghc47.70 (\$53) per adult is mandatory to be paid by people within the informal group.<sup>68</sup> This means premium charges should be based on one's income level. However, in practice, subscribers pay a flat equal rate despite differentiated incomes because of assessment inadequacies.<sup>69</sup> The regressive nature of premium payments has reduced the revenues that could have accrued from premium registration under the scheme.<sup>70</sup>

The government's inability to capture all these incomes contributes to the inadequate funding of the scheme. Apart from the NHIL, investment and premium payments, the non-reliable nature of the donors and philanthropies has reduced the revenue under the scheme. It is worth knowing that overreliance on charities and donations may contribute to unsustainable funding since this funding source is not always continuous. Besides, rent-seeking behavior and system weaknesses also contribute to difficulties in mobilising funds under the scheme.<sup>71</sup>

- **Fraud:** The scheme has cautioned subscribers about fraudulent activities in it. The website of the NHIA spelled it out as follows:

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<sup>67</sup> Supra Note 2

<sup>68</sup> Government of Ghana (2003) National health insurance Bill, Memorandum.

<sup>69</sup> Supra Note 43

<sup>70</sup> Odeyemi, I., & Nixon, J. (2013). Assessing equity in health care through the national health insurance schemes of Nigeria and Ghana: a review-based comparative analysis. *International journal for equity in health*, 12(1), 9.

<sup>71</sup> Supra Note 2

“Do not indulge in any fraudulent or dishonest acts in respect of the scheme or defraud or attempt to defraud the scheme by conniving with a health care provider or other people to claim for any of the following:

- ✓ A service that has not been provided
- ✓ A service that you do not need but which the health care provider purports to have provided
- ✓ A medicine prescription that you do not require

This information tries to check fraudulent activities among service providers. However, clients are not always present when service providers claim their money, so it will be difficult for clients to know fraudulent activities. Some subscribers try to outsmart the system by using different names and biographic data to register multiple times, thus creating data integrity issues with the central database.<sup>72</sup>

This also allows the same person to access healthcare using different names and at various facilities. The more disturbing cases are when some subscribers go to the clinic, take drugs under the scheme for their uninsured relatives, and even give their cards to uninsured relatives to access healthcare.<sup>73</sup> These fraudulent activities contribute to inefficiencies and a lack of trust in the system.

### ***Service Providers***

- **Delay in government payments:** The NHIS reimburses providers are based on Ghana Diagnostic Related Groupings (GDRG). This allows the government to pay them a capitated rate per patient visit that motivates providers to reduce costs for the scheme. According to the NHIS Act, reimbursement of claims is to be done within a month after submitted claims. However, the government over the years delay reimbursing providers with their requests for more than the required period stipulated in the Act.

Ghanaweb.com puts up several news items<sup>74</sup> in Ghana, showing some providers refusing to offer some insured clients services unless they were ready to make instant payments. While the government has a vital role in the reimbursement of claims, some service providers have low human resources to process claims electronically for faster reimbursement.<sup>75</sup>

Others have proper accounting issues, which causes disparities between their figures and the scheme, hence delaying reimbursement. These have negative repercussions

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<sup>72</sup> Supra Note 44

<sup>73</sup> Supra Note 13.

<sup>74</sup> <https://www.ghanaweb.com/GhanaHomePage/>

<sup>75</sup> Supra Note 13

for service delivery and some providers potentially under-providing the needed services.<sup>76</sup>

- **Poor service provision:** The NHIS accredits the service providers, but there are limited monitoring and evaluation to check the facilities' effectiveness. Besides, public health facilities are automatically accredited.<sup>77</sup>

The systemic challenge in monitoring facilities has contributed to the negligence of the NHIS accredited facilities, both public and private, to provide subscribers quality services. The delay in payments at lower prices has contributed to poor quality of care. Also, some service providers perceive insured members to abuse the NHIS by their frequent visits to the hospital with minor health conditions.

For instance, in Bolgatanga, service providers complained that an insured person could visit the hospital ten times within a week, which increases workers' workload.<sup>78</sup> These have contributed to the poor services at health centres.



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<sup>76</sup> Supra Note 43

<sup>77</sup> Nguyen, H. T., Rajkotia, Y., & Wang, H. (2011). The financial protection effect of the Ghana National Health Insurance Scheme: evidence from a study in two rural districts. *International journal for equity in health*, 10(1), 4.

<sup>78</sup> Supra Note 13

## Consumer

- **Information asymmetries:** While some of the information is on the Authority's website to educate clients on the scheme, there are no mechanisms where the client can complain to the Authority on issues such as services that were not provided but reported to have been provided. Also, not everyone can read to be able to know the benefits of the scheme. Some providers capitalise on these information asymmetries to collect money from insured patients even when the insurance covers those services.
- **Out of pocket expenditure:** Every health financing scheme aims to remove totally or at least reduce out-of-the-pocket expenditure. The NHIS of Ghana states it as<sup>79</sup>

*"Within the next five years, every resident of Ghana shall belong to a health insurance scheme that adequately covers him or her against the need to pay out of pocket at the point of service use to obtain access to a defined package of acceptable quality of health service."*

Moreover, some studies have shown universal health financing may not necessarily reduce or remove out-of-pocket expenses. It may increase out-of-pocket expenditure and, in some cases, lead to adverse outcomes.<sup>80,81,82</sup>

The effects of the NHIS on out-of-pocket spending in Ghana are complex; however, there have been increasing cases of out-of-pocket expenses in recent years. For example, a recent study revealed that the Ghana NHIS did not significantly affect out-of-pocket expenditure.<sup>83</sup> This can be attributed to several factors. For example, service providers' delayed government reimbursement has contributed to drugs' unavailability, especially in public facilities.<sup>84</sup>

The frequent drug stock-outs mean that insured clients will have to buy drugs in the open market, decreasing insurance benefits and defeating the scheme's objective. Some providers resort to issuing prescription forms for insured clients to buy drugs out of the facilities.<sup>85</sup>

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<sup>79</sup> Agyepong IA, Adjei S (2008) Public social policy development and implementation: a case study of the Ghana National Health Insurance scheme. *Health Policy and Planning*, 1-11.

<sup>80</sup> Wagstaff A, Lindelow M, Jun G, Ling X, Juncheng Q (2009) Extending Health Insurance to the Rural Population: An Impact Evaluation of China's New Cooperative Medical Scheme. *Journal of Health Economics*, 28(1):1-19.

<sup>81</sup> Wagstaff A, Lindelow M (2008) Can insurance increase financial risk? The curious case of health insurance in China. *Journal of Health Economics*. 27:990-1005.

<sup>82</sup> Ekman B (2007) Catastrophic health payments and health insurance: Some counterintuitive evidence from one low-income country. *Health Policy*, 83(2):304-313

<sup>83</sup> Brugiavini, A., & Pace, N. (2016). Extending health insurance in Ghana: effects of the National Health Insurance Scheme on maternity care. *Health economics review*, 6(1), 7.

<sup>84</sup> Supra Note 43

<sup>85</sup> Supra Note 13.

Also, some providers now prefer clients who would make instant payments for healthcare services to insured clients.<sup>86</sup> Furthermore, some providers charge unofficial fees from patients by either charging for services outside working hours or asking patients to pay for drugs, which are maybe in stock, or asking the client to pay for "better" drugs.<sup>87</sup>

- **Poor service provision:** A general problem with universal health insurance is that healthcare quality is likely to be compromised under insurances.<sup>88</sup> The Ghanaian scheme has not been an exception to this rule. Inadequate service provision in terms of service providers' attitude and the quality of drugs and facilities have limited subscribers from enjoying the scheme's benefits. Several studies are indicating insured members receiving poorer quality care at health centres.<sup>89</sup>

A study of two regions in the country revealed that the poor attitudes towards clients under the scheme was the second most important reason people moved out of the scheme.<sup>90</sup> There is also a growing dissatisfaction among the NHIS/insured clients' subscribers who complained of being given the more inferior quality of care and waiting longer hours than fee-paying counterparts.<sup>91</sup>

Providers do not physically examine some insured patients before prescribing drugs for them. Meanwhile, their uninsured counterparts are studied. Moreover, some of these providers prescribe low-quality medications for insured patients because those low-quality drugs are covered under the insurance. The increased utilisation of health services has led to increased workloads for providers, partly explaining the subscribers' bad behaviour. A study in the Upper East Region showed that insured members experienced long waiting times, verbal abuse, not being physically examined, and discrimination favoring the affluent and uninsured.<sup>92</sup>

This was attributed to their experience that insured patients were not making immediate payments for services. Another reason is that subscribers have to wait for

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<sup>86</sup> *Ibid*

<sup>87</sup> Ghana Ministry of Health: Pulling together, achieving more. Independent Review. Health Sector Programme of Work 2008 Accra; 2009.

<sup>88</sup> Nguyen, H. T., Rajkotia, Y., & Wang, H. (2011). The financial protection effect of the Ghana National Health Insurance Scheme: evidence from a study in two rural districts. *International journal for equity in health*, 10(1), 4.6

<sup>89</sup> Nguyen, H. T., Rajkotia, Y., & Wang, H. (2011). The financial protection effect of the Ghana National Health Insurance Scheme: evidence from a study in two rural districts. *International journal for equity in health*, 10(1), 4.6

<sup>90</sup> Supra Note 43

<sup>91</sup> Bruce E, Narh-Bana S, Agyepong I. 2008. Community Satisfaction, Equity in Coverage and Implications for Sustainability of the Dangme West Health Insurance Scheme. Project No. 2001/GD/08. Technical Report Series No. 9. Accra: Ghanaian Dutch Collaboration for Health Research and Development.

<sup>92</sup> Supra Note 13



long hours for the paperwork to be done before accessing healthcare due to the documentation process<sup>93</sup> and unreliable nature of the insurance agents.<sup>94</sup>

### **Government Efforts to Deal with Challenges**

The government, over the years, has strived to improve on the scheme for the benefit of subscribers. The Biometric Registration introduction in 2013 was a significant step to reduce delays at registration centres while making sure subscribers get their cards on the same day of registration instead of the 3-months waiting period.<sup>95</sup>

Such also allows beneficiaries to access healthcare in an accredited facility with their unique codes on their cards, unlike the early years where subscribers can only access healthcare in their districts or registration. While the biometric introduction allows instant access to cards and the use of unique codes to access nationwide healthcare, registration centres are still chocked with people since a person's fingerprints are required during registration.<sup>96</sup>

Another way to deal with this by the NHIA is to introduce online renewal services where those renewing their cards do not have to visit a registration centre to do so.<sup>97</sup> However, many subscribers, especially those who have not attained formal education, still find it difficult to do an online renewal, so they have to visit registration centres.

Over the years, the scheme has not also been able to provide sufficient and efficient verification devices for authenticating subscribers<sup>98</sup> to reduce delays at registration centres and delays in getting cards for healthcare services. However, the maintenance of these devices has been a problem with some machines breaking down. This has also reduced the efficiency of the scheme.

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<sup>93</sup> *Ibid*

<sup>94</sup> *Ibid*

<sup>95</sup> Supra Note 44

<sup>96</sup> *Ibid*

<sup>97</sup> NHIS Mobile Renewal Guidelines [nhis.gov.gh/files/NHIS%20Mobile\\_Renewal\\_Information\\_Pack\\_and\\_Guide.pdf](https://nhis.gov.gh/files/NHIS%20Mobile_Renewal_Information_Pack_and_Guide.pdf)

<sup>98</sup> Supra Note 44

# 3

## Demand Side

### Introduction

This section presents the findings of analysis from both quantitative consumer and focus group discussions covering:

- The general background and characteristics of the 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



The section contains text, boxes, tables, charts, and diagrams detailing the findings and interpretations from the FGDs and the quantitative individual consumer survey. The quantitative individual consumer survey and FGDs were conducted among non-users, lapsed users and current users of m-insurance in five regions, namely Greater Accra, Ashanti, Eastern, Central and Northern Regions.

## 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 (Table 2)

**Table 2: 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%
<b>Total</b>	<b>632</b>	<b>100%</b>

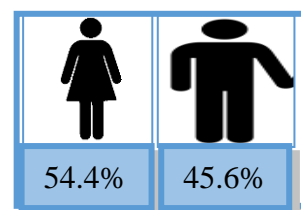
Source: Survey results (2021)

### Socio-Demographic Profile of Respondents

- Gender:**

Among the respondents interviewed, 54.4 percent (344) were females, while 45.6 percent (288) were males (Figure 7). This essentially helps to get more views from women who are mostly the beneficiaries of the NHIS.

**Figure 7: Gender Distribution of Respondents**

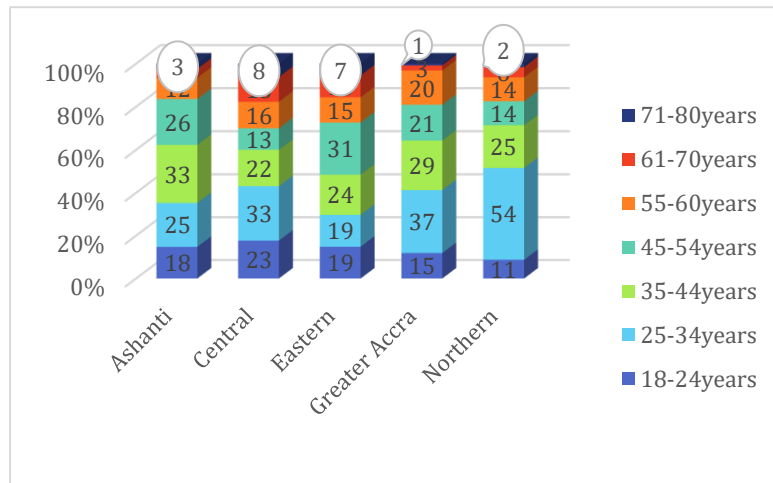


Source: Survey results (2021)

- Age Distribution:** The ages of the respondents range between 18 and 80 years. Figure 8 depicts the age distribution 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

Although the age eligibility for registering and paying for NHI premium falls between 18-70 years, those above 70 were included in the survey since they continue to enjoy the scheme.

**Figure 8: Age Distribution**

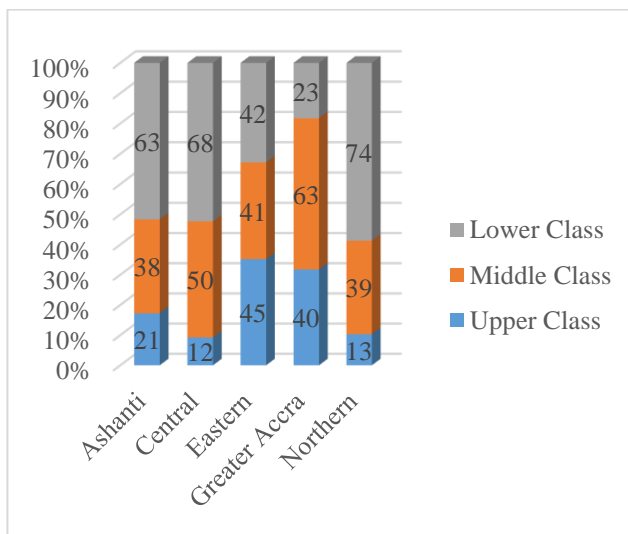


Source: Survey results (2021)

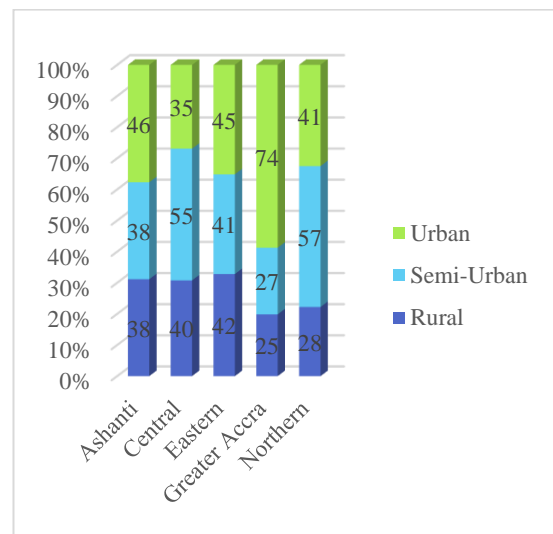
**Socio-Economic and Urban-Rural Distribution:** Three socio-economic categories that were sampled for the survey include the upper-class (AB), middle-class (C1C2), and lower-class (DE) portion of the population (Figure 9). The low and middle-income population, which are the prime target of the NHIS, constitute 79.3 percent of the respondents interviewed, while the high-income category comprises the remaining 20.7 percent.

Regarding the urban and rural distribution of respondents, 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) (Figure 10).

**Figure 9: Socio-Economic Distribution**



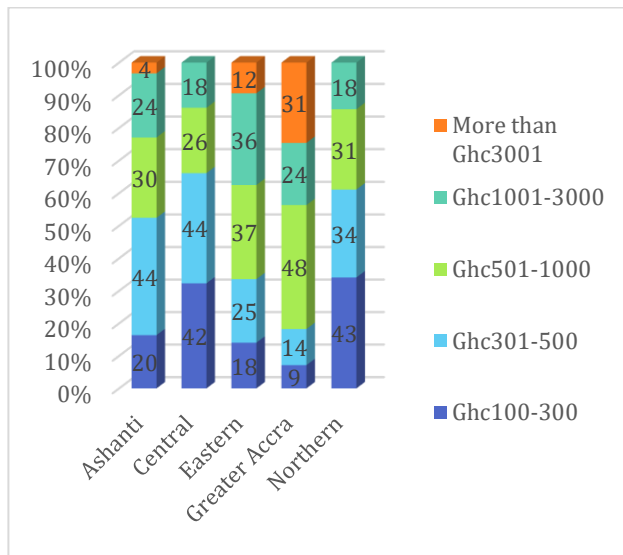
**Figure 10: Urban Rural Distribution**



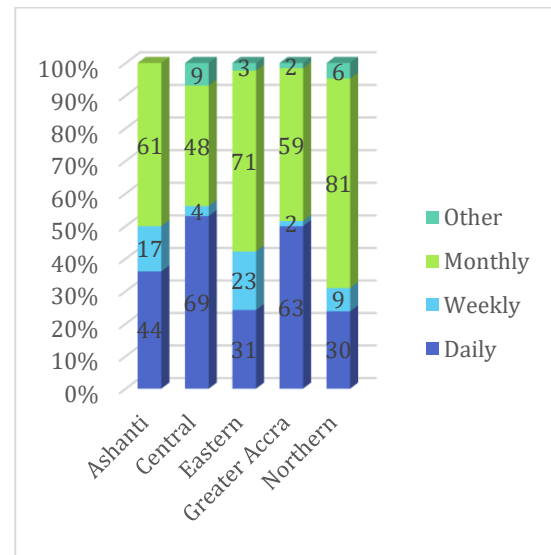
Source: Survey results (2021)

- Respondents Personal/Household Monthly Income:** The majority (73.6 percent) of respondent's monthly income is less than GHS 1,000, with 46.4 percent earning a monthly income of less than GHS 500 and 27.2 percent with monthly income between GHS 500 and 1,000 while 19 percent earn Ghs1001-3000 and 7.4 percent earn more than Ghs3001 (Figure 11). Meanwhile, the following is the distribution of income received by respondents: 237 (37.5 percent) daily, 320 (50.6 percent) monthly, 55 (8.7 percent) weekly and 20 (3.2 percent) other-specifically as and when income/money is available from business, children or farming (Figure12).

**Figure 11: Respondents' Personal Income**



**Figure 12: Frequency of Income Received**



Source: Survey results (2021)

## Understanding Consumers Perception about the NHIS

Understanding consumers' perception is essential as it is the first step in identifying the level of subscription, usage and continual usage of the scheme, among other things. In this regard, respondents were asked what they think and feel about subscribing to the scheme? Other inquiries include the top three benefits that respondents enjoy by using the scheme. The findings from the perception study as deduced from the FGDs are discussed below:

### Respondents Understanding about the Scheme

Regarding the understanding of what NHIS, respondents gave different opinions as summarised in Box 1:

**Box 1: Key statements from the FGDs on  
Respondents Understanding of what NHIS is**

- a) 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.
- b) 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
- c) It is an insurance policy that takes care of your medical bill when you go to the hospital
- d) NHIS give access to good health care for everyone

**Respondents, Kumasi**

- a) It is policy to take care of all Ghanaians, whether poor or rich, especially pregnant women
- b) Health care policy for the old ones in society
- c) Policy to take away the cash and carry system
- d) Policy to take away part of the payment the hospital has billed you to pay

**Respondents, Cape Coast**

- a) Insurance package for health that was introduced to help lessen financial burdens in hospitals' expense.
- b) It is an insurance policy that replaces the cash and carries system to pay before treatment. Still, with the scheme's introduction, it takes care of expenses at the hospital even when one doesn't have money since healthcare costs have been paid ahead of time.
- c) It was introduced to lessen health care burdens, especially for the aged.

**Respondents, Tamale & Koforidua**

- a) It covers the entire cost for childbirth (labour/delivery)
- b) It is a small payment made for greater benefits enjoyed later
- c) It is an insurance policy that absorbs all health care cost

**Respondents, Accra**

***How Respondents Feel about Subscribing to the Scheme and Why***

Respondents have mixed feelings about the NHIS. While some gave positive comments, others passed conflicting statements about the scheme. The views as shared by respondents can be found in Box 2.

### **Box 2: Key statements from the FGDs on Respondents feelings about the NHIS**

a. Positive comments:

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

b. Mixed feelings:

- i. Affordability is sure, but the accessibility of quality healthcare is not guaranteed
- ii. 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.
- iii. The anticipated hope of getting better healthcare before the subscription is weakly attainable

**All respondents**

### ***Information Respondents Receive from Others about the Scheme***

Undoubtedly, respondents' perceptions about the NHIS will be informed by their own experiences and what others say about the scheme. In this regard, an assessment was made to find out from participants the kinds of information they receive from others. Box 3 summarises the key responses received from them.

### **Box 3: Key statements from the FGDs on Information Respondents Receive from Others Concerning the NHIS**

- 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

**Respondents, Kumasi, Tamale & Koforidua**

People say:

- a) It does not cover expensive drugs
- b) It is a subsidy but free for pregnant women
- c) It does not cover the necessary expenses
- d) Healthcare workers attend to people with money first

**Respondents, Accra & Cape Coast**

### ***What Could Motivate Respondents to Immediately Subscribe to the Scheme?***

Participants, especially lapsed users and non-users, were asked to immediately consider what could attract them to consider subscribing to the scheme. The responses derived from the FGDs are summed up in Box 4.

#### **Box 4: Key statements from the FGDs on What Could Motivate Respondents to Immediately Subscribe to the NHIS**

- a) 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

**Respondents, Kumasi, Accra and Cape Coast**

- a) If more medicines (both expensive and cheap) are covered under the scheme
- b) If a strict monitoring system is put in place at health centres to monitor the activities of health care workers
- c) If the scheme's coverage is expanded to cover 100 percent cost of visiting an OPD facility
- c) If only it is reviewed periodically to capture emerging diseases such as Cardiovascular diseases

**Respondents, Tamale & Koforidua**



### ***The Best and Worst Experience Encountered Since Subscription***

Another factor influencing respondents' decisions, particularly the current users on the scheme, is their subscription experiences. Hence, participants were assessed on the best and worst experiences they have encountered in that regard. The best experiences of respondents are summarised in Box 5.

#### **Box 5: Key statements from the FGDs on Respondents Best Experience Regarding the NHIS**

- a) NHIS covered the cost of the caesarian section during childbirth of my twin boys in 2005
- b) A close relative and I benefited from the scheme in terms of the scheme reducing the cost of health care delivery drastically
- c) NHIS covered the cost of a consultation
- d) NHIS offered me free maternal and delivery care
- e) My friends and family were able to use my card to access health care even though they did not subscribe themselves

**Respondents, Kumasi, Cape Coast & Tamale**

- a) I spent less than expected at the hospital for my son's care
- b) My wife's delivery was free of charge (antenatal care included) and also, when my children were sick, they were attended to free of charge.
- c) My child's healthcare was free of charge at the Children's hospital

**Respondents, Accra & Koforidua**

Box 6 also demonstrates the worst experiences respondents have been through since signing into the scheme.

#### **Box 6: Key statements from the FGDs on Respondents Worst Experience Regarding the NHIS**

- a) Delays in healthcare delivery
- b) Lack of proper care and subpar service delivery
- c) The scheme's inability to pay for basic prescribed drugs such as malaria drugs which in fact should have been fully covered by the scheme
- d) The scheme not covering the cost of basic laboratory test
- e) Provision of less efficacious drugs under the scheme. For instance, one participant recounted a personal experience as follows: *"I was given less efficacious medicine for the treatment of my swollen breast which did not cure me of my illness. I seriously think if I had paid, I would have been given efficacious drugs."* Female respondent, Kumasi

**Respondents, Kumasi, Accra and Koforidua**

- a) Long queues and delays in subscribing and renewal of the card
- c) Purchase of expensive drugs (GHC100 daily), which was not covered under the scheme
- d) Difficulties in acquiring the cards after renewal and after registration
- e) Stressful renewal processes

**Respondents, Cape Coast and Tamale**

### ***The Top Five Benefits Respondents Enjoy from Using the Scheme***

Respondents, notably, current users were asked to indicate the top five benefits they derive from the scheme. Identifying this helps to know what participants are happy about the scheme and needs to be continued. The benefits as adduced from the discussions are presented in Box 7.

#### **Box 7: Key Statements from the FGDs on 5 Benefits Respondents Enjoy from the NHIS**

- a) Easing of financial burdens in relation to health.
- b) Eased 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.”*

#### **Respondent, Accra**

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)

**All respondents**

### ***What Services Respondents Would Like the Scheme to Offer?***

To ensure the scheme's growth, sustainability, and increased subscription, respondents were asked to suggest the kinds of services they would like to be included in the scheme. The findings are shown in Box 8.

#### **Box 8: Key Observations from the FGDs on the Services Respondents Would Like to be Included in the Scheme**

- 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

**Participants, Kumasi & Koforidua**

- a) The scheme should include optometry services
- a) The scheme should include kidney/ renal/ liver tests and treatment
- b) The scheme should include scans and laboratory tests
- c) The scheme should include diabetes treatment
- d) The scheme should include cancer tests and treatment
- e) The scheme should cover blood transmission services

**Participants, Accra, Cape Coast & Tamale**

***What NHIS Providers Need to do for Respondents to Continue Using the Scheme***

Participants were enquired to indicate what providers need to do to ensure continuity of usage of the scheme. The results derived from the discussions are demonstrated in Box 9.

**Box 9: Key Statement from the FGDs on the What Providers Need to do for Respondents to Continue Using 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.

**Participants, Kumasi, Cape Coast & Accra**

- a) Better communication and education on enrolment to the scheme
- b) More adverts/commercials/mass text messages from Telcos and Posters (social media campaigns)
- c) Every drug should be covered under the scheme
- d) Smooth registration processes
- e) The scheme should be extended to more health facilities
- f) More communal education and advertisements in local dialects
- g) Hospital pharmacies should be properly stocked to avoid purchasing drugs outside the hospital

**Participants, Tamale & Koforidua**

### ***Participants' Strongest Motivation for Subscribing to the Scheme***

Respondents particularly current users listed several factors that motivated them to subscribe to the scheme. Box 10 gives a detailed account of what was discussed.

#### **Box 10: Key Statement from the FGDs on the Respondents Strongest motivation for subscribing to the scheme**

- a) The prospect of getting free healthcare
- b) Access to quality healthcare at a low cost
- c) Ease of access to healthcare for children, aged and the vulnerable
- d) As a cushion in times of emergencies
- e) The prospect of receiving free maternal care (ante-natal/ postnatal/delivery)
- f) The expectation of reducing health care cost
- g) Ease of consultation with a doctor
- h) Future uncertainties

**All respondents**

### ***Are Participants Willing to Pay More to Improve the Scheme?***

To address the funding issues and thus promote the scheme's growth, participants were examined if they are willing to contribute to the scheme for such a purpose. Two things emerged, i.e., while the majority responded in affirmative, they are ready to do so if there will be value for money through improvement in services offered. Others, however, are unwilling to pay more since, in their view, the scheme is supposed to provide free and accessible healthcare. Details are found in Box 11.

#### **Box 11: Key Statements from the FGDs on Whether Respondents Are Willing to Pay More to Improve the Scheme**

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

However, a few others do not support stated that the scheme's main purpose is to provide free and accessible healthcare to all Ghanaians; hence, ideally, payment of any form is not supposed to be made.

**All respondents**

## Understanding Consumers' Attitude towards NHIS

An analysis was made on the attitude of consumers towards NHIS. The analysis covered: Reasons for using and not using the NHIS, NHIS card renewal, the likelihood to use the health insurance in the future, satisfaction with the NHIS, the likelihood to recommend the NHIS to others.

### *Reasons for Using or not Using NHIS*

For respondents who are currently using the 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). The other reasons indicated are presented in Table 3.

**Majority** of respondents (129) not using the NHIS did not provide any apparent reason but only indicated “I have stopped using the scheme.”

However, many respondents (129) who are not or have stopped using the scheme did not provide any apparent reason for doing so. Respondents also mentioned other factors such as not having considered it (73), not needing it anymore (61), lack of trust (57), being too expensive (45). Interestingly, 35 of the respondents gave other reasons for not using the scheme (Table 4). Notably, they have stopped using the scheme because their NHIS has expired and they have not got the time to renew or feel they occasionally fall sick. Other reasons include the NHIS scheme not working and lack of resources (money).

**Table 3: Reasons for Using the NHIS**

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

**Table 4: Reasons for not Using the NHIS**

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

### Box 12: Key observations from the FGDs on Respondents Not Using NHIS

The majority of participants in the FGDs identified the following issues as the reasons for not using the NHIS:

- Long waiting time at the hospital as a cardholder
- The scheme only covers cheap drugs
- Long queues at registration and renewal centers
- Less efficacious drugs given to NHIS cardholders
- Inadequate NHIS registration centers/offices
- Lack of monitoring at health care facilities

*“What is most worrying is that nobody is monitoring the services offered to us at health care facilities because of that health care professionals usually do not administer the required services” Male user, 25-34yrs, Accra*

### Renewal/Non-Renewal of National Health Insurance Card

Assessment of the rate at which respondents renew their National Health insurance card was made to ascertain among others, the trust that subscribers have for the scheme. The results showed that 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.

A relatively higher number of respondents (19) principally gave other reasons for not renewing NHIS card. This reason was largely attributed to “the lack of time.”

10 of the respondents have “distrust for the scheme” and “think that the scheme does not work” respectively.

However, 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 that emerged 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). These among additional reasons are indicated in Table 5.

**Table 5: Reasons for not Renewing/Subscribing to NHIS in the Past Six Months**

<b>Reason for not renewing/subscribing in the past 6 months</b>	<b>Frequency</b>
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**

To ascertain the mode of payment, respondents were asked about how they pay the NHIS. From the survey results, payment through agent/through direct cash (186) is the most used mode of payment, followed by mobile money wallet (149) and payroll deductions (8) (Table 6)

**Table 6: NHIS Mode of Payment**

<b>NHIS Payment Method</b>	<b>Frequency</b>
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 NHIS

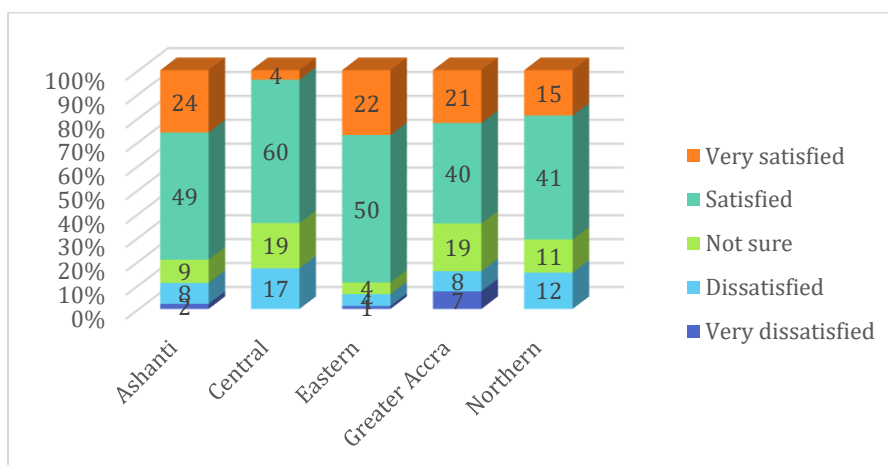
Respondents were assessed on their level of satisfaction with the NHIS. More than half (53.7 percent (240)) of respondents are satisfied with the scheme, 19.2 percent(86) are very satisfied, 13.9 percent (62) are not sure, 11 percent (49) are dissatisfied, and 2.2 percent (10) are very dissatisfied (Figure 13). The scheme's satisfaction is principally ascribed to two reasons: the ease/convenience of the renewal process (201) and dependability (164) as illustrated in Table 7.

**53.7 %** of respondents are satisfied with the scheme.

**11%** of respondents are dissatisfied with the scheme.

**13.9%** of respondents are not sure of their satisfaction with the scheme.

**Figure 13: Level of Satisfaction/Dissatisfaction with the NHIS**



Source: Survey results (2021)

**Table 7: 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



Further assessment was made to determine what accounts for the dissatisfaction of respondents with the scheme, including why others are uncertain about their level of satisfaction. Regarding the dissatisfaction with the scheme, the primary factors identified are: “some facilities still charging for services already catered for by the scheme” (39), “charging of illegal fees” (34), “poor treatment by healthcare workers when using NHIS” (33). Additional reasons as discovered through the survey can be found in Table 8.

39 of the respondents are dissatisfied with the scheme because some facilities still charge for services already catered for by the scheme.

34 of the respondents registered their dissatisfaction with the scheme due to illegal fees charged at health care facilities, whilst 33 indicated same because of the ill-treatment by healthcare workers when using the scheme.

Meanwhile, respondents who are uncertain about their satisfaction with the scheme mainly intimated “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). Other factors are illustrated in Table 9.

**Table 8: Consumers Justification for the Dissatisfaction with the Scheme**

Justification for dissatisfaction	Frequency
Some service providers refuse to accept NHIS	17
No reimbursement made when out-of-pocket payment is made	15
Lack of proper client communication	12
Non-disclosure of full terms and conditions	11
Lack of knowledge on entitlement	6
Some facilities still charge for services that have already being catered for	39
Charging of illegal fees	34
Abuse of clients by some health workers	12
Poor treatment by healthcare workers when using NHIS	33
Other	3

Source: Survey results (2021)

Note: Respondents were allowed to choose more than one response

**Table 9: Reasons for Consumers not being Sure with their Satisfaction with the Scheme**

<b>Justification for not sure</b>	<b>Frequency</b>
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

**Box 13: Key observations from the FGDs on Respondents Satisfaction with the NHIS**

*Most of the participants in the FGDs stated they were dissatisfied with the current NHIS because they think the main idea for initiating the scheme has been defeated. They also registered their utmost dissatisfaction (very dissatisfied), stating that the scheme does not cater for up to a quarter of their medical bills.*

*One participant recounted, "I went to the hospital and the NHIS covered only my consultation fees." **Respondent – Kumasi.***

*Another participant remarked: "the scheme was made for pregnant mothers and children, because it seeks to pay more attention to these groups of people." **Respondent, Accra***

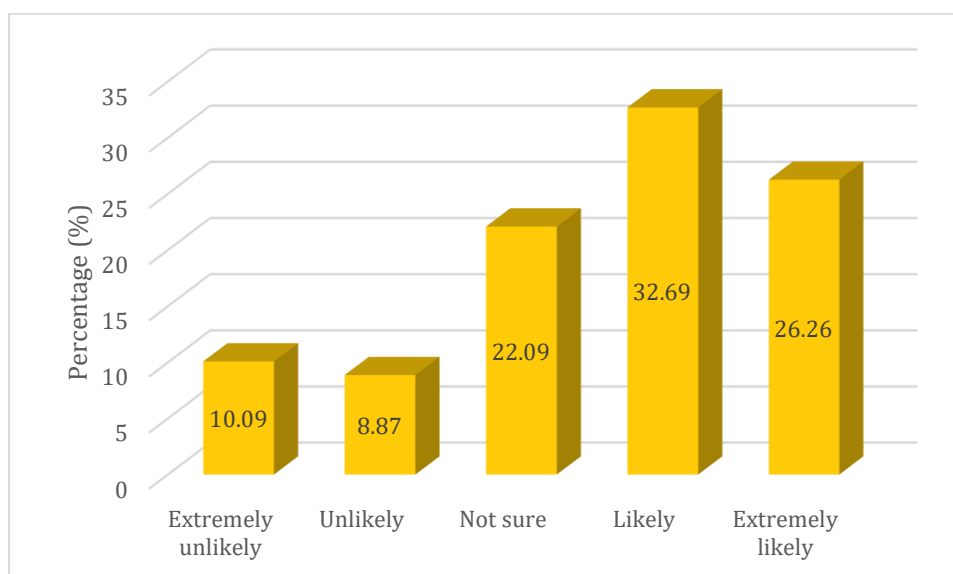
### The Likelihood to Recommend NHIS to Others

The likelihood to recommend NHIS to others determines *inter alia*, the growth or not of the scheme. Hence, respondents were examined on how likely they would recommend NHIS to others. The survey results show that 26.26 percent are extremely likely, 32.69 percent are likely, 22.09 percent are not sure, 8.87 percent are unlikely and 10.09 percent are extremely unlikely to recommend NHIS to others, respectively (Figure14)

**32.69%** of respondents are likely to recommend NHIS to others. **22.09%** are unsure to do so

**26.26%** of respondents are extremely likely to recommend NHIS to others. **10.09%** are extremely unlikely to do the same.

**Figure 14: Consumers Likelihood to Recommend NHIS to Others**



Source: Survey results (2021)

#### Box 14: Key Take Outs from the FGDs on the Likelihood to recommend NHIS

All participants stated that they were likely to recommend NHIS to others despite their past experiences and reservations about the scheme because it helps to offset part of medical bills making health care accessible to even the poor.

The following statements buttress their position:

*“At least it caters to some of your medical bills.” Respondent, Kumasi*

*“It is very beneficial for pregnant women, children and the aged in society.” Respondent, Koforidua*

*“In case of emergency it caters for your primary health.” Respondent, Accra*

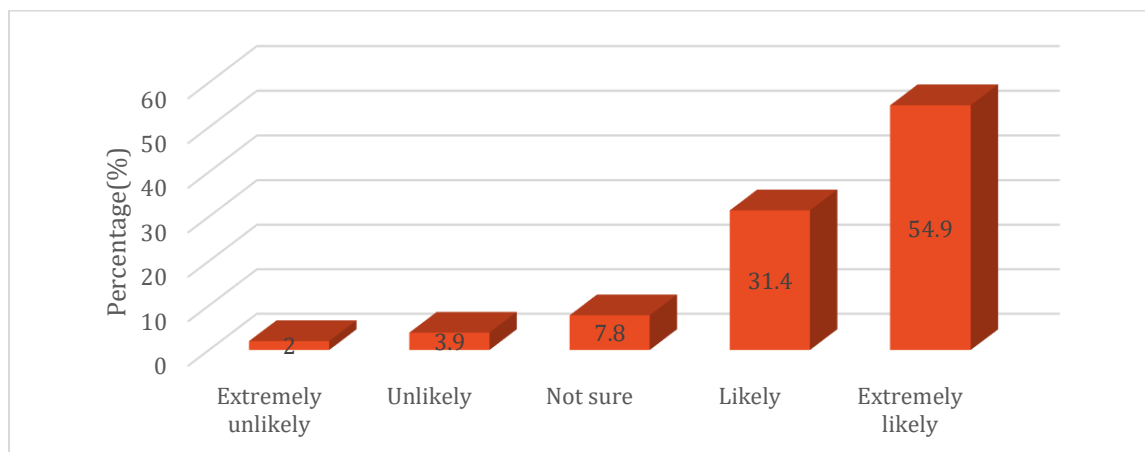
*"It gives you access to free health care to have medical check-ups and for emergency purposes since we as traders are exposed to accidents."* **Respondent, Cape Coast**

### **The Likelihood to Use NHIS in Future**

Respondents were also assessed on their likelihood to use the NHIS in the future. The survey results showed that 54.9 percent are highly likely, 31.4 percent are likely, 7.8 percent are not sure, 3.9 percent are unlikely, while 2 percent are extremely unlikely to use the scheme in the future (Figure15).

**54.9%** of respondents are extremely likely to use the NHIS in future.  
**31.4%** of respondents are likely to use the NHIS in future.

**Figure 15: The likelihood to use NHIS in Future**



Source: Survey results (2021)

### **Understanding Consumers Attitude Towards the Adoption of NHIS**

Consumers attitude towards the adoption of NHIS was assessed to find out respondents' awareness or knowledge about the scheme, the subscription rate of the national health insurance versus other health insurance facilities, reasons for subscribing to more than one health insurance package, experience with the usage of the scheme.

## ***Knowledge about and Subscription of Health Insurance Products***

The knowledge or awareness of NHIS is essential as it helps to do a proper analysis about the scheme's level of adoption, among others. The research results indicated that all respondents (100 percent) know 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.

**100%** of respondents have knowledge or are aware of the NHIS.

**92.8%** of respondents are subscribed to only NHIS whilst **7.2%** use more than one health insurance package.

### **Box 15: Key observations from FGDs on knowledge or awareness of the NHIS**

The findings from the FGDs revealed customers source of information about the NHIS as follows:

- a) TV/Radio adverts/commercials
- b) Billboards
- c) Hospitals (Records Office)
- d) Worship centres
- e) Political parties (Organisation of free renewals by politicians)
- f) Work (compulsory insurance for employees)

**Respondents, Accra, Kumasi & Koforidua**

- a) Family and friends
- b) Personal experiences
- c) Media (television, radio)
- d) Handout/ pamphlets
- e) Online channels (google scholar)
- f) Public servants (police, teachers and nurses)

**Respondents, Tamale & Cape Coast**

## ***The Usage of and the Functioning of the NHIS***

An assessment was carried out to determine the respondents who have visited the hospital or not since signing up for the scheme. The essence of this approach is to help further identify how well the scheme is functioning, especially the treatment level at the hospital, including the process of treatment. The survey results showed that 390 (80.4 percent) had visited the hospital while 95 (19.6 percent) have never visited the hospital. 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 (Figure15a).

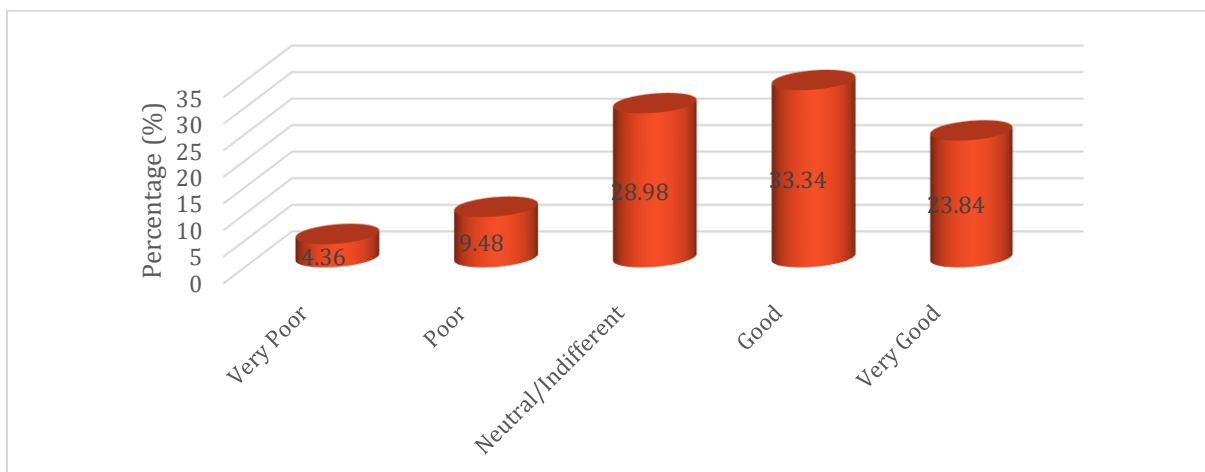
**28.98%** of respondents are neutral/indifferent about hospital treatment whilst **33.34%** rated the same as good

**23.84. %** of respondents rated hospital treatment as very good.

**74.4%** of respondents claim the hospital process to receive health care was smooth whilst **25.6%** claimed otherwise

Furthermore, 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.

**Figure 15a: Respondents Rating of Hospital Treatment**



Source: Survey results (2021)

### Information Disclosure and Transparency

Undeniably, the subscription and usage of NHIS can advance if information is disclosed to consumers in a transparent, useful, verifiable and timely manner, among others. According to consumer protection principles, consumers are to be provided with a suitable amount of product-specific information, at a time and in a manner that enables them to make decisions

about the insurance, to understand their rights and obligations, and to use the product effectively (including maintaining and renewing the policy, filing claims, and resolving questions or problems when necessary).

Against this background, respondents were assessed on their experiences regarding information disclosed to them by providers. The assessment covered information received and the mode through which it was received, the timing and adequacy of information provided by the providers and consumers' understanding of information received. Additionally, an analysis was made on respondents' preferred source and timing of information.

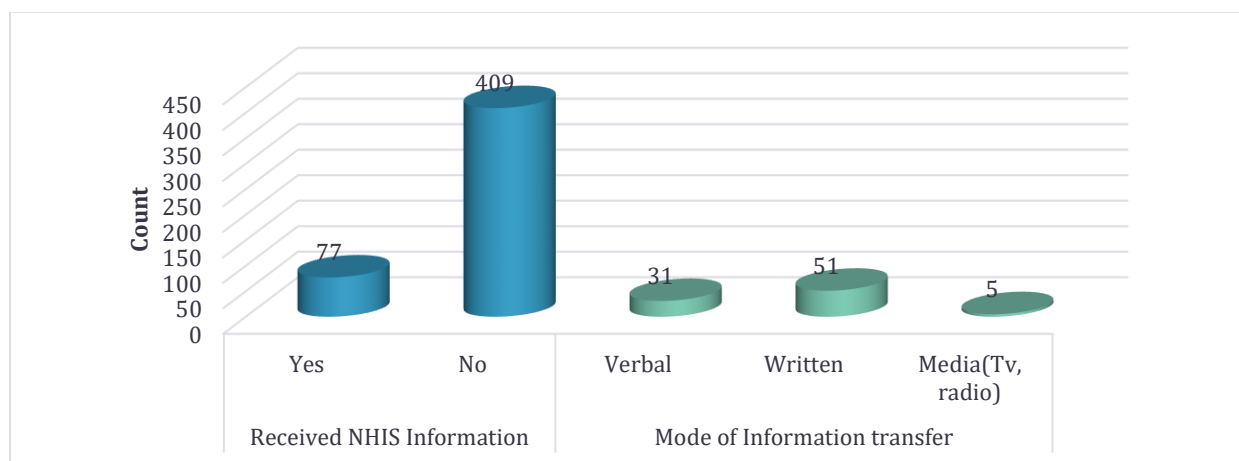
### Information Received, Mode and Adequacy

To subscribe to NHIS, consumers need to be furnished with education and information needed to make correct decisions about the insurance purchase and use insurance effectively. Key information that requires to be provided on the products includes policy duration, benefits, premium, late payment penalties, claims procedures, procedures for seeking redress, etc.

**84.2% of customers have NOT received adequate information on the NHIS in the past 12 months.**

Concerning the information received, the 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 (5) (Figure 16).

**Figure 16: Respondents Received Information and Mode of Information Transfer**



Source: Survey results (2021)

Regarding the preferred mode of receiving information, most (54.55 percent) prefer that the information is sent through written mode while 45.45 percent 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.

**54.55%** of respondents prefer to be informed in written format whilst **45.45%** prefer verbal information.

**95%** of information received through the written format is via **SMS messages**.

However, providers must inform consumers using written formats and augment the information verbally to increase understanding of NHIS and meet the providers' requirements. Information provided in written format is mainly communicated to consumers and preferably so via SMS messages (95 percent) rather than leaflet/brochure. Those who received the information verbally indicated that the message was in a language that they understood.

**61 out of 77 subscribers** who receive NHIS related information are provided with the same after subscription whilst **41** receive it when visited the hospital.

Concerning the source of information, 50 respondents received it from the insurer, 28 received it from the hospital, 14 from an agent and 3 from the media. Moreover, a greater number (54) of the respondents prefer to receive information from the insurer more than other sources (Figure 17). Consumers have to be provided information at a time and in a manner that enables them to make decisions about the NHIS and also to understand their rights and obligations. This has to be done before or during the sales process. 20 of the respondents receive information before subscription and during subscription, respectively.

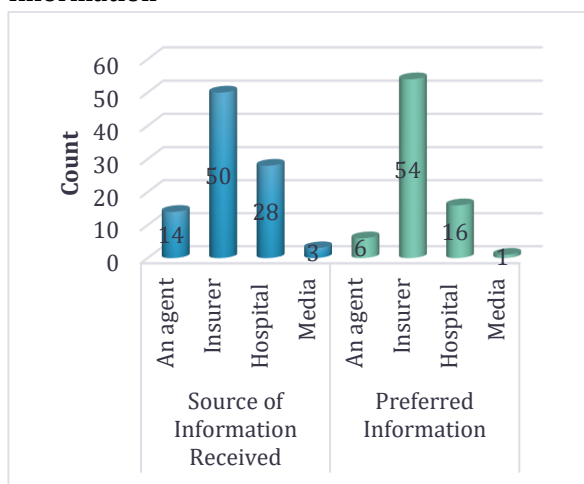
**More than half (74%)** of respondents were not adequately informed of all coverages before being signed on.

However, most respondents (61) are provided with information after subscription and 41 of respondents receive information on the scheme when visited the hospital and thus not knowing details of the agreement they have signed before subscription (Figure 18). This violates consumer protection principles and has implications for disagreements, especially at service provision and reception. 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.

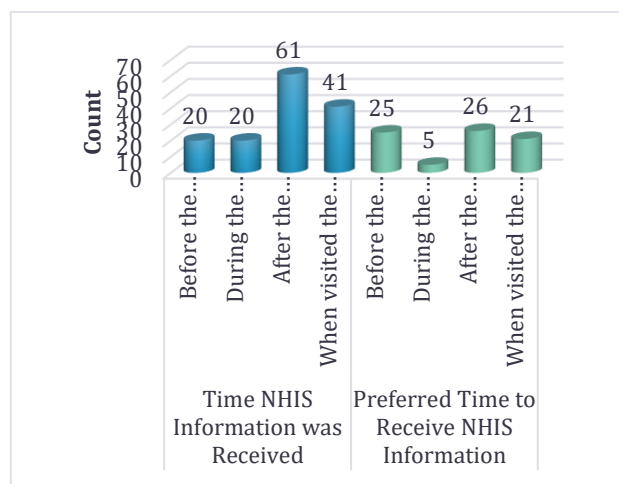


For respondents who received NHIS information (both verbal and written), 20(26 percent) indicated they were informed of all coverages before being signed on. However, the majority- 57(74 percent) indicated otherwise. Thus, they were not adequately informed before being signed on.

**Figure 17: Source of NHIS Information Received and Preferred Time to Receive Information**



**Figure 18: Time NHIS Information Received and Preferred Source of Information**



Source: Survey results (2021)

## Gauging Customers Experience on Customer Recourse

It is apparent that consumers may experience some form of grievances concerning the NHIS. Consumer Protection Law's objective involves regulating behaviour and correcting misconduct by service providers and providing redress for consumers when something goes wrong.<sup>99</sup>

The survey assessed consumers' experiences and perceptions of complaints handling and redress mechanisms that have been put in place by providers. The assessment focused on awareness of redress mechanism, available mechanism to seek redress, the experience of any problem warranting redress, issues that warranted redress, channels used to seek redress when encountered problem, and rating of redress mechanism.

<sup>99</sup> <https://unctad.org/Topic/Competition-and-Consumer-Protection/Research-Partnership-Platform/Consumer-Redress>

### Procedures for Seeking Redress

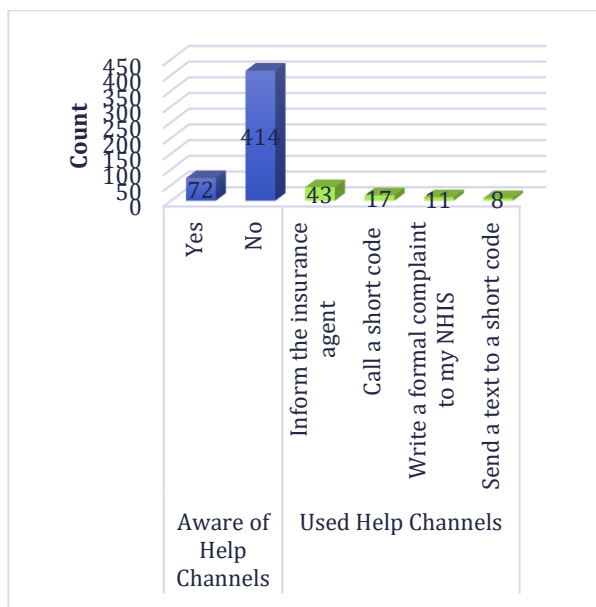
In using the NHIS, subscribers may encounter some challenges or have grievances concerning the services provided. In such instances, NHIS providers are expected to institute measures to enable consumers to seek redress. The mechanism of lodging complaints is supposed to be captured in the Policy Summary made available to subscribers either in hard copy or electronically. However, merely (14.8 percent) of NHIS subscribers indicated awareness of the provisions available for seeking help, while 85.2 percent 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 shortcode” (17), and “write a formal complaint to NHIS” (11) as the key sources for seeking help. Another source mentioned is SMS messages to shortcodes (8) (Figure 19).

**85.2%** of current subscribers are **NOT** aware of procedures for seeking help or lodging of complaint.

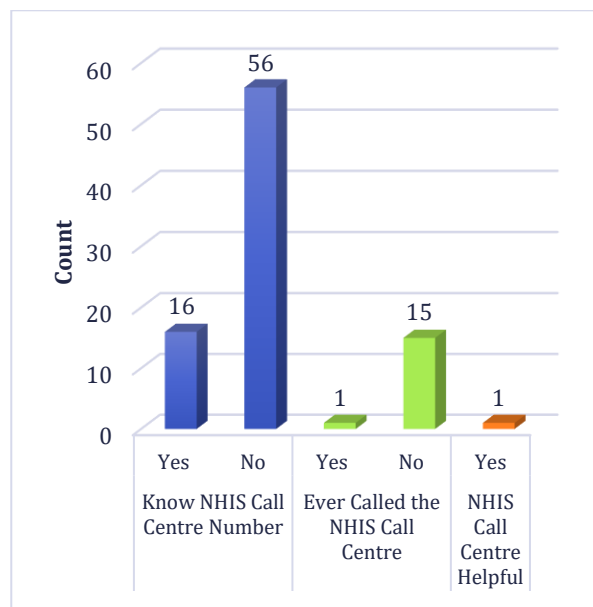
Regarding the respondents who know where to seek assistance to their NHIS problems, a large number (56) do not know “NHIS Call Centre Number” while only a few (16) are aware of the same. For subscribers who know the NHIS Call Centre Number, 15 of them have never called it whilst only 1 have ever called the same and indicated it was helpful (Figure 20).

**56 out of 72** respondents who know where to seek redress do **NOT** know NHIS Call Centre

**Figure 19: Respondents Awareness of and the Used Redress Channels**



**Figure 20: Subscribers Awareness of, Usage of and Helpfulness of the NHIS Call Centre Number**



Source: Survey results (2021)

### Seeking Redress/ Problems Experienced when Seeking Redress

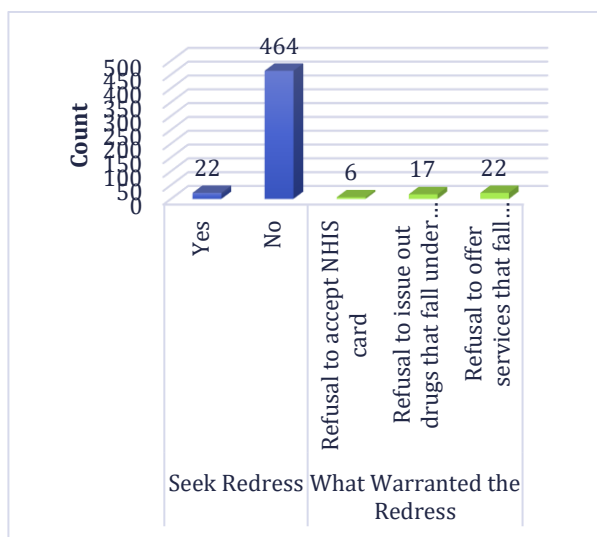
The majority of respondents, i.e. 95.5 percent (464) had never sought redress when they encountered a problem, while only a marginal number 4.5 percent (22) have been able to seek redress. This synchronises with 85.2 percent of subscribers who are not aware of procedures for seeking help. It also corresponds 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). For respondents who encountered the aforementioned issues, 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) (Figure 21).

**95.5% of respondents have never sought redress when faced a problem.**

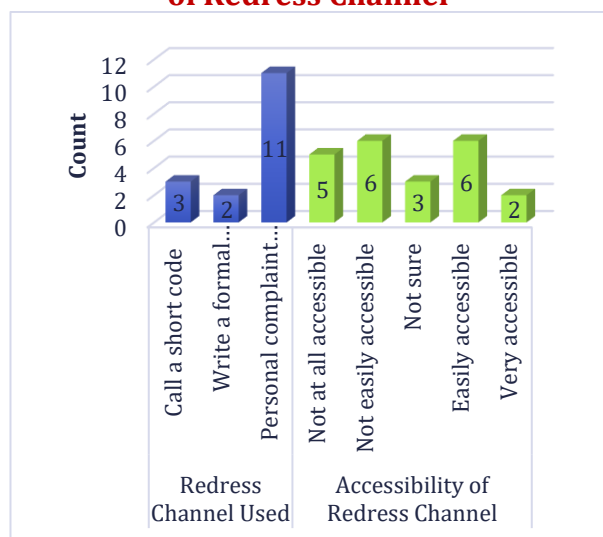
**The major problems encountered by respondents are “refusal to offer services that fall under the scheme” and “refusal to issue drugs that fall under the scheme.”**

A primary objectives of consumer complaints handling and redress mechanisms are the need for the mechanism to be accessible, independent, fair, accountable, timely and efficient. The ratings for the client redress mechanisms instituted by the providers were generally low with 2 respondents rating it as very accessible whilst 6 indicated it is very accessible (Figure 22).

**Figure 21: Redress Channel Used**



**Figure 22: Accessibility of Redress Channel**



Source: Survey results (2021)

#### Box 16: 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 denial of availability of certain medication in the 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

#### Box 17: Key observations from FGDs 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 border 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

One of the primary reasons for the health financing system is to ensure that people are not denied access to health care services because they cannot afford it. Hence national health insurance makes funding available to ensure that all individuals have access to effective public health and personal health care. This means reducing or eliminating the possibility that an individual will be unable to pay for such care or be impoverished when trying to do so. In that regard, the NHIS came to replace out-of-pocket payments, which is a primary concern, especially for the poor.

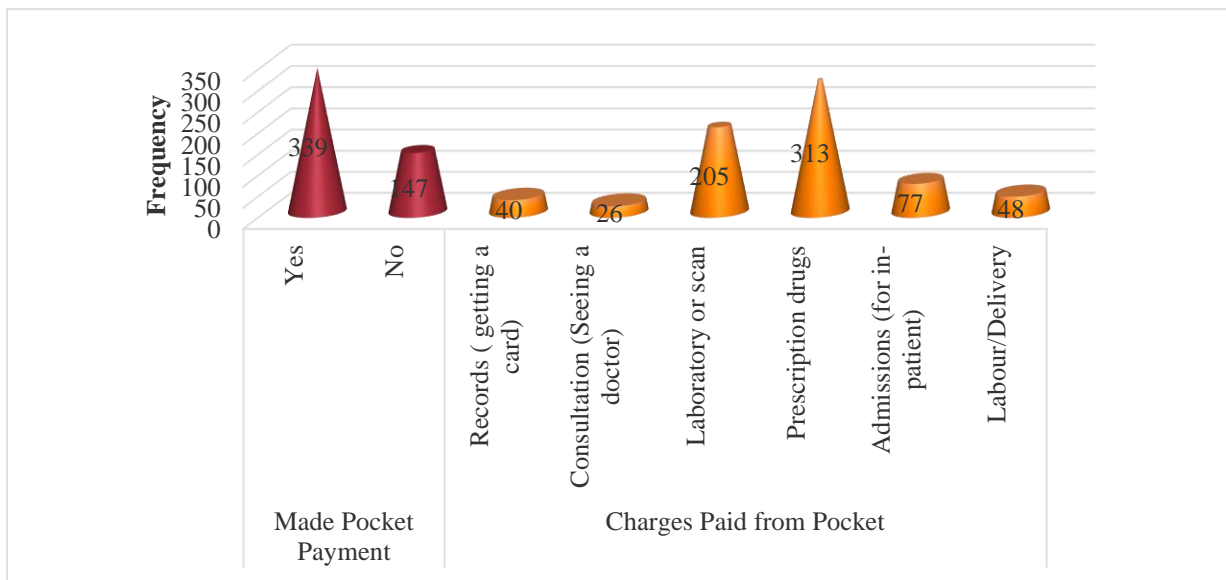
**69.8% of respondents have made out-of-pocket payment whilst 30.2% have not made so when visited a facility with the NHIS.**

Against this background, the study attempted to assess if, in the presence of the NHIS, subscribers are still made to pay out of their pockets, especially services that are supposed to be provided by the scheme. The analysis covered: Respondents who have made a pocket payment, areas of pocket payment, range of pocket payment, number of times pocket payments have been made, reasons for pocket payment, service denial because of inability to pay, and payment for full hospital cost.

**Majority of out-of-pocket payment was made on drug prescription and laboratory test or scan.**

Regarding out-of-pocket payment, 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). Other areas where expenses were made are captured in Figure 23.

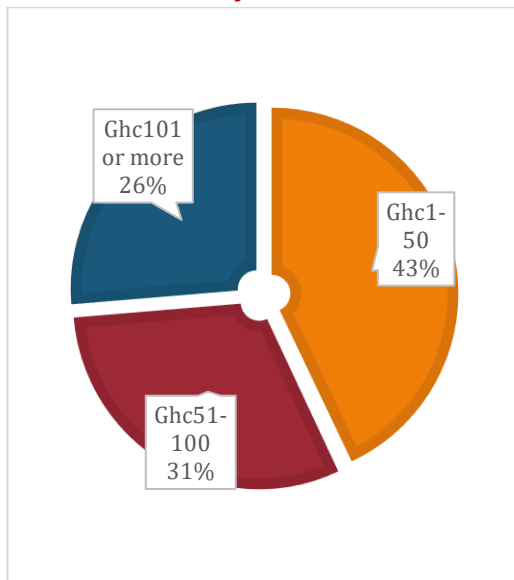
**Figure 23: Pocket Payment and Areas of Pocket Payment**



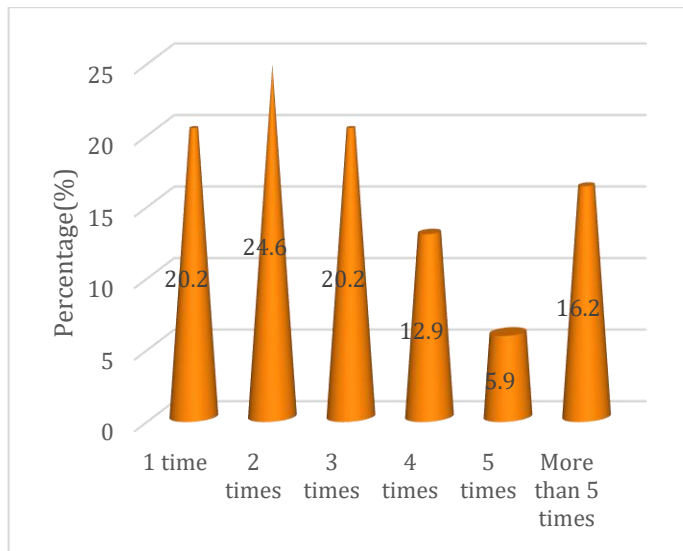
Source: Survey results (2021)

Pocket payments made range from Ghc 1-50 (43 percent), Ghc 51-100 (31 percent) and Ghc 101 or more (26 percent) (Figure 24). 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) (Figure 25). 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.

**Figure 24: Ranges of Pocket Payment**



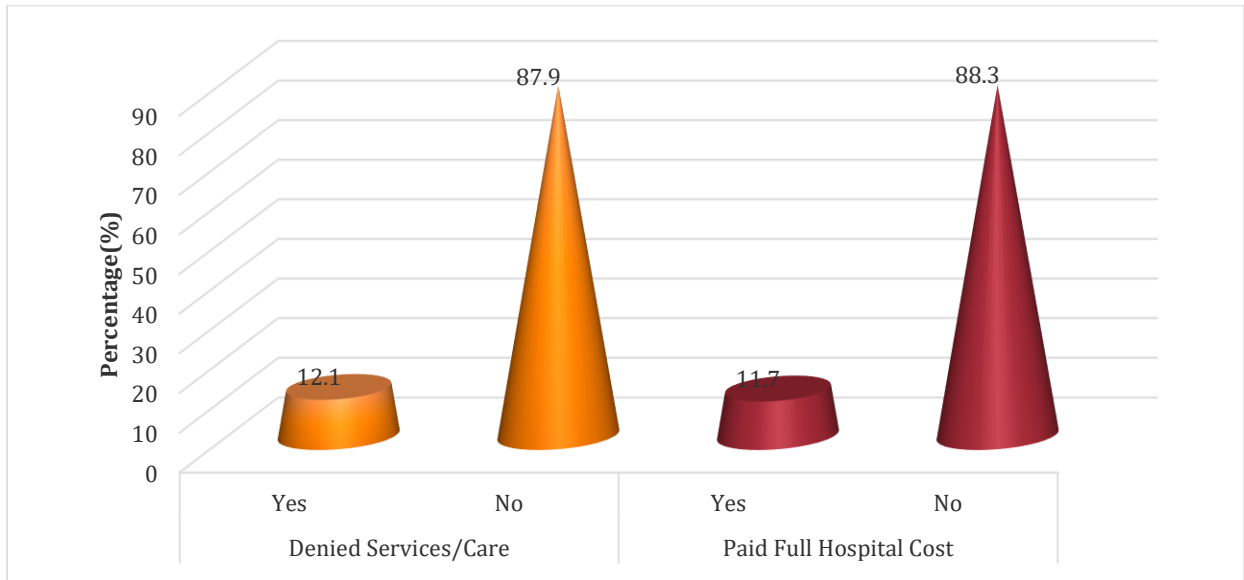
**Figure 25: Number of Times of Pocket Payment**



Source: Survey results (2021)

Participants using NHIS were also assessed whether they have been denied services or care and have been made to pay full hospital cost. The survey results showed that most respondents (87.9 percent) have not been denied service or care whilst a handful (12.1 percent) have experienced so. Meanwhile, 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 (Figure 26).

**Figure 26: Denied Service/Care/ Paid Full Hospital Cost**



Source: Survey results (2021)

# 4

## Supply-Side

### Introduction

This segment presents findings of the assessment of NHIS providers. The findings are based on the in-depth interviews (IDI) of NHIS fund managers/administrators, accredited NHIS pharmacies, and health facilities providing NHIS services. from five regions, namely Greater Accra, Ashanti, Central, Eastern, and Northern Regions. The presentation covers the following:

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

### The Provision of National Health Insurance in Ghana

To understand the practical operation of the scheme, respondents were assessed on what comes to their mind when they think of NHIS, the services respondents provide under the scheme, providers' customers top concerns regarding the scheme, providers top operational concerns, the barriers to the provision of health insurance in Ghana, providers' opinion about what can be done to make NHIS attractive in Ghana and the mechanisms NHIS providers have in place to ensure clients retention among others.

#### ***What Comes to Mind when Providers Think of NHIS?***

Knowing what providers think about the NHIS is of utmost importance as it helps to compare consumers' expectations with what the scheme is supposed to provide. It was revealed through the IDI that NHIS is a social intervention program introduced by the government to provide financial access to quality and affordable healthcare for all residents in Ghana at a reduced or no cost at all. However, respondents stated the key features of the NHIS as summarized in box18.

#### **Box 18: Key observations from the IDI on What Providers Think about NHIS**

According to all participants, the NHIS has the following characteristics:

- It provides free medication for patients
- It provides free health service to the less privileged
- It offers free health care
- It is about the government subsidizing one's bills at the hospital when sick
- It is a contribution someone pays to assist him/ her in subsidising hospital bills
- A national insurance scheme provided to citizens who are subscribed to have access to quality healthcare



### ***What Services do Providers Offer Under the NHIS?***

The services provided under the scheme in this case are grouped into three sections i.e. services provided by fund managers, accredited pharmacies and health facilities. Regarding the fund managers, the services they provide are as follows:

- Health care services to both citizens and non-citizens to reduce the cost of treatment at the hospital and pharmacies
- Renewal of expired cards or issuing of new cards for first time subscribers
- Getting qualified people to sign unto the scheme
- Community education and sensitisation programmes
- Free health care services to pregnant women, citizens under LEAP, Aged and under 18

Health facilities on the other hand provide the under listed services:

- OPD services, inpatient services,
- Consultation services
- X-ray and medical laboratory services
- Ante natal care, post-natal care labour and delivery
- Surgery
- ENT services
- Other services and drugs that fall under coverage of the scheme

Moreover, Accredited pharmacies provide specific drugs for free, listed in the health insurance book they have been provided.

### ***What are Clients Top Concern about the Scheme?***

Providers were assessed on concerns bordering clients regarding their services. Each stakeholder outlined peculiar concerns raised by clients although all raise certain common issues. Fund managers 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:

- Their 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

Box 19 below summarises the common top concerns among all the respondents.

#### **Box 19: Key observations from the IDI on top common concerns bordering clients**

The following are the common top concerns derived from all respondents:

- Additional expenditures on services supposed to be covered by the scheme
- Low coverage of the scheme
- Poor service delivery at hospitals and other accredited facilities

#### ***Providers Operational Top Concerns***

The effectiveness of the NHIS largely depends on how well respondents are positioned to provide their respective services. In that respect, participants were asked to indicate top operational concerns that affect their delivery of services. On their part, hospitals and other health facilities listed the following challenges:

- **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
- **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 in individual facilities

### ***Is the Scheme Delivering on its Mandate?***

To observe respondents' personal opinion about the scheme, same were asked if NHIS is delivering on its mandate as it should. The responses received are shown in Box 20.

#### **Box 20: 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**

### ***Barriers to the Provision of Health Insurance in Ghana***

Respondents identified many factors that serve as barriers to the provision of health insurance in Ghana. The barriers identified are discussed below:

*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

### ***The Effects of Delayed Reimbursement on Providers/ the Length of Delay Ever Experienced***

Respondents, particularly accredited pharmacies and health facilities, were examined if delayed reimbursement from the scheme has affected their service delivery regarding NHIS in the past and the length of delay in reimbursement ever experienced by respondents. The results obtained from such an assessment are summarised in Box 21.

#### **Box 21: 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*

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

### ***What can be Done to make NHIS Attractive to Clients?***

Providers were asked about what, in their opinion, can be done to make NHIS attractive to clients. On their part, fund managers gave the following suggestions:

- 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

Pharmacies and health facilities also offered the following propositions:

- 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 Retention of Clients?***

Clients retention is very important as it ensures the sustainability of the scheme. Therefore, providers, principally fund managers, were asked to indicate the necessary measures they put in place for that purpose. Providers have taken the following measures to ensure clients retention:

- 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**

This section assesses how fund managers disclose information as well as make the scheme transparent to subscribers. Regarding how information on key terms and conditions of NHIS like duration, benefits, premium, late penalty, among others, are disseminated to customers, providers enumerated the following mechanisms:

- 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

As it has been identified, insurers make information available to customers through both written and verbal format. Written format mostly comes in the form of handbook, leaflet, brochure and text messages. Ideally, the language in which the information is communicated to customers is supposed to be clear, simple and understood. In that regard, a local language is more preferable, especially when communicating to the lower class, who form a significant number of customers. 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**

A customer needs assessment assists providers in identifying lasting goals and insurance needs of customers and to design products to meet these goals and needs constantly. From the survey, 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 major areas of customer recourse examined include: availability of customer complaint or recourse policies, communication of recourse policies and procedures, complaints and redress channels, the duration for resolving complaints, and statistics on complaints and disputes.

Insurance providers like the NHIA who are dedicated to the welfare of their clients put in place mechanisms and procedures for redress of customer complaints against their company or representatives. Essentially, providers need to communicate their recourse policy in writing, to instill confidence in consumers that it will be pursued. Primary guiding principles required to be instituted for practical customer complaint handling include: making

accessible guidelines (policies) for complaint handling, being reactive by notifying complainants of progress during the complaint handling process, prompt or speedy resolution of complaints, fair, confidential, customer-focused, and constant review and improvement in the complaint handling process.

The study's findings showed 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.” However, the scheme 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. Subscribers are informed of procedures for redress a customer's calls to complaints, before subscription, during renewal, and community sensitisation programmes. It should be emphasised that not all the offices have a toll-free line through which customers can make their complaint. This is especially with the local NHIS offices.

To keep proper records on complaints and help inform policy review or formulation, providers were asked if the scheme produces statistics and reports on client inquiries, complaints and disputes. If yes, what type of disaggregated information on NHIS is included? All the participants responded affirmative and some specific statements from respondents are indicated in Box 22.

**Box 22: 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*



# 5

## Conclusion and Recommendations



### Conclusion

This report's main purpose was to generate a body of evidence that can be used to advocate key stakeholders about the need for the necessary reforms, including policy and practices, to ensure that the NHIS is adequately equipped to perform its mandate. This report has outlined how functional NHIS could be helpful for the healthcare needs of Ghanaians.

From the analysis so far, it is shown that NHIS has helped improve health financing and good health, reduced out-of-pocket expenditure, and poverty. However, the impact can be better felt if the challenges preventing the NHIS from delivering on its mandate to subscribers are keenly addressed.

Currently, a recognisable number of consumers complain of exploitation by the scheme through additional charges meted out to them when they visit healthcare facilities irrespective of the particular service falling under the scheme's coverage. In the same vein, some consumers are also asked to pay extra money for the registering process expedition.

The issues of delayed payment and limited funding also emerged as challenges confronting the scheme. Such issues affect providers' ability, especially pharmacies and health facilities, to procure the needed drugs and other healthcare equipment required on time to take care of clients who are subscribed to the scheme. The inability of health facilities to procure drugs and other healthcare equipment results are not meeting the healthcare expectations of clients. For example, patients are sometimes asked to obtain prescribed medicine elsewhere, although the same falls under the scheme's coverage.

Information asymmetry is another challenge that emerged from the study. The majority of consumers expressed a dearth of knowledge regarding the scheme's key terms and conditions like duration, benefits, premium, and a late penalty.

Poor quality of services is rendered to subscribers, especially at the hospital by healthcare professionals, including doctors and nurses. This was revealed in many forms, including delay in treating patients who are holders of the NHIS card, contrary to the quick and better treatment offered to patients who undertake out-of-pocket payment. Similarly, other users also complained of the low quantity and quality of drugs that are prescribed for them.

The survey also found that a considerable number of consumers are made to undertake out-of-pocket payments. This is largely done on drug prescription, laboratory tests or scans, and admissions for in-patient.

Furthermore, the study showed that the provider (NHIA) practically does 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. Although there are avenues where consumers can channel their grievances, most consumers are not aware of them. For that reason, a significant number of consumers have not utilized the existing redress mechanisms.

Moreover, the study found that providers do not mainly conduct customer needs assessments to determine the gaps preventing the scheme from reaching its desired goals.

Apart from the abovementioned issues, consumers raised other challenges with the scheme. These include but are not limited to the scheme's low coverage, delays in registering and receiving the NHI card, and limited NHIS registration centres.

## Recommendations



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

From the survey, the following are key recommendations to the National Health Insurance Scheme 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 to 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



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