National health insurance ghana health and social care essay

Economics, Insurance

Healthin Ghana includes the bar, attention and intervention of diseases and other maladies. As parts of the Ghanese economic system are non to the full industrialised, issues arise that are common to turning healthcare systems, such as waterborne diseases and sanitation jobs. Diseases in Ghana are reasonably similar to those endemic in other Sub-saharan states, with diseases as malaria and HIV/AIDS holding important impact on the population.

Like many other states in Africa, Ghana spent much of the 1980s and 1990s

paying off debt and ordaining asceticism steps designed to shore up its economic system. The state 's wellness sector perceptibly suffered under the economic cutbacks, ensuing in staff deficits and hapless care of wellness installations (Oppong, 2001: 357-70) . In order to control the impairment of wellness services and to hike the quality of wellness attention bringing, Ghana finally implemented a pay-per-service wellness attention theoretical account. This normally referred to as the `` cash-and-carry '' system.

However, the pay-per-service theoretical account unwittingly ended up know aparting

against Ghana 's most vulnerable communities, rendering wellness services

unaffordable to them. Not surprisingly, a significant diminution in the figure of

people accessing wellness attention services in infirmaries became apparent shortly

after, with estimations proposing at least a 25 per centum bead in use. The

greatest diminutions were recorded among the hapless, aged, adult females, and rural

occupants (Anyiman 1989: 531-47 ; Hutchful 2002: 129-40 ; Konadu-Agyemang,

2000: 475-81 ; Waddington and Enimayew, 1990: 287-312) .

Ghana 's National Health Insurance Scheme (NHIS) has been described

as 'pro-poor ' because it is scaled to income, leting entree to affordable

wellness attention for low-income Ghanaians. There is ongoing argument over the existent rate of registration in the NHIS ; official figures put it at over 60 per centum of Ghana 's population, while other surveies cite Numberss that range every bit low as 18 to 34 per centum.

Despite efforts to portray the NHIS as pro-poor, there is grounds to

suggest that Ghana is fighting to inscribe hapless sections of the population,

with the rich at least twice every bit likely to inscribe compared to the hapless.

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Thefailureof the cash-and-carry system to provide for the wellness attention demands

of the state 's most vulnerable populations placed wellness attention services

and bringing betterments on top of the state 's development docket.

In 2003, the National Health Insurance Act was approved by parliament,

followed by the launch of the National Health Insurance Scheme (NHIS) in

2004. The NHIS was designed to offer low-cost wellness attention to the state 's

hapless, with grownups lending a minimum one-year payment in comparing with

the value of their possible wellness attention use.

The creative activity of the NHIS has been widely extolled as a imperfect and

`` pro-poor '' policy. Since its debut in 2004, entree to wellness attention in

Ghana has improved significantly, but there are many defects under

the plan. This proposal seeks to research the impact of the NHIS in Ghana,

stressing both the wellness features and results of adult females who are enrolled with those outside the strategy. It besides seeks to analyze the differences in wellness and use between these two groups of adult females and understand why some adult females join while others do non.

Research OBJECTIVES

The chief aim of this survey is to carry on a comprehensive appraisal of the national wellness insurance strategy through the lens of adult females. The survey will further seek to ;

Understand how the NHIS work in Ghana.

Understand the impact of the NHIS on wellness features.

Understand the impact of the strategy 's registration on the hapless and pro-poor.

Ascertain how the strategy is lending to the wellness demands of adult females in Ghana.

RESEARCH QUESTIONS

The chief research inquiry of the survey is to look into how the NHIS is impacting on the wellness of adult females in Ghana.

The survey besides aims to look into the followers ;

Why are some adult females seeking wellness attention outside the strategy?

Why is the registration of the rich to the strategy increasing every bit compared to the hapless or pro-poor?

What are the differences in wellness features between adult females who join the strategy and those who do non?

RESEARCH TARGETS, MAIN CONCERNS AND CONTENT

This research will aim adult females between the ages of 15 to 49 old ages and their kids. The research will be conducted in two parts of Ghana, that is the Brong Ahafo part and the Upper East part. The Brong Ahafo part was chosen because it has the longest period runing the wellness insurance strategy ; it besides has a good mix of rural and urban colonies which is representative of Ghana. It besides has an first-class mix of formal and informal activities. Last it is the largest part in Ghana and lies in the geographic centre of the state.

The Upper East part was chosen for assorted grounds ; one being that it is the most sparsely populated and poorest part in Ghana and rather representative of the northern half of the state. It was besides chosen because of immensely savanna flora and predominately rural hapless, supplying contrast to the Brong Ahafo part and the southern half of the state.

NARATIVE DESCRIPTION OF THE POLICY

Health insurance is an agreement that provides the chance to

contribute to a fund that can be drawn from when in demand of medical attention.

Under Ghana 's NHIS, unanticipated wellness attention costs are transferred into

fixed premiums, replacing lump-sum out-of-pocket wellness attention payments

with a more low-cost and frequent outgo in the signifier of premium

payments. In other words, wellness insurance participants portion the fiscal

load of wellness attention costs by pooling together their fiscal resources

(Atim, 1999: 881-96 ; Edoh and Brenya, 2002: 41 ; Ekman, 2004: 249-50) .

In add-on to the premium payments made by enrolled grownups, the NHIS

besides draws support from the federal authorities and a 2. 5 per centum value

added revenue enhancement, applied to all goods and services.

The `` pro-poor '' perceptual experience of the NHIS is based on three distinct

features of the plan. First, the broad benefits bundle creates a

degree playing field by easing wellness attention entree for everyone regardless

of their fiscal position. Second, the premium sum is measured by

incomes, non demand, and are based on the member 's ability to pay. On

these skiding graduated tables, those who earn more, pay more and those who earn

less, wage less, with exact premium payments changing across the state

based on the rates set at the territory degree. Harmonizing to the National Health Insurance Authority, the one-year premiums range between Ghanaian Cedis

7. 20 to 48. 00 (or about US $ 4. 59 to US $ 30. 61) . Those who work for the authorities are automatically covered by the NHIS through their societal security payments, though they must officially register themselves within their territory. Third, from its oncoming, the NHIS has allowed free wellness

coverage for all those considered to be destitute and unable to pay. Under the National Health Insurance Act, an 'indigent ' is considered to be any individual who meets the undermentioned standards:

a) is unemployed and has no seeable beginning of income ;

B) does non hold a fixed topographic point of abode harmonizing to criterions determined by the strategy ;

degree Celsiuss) does non populate with a individual who is employed and who has a fixed topographic point of abode ;

and or vitamin D) does non hold any identifiable consistent support from another individual. The destitute freedom position is intended to protect those missing the fiscal and societal support necessary to get rank in the

strategy. However, there have been many unfavorable judgments of the indigent and other freedom positions.

Since the execution of the NHIS over seven old ages ago, the state 's

wellness attention system has increasingly improved. In its original format, the

NHIS includes payment freedoms for indigents, those over 70 old ages

of age, and members of the formal economic system. Over the old ages, important

add-ons have been made to the freedom lists, including coverage of all

pregnant adult females since 2008, in acknowledgment of the importance of neonatal

attention. Most late, kids under 18 old ages of age whose parents are

presently enrolled in the NHIS became eligible for free wellness coverage. In

an attempt to farther better young person wellness coverage, Ghana 's authorities

has promised since 2009 to spread out this to all individuals under the age of

18, and non merely those with parents who are enrolled. This has non yet been

rolled out.

Reports show that NHIS coverage has been an of import tool in increased use of wellness installations (Ministry of Health Ghana, 2010: 35 ; Witter and Garshong, 2009: 6) . In-patient use increased from 28, 906 in 2005 to 846, 311 in 2009 (National Health Insurance Authority, 2010: 31) . The figure of out-patient visits increased to 18. 7 million in 2010 (from 2. 4 million in 2006) and the Ministry of Health studies that the huge bulk of these patients were covered by the NHIS (Ministry of Health Ghana, 2011: 39)

While initial figures are assuring, the existent figure of Ghanaians enrolled in the NHIS remains a topic of argument and contention. The National Health Insurance Authority put the state 's registration at over 60 per centum in 2009,

out-performing marks set for the twelvemonth 2015. But independent surveies and

studies have questioned these official figures. For case, a survey in 2011 indicates that the registration rate sits closer to between 18 and 34 per centum if

factors such as population additions and non-renewal of ranks are

accounted for (Apoya and Marriott, 2011 ; 58-61) . Similarly, informations from the

2008 Ghana Demographic and Health Survey found registration to be between

30 and 40 per centum (see Dixon, Tenkorang and Luginaah, under reappraisal) .

Even more concerning is the fact that the figure of flush persons

take parting in the NHIS is far greater than the figure of hapless Ghanaians

enrolled in the strategy. Despite efforts to portray the NHIS as pro-poor,

persons with low incomes covered under the strategy are outnumbered

by flush 1s and a important part of hapless people still do non hold

wellness coverage. Furthermore surveies show that (though figures vary by

part) the rich are frequently twice every bit likely to inscribe in the strategy as compared

to the hapless (Asante and Aikins, 2008: 3 ; Jehu-Appiah, Aryeetey, Spaan,

de Hoop, Agyepong and Baltussen, 2011: 157-63 ; Dixon, Tenkorang and

Luginaah, under reappraisal ; Health Systems 20/20, 2009: 12 ; Sarpong et Al,

2010: 195 ; Witter and Garshong, 2009: 6) .

There is a long list of grounds that hinder the engagement of hapless people in the strategy. First, paying wellness insurance fees on an on-going footing is frequently excessively expensive for hapless people, despite the long-run benefits of inscribing in the strategy. As persons begin to pay into the strategy, the immediate impact of wellness insurance fees can interpret into a lessening in financess for nutrient, communicating, or transit outgos (Koch and Alaba, 2010: 180-1) .

With the inexplicit trade-off between basic necessities and wellness insurance, NHIS premiums may be deemed to be an impractical disbursal by persons with low incomes.

Although the strategy has made room for freedom positions, there have been jobs in their existent executing. For case, merely one per centum of those populating under Ghana 's poorness line were registered for the NHIS in 2008 (Witter and Garshong, 2009: 5) , which seems to propose the uneffective execution of the indigent position freedom. It has been argued that

the standard for the destitute freedom are excessively rigorous and should take into

history specific local concepts of poorness in order to make those truly in

demand of freedoms (Aikins and Dzikunu, 2006: 12) .

A treatment on the defects of Ghana 's wellness attention system can non be

concluded without reference of the impact of mishandled bureaucratism, fraud

and escapes. For case, theenrollment systemis inefficient and

impractical-names and individualities frequently get lost in the system ensuing

in people stoping up either without coverage or being forced to pay

unneeded fees (Health Systems 20/20, 2009: 17 ; Apoya and Marriott,

2011: 30-1) . Deceitful claims are besides a major concern. In 2010, the

National Health Insurance Authority 's ain audits found that 13 per centum of

claims were undue. Furthermore, perceivers posit that because of the

prevalence of improper showing methods, a proper audit is likely to happen

that 20 per centum of claims are without virtue.

RESEARCH METHODOLOGY

For this survey, single questionnaires will be distributed to a entire sample size of 300 adult females ; 150 from the Brong Ahafo part and 150 from the Upper East part. Institutional questionnaires will besides be distributed to the territory strategy directors from the two parts.

Questions which would be asked in the single questionnaire include ; the socio-economic demographic features, NHIS registration or non registration, general wellness attention entree and use, morbidity, mortality and wellness position, maternal and child wellness attention and bar etc.

Questionnaires will besides be distributed to forces who run the strategy in the two parts. Questions which would be asked in the institutional questionnaire will include ; the foundation of the strategy, administration and organisational construction, rank and premium benefits, direction and capacity edifice.

The statistical tool employed for the rating will be the Propensity Score Matching (Rosenbaun and Rubin 1983) . The grounds for following this tool are as follows ;

There is a practical impossibleness of a randomised experiment.

The ability to compare the wellness results of treated and untreated groups that are matched by relevant discernible features.

RESEARCH ORGANIZATION

PROPENSITY SCORE Modeling

Treatment Variable: NHIS rank.

Control Variables:

Age

Education

Marital position

Religion

Distance to wellness attention

Ownership of telecasting

Ownership of wireless set.

Result Variables:

Maternal/child wellness results

Birth attended

Hospital births

Prenatal attention

Birth complications

Infant mortality

These variables will so be subjected to analysis of discrepancy through the statistical treaty for societal scientific discipline (SPSS) .

Focus group treatment will besides be undertaken with the stakeholders of the strategy. Here subjects such as NHIS procedures, benefit bundles, premiums and freedoms, prescriptions, maternal and child attention coverage, fiscal viability of the NHIS, the position jobs, chances and the manner frontward will be on the docket.