

# **Strength in Numbers: Examining The Effects of National Health Insurance Scheme on Equity and Utilization of Essential Health Care Services in Ghana**

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## **Abstract**

Access to health care in Ghana, especially among people with low income is a major concern to policy makers as individuals within these population groups have limited access to essential health care. This concern is exacerbated by high out-of-pocket expenditure on health care. Since the demand for health care is inelastic, the poor who do not have health insurance coverage resort to devastating means such as borrowing at unaffordable rates of interest and depleting of household assets to pay for health care out-of-pocket.

Evidence shows that health insurance provides financial risk protection against catastrophic episode of illness and accidents, thus, increasing access to health care, especially, for poor households. Ghana's National Health Insurance Scheme (NHIS) was established with the ultimate goal of achieving universal health coverage to provide equitable access to health care for all residents in Ghana. But after a decade of its implementation, access to essential health care services, especially, for the poor still remains a daunting challenge because barely a third of the population has health insurance coverage. Even though the NHIS policy provides safety nets and exemptions for premium payment by the poor and indigents, the identification of the poor comes with a myriad of difficulties for lack of reliable data.

This study seeks to examine the effect of the NHIS on equity, access and utilization of essential health care services in Ghana. Inequalities in health insurance coverage between the rural –urban dichotomy and the socio-economic gradients will tend to exacerbate access and utilization of essential health care. In that context, the study attempts to answer two principal questions: what determines enrolment into the NHIS? Second, what is the effect of the NHIS on equity, access and utilization of essential health care such as health facility visits for any medical care; maternal and child health care? Sub-questions such as, what are the levels of moral hazards and adverse selection among the insured and whether not having health insurance coverage encourages the utilization of informal health care are also investigated.

