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

A Dissertation Proposal Presented to The Faculty of the Heller School for Social Policy and Management Brandeis University, Waltham, Massachusetts

By Samuel George Anarwat, MA in Development Studies, MA in Social Policy

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 outof-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; 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.

The study uses the propensity score matching method with logistic regression models for the empirical analysis, drawing largely on data from the Ghana Demographic and Health Survey 2008. This is complemented with qualitative studies using focus group discussions with the insured and the uninsured; and key informant interviews with the National Health Insurance Authority and health care providers.

The study will contribute to scaling up of health insurance coverage to underserved populations and enhance their access to health care, especially, for the informal sector poor. It will also serve as a valuable resource for other low- and middle- income countries in their quest for health insurance as a means to achieving universal health coverage. The study will further contribute to existing literature and the current on-going discussions on social health insurance and universal health coverage in low and middle-income countries.

Dissertation Committee:	Donald Shepard. Ph.D., Chair
	Garry Gaumer. Ph.D.
	Joseph Kweku Assan, Ph.D.
	Dennis Canterbury, Ph.D.
Proposal Hearing:	Tuesday, May 20, 2014, 10:00 a.m. – 12:00 p.m. Heller School, Room 147