

COHEiSION: Towards a client-centered health insurance system in Ghana

“As the queue at the health clinic moved slowly, my son saw that other clients were helped before him. The health care provider prioritized those that paid directly in cash over those that were insured.” This testimony shows just one of many obstacles faced by the National Health Insurance Scheme (NHIS). She shared her story at the final dissemination meeting of the COHEiSION project, now coming to a close.

The focus of the project has been on national health insurance participation in Ghana, doing research in the regions Western Region and Greater Accra. The project looked at barriers to enrolment in the NHIS through three different lenses: that of the client, the insurer and the provider. It has resulted in one PhD (Christine Fenenga) and two other PhDs (Stephen Duku and Robert Kaba) in the not too distant future.

After working together for four years, partners in the project met on 2 and 3 November 2015 in Accra for a final dissemination meeting. Tobias Rinke de Wit (Principal Investigator), Christine Fenenga and Jolien van der Vaart attended the meeting. Findings from the studies were discussed with key stakeholders including the National Health Insurance Authority (NHIA), the Ministry of Health (MoH) and Ghana Health Services (GHS).



Since the start of COHEiSION, the project has shared knowledge about the preliminary findings with regard to barriers to enroll in the National Health Insurance Scheme (NHIS), such as long waiting times for the insured, insufficient communication and information to clients. Some challenges have already been addressed by the NHIA, but a lively discussion at the dissemination meeting confirmed that there is room for further improvement: Corruption in health insurance schemes and delayed reimbursements to providers were but a few of the discussed issues.



Daniel Arhinful, Co-Principal Investigator

Possible strategies to tackle these challenges were suggested during the meeting. District offices were urged to draw on the social capital in Ghana to enhance active participation in the scheme. By identifying social networks, these networks could be used to improve information sharing among communities about the concept of insurance and motivate peers to enroll. Networks could also be used to generate input from users to the NHIS. Other recommendations included the need for the MoH to institutionalize more effective customer care training for health staff and continuous engagement of the insurer with clients to improve the quality of care.

Several of the troubles that currently plague the NHIS were already known by the involved stakeholders. However, the meeting inspired the NHIA to do “whatever it takes” to improve operations and

remove barriers to enrolment. This COHEiSION meeting has created the needed momentum for all stakeholders to do so.