Examining The National Health Insurance Scheme (NHIS) In Public Hospitals In Greater Accra, Ghana

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This document represents part of the author's study programme while at the International Institute of Social Studies. The views stated therein are those of the author and not necessarily those of the Institute.

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DEDICATION

I dedicate this work to my mom for she has been my dearest inspiration and motivator.

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I acknowledge the efforts, time and inputs of my supervisor and second reader. I also acknowledge the help and assistance of my respondents and colleagues who made this work a success.

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Acronyms

NHIS : National Health Insurance Scheme

NHIA: National Health Insurance Authority

NHIL: National Health Insurance Levy

SDG: Sustainable Development Goals

WHO: World Health Organization

UHC: Universal Health Coverage

UCS: Universal Coverage Scheme

SSNIT: Social Security and National Insurance Trust

OPD: Out-Patient Department

IPD: In-Patient Department

ABSTRACT

This dissertation examines the impacts of the National Health Insurance Scheme (NHIS) after its implementation in public hospitals in Ghana. Introduced in 200, the NHIS aims to provide equitable access to healthcare services and financial protection against medical expenses. This research focuses on not only evaluating the scheme's effectiveness in achieving these goals, particularly in urban settings but also its shortfalls. Data were collected using various an interview guide to source information from Accra Ridge Hospital, HNIS subscribers, and the NHIS officers or staffs. The findings from the dissertation reveal that while the NHIS has significantly increased healthcare access, challenges such as funding gaps, administrative inefficiencies, and disparities in service quality were among many other factors curtailing its effectiveness. These issues cause potential hindrances preventing the NHIS to achieve its universal coverage in Ghana. The study's findings called for policy adjustments as recommendations to enhance the NHIS's efficiency and inclusivity to ensure larger population is subscribed and covered to have equal access to healthcare.

RELEVANCE TO DEVELOPMENT STUDIES

The findings of this research present relevant contributions to the realm of development of studies. Considering the NHIS Greater Accra Region as the study area for development studies coincide with the key themes and discourse for development studies including health equity, social protection and sustainable development for all. The inception of the NHIS helps in addressing challenges of financial risk protection and healthcare accessibility which aligns with the SGD goal 3; to safeguard healthy live and foster wellbeing for everyone regardless of socio-economic status. The study critically elaborates the significance of quality health insurance system in ensuring social inclusion and reducing health related issues as a results of poverty. In addition, the study underlines the need for continuous policy evaluation and reforms to resolve general challenges that mostly affects Health Insurance initiatives in the developing countries causing its ineffectiveness. The study's findings presents a broader knowledge on health policy formulation in addition to the development of policies in similar contexts across other developing countries with similar ineffective Health Insurance and healthcare system like Ghana.

CHAPTER ONE (1)

PRELIMINARIES

1.0 Background of the Study

The Ghana NHIS established in 2003 aimed at providing equal access to quality healthcare for every citizens irrespective of their socio-economic state. The policy of the scheme highlights the total shift from cash and carry healthcare delivery system which eliminates the poor from accessing quality healthcare. The scheme therefore abolished the old system and aimed at attaining Universal Health coverage (UHC).This is to ensure that equal access to quality healthcare delivery is granted to all citizens without financial hardship (Dake, 2018).

According to (Sarkodie and Adu-Owusu, 2021), almost 50% of the Ghanaian population representing over 12 million citizens are active subscribers of the NHIS. Similarly, (Dalinjong et al. 2017) and (Duku et al. 2016) discovered that NHIS membership significantly increases the utilization of healthcare services leading to an increased quality care accessibility. Furthermore, there was a notable reduction in the "cash and carry system" as access to healthcare increased thereby lessening the financial burdens on citizens. The introduction of the NHIS offered healthcare access to Ghanaians, especially those who are poor and vulnerable.

Notwithstanding these success the NHIS has recently become very ineffective in its inability to offer consistent and comprehensive health coverage to Ghanaians facing varied health problems and seeking for health care. According to (James Lind Institute, 2023), challenges such as delay in reimbursement of insurance claims by the insurance scheme and increasing healthcare cost contribute to the inefficiency of the scheme. The scheme also faces challenges including equal premium payment irrespective of your economic status worsening the income inequality gap. Some other issues include the limited supply of basic equipment and tools to enhance the smooth operations of healthcare facilities enrolled in the scheme. Instances such as 'no medicines', 'no bed for admission', and limited healthcare professionals are all factors that impede success of the scheme, as posited by (James Lind Institute, 2018).

The study's location also presents rich data considering the diverse population and availability of public hospitals. Greater Accra is known for its rapid urbanization and population increase and this presents a unique challenge for the healthcare system, making it the perfect study area as a case to evaluate the effectiveness of the NHIS in Ghana. The current study therefore evaluates the implementation and impacts of the NHIS among public hospitals within Greater Accra. Thus, providing much insight in the shortfalls, challenges and area for improvement.

1.1 Problem Statement

The ineffectiveness of the Ghana Health Insurance Scheme (NHIS) has become increasingly apparent in its inability to provide consistent and comprehensive healthcare coverage. While the scheme once offered financial protection during medical emergencies, as evidenced in decades ago, its failure to do the same in recent years highlights significant inefficiencies. This research seeks to examine the structural and operational weaknesses within the NHIS, focusing on its inconsistency in covering critical treatments, the exclusion of essential medications, and the financial burden placed on families despite their registration in the scheme. This research will analyze the disparity between the earlier successes of the NHIS and the present-day challenges that undermine its purpose, particularly in cases of severe illness requiring long-term hospitalization and expensive medications. The study will argue that unless these systemic issues are addressed, the NHIS will continue to fail in its mission to provide equitable healthcare for all citizens, leading to financial strain and inequity in healthcare access.

In addition to the above, citizens in the informal working category also suffer in the payment of premiums and renewal fees(subscription) resulting in the low patronage as (Blanchet et al., 2012) disclosed. (Alhassan et al., 2016) added that quality healthcare is also at stake under the NHIS policy with evidence of long waiting times, inadequate medical supplies, limited healthcare professionals in the public hospitals, and reimbursement difficulties. (Fisher A. M 2016) attest that these social challenges can be attributed to lack of a universal adopted approaches. This study examines the ongoing concerns relating to the current state of the policy in the public health amenities in the Greater Accra region. This also identifies the barriers to effective implementation, and suggest areas for improvement.

Before the introduction of the NHIS, the cost of healthcare was primarily borne directly by individuals through what is locally termed as the 'cash and carry system.' This arrangement meant that several Ghanaians, especially those who could barely afford health care, were unable to access the necessary health care services (Blanchet et al., 2012). To tackle these challenges and thus improve the access to health care, a key sustainable development goal, the NHIS was developed as a social intervention. The scheme aimed at bringing reforms to the old system to enable citizens to access healthcare services at reasonable or no costs. However the recent ineffectiveness that the NHIS profoundly exhibits is the principal concern of this dissertations as it seeks to examine the earlier success of the NHIS, the causes of its ineffective and the implications on health care access and delivery in Ghana.

1.3 Study Objectives:

The key goal of the research is to identify various challenges facing the NHIS in Public Hospitals in Greater Accra, Ghana and factors contributing to its ineffectiveness. Another objective of this study is to answer the questions stipulated under 1.4 of this dissertation.

1.4 Research Question:

- What are the challenges hindering the NHIS from effectively addressing the barriers to effective public health care?

Sub Questions

- What opportunities constitute the effectiveness of the NHIS in public hospitals in Greater Accra, Ghana?
- How does the NHIS achieve equitable access for all citizens?

1.2 Justification and relevance of this research

This study is important on a number of fronts. First, it gives the first comprehensive assessment of NHIS in one of the most important regions in Ghana and gives insight into successes and challenges. Second, this study will give policymakers and healthcare providers an indication of what needs to be done in strengthening the sustainability of the scheme. The contribution of the study to the broader discourse on health insurance and UHC in developing countries relates to the lessons that are applicable for use in similar contexts.

The NHIS is a cornerstone in Ghana's healthcare, and hence any success or failure attribute to it becomes absolutely important in ensuring the health and general well-being of the populace. This study consequently embarks on evidencing recommendations that could inform improvements in the implementation of NHIS. Consequently with a view to achieving its goals or objectives, which is to provide unbiased access to quality health care to all citizens of Ghana.

This study is justified and relevant as it contributes to examining the contributions NHIS gives to Ghana's Universal Healthcare system, in particular, addressing public health policy, economic and social factors, and some of the factors that have led to the inefficiency of the scheme in recent times.

1.4 Outline of Chapters

This thesis is arranged into five chapters, the first of which provided an overview of the entire project, discussing the nature of the problem, theoretical frameworks and their applicability, the goals and questions of the research, and the methods utilised for data collecting and analysis. The background literature was reviewed in Chapter 2, with particular attention paid to the expenditure component, which remains critical to the NHIS's financial health in Ghana. Other research pertaining to the NHIS in Ghana was examined as well, along with other pertinent reasons why it

hasn't been operating at its best recently. The analytical method utilising the right-based approach to examine global frameworks on national health insurance programs was the focus of Chapter 3. Chapter four examined secondary data on existing records of the practical functioning of the NHIS in Ghana from 2014 till date. This also explained and explored opinions and experiences of patients, healthcare organizations and national health insurance officials through interviews (using questionnaires). In order to reach conclusions, the fifth and final chapter summarized the data and provided responses to the study questions that were addressed.

CHAPTER TWO (2)

LITERATURE REVIEW

2.0 Introduction

The Ghana NHIS, established in 2003, aims to offer equitable access to healthcare services and achieve UHC. This chapter critically review existing literature on the Ghanaian NHIS, conducts a comparison analysis with Africa and the developed countries in the context of achieving universal health access. The review draws on a range of sources including peer-reviewed articles, policy documents, and reports from international organizations. (Wireko et al. 2020), argued that it is crucial to consider the perspective on which the policy was enacted, its challenges, and the forces leading to its inception in making recommended policy amendments to improve the current inefficiencies of the NHIS policy. The literature review of this study will therefore explore recent literature pertaining to the trends leading to the creation of NHIS and the state of its effectiveness.

2.1 NHIS in Ghana

One successful achievement in the Ghanaian health sector was the inception of the NHIS in 2003. This was initiated in 2003 by the government via the an act of parliament Act 650 to resolve the challenges of inadequate access to healthcare for all citizens. It was formed to eliminate financial setbacks to healthcare access that limited the health-seeking behavior of many individuals by providing insurance to a wide range of health related needs (Agyepong & Adjei, 2008). The scheme is supported by the contributions from the workers in the formal sectors, premiums from the informal sectors, taxes and national government subsidies. Currently the NHIS enrolls approximately 40% of the population of Ghana; this enrollment is however slightly higher in the urban and peri-urban areas than the very remote and the rural areas (Ministry of Health, 2016).

The NHIS has been applauded and recommended for enhancing access to healthcare services especially for poor people, the disadvantaged and vulnerable groups. However, it has also received a number of concerns and the following are some of them; There has been a concern that it delays the reimbursement of funds to the healthcare providers, there is a concern over a clear disparity of the quality of the healthcare services offered to the insured and the uninsured patients and the sustainability of this scheme taking in to account the increasing demands for health care services (Osei-Assibey, 2014). However, the NHIS continues to be an important pillar in Ghana's healthcare service delivery system because it has helped in the extension of health services coverage to millions of people, albeit the most basic health services.

2.2 Health Insurance Schemes in Other African Countries

Other than Ghana, there are other African countries that have embraced similar health insurance policies. For instance, Kenya has a National Hospital Insurance Fund, (NHIF), established in 1966. Over the years, this service has undergone reforms with a view to improving health services delivery. Informal employees contribute to the NHIF on a voluntary basis, with the state mandating established employees to make contributions. The NHIF initiative has contributed much to the health care system through various sustainability strategies, but the policy faces challenges such as low subscription rates, especially in the information sector, inadequate finance, and unequal access to quality medical treatment (Barasa et al., 2018).

In a similar vein, the Mutuelles de Santé Community-Based Health Insurance (CBHI) was also established in Rwanda in 2004. The program is financed by premiums paid by the households, subsidized by the government, and supplemented by donors' contributions. There are two major reasons pertaining to the success of the CBHI which are high enrollment rates and positive impacts on health coverage and utilization. Nonetheless, according to (Lu et al. 2012), problems including biases in access to health services and financial unsustainability continue to exist.

Up to date, plans for implementing a NHI in South Africa have not been floated. By pooling funds spent toward accessing high-quality healthcare services in retirement years, the insurance cover tries to ensure equity of access to healthcare services. (McIntyre et al. 2017) explained that the retarded implementation is occasioned by the presence of obstacles in the implementation process, including political antagonism, shortage of funds, and problems with ensuring access to high-quality health care equitably.

2.3 Global Context of Health Insurance and Universal Health Coverage

`The need for UHC is therefore, on the increase across the world. Most countries are adopting insurance mechanisms in order to attain this ideal goal. According to (WHO, 2010) report, the explanation of universal health coverage ensures that everybody experiences access to needed quality care without hindrance. As such, in developed countries like the UK, Canada and the USA, health insurance schemes are well developed in depth to include universal healthcare access. For example, through general taxation, the United Kingdom (UK) raises money to cover its health insurance scheme for the provision of health services at the point of use. Meanwhile, the USA also uses Programs such as Medicare and Medical to ensure quality care for the aged, the low-income population, and persons with disabilities (Kaiser Family Foundation, 2020).

However, there are similar instances in the middle-income countries which studies confirm that healthcare coverage is on the expansion. For example, the Universal Coverage Scheme (UCS) in

Thailand established in 2022 provides all-inclusive healthcare services to every citizen. The UCS is also funded by revenue generated through taxes and well known for its positive impact on the lives of the people of Thailand through access to equal quality care delivery (Evans et al., 2012). In the less developed countries, health insurance schemes are struggling to achieve its universal health coverage objective. This is because the scheme faces challenges, including financial constraints and inadequate healthcare infrastructure, including human resources and capital adequacy. Stated for example, the Ethiopian Community-Based Health Insurance (ECBHI) and the Ghana National Health Insurance (GNHI) Schemes have improved their strategies to improve access to healthcare delivery striving to achieve universal healthcare delivery. However, due to similar challenges attributed Thailand and other developed countries, the GNHI and the ECBHI have not achieved sufficient universal access to healthcare services (Fekadu et al., 2014).

2.4 Comparative Analysis

Through a country based comparative analysis of the health insurance scheme in Ghana and other African states, there exist some common challenges and lessons. The key challenge among these health insurance schemes is the low patronage, particularly among the employees within the informer sector, sustainability issues in financing, and challenges with access to equal quality healthcare services. However, some other successful schemes such as the Rwanda's CBHI and Thailand's UCS, suggest the importance of government commitment to the scheme, a reliable funding source and effective management in achieving universal health coverage.

2.5 Mapping out the healthcare system in Ghana with the introduction of the NHIS.

One profound reform in Ghanaian healthcare policies is the NHIS aimed at fostering equal access to healthcare by eliminating the barriers caused by financial challenges by the citizens while seeking for quality healthcare. Implemented in 2003 the NHIS has come a long way in changing the face of the healthcare system in the country through enhancing access to basic healthcare progressively over the years.

Reasons for Establishment

Before the inception of the NHIS in Ghana, the country practiced an "out-of-pocket" payment system whereby patients paid for healthcare services at the time they accessed health services. This system led to the increased cost of health care, where greater portion Ghanaians were unable to afford medical treatment and were unable to pay for their health needs (Arhinful et al., 2006). Lack of funds to access healthcare services in Ghana contributed to high levels of referral care, high death rates, and biases in the distribution of healthcare (Agyepong et al., 2013).

These were the healthcare challenges which the NHIS was developed to offer financial risk protection to all the people of Ghana. Its primary purpose was to reduce the pressure on people's

shoulders in terms of the costs of healthcare services that they often needed. Reducing out-of-pocket expenses was aimed at eliminating health inequality and bring fairness in accessing the needed health services where even the most vulnerable citizens could afford to pay for basic health services (Blanchet et al., 2012).

Legal Framework

The legal framework for the implementation of the NHIS was established by the National Health Insurance Act, 2003 (ACT 650) which has been amended by National Health Insurance Act, 2012 (ACT 852). The NHIS was formalised through Act 650 that provided for the formation and funding of the Scheme and laid down rules of operation; this also paved way for the formation of the National Health Insurance Authority (NHIA) to handle the administration of the Scheme (National Health Insurance Authority, 2012). The subsequent Act 852 was enacted to amend the law and improve the efficiency and sustainability of the scheme.

Funding the NHIS

The primary sources of funds for the NHIS are taxes, premium and employees' contributions from the formal sector. The main components of the revenue base are the National Health Insurance Levy (NHIL) which is a 2.5% Value Added Tax (VAT) on goods and services and constitutes 70% of the NHIS funding, Social Security and National Insurance Trust (SSNIT) contributions which constitutes 20% of the NHIS funding and informal sector persons' premium contributions and aids from donor organizations which constitutes 10% (Ghana Ministry of Health, 2016). This diverse fund sources are to secure financial sustainability of the scheme as well as ensuring its financial responsibility is distributed across various sectors of the population (Agyapong et al., 2016).

2.6 Structure of the NHIS

The NHIS is administered under a central clearing system headed by the National Health Insurance Authority (NHIA). The NHIA is duty is the overall supervision, coordination, and monitoring of the scheme. Some of its functions include enrolment of members, recognition of health care providers and payment of financial claims (National Health Insurance Authority, 2012).

The NHIS in Ghana is mandatory for formal sector workers but voluntary for informal workers. Formal workers get insurance through employers, while informal workers must register with district MHIS. The NHIA uses registration drives and mobile tech to boost enrollment but faces issues like poor leadership and long queues. Healthcare providers must be accredited, though the process is slow and inconsistent. The NHIS reimburses providers based on services rendered, but delays and inaccuracies in claims have caused unrest among providers, some of whom threaten to leave the scheme due to payment issues (Blanket et al, 2012).

2.7 Healthcare Delivery in Accra: Challenges and Opportunities

Accra, the capital city of Ghana, has some of the most accomplished health service delivery institutions in the country such as the Korle-Bu Teaching Hospital which is one of the largest teaching hospitals in West Africa and receiving hospitals to all other teaching hospitals in Ghana. However, there are very relevant and significant disparities in the delivery of health care in Accra. Some of the residents have sufficient and relevant access to high-quality healthcare service delivery, and others especially those in the low income areas encounter challenges in accessing health care service delivery (Ameyaw et al., 2017).

Infrastructural Challenges: The lack of healthcare service delivery infrastructure is one of the main and most pronounced problems that affect the healthcare services delivery in Accra. The growth in the urbanization rate in Accra has not been paralleled by the corresponding expansion and growth in the capacity of healthcare service delivery institutions hence the congestion in most hospitals, clinics and other institutions offering healthcare services (Oppong & Hodgson, 2019). A study carried out by (Awoonor-Williams et al., 2013) revealed that most of the healthcare service delivery facilities in Accra are faced with staffing and resource scarcity challenges which influence the quality of health care services from such caregiving organizations. Furthermore, the distribution of the health care facilities and institutions in Accra is relatively oriented in the affluent areas with appreciable, improved or standard services while the less affluent areas are relatively less served. This disparity is a reflection of the overall national and regional trends in Ghana whereby health service delivery infrastructure is frequently missing in marginalized and poor communities (Asante & Zwi, 2009).

Socio-Economic Disparities: The socio-economic status of people has thus emerged as a major factor in influencing their healthcare service delivery in Accra. The richer the people the more they can easily access the private health care facilities since most of the times they are of better quality than the public health care services in the country (Alhassan et al., 2016). On the other hand the poor or low income persons who depend on the public health service delivery system they experience long waiting time, shortage of essential medicines hence have to cost their own money to buy their drugs and in some cases receive poor quality services (Fenny et al., 2014).

The NHIS in Ghana has helped to increase access to health care especially among the poor and the low income, but there are still challenges that exist and continue to manifest in the area of the quality, equality and equity of health care service delivery. For example, (Osei-Assibey,2014) was able to understand that there is an unequal distribution of healthcare provision in the NHIS for the poor and low income clients in receiving quality care from the care giving organizations more especially in urban areas in the slum areas and peri-urban areas.

Workforce Shortages: A notable constraint to healthcare delivery in Accra is the inadequate number of healthcare professionals. In terms of healthcare provision, the Ghanaian doctor population has been described as critically low, and in fact, is far from achieving WHO ideal doctor to patient ratio. This has been most felt in urban areas such as Accra which has a high population seeking health care services (Dovlo, 2005). For instance, Agyepong et al. (2012) postulates that there is a shortage of healthcare professionals in Accra due to insufficient training facilities and the prevalence of unfavorable working conditions that force many practitioners to seek job opportunities in other countries.

Nursing personnel in Accra practice deficit because of inadequate supply hence overworking the few that are available resulting in the quality of health care services being compromised. Sometimes, these healthcare service delivery workers are overworked in terms of working in different positions hence they tend to be tired most of the time (Quartey & Atakora, 2014).

Policy and Governance Issues: The nature of the delivery of healthcare services in Accra, Ghana is also another important determinant of the healthcare service delivery. Ghana's decentralization policy in most sectors, including the health sector, which decentralizes health service management to local governments, aimed at enhancing healthcare service delivery by bringing the decision-making organ nearer to the local/traditional service areas (Kumi-Kyereme & Amo-Adjei, 2014). However, this decentralization policy in Ghana has several challenges that include; Inadequate funding, lack of coordination and collaboration between healthcare service delivery stakeholders, and limited capacity at the local government level (Awoonor-Williams et al., 2013).

Further, the nature of current practices in implementing the healthcare policies in Accra is characterized by corruption and bureaucratic constraints in institutions. There are different ways through which corruption in healthcare service delivery sector can occur such as misuse and embezzlement of funds and resources, bribery and corruption, and corruption of procurement (Frempong et al., 2018). These issues persistently erode the health care service delivery and cause continuously the existing gaps in the healthcare service access and quality in Ghana.

Innovations and Interventions: Despite these challenges, there have been several innovative approaches and interventions which focus on enhancing healthcare service access and provision in the Accra, Ghana. One of such an intervention is the use of technology to bridge or close the wider existing gap between healthcare service providers and patients in Accra Ghana. For instance, telemedicine has been carried out in Accra as a solution and remedy to offer consultation services and relieve the pressure on the institutions and facilities in the delivery of health care services (Osei et al., 2017).

One of the most beneficial implementations that has been implemented in the healthcare sector is the concept known as the community health and planning services (CHPS). This initiative exist in an effort to expand the coverage of health care through transport of services to the people and the other way round especially in the hard to reach areas (Nyonator et al., 2005). CHPS centres have been established in one area or the other within the Ghanaian society especially in the Greater Accra Region and other parts of the country to improve on primary health care services such as maternal and child health intervention, immunization, and treatment of minor and major ailments (Awoonor-Williams et al., 2013).

In addition, there has been a deliberate and a rising inclination in the use of Trump PPPs in the provision of health care services in Accra-Ghana. PPPs are such partnerships between governmental and non-governmental organizations including the private sector entities/service providers to enhance the physical infrastructure of the healthcare delivery system, enhance access to and delivery of the healthcare services as well as complementary improvement of the general quality of the over healthcare services in Ghana (Mensah & Asamoah, 2017). In Accra, PPPs have been employed in development of new health service delivery structures, sourcing of new and advanced health delivery equipments and enhanced training of health service providers (Agyepong & Adjei, 2008).

2.7 The Impact of COVID-19 on Healthcare Delivery In Ghana

The COVID-19 pandemic has altered the delivery of healthcare services in Accra, Ghana, and other parts of Africa. This has exposed many of the existing weaknesses within the healthcare system including inadequate structures, human resource, and disrupted logistics. Ghana experienced a surge in the number of COVID-19 patients in Accra hospitals which posed immense challenges in the availability of necessary commodities such as PPEs, ventilators, and beds during the outbreak globally (Adams et al., 2020; Annim et al., 2021).

The pandemic also revealed the significance and need for effective, skilled and resilient health care systems in the region and the entire country in dealing with public health crises. To manage the crisis, the government of Ghana did the following measures and interventions; opening isolation centres across the country, Mobile health clinics, Testing and contact tracing and tracking (Quakyi et al., 2021).

Due to the focus on controlling the COVID-19 outbreak there were disruptions to normal healthcare delivery in Ghana as well as other nations across the globe. Immunizations, maternal, and child health disease control, non-communicable diseases treatment, and other services were significantly disrupted during this period (Yeboah et al., 2021). The effects of these disruptions on the delivery of healthcare services in the public health sector in Accra are not yet visible, seen, and evident in the structure and delivery of health care services but it points to the need for policy and

practice that will ensure the development of health care service delivery systems that are strong and resilient enough to cope with future pandemics and other health service sector emergencies.

2.7 Analytical Framework (Stakeholder Theory)

Propounded by R. Edward Freeman in 1984, the Stakeholder Theory is an analytical framework for studying and comprehending the dynamic and interrelated relationships which exists between an organization and its diverse stakeholders. Unlike other traditional models which focus on maximizing shareholder values, the Stakeholder Theory stresses on the importance of balancing the interest and needs of all stakeholders affected by an institutions or organizations action. The study is guided by the stakeholder theory model as suitable to explain the dynamic interactions and outcomes when it comes to the NHIS, NHIS Agency and Agents, The Ghana Government, Pharmaceutical and Healthcare organizations (hospitals, clinics e.t.c).

2.8 The NHIS Stakeholder Analytical Model

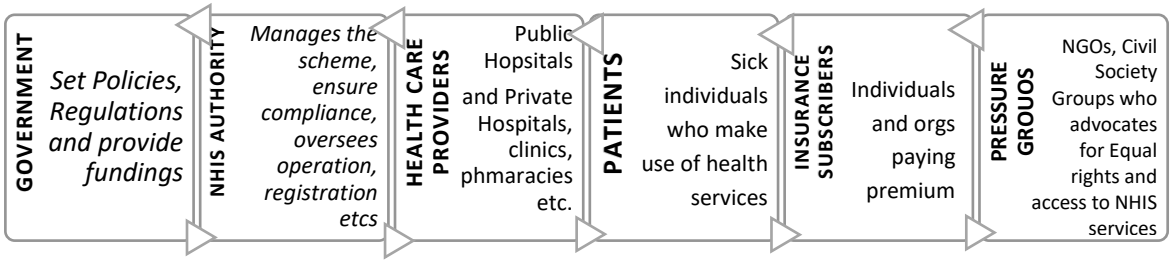

Figure 1: The NHIS Stakeholder Theory Model

Using the stakeholder model, the diagram above shows the mutual relationship that exists among the various stakeholder sin the NHIS initiative. The arrows represent the flow of funds, ideas, and other services from one stakeholder to the other. As indicated above the government formulates policies and regulations for the operation of the NHIS, the NHIS authority is responsible for implementing the policies in connection with the hospitals and clinics to make sure that subscribes patients and organizations whose members are subscribers get medical attention at relatively lower fees while the pressure groups are responsible for advocating for better care and health services to all patients irrespective of their socio-economic or political background. The model posits that the way the NHIS operates is influenced by the above stakeholders though some do have much influence than others. The application of this theory to my topic of research actually revealed the current trends of the NHIS against when it was introduced as revealed by the data gathered.

2.9 Conclusion

Ghana's NHIS has registered remarkable progress in widening health cover and access to health services. It is still plagued by major challenges: low enrolment coverage, financial sustainability, and disparities in access to health services, which can be attributed to flaws in stakeholder management and lack of coordinated interactions. Comparing the NHIA with health insurance schemes of other African countries and globally provides an understanding of the elements contributing to success and

sustainability in health insurance schemes. These are challenges that will require concerted efforts from all stakeholders, including policymakers and healthcare providers, if the NHIS is to achieve the goal of providing equitable access to quality health care.

CHAPTER THREE

METHODS AND METHODOLOGIES

3.0 Preliminary

The focus of this section is to outline the research design used in this thesis with further aspects including; Sample population, sample size, procedures used in sampling as well as methods employed in collecting data. This chapter as well focused on the methods that were employed in conducting this research. It showed the various steps taken to conduct this research in a sequential manner. The primary methods employed in data collection were observation, and interviews. The secondary methods employed in this research work were related literature, journals, articles, data from institutions, books and internet sources. This chapter also explained the methodology for this research, its relevance and limitations.

3.1 Research methodology

The research adopted a qualitative research technique as well as using the stakeholder analytical framework to dissolve and research thoroughly to understand the nature of the problem and propose some viable solutions to the parameters under study. Primary and secondary data was utilized in this study. A period of one week was used for the field data collection and the study used 15 respondents to conduct Key Informant interviews with selected 5 NHIS officers, 5 healthcare workers and 5 NHIS clients/ subscribers.

3.2 Research Design

Research design is usually the blueprint a researcher follows to come up with solutions to issues and guides at all phases of the research. The design of this research employed the use of a flexible qualitative design techniques in all phases of the research process, from the start of data collection to data analyses and interpretation as (Nachamias et al 2004) stress its relevance to qualitative research.

3.3 Study Location

The research is focused on the region of Greater Accra-Ghana, specifically examining the NHIS within public hospitals, with a particular emphasis on Accra Ridge Hospital. This study aims to contribute to existing literature and provide insights into how the NHIS is utilized for accessing healthcare services in public hospitals throughout Ghana.

3.4 Target Population and Sampling Strategy

(Mugenda and Mugenda 1999) describe a population as a "complete group of cases, individuals, or objects sharing specific identifiable characteristics." For this study, the population primarily includes staff from the NHIS and those involved in healthcare delivery. The sampling was done using purposive sampling, targeting individuals who have extensive knowledge of the healthcare

systems in Ghana and the NHIS. Purposive sampling involves selecting participants based on particular attributes that are essential for the study and not easily found elsewhere (Taherdoost, 2016). However due to the limitation of time and resources a sample of 15 respondents were used to represent the target population.

3.5 Conducting the Telephone Interviews

Telephone Survey was the medium through which data was gathered for the dissertation. The objectives of the thesis was made very clear and precis. it was imperative to make the objectives concise and precise because according (Grove at al. 2009) having a well-defined objectives enables the survey to be focused and data collected is relevant to the research questions raised.

The data collection was done through calling respondents and administering the interview questions using the interview guide. The interview guide used open-ended questions to allow respondents express and elaborate their opinions. Each phone call took averagely 10 minutes to be completed. Each respondents was asked questions based on the interview guide. The data was monitored effectively to ensure to ensure quality and data consistency. The telephone survey was done by first introducing myself, obtaining respondent consent and making them aware of the reason behind the interview. Each respondents was informed that participation is totally voluntary and the opting out has no implications. In order to maintain high standards as (Grover et al., 2009) suggested, call monitoring and feedback sessions was employed to maintain high standards. Time was dedicated for clarification where respondent who needs more elaboration on each interview question. The Telephone interviews of each respondent were all recorded and transcribed.

3.6 Data Entry and Cleaning

Data cleaning was done once the data was collected. Each interviewee responses to the survey questions guided by the interview guide was first transcribed and cleaned to removed inconsistencies and other errors. Some of the errors removed where repetitions of answers, mispronunciation of words, numeration errors and other background sounds which were picked up by the record. (Couper, 2008) stress the essence of data cleaning in any research work so as to ensure that accuracy and reliability of survey/interview results are established.

3.7 Data Analysis Techniques and Reporting the Findings

The final step was analysing and reporting of the findings. Data was meticulously analysed and presented. It is stated by (Creswell, 2014) that it is imperative to use effective communicative means to present research finding to target audiences.

The phone call interviews were qualitatively presented by organizing it in line with the study's objectives. Each respondent answers to interview questions as transcribed were presented as such

without any editing except where intangible sentences were identified. Presenting the findings this way offers the researcher the chance to truly capture the opinions of the respondents.

3.8 Validity and Reliability of data and instruments

The validity of data collection tools pertains to how effectively these tools measure what they are intended to measure in research. This concept encompasses two forms of validity: internal and external. To ensure the accuracy and reliability of a study, several steps are undertaken. These include gathering data from trustworthy sources and primarily from respondents who have a thorough understanding of the NHIS policy, its implementation, and its application in accessing healthcare in Accra, Ghana.

Adjustments to the interview guide, whether by adding new questions or removing existing ones, were made based on the supervisors' recommendations during the stage data collection. The validity of the data collection instruments was assessed through expert review, ensuring that the questions covered all aspects of the research questions (Gatara, 2010). The research supervisor carefully reviewed the structured interview guide to evaluate the relevance of the content and identify areas requiring changes to meet the study's objectives effectively, so as to ensure that data collected can be reliable.

3.9 Ethical consideration

These are methods that are mandatory to be followed by the researcher to bind him in carrying out the research before collecting data (Macmillan & Schumacher, 1993). In this study, lots of ethical considerations were observed, respondents consent seeking, originality of work and referencing of sources used in the research. The respondents are assured in the course of data collection that whatever information given out was solely going to be used for research purposes only and as such their responses and identities will be kept confidential..

Responses or opinions were not suggested for the respondents by me. This is to ensure that the responses acquired were solely of the respondents' choosing and are factual representation to the best of the respondents' knowledge and ability.

CHAPTER FOUR (4)

RESEARCH FINDINGS, RESULTS & DISCUSSIONS

4.0 Introduction

This chapter presents the findings of the research and presents detailed discussions on the data obtained from the field in the course of carrying out this research. As it was stated in the research methodology, the findings and field data will be analyzed using thematic/content analysis. The data obtained from the field were purely qualitative and as such qualitative instruments were used for the presentation and discussions of the research findings. It was initially stated this research employed the qualitative research design, as (Bryman, 2004) says this approach is most suited in interrogating the how and why questions of research. It is important highlighting the data collection was informed by a critical analysis of the study's literature and other available data. For the purpose of this, thematic/content analysis guided by the stakeholder theory as analytical framework is used in the data presentation of the findings and for purposes of discussions, the work was segmented into three parts, each part capturing the major themes of the study. The stakeholder theory is deemed appropriate analytical framework as it stress on the importance of capturing, understating and addressing the needs and interest of the NHIS Primary stakeholders, i.e. NHIS Staffs, Healthcare Providers and Patients. Due to the limitation of time and limited resources, Secondary stakeholders of the NHIS, such as Pressure groups and Media is not included in the study.

Part I of the analysis presented the discussions of the field data from the challenges hindering the NHIS from effectively addressing the barriers to effective public health, Part II was on the opportunities that constitute the effectiveness of the NHIS in public hospitals in Ghana, Ridge Hospital in Accra to be precise and Part III also focused on an in-depth analysis of the field data to examine the NHIS attainment of equitable access for all citizens and beyond.

> **Note:** *The interview responses from* **NHIS officials** *is presented as* **NHISR1, NHISR2, NHISR3, NHISR4 and NHISR5,** *the responses from* **Patients** *were presented as* **P1, P2, P3, P4 and P5,** *and finally responses from the* **Healthcare officials or Health workers** *were presented as* **H1, H2, H3, H4, and H5.** *This was to ensure privacy of the responses of the various respondents interviewed while still showing the category.*

4.1 Presentation of findings on objective 1- The challenges hindering the NHIS from effectively addressing the setbacks to effective public health.

This section explored the challenges hindering the NHIS from effectively addressing the barriers to effective public health in Ghana. The study presented the findings based on the responses generated from the field interviews conducted. The responses were transcribed verbatim and

subjected to critical thematic and content analysis. In assessing some of the challenges that hinders the NHIS from achieving and effectively addressing its mandate, the research instrument assessed the understanding of the study respondents on the scheme and its operation. Here are few responses from the field data collection on the operations of the NHIS. The analysis is done through identifying a stakeholder and their interest or influence in the NHIS identified. This approach gives clarity to the analysis.

a) Stakeholder Analysis of NHIS Staff Responses on NHIS Challenges

Stakeholder: NHIS Staffs

Interest/Influence: NHIS effective operation and policy implementations

Challenges Identified: The challenges identified using thematic and content analysis as hindering the NHIS effective operation via interview responses fell on the following thematic categorizations;

i. **Political Interference:** As a democratic state, Ghana undergoes constant change of governments every four years through a free and fair electoral system and as a stakeholder of the NHIS scheme different governments have different plans and polices for how the NHIS should be operated and this often causes setbacks which weigh down the effectiveness of the NHIS operation. There are instances where incoming governments will shuffle NHIS workers or bring in their own party supporters who are often inexperienced in NHIS operations and duties to assume duties of more experienced workers. This is captured in the response of one NHIS Staffs who when ask what causes the NHIS to be ineffective said;

> **NHISR1:** "*The scheme works but not like before because whenever there's a change of government, there are new policies the new government tries to implement. This causes a shift in already existing policies like the NHIS and does not make it serve it purpose".* **Source; Field survey, 2024.**

This situation in the lens of stakeholder theory is stakeholder conflict of interest. Hence for the scheme to be free from political misconducts which causes it to be ineffective, successive governments should all come to an agreement where each party leave its own selfish interest within the scheme aside and allow the NHIA and NHIS to function and operate based on its stipulated mandates.

ii. **Mismanagement of funds:** Corruption and misappropriation of public funds is a common issue which often goes on in public organizations. This issues do not only affect the integrity of public organization but forestall effective operations and its it identified as one of the key factors hindering the effective operation of the Scheme. A staff of the NHIS when interviewed stated;

> **NHISR2:** ***"****I have been working for the National Health Insurance authority for so many years and I can tell the difference between how the scheme functions now and when it was initially implemented. Previously, the funds were allocated to the sectors involved in the functioning of the scheme directly by the ministry of health. For example the regional medical stores (RMS) always receive payment for drugs and medical tools without it going through the hands of directors. But currently funds are issued to the NHIA and the directors use them for their personal investments like Government Bonds and Treasury Bills. So until they gain from the investments, funds will not be released for the actual purpose it needs to serve".* **Source; Field survey, 2024**.

The NHIA as a stakeholder of the NHIS is mandated to ensure equal; and just distribution of resources to enable the various regional and district as well as local branches of the NHIA to operate effectively, however the issues of misappropriation of public funds which was identified as one of its key challenge limiting the scheme effectiveness do not only affect the district and local branches but other stakeholders of the scheme like patients and healthcare providers.

iii. **Administrative Inefficiencies:** Stakeholder interviews also revealed that the NHIS ineffectiveness stems from some administrative inefficiencies notable due to the issues of information technology. Stable internet connections, digital tools, updated software are issues that staffs of the NHIS faces. It is captured in the response of

> **NHISR5:**: *"The software programmed for registration and records keeping for the NHIS is not updated on time. We complain for almost half of a year before the directors in charge will give attention. Even with that, it can also take months to get the correct IT tools. This causes a jam in registrations and renewals of the scheme all the time".*

Government as a stakeholder of the NHIS is responsible for making funds and logistics available to the NHIA so it can be distributed to all sectors of the NHIA. But the delay in the procurements of this logistics could be attributed the misappropriation of funds which is captured by respondent 2. The delay in IT solutions could also be related to political interference which often bring in inexperience personal to take over jobs they can't truly perform in. This shows how the behaviour or action of one stakeholder affects the other.

The challenges raised in *i. ii. and iii.* all can be managed through what is termed Stakeholder ethical management to allow transparency and accountability in the political system and the entire governing body of the country and other sectors including the NHIA.

b) Stakeholder Analysis of Healthcare Providers Responses on NHIS Challenges

Stakeholder: Healthcare Providers

Interest/Influence: To Provide Effective and Equitable Healthcare to All

Challenges Identified: Content Analysis of the responses form Healthcare providers in Ridge Hospital, Accra revealed the following challenges;

i. **Delay in reimbursements:** Healthcare providers have complained about the delay in getting refunded from governments as one of the key challenge which causes the NHIS to become very ineffective in providing equitable and free healthcare for subscribers. This was stressed by a nurse who said;

> **H1:** *"Funding is a problem because the governments delays in reimbursing various accredited healthcare facilities which makes most healthcare providers inefficient in providing good service to healthcare seeking NHIS subscribers. Some hospitals and pharmacies have opted out of the Insurance Scheme services because of unsettled debts by the government.* **Source; Field survey, 2024.**

Government of Ghana is the financial hand among the NHIS stakeholders, and its inability to fast track reimbursement do not only affect the operations of healthcare providers but by extension limits the chance of patients getting access to equitable and good healthcare services.

ii. **Partial Insurance Coverage:** It was also revealed from stakeholder interviews that, the NHIS does not offer full health care coverage but basic healthcare, which covers just rudimentary drugs used in very minor ailments and patients still have to pay for some basic health services and drugs. An administrative staff of the Ridge hospital when interviewed stated that;

> **H2:** *"The scheme is functioning but it is not replacing the cash and carry system of payment at the point of receiving healthcare. I am saying this because before a patient will get a hospital card, he/she has to pay for some amount of the cost of the card. Again, except for first aid drugs like paracetamol and the others, one is supposed to pay for the cost of any other drug or service during treatment".* **Source; Field survey, 2024.**

The issue of lack of full coverage of the NHIS is both an issue of a policy flaw and inadequate funding from the government as its stakeholder.

iii. **Financial Unsustainability:** The inconsistency of securing adequate funds to run the operations of the NHIS is a major setback to its effectiveness. Financial inadequacy is highlighted through all stakeholder interviews as being a major challenge to the schemes successful operation. As a staff who operates in the Ridge Hospital Pharmaceutical Department lamented;

> **H3:** *"Budget allocated for the scheme does not meet the expenses of it. For example, the drugs and other medical equipment issued by the regional medical stores (RMS) are higher in price and do not meet the prices issued by the NHIA. Here, patients under the NHIS are forced to pay for the additional costs during treatment. And these same NHIA do not agree with us (healthcare providers) to take the additional costs of expenses from the patients".* **Source; Field survey, 2024.**

Finance is the life blood of every business and it is needed by every institution to function and operate successfully. The failure of government as a major stakeholder of the NHIS to provide adequate funds to be able to meet the scheme needs is not only burdening patients with paying extra healthcare fees but causing issues of inadequate logistic procurements to support healthcare provider operations.

iv. **Fraud and Misconducts:** Financial misconducts such as misappropriation of public funds and fraudulent conducts are very common in public organizations, especially developing countries. It was revealed by concerned staff at the Ridge Hospital, who stated that;

> **H4:** *"The NHIS staffs at the out patients department (OPD) inflate the claims and pocket the additional costs of registration fees when they realize the patient is new in the hospital. They submit fake claims to the NHIA in the name of the hospital which strains the system".* **Source; Field survey, 2024.**

A renowned TV station in Ghana CITI TV, reported that according to the Commissioner of Insurance about 25% of all insurance claims in Ghana are fraudulent (https://citinewsroom.com).

v. **Inadequate Infrastructure and Misinformation:** The issues of infrastructure inadequacy and limited logistics is a major concern that is bothering a lot of health facilities in Ghana. Limited space, beds, medical supplies, drugs etc are some of the problems which healthcare facilities faces making it impossible for them to offer efficient and free services to healthcare seeking patients especially those under the NHIS. A Senior official in the hospital reiterated that;

> **H5:** *"Since Accra is overpopulated and the NHIS is known for free primary healthcare delivery in service, a lot of people are registered on it and access it but there are few infrastructure which do not meet the high demand of services. At least facilities can be created specifically for the NHIS patients as at now because lots of complains have been made to the authorities concerning such issues. Also, the delays in claims and reimbursement causes shortage in drugs supply as well as less attention in the delivery of healthcare services to patients under the scheme. Thus, subscribers to the scheme ae made known that any service delivered to them is totally free without being educated on how the scheme works, what it covers and even how to seek equitable healthcare. This situation is always causing conflict between we the healthcare providers, patients and the National Health Insurance Authority. Because the actual functioning process of the scheme is not revealed to the subscribers".*

Accra being the capital city is facing the challenge of overpopulation putting a lot of stress on limited public amenities. This issues demands constructive stakeholder engagement and coalition, between secondary stakeholders like the media and pressure groups, the general public and NHIS to put pressure on any successive governments to provide logistics and infrastructure to enable the scheme function effectively.

c) Stakeholder Analysis of Patients Responses on NHIS Challenges

Stakeholder: Patients/NHIS Subscribers

Interest/Influence: To Get Equitable Access to Free Quality Healthcare

Challenges Identified: Content Analysis of the responses form selected patients in Ridge Hospital, Accra revealed the following challenges;

i. **Poor Service Delivery:** The mandate of the NHIS is to provide equitable healthcare to all irrespective of their social status. It is however unfortunate that in most cases subscribers are not treated with professionalism; patients have recounted being treated with neglect during the NHIS registration point and during healthcare seeking at hospitals. A patient said;

> **P1:** *"I hardly use my NHIS card because the health professionals will not attend to you .You can be delayed in the hospital for hours if they realize you are here with NHIS card. Even during registration of the NHIS, we had to go and come back because they were short of ID cards yet we waited for so long before they informed us to leave and come back later. Again they will tell you there no drugs and u will have to go out to buy them when prescribed. The scheme does not cover even urine test in the labs. So I always pay the full amount of every expenses so that I'm not delayed".*

The issue of the partiality in insurance coverage has been captured by health providers response themselves. And logistical issues and lack of funds are solely responsible for some of the delays in offering professional services to patients as one of the primary stakeholder of the NHIS. Again. Issue such as this needs immediate pulling of resources, could be through stakeholder engagement and stakeholder coalition where efforts can be made to pressure government to Procure gadgets and make funds available on time.

ii. **Misinformation and Distrust:** There is misinformation and distrust between the patients, the caregivers or healthcare providers and the NHIS. This is evident in patient response presented below;

> **P3:** *"I don't know if it's the government that is deceiving us (subscribers) or it's the health care providers who are not doing the jobs well. I am saying this because it was recently announced that the NHIS covers all expenses and surgery for hernia but I am in the same condition now and I have to pay for every cost of treatment. I questioned the health care professionals and they said the government has not yet funded the course for implementation."* **Source; field survey, 2024.**

The NHIS announces plans to cover some key areas of healthcare which are mostly theoretical and are not yet in actual implementation or practice. This causes mistrust mostly when patients go to healthcare facilities to seek care for some services which are supposed to be covered under the scheme, however to their dismay is not covered and they have to pay for the services offered them which are sometimes huge causes them to have distrust for the scheme and the caregiving

organizations. This distrust as well can be attributed to lack of information or public education on how the NHIS works and key areas it covers.

iii. **Inadequate Logistics and Drugs:** Stakeholder Mapping as presented in the Stakeholder framework in chapter two already revealed the various functions of each stakeholder in managing the NHIS to be effective. The Government is responsible for making such that funds and logistics are made available. A patient was ask why the she thinks the NHIS is not efficient; and she said;

> **P4:** *"I blame the government, when we go for registration if not network, no cards, or machine is spoilt and you get you card and go to hospital no drugs , you have to take a prescription and go out and buy yet this drug in the past was given for free"* **Source; field survey, 2024.**

The issue of drugs and logistics inadequacy has been lamented by several respondents as a major cause of the NHIS ineffectiveness. It is therefore ideal that pooling together a stakeholder coalition can be a powerful means whereby patients and NHIS staff and media can pressure government to give the NHIS the needed attention. Secondary stakeholder like pressure groups and the media can organize a stakeholder engagement and a dialogue held. This will enable them to amass enough stakeholder power to pressure the government to put in place the necessary resources need to address the NHIS challenges and propel its effectiveness in ensuring free equitable healthcare for all citizens.

4.2 Presentation of finding on objective 2- The opportunities that constitute the effectiveness of the NHIS in public hospitals in Greater Accra, Ghana.

This section presents the study findings on objective 2, which aims to assess the opportunities and factors that constitute the effectiveness of the NHIS in public hospitals in Greater Accra region, Ghana. In assessing the opportunities and effectiveness of the NHIS, the data from the interview responses were transcribed and presented verbatim and subject to thematic and content analysis to discuss the findings and provide insights to the data guide by the stakeholder theory as analytical framework. As organized above, each stakeholder will be identified, their interest in the scheme stated and in their opinions what opportunities and factors constitute the NHIS effectiveness. To assess this, the research instrument was designed to ask respondents opinions on; opportunities there for citizens or beneficiaries enrolled on the scheme.

Stakeholder Analysis of NHIS Stakeholders Responses on NHIS Opportunities

Stakeholder: NHIA Staffs, HealthCare providers and Patients/Subscribers

Interest/Influence:

NHIA Staff-NHIS effective operation and policy implementations,

Healthcare Providers- To Provide Effective and Equitable Healthcare to All and

Patients-To Get Equitable Access to Free Quality Healthcare.

Opportunities Identified: This section presents all stakeholder responses since thematic analysis of all interview response of each stakeholder fell into two thematic categorizations;

i. **Free and Equitable Healthcare:** The core mandate of the NHIS is to provide its subscribers with equitable free healthcare especially for the socially underprivileged Ghanaian citizens. In this regard, the following were what interviewed stakeholders stated;

> **NHISR2:** *"The quality of care provided to citizens enrolled in the NHIS has improved significantly since its inception in 2003. The NHIS has helped to reduce the financial burden on patients, which has led to increased access to healthcare services. Additionally, the NHIS has helped to improve health outcomes by providing preventive care and promoting early detection and treatment of diseases."* **Source; Field survey, 2024.**
>
> **NHISR4:** *"It provides financial access to quality healthcare. It gives citizens enrolled on the NHIS free health care like maternity health care. For citizens on the scheme, they can access healthcare in any public or private health facility that is enrolled on the scheme."* **Source; Field survey, 2024.**

ii. **Increased Access to Health care:** To further assess or interrogate the opportunities available for member subscribed onto the NHIS, the study delved deeply into the quality of care given members enrolled on the NHIS. NHIA staff interview revealed that there has been an increase enrollment, which translate to the fact that there is an increased access to healthcare services. This is captured in the stakeholder interviews responses stated below;

> **NHISR3:** *"Over the past 21 years, NHIS has been able to cater for the healthcare needs of many citizens and non-citizens. It has a coverage of about 40.2% of the entire Ghanaian population and also one of the major interventions in the healthcare sector that has helped the vulnerable or the poor to be able to access healthcare."* **Source; Field Survey, 2024.**
>
> **H4:***"The NHIS has transformed healthcare delivery in Ghana since its enactment in 2003 by expanding access to healthcare services, reducing out-of-pocket healthcare expenses, and improving health outcomes. The NHIS has also helped to reduce the financial burden on patients, which has led to increased access to healthcare services. Additionally, the NHIS has helped to improve health outcomes by providing preventive care and promoting early detection and treatment of diseases."* **Source; Field Survey, 2024.**
>
> **P1:***"Before I had NHIS card, I paid for OPD service and consultation services and bought minor drugs. But after getting it I paid nothing."* **Source; Field Survey, 2024.**

This statements from the various stakeholder reiterates the benefits of the scheme in serving as a financial cover, insurance or easing the financial burden of beneficiaries in accessing quality and equitable healthcare in the various care-giving facilities in the study area; Greater Accra of Ghana. The respondent further explained that the scheme provides free healthcare like maternity healthcare which is seen or considered a very important and essential component of healthcare

delivery, as is stated in the SDG goal 3; to ensure healthy lives and promote well-being for all at all ages. As part of this SDG is to reduce maternal mortality to less than 70 per 100, 000 births. Additionally, before the SDGs, this component was captured under the MDG 5, target 5A; aimed at a 75% reduction in the global maternal mortality ratio (MMR), and 5B also aimed to achieve universal access to reproductive health. This emphasizes the importance of maternal healthcare. And based on the statement above, the beneficiaries can as well access healthcare in any given facility for free either public or private healthcare delivery or caregiving facility that is enrolled on the NHIS.

From the statement above, it is imperative and indicatively evident that the scheme provides or gives diversified healthcare services for all of its beneficiaries or members who are enrolled on the scheme. The respondent indicated that the scheme has expanded access to healthcare services in the underserved areas. Underserved areas are usually considered the poor or rural areas where healthcare delivery is still in shambles. However, with the introduction and inception of the NHIS, healthcare has been expanded to cover these areas.

Evidently, the NHIS has helped reduced out of pocket expenses for healthcare and has also led to improved healthcare outcomes for its beneficiaries. This showed that, the NHIS has helped its members to reduce the amount of money they spend to access healthcare in the country in the caregiving or healthcare institutions in the country. Additionally, it has further led to the improvement of the overall health outcomes for the beneficiaries or the members enrolled on the scheme.

4.3 Presentation of finding on objective 3- Examine the NHIS attainment of equitable access for all citizens.

This section presents the study findings on the third and final objective of the study. The objective sought to investigate and thoroughly examine the NHIS attainment of its mandate, thus; equitable health care access for all citizens.

Stakeholder Analysis of NHIS Stakeholder Responses on NHIS Opportunities

Stakeholder: NHIA Staffs, HealthCare providers and Patients/Subscribers

Interest/Influence:

NHIA Staff-NHIS effective operation and policy implementations,

Healthcare Providers- To Provide Effective and Equitable Healthcare to All and

Patients-To Get Equitable Access to Free Quality Healthcare.

Factors which promotes equitable health care access to all citizens: This section presents all stakeholder responses as to what they think of the NHIS enabling equitable access for all citizens. To assess this objective, respondents were asked; "Has the NHIS achieved its mandate of

providing equitable access to healthcare for all citizens? Explain your answer". Thematic analysis of all interview response of each stakeholder fell into two thematic categorizations;

i. **Non-discriminatory Accessibility to HealthCare for all:** the scheme has presented an open opportunity without discrimination to all citizens to be able to enroll in the scheme. Thus is captured in some of the responses of the stakeholders as stated below;

> **NHISR3:** *"Yes, the NHIS has been accessible to most of the populace, indigenes and visitors all over the country. The scheme hasn't discriminated against any group or section of people. There are NHIS offices and we have our offices all over the country in all the 16 regions and 270+ metropolitans, municipal, and districts across the country."* **Source; Field survey, 2024.**
>
> **NHISR1:** *"The National Health Insurance Scheme (NHIS) has made significant progress in providing equitable access to healthcare for all citizens in Ghana. However, there are still challenges and limitations that prevent it from fully achieving its mandate. For example, there are disparities in access to between urban and rural areas, as well as between different socioeconomic groups. Additionally, there are issues with the quality of care provided under the NHIS, which can vary depending on the healthcare facility and the specific services provided. Overall, while the NHIS has made important strides in promoting equitable access to healthcare, there is still much work to be done in order to fully realize this goal."* **Field survey, 2024.**

The responses above indicated that the NHIS has achieved accessibility or it is an open scheme that is open to the entire populace including visitors all over the country. The scheme doesn't discriminate against any group or section of the population. There are additionally offices of the NHIS for registration of members all over the country at various regional and MMDAs level. This shows the scheme is indeed widespread and is open to the entire Ghanaian population.

The scheme has attained a wider coverage over the period of its introduction, formerly the responses indicated that the scheme covers about 40.2% of the Ghanaian population. The coverage of the NHIS is approximately 13 million Ghanaians and that accounts for about half of the country's entire population. The response further showed that, the scheme has not fully achieved its mandate as it is hindered upon by some challenges. However the disparities between the quality of care between urban and rural areas as well as the different socioeconomic groups is another issue that still hinders or prevents the NHIS from fully realizing its mandate as captured in NHISR1 response.

Also a response from another stakeholder, a healthcare provider in Ridge hospital stated that;

> **H3:** *"The current state of the NHIS in achieving equitable healthcare for all citizens in Ghana is complex and multifaceted. However, there are still some challenges and limitations that the NHIS experiences in its quest to perform the above function of improving the equitable accessibility of health care services. For example, health care facilities are more advanced in metropolitan areas and in the developed world than in the agrarian areas and the third world countries. Also, there is quality of care under NHIS which may vary according to the health facility type*

and the type of services provided. In conclusion, therefore, while the NHIS has brought about a shift in the right direction in terms of equitability in access to health care, still, there is the need to go further in positive improvement." **Source; Field survey, 2024.**

The statement above is on the current state of the NHIS in achieving equitable healthcare for all citizens which reiterates the complexity of the issue. It showed that the NHIS has made important waves in promoting equitable access to healthcare but is still faced with multiple challenges and limitations. The disparities still exist in the quality of care given between the caregiving facilities in the urban and rural areas. The facility delivering the healthcare services and the difference in socio-economic groups. For instance, for people of higher economic standing they can access better quality healthcare services compared to those of lower economic standing. For the NHIS to achieve equitable and quality healthcare services for all, there is still a lot that has to be done to this effect.

Another respondent added;

ii. **Affordable Subscription:** Subscribing to the National Health insurance is very affordable, so as to enable poor citizens enroll without any challenge. The responses below shows how the NHIS has made strides in offering equitable healthcare access through low pricing of subscriptions.

> **NHISR2:** "*It is very affordable for everyone, irrespective of how poor you are, you can easily subscribe through your phone because of the digitization of the enrolment process".* **Source; Field survey, 2024.**
>
> **H1:** *The NHIS when it was introduced made very cheap to allow everyone to register, whether you are rich or poor you will be able to afford the subscription fee".* **Source; Field survey, 2024.**
>
> **P4:** "*I have enrolled in the NHIS, I am a petty trader, don't make much money, but I have been able to enroll into the NHIS because is not costly to register*". **Source; Field survey, 2024.**

The responses above are evidences to show that the government as a stakeholder has put in place financial burden absorption strategies' which covers almost 90% of subscription fees making it easy for citizens to enroll on the scheme.

4.4 Rating the NHIS Performance

Respondents, were also ask during interview sessions to rate the performance of the NHIS and the following are responses recorded.

Additionally, another respondent indicated that;

> *"1/10 because we the beneficiaries or those of us enrolled on the scheme do not have access to quality healthcare like those who access healthcare using the cash and carry or pay as you go services."* **P4, Source; Field survey, 2024.**

The patient indicated in the statement above that the quality of healthcare delivered by the NHIS to its members or beneficiaries is rated 1/10 meaning the care given is not even average. The response further elaborated that the beneficiaries enrolled on the scheme do not have access to quality healthcare like those who access healthcare using the cash and carry or pay as you go services. This indicatively can mean that the quality of care given is good but it is however not as good when compared with the quality of care given patients who pay for their healthcare service or needs.

Another respondent said;

> *"Over the past 21 years, NHIS has been able to cater for the healthcare needs of many citizens and non-citizens. It has a coverage of about 40.2% of the entire Ghanaian population and also one of the major interventions in the healthcare sector that has helped the vulnerable or the poor to be able to access healthcare So I will rate it 8 out of 10".* **NHIS R2, Source; Field Survey, 2024.**

The statement above shows that the NHIS has a wider coverage and covers about 40.2% of the entire Ghanaian population. It is considered the major healthcare intervention in the country since independence. It is a scheme that has helped the poor, and the vulnerable to be able to access quality healthcare services Greater Accra. The reason behind the high rating the by NHIS staff.

Additionally, another respondent indicated;

> *"The NHIS has transformed healthcare delivery in Ghana since its enactment in 2003 by expanding access to healthcare services, reducing out-of-pocket healthcare expenses, and improving health outcomes. The NHIS could have helped reduce the financial burden on patients, if it was functioning effectively as it should. I will therefore rate it a 5"* **H4, Source; Field Survey, 2024.**

The respondents above is a nurse in Ridge hospital who gives the NHIS average rating because in her opinion the NHIS could do better.

4.6 Chapter Conclusion

Despite the fact that there had been improvements in the NHIS and access to equitable healthcare, findings have revealed that; there are some challenges and some areas that requires improvement. These areas include; access to specialized healthcare services and also improvement in the quality of care given in some regions. Indicatively, this showed that, the quality of care given in the Greater Accra region which happens to be the capital city is relatively better compared to the quality of care given in other areas, regions or facilities. This showed that access to some specialized healthcare services is concentrated in the urban, peri-urban areas and in the bigger health facilities compared to the smaller health facilities such as polyclinics, CHPS compounds are other facilities providing care at the rural settings in the country. This is in line with the research in Asante & Zwi, (2009) and the Ghana Health Service, (2018); while urban areas such as Accra and Kumasi have a relatively high concentration of healthcare facilities and professionals, rural areas, particularly in

the northern regions, have limited access to healthcare services (Asante & Zwi, 2009). This disparity is reflected in health outcomes, with rural areas having higher rates of maternal and child mortality, lower immunization coverage, and higher prevalence of diseases such as malaria (Ghana Health Service, 2018). This showed that despite the opportunities available for beneficiaries on the scheme, some services are more concentrated in some areas specifically in urban and larger healthcare delivery facilities.

In conclusion, the study assessed the challenges hindering the NHIS from effectively addressing the barriers to effective public health, which revealed that; political interference, mismanagement of funds, administrative inefficiency, delay in reimbursement, partial insurance scheme coverage, financial unsustainability, fraud and misconducts, inadequate infrastructural and logistics, misinformation, among others as some of the challenges hindering the scheme effective public health provisions.

The study also looked at the opportunities and factors that constitute the effectiveness of the NHIS in public hospitals in Greater Accra, Ghana and to examine the NHIS attainment of equitable access for all citizens. Finding revealed low subscription rates, health access improvements as some of the opportunities of the NHIS.

It is essential that the above challenges raised in the findings be solved and efforts be made to further the prospects that the NHIS have registered so at to keep it function effectively. Making use of stakeholder organizational tools, such as stakeholder coalition which refers to stakeholders pooling resources together to work towards a common goal and constant stakeholder engagements which allows discriminatory stakeholder dialogues in all affairs of the NHIS can go a long way to foster its prospects and reduce the ongoing ineffectiveness. This will allow each stakeholder to register their interest and through stakeholder salience, Government and other superiors within the NHIS organizational framework can prioritize the needs and interest of NHIS staffs, Healthcare providers and patients. In so doing subsequent efforts can be made to ensure that each interest is met.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.0 Chapter introduction

This section presents the summary of key findings of the study based on the study objectives, provides a brief and comprehensive study conclusion as well as give policy recommendations and recommendations to the management of NHIS and other key stakeholders in the study area.

5.1 Summary of findings

To summarize the study findings the findings are presented in three (3) parts based on the study's objectives. Part one, representing objective one: challenges hindering the NHIS from effectively addressing the barriers to effective public health, Part two, representing the opportunities and factors that constitute the ineffectiveness of the NHIS in public hospitals in Greater Accra, Ghana and Part three (3) to examine the NHIS attainment of equitable access for all citizens.

5.1.1. Summary of key findings on the challenges faced by the NHIS in achieving its mandate

From the study's first objective came out with the following findings; the challenges faced by the NHIS in achieving its mandate is itemized below:

Some key challenges identified from the field data include; funding issues, political interference, misinformation and mistrust, delays in the payment of claims by the government to the caregiving organizations, network challenges faced in delivering on the mandate of the NHIS which emanates from digitalization and modern operations, limited monitoring and evaluation of the schemes processes and administrative inefficiencies of both the NHIS and the caregiving organizations or the healthcare delivery institutions.

5.1.2 Summary of key findings on objective 2: Opportunities that constitute the effectiveness of the NHIS in Public hospitals in Greater Accra, Ghana.

From the data collected in the course of the study, here are the key findings related to the second study theme or objective;

The NHIS provides equitable access to its members or beneficiaries enrolled on the scheme. Also, the scheme provides free healthcare like maternity healthcare which is seen or considered a very important and essential component of healthcare delivery. It is worth noting that the NHIS as at the time of the research has now a wider coverage and covers about 40.2% of the entire Ghanaian population. It is considered the major healthcare intervention in the country since independence. It is a scheme that has helped the poor, and the vulnerable to be able to access quality healthcare services Greater Accra.

Some of the specific benefits of the NHIS are; Out-patience services (OPD), General and specialist consultation, Laboratory tests, X-rays, Ultra-sounds, Scanning for general and Specialist out-patient services, In-patient services (IPD); general and specialist inpatient care.

5.1.3 Summary of key findings on objective 3- Examine the NHIS attainment of equitable access for all citizens.

The scheme doesn't discriminate against any group or section of the population. The scheme is open and accessible to every citizen of Ghana as well as non-citizens who are visitors in the country.

The responses above in chapter four are indicative or indicated that the scheme is yet to be perfected and it is evident that currently there are numerous challenges the NHIS faces in attempts to provide quality healthcare for all.

The scheme has helped managed chronic diseases, provided preventive care, but its operations are still limited by some challenges, the quality of care varies from the care giving organization as some facilities tend to give or deliver quality healthcare compared to others. For instance, healthcare delivery organizations in the urban areas are quite better relatively compared to the services of the rural caregiving facilities. However, the scheme has provided equitable and quality healthcare access to all of the citizens of Ghana irrespective of their location. The scheme has also reduced out of pocket expenses on health services helping the beneficiaries to save more and also divert funds that would have been otherwise used for healthcare and treatment to other household or domestic duties.

There are however some key factors that contribute to the ineffectiveness of the NHIS in public hospitals in Greater Accra, Ghana. They include; Inadequate funding of the scheme by the government, limited access to certain healthcare services, as literature illustrated that some healthcare services are not covered under the NHIS program. Another factor leading to this ineffectiveness is the administrative inefficiencies that stems either from the NHIS administration or the administration of the healthcare facilities that are enrolled on the scheme. The administrative ineffectiveness includes the delayed payments of the claims and delayed reimbursement of the caregiving facilities.

5.2 Conclusion

This study analysed the ineffectiveness of the NHIS in Ghana, using the Ridge Hospital in Accra as a case study through the lens of the Stakeholder theory as its analytical framework. Through identifying and accessing the roles, influences, interest and shortfalls of various NHIS stakeholders, including healthcare providers, patients, government agencies, insurance administrators among

others, this research has highlighted a number of critical insights based on the following research questions;

i. What are the challenges hindering the NHIS from effectively addressing the barriers to effective public healthcare?
ii. What opportunities constitute effectiveness of the NHIS in public hospitals in Greater Accra, Ghana?
iii. How does the NHIS achieve equitable access for all citizens?

First and foremost, the main research question sought to find out the challenges hindering the NHIS from effectively addressing the barriers to effective public healthcare. Analysis of data gathered have revealed that the implementation of the NHIS has indeed improved the access of healthcare services for many Ghanaian, more particularly the poor citizens. However, the NHIS is challenged by administrative inefficiencies, stakeholders conflict of interests, financial constraints etc. The findings revealed that, hitherto the NHIS made significant contribution in reducing out-of-pocket expenses for insured patients seeking medical care, issues such of lack of drugs, delay in reimbursing Healthcare providers and insufficient funding of NHIS agencies and poor networking issues, political interferences and corruptions are the barriers limiting the NHIS sustainability in offering effective public healthcare.

Secondly, the subsequent research question is to find out 'What opportunities constitute the effectiveness of the NHIS in public hospitals in Greater, Ghana?' It was revealed that the NHIS introduction has offered some opportunities to Ghanaian citizens in general, notably the NHIS has given Ghanaians *Access to free and equitable healthcare* as well *as increased access to healthcare services* which before its introductions was a challenge due to financial limitations. Analysing stakeholder responses also revealed that, the effectiveness of the NHIS is largely dependent on collaborative efforts and interest alignment by all parties involved. Government must procure medical gadgets, drugs and other tools as well as ensure timely funding and policy support, healthcare providers including pharmacies must maintain high standards of services delivery and ethics. However the findings revealed that there is no efficient collaboration among these stakeholders and the hospitals serves "fee-paying" patients much better and more professionally than patients who sought medical care through the NHIS

Also not all ailments are covered under the NHIS, making it difficult for poor subscribers to receive adequate care in hospitals. Addressing this issues will require strict policy enforcements and extending the insurance coverage to many common chronic diseases currently not covered under the scheme and patients should also be adequately sensitized about their entitlements and

responsibilities under the scheme which will enable them demand for their health insurance benefits under the scheme.

Finally, the third research question was to determine 'how the NHIS achieve equitable access for all citizens?' findings revealed that there are flaws when it comes to equitable health care access under the scheme. However the scheme has been able to some extent facilitate poor subscribers access to some medical services which hitherto they will have been denied services if they don't pay medical fees. This to some extent have levelled the playing field for both fee-paying patients and non-fee paying NHIS subscribers in Ghana, because there is still some degree of bias when non-fee paying subscribers visit the hospital for healthcare services.

In conclusion, while the NHIS have notably achieved some progress, it is also marred by financial, logistics and administrative challenges. For it to function effectively and sustainably for a long time, it will require holistic and coordinated efforts from all stakeholders NHIS Agency, patients and healthcare providers especially proper digitisation and network stability,. As (Fisher A.M 2016) emphasizes, employing universalistic or holistic approaches which encompasses human, economic and social rights are ideal in social policy planning. His assertion highlights the need for the Ghanaian government to use holistic approaches in structuring the NHIS in Ghana where health policies can be integrated in fiscal and social policy planning safeguarded by strict policy enforcements to foster the NHIS effectiveness.

5.3 Recommendations

Development Scholars, such as Fisher A.M have highlighted the need to inculcate universalistic approaches in socio-economic policy development and other development agandas. As (Fsher M.A 2012) argues, inequalities in societies are likely to be addressed if universalistic principles are employed in developmental agenda planning. He also avowed that maintaining a politicized discourse around social issues is paramount in fostering achieving equitable access to socio-economic projects. The NHIS evolution has constantly been a political agenda before its inception until it was established yet off late political discourses within the country on the current setbacks of the NHIS is rarely discussed, which is also a contributory factor to the schemes current flaws.

Based on the findings of the study, the following are recommendations are proposed by the researcher;

- To ensure the funding for the NHIS is frequent and comes timely and that claims that are due the caregiving facilities are paid on time.
- The government of Ghana should expand the scheme to cover specialized care and treatment for chronic illnesses that are not covered by the scheme.

- Structures should be put in place to ensure the operational efficiencies of the NHIS scheme.
- Corruption and management inefficiencies should be checked in both the care giving organizations and the service provider or the NHIS management through frequent monitoring and evaluation.
- More studies should be carried out especially on the gender disparities in the enrolment and service of the scheme to males and females and also a regional or rural-urban study on the enrolment and efficiencies of the scheme.
- Another key take away from this study is that, there should be continuous stakeholder engagement and feedback systems to address current and emerging challenges of the scheme so as to improve its effectiveness.

5.4 Stakeholder Theory Organizational Management Tools

Stakeholder theory offers a wide range of organizational stakeholder and project management tools. The researcher also recommends the following stakeholder organizational tools which are ideal for effectively managing the NHIS and various parties involve to ensure the Scheme success in equitable, non-discriminatory holistic healthcare provision.

a. **Stakeholder Mapping:** This refers to a visual representation of roles, relationships and importance of various stakeholders to an organization or a project such as the NHIS Scheme. This is essential as it helps in identifying and prioritizing key stakeholders. This can be applied in the NHIS to vividly show all the responsibilities expected of each stakeholder both primary and secondary.
b. **Stakeholder Analysis:** This is the process of examining or assessing the interest, influence, and impacts primary and secondary stakeholders of a project or organization have. This is essential in NHIS effective management so as to bring about clarity of stakeholders involve and to make provision to satisfy those interest and needs.
c. **Stakeholder Interest:** This refers to the specific needs, concerns and goals that stakeholders aims to achieve in a project or in an organization. Each stakeholder of the NHIS has different interest, patient interest is to get equitable access to free quality healthcare, NHIS staff is to implement NHIS policy and run the scheme successfully, Government interest to ensure funds awarded are used for its intended purposes and healthcare providers interest is to offer quality health care to patients.
d. **Stakeholder Power:** This is the capacity or ability of stakeholders to influence a project outcomes or organizational decisions and actions. Every stakeholder has power, though

some have much more power than others. Patients as stakeholders of the NHIS can form coalitions with others to expand their power and fight for their interest.

e. **Stakeholder Engagement:** This is a process where stakeholders are involved in decisions-making, communication and feedback concerning organizational or project objectives. This process allows all stakeholders to register their concerns. There is hardly any stakeholder engagement between Healthcare providers, patients and NHIS. It makes it hard for patients to register their displeasure, which is one flaw of the NHIS programme.
f. **Stakeholder Dialogue:** This is a situation where an open and constructive communication is held among stakeholders. This is key in project management as it ensures concerns of each stakeholders are raised and appropriate measures can be put in place to solve them. Most challenges in the NHIS could be solved if constant stakeholder dialogue is held where each stakeholder can voice its concerns.
g. **Stakeholder Coalitions:** This refers to an alliance that is formed between various stakeholder groups to advance a common interest or find solutions to shared concerns. This is very vital in helping stakeholder amass enough power to advance their interest in a Programme like the NHIS.
h. **Stakeholder Salience:** This is a situation whereby priority is giving to competing stakeholder claims by organizational or project managers. There are often situation where interest of subordinate stakeholders are not given priority because it conflicts with the interest of top managers. Stakeholder Salience is therefore a valuable tool in effective management of the NHIS Programme where successive government give priority to the needs of NHIS staff, Healthcare providers and patients not its political party interest.
i. **Ethical Stakeholder Management:** This is the process where ethical principles, such as fairness, transparent, respect and confidentiality is employed in managing stakeholder relationships and activities at work. It is very important since it enhances organizational or project integrity as well as limits issues of fraud and corruption in organization. Issues of fraud and financial misconducts in the offices of NHIS and hospitals can be addressed to strict ethical stakeholder management. This is particularly important as it help built trust among stakeholders.

Understanding this stakeholder tools are very crucial in effective utilization of stakeholder theory in project or organizational management and can be duly applied in managing a project like the NHIS of Ghana.

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APPENDICES

Appendix 1: Research Data Collection Interview Guide

Examining the National Health Insurance Scheme (NHIS) in public hospitals in Greater Accra region-Ghana.
Prepared by
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International Institute of Social Studies
Master of Arts in Development Studies
MA Major (GDP)

Interview guide

Dear participant,

I am currently conducting a study to examine the NHIS in public hospitals in the Greater Accra region of Ghana as part of the mandatory requirement for the award of a MA Development Studies (GDP major) degree. This study aims to gather empirical data to critically evaluate the role of NHIS in promoting healthcare access and the challenges it has faced in its implementation. The target group of this key informant interview are the stakeholders, staff and people working directly with the NHIS in Ghana. The main objective is to understudy the current practical functioning of the NHIS aiming at the reasons for its ineffectiveness. The data collection instrument is structured into three sections:

1. The challenges hindering the NHIS from effectively addressing the barriers to effective public health.
2. The opportunities and factors that constitute the ineffectiveness of the NHIS in public hospitals in Greater Accra, Ghana.
3. Examine the NHIS attainment of equitable access for all citizens.

NOTE: The information submitted here will be treated with the strictest of confidence, kept with ultimate privacy, and used only for academic and developmental purposes.

1. **The challenges hindering the NHIS from effectively addressing the barriers to effective public health**.

1. In your understanding, how does the NHIS operate in terms of onboarding new clients and the registration processes?

2. How effective is the NHIS in your opinion in terms of its subscribers access to immediate medical care, drugs etc.?

3. Does it have any benefits to its subscribers or holders? If yes explain and if no explain?

4. Is the insurance adequately funded by the government?

6. What are some challenges the NHIS faces in achieving its mandate?

2. **The opportunities and factors that constitute the ineffectiveness of the NHIS in public hospitals in Greater Accra, Ghana.**

Kindly respond to the best of your knowledge.

1.What opportunities are there for citizens enrolled in the NHIS in terms of access to medical and drug access.

2.How would you rate the quality of care given to citizens enrolled onto the NHIS in a scale of 1-10?

3.How has the NHIS transformed healthcare delivery in Ghana since its enactment in 2003?

4.How has the NHIS improved in its operation and efficiency since it was established?

3. Examine the NHIS attainment of equitable access for all citizens

1. Has the NHIS achieved its mandate of providing equitable access to healthcare for all citizens? Explain your answer

2. Has the NHIS improved the healthcare of the beneficiaries since they enrolled on it? Explain your answer

3. Are there any difference in terms of services rendered to fee paying clients and NHIS subscribers in the hospitals, clinic, and pharmacies during heath care services?. If So, elaborate.

4. What is the current state of the NHIS in achieving equitable healthcare for all citizens in Ghana?

Appendix 2: ISS Research Ethics Review Form

for RP research carried out by MA students[1]

Aim:

This Form aims to help you identify research ethics issues which may come up in the design and delivery of your Research Paper (RP). It builds on the session on Research Ethics session in course 3105 and subsequent discussions with your peers and RP supervisor/reader. We hope the form encourages you to reflect on the ethics issues which may arise.

The process:

The Ethics Review process consists of answering questions in the following two checklists: B1-Low-sensitivity and B2-High-sensitivity. Depending on the answer to these questions you might need to fill section **C-Statement of Research Ethics** too.

The background document "ISS Research Ethics Guidelines for MA Students" provides advice and detailed information on how to complete this form.

Step 1 - Fill checklists B1 and B2
Step 2 - After answering checklists B1 and B2, the process proceeds as follows:

- **If you answer 'yes' to one or more low-sensitivity questions (checklist B1):** please discuss the issues raised with your supervisor and include an overview of the risks, and actions you can take to mitigate them, in the final design of your RP. You can refer to the ISS Research Ethics Guidelines for MA Students for help with this.

- **If you answer 'yes' to one or more high-sensitivity questions (checklist B2)**, please complete section 'C' of the form below describing the risks you have identified and how you plan to mitigate against them. Discuss the material with your supervisor, in most cases the supervisor will provide approval for you to go ahead with your research and attach this form to the RP design when you upload it in canvas. If, after consultation with your supervisor, it is felt that additional reflection is needed, please submit this form (sections B1, B2, and C) to the Research Ethics Committee (REC) for review as follows:

  When submitting your form to the REC, please send the following to researchethics@iss.nl:
  1) the completed checklists B1 and B2 (or equivalent if dealing with an external ethics requirement)
  2) the completed form C 'Statement of Research Ethics'
  3) a copy of the RP design
  4) any accompanying documentation, for example, consent forms, Data Management Plans (DMP), ethics clearances from other institutions.

  Your application will be reviewed by a reviewer who is not part of your supervisory team. The REC aims to respond to ethics approval requests within a period of 15 working days.

Step 3 - Integrating the Ethics Review process into the RP:

- This Ethics Review Form needs to be added as an annex in your final RP Design document to be uploaded in the Canvas page for course 3105.

[1] This checklist and statement is adapted from the Institute of Development Studies (IDS) Research Ethics Committee and informed by the checklists of two Ethics Review Boards at EUR (ESHCC and ERIM) and the EU H2020 Guidance – How to complete your ethics self- assessment.

Project details, Checklists, and Approval Status

A) Project/Proposal details

1. Project/Proposal Title	Examining The National Health Insurance Scheme (NHIS) in Public Hospitals in Greater Accra, Ghana
2. Name of MA student (applicant)	Stella Gyamfi
3. Email address of MA student	688653sg@eur.nl
4. Name of Supervisor	Sunil Tankha
5. Email address of Supervisor	tankha@eur.nl
6. Country/countries where research will take place	Ghana

7. Short description of the proposed research and the context in which it is carried out:

This dissertation examines the ineffectiveness of the National Health Insurance Scheme (NHIS) in public hospitals within Greater Accra, Ghana. The NHIS, which was introduced in 2003, aims to provide equitable access to healthcare services and financial protection against medical expenses. This research focuses on not the evaluation of the scheme's effectiveness in achieving these goals, particularly in urban settings but rather its shortfalls. Data is collected using an interview guide to source information from various Healthcare Providers, Patients and the NHIS officials in Public Hospitals. The findings from the study reveal that while the NHIS has significantly increased healthcare access, challenges such as funding gaps, administrative inefficiencies, and disparities in service were among the factors curtailing its effectiveness. These issues hinder the NHIS potential to achieve universal health coverage in Accra, Ghana. The study concludes with a few recommendations which calls for policy adjustments to enhance the NHIS's efficiency and inclusivity so as to make sure everyone is subscribed and covered to attain equal medical access and healthcare.

B) Research checklist

The following checklist acts as a guide to help you think through what areas of research ethics you may need to address. For explanations and guidance please refer to the background document 'ISS Research Ethics Guidelines for MA students'. Please complete both sections (B1 and B2)

Please tick the appropriate box	**YES**	**NO**
B1: LOW-SENSITIVITY		
1. Does the research involve the collection and or processing of (primary or secondary) personal data (including personal data in the public domain)?	☑	☐
2. Does the research involve participants from whom voluntary informed consent needs to be sought?	☑	☐
3. Will financial or material incentives (other than reasonable expenses and compensation for time) be offered to participants?	☐	☑
4. Will the research require the co-operation of a gatekeeper for access to the groups, communities or individuals to be recruited (e.g., administrator for a private Facebook group, manager of an institutions, government official)?	☑	☐
5. Does the research include benefit-sharing measures for research which takes place with people who could be considered vulnerable? – please revise the background document (Guidelines) for more information.	☐	☑

If you have ticked 'yes' to any of the above boxes (1-5), please discuss with your supervisor and include more information in your RP design describing the issue raised and how you propose to deal with it during your research.

B2: HIGH SENSITIVITY	YES	NO
6. Does the research involve the collection or processing of ***sensitive*** (primary or secondary) personal data? (e.g. regarding racial or ethnic origin, political opinions, religious or philosophical beliefs, trade union membership, biometric data, data related to health or a person's sex life or sexual orientation)	☐	☑
7. Does the research involve participants for whom voluntary and informed consent may require special attention or who can be considered 'vulnerable'? (e.g., children (under 18), people with learning disabilities, undocumented migrants, patients, prisoners)?	☑	☐
8. Will it be necessary for participants to take part in the research without their knowledge and consent (covert observation of people in non-public places)?	☐	☑
9. Will the research be conducted in healthcare institutions, in healthcare settings, or will it involve the recruitment or study of patients or healthcare personnel?	☑	☐
10. Could the research induce psychological stress or anxiety or cause harm or negative consequences for research participants, researchers, or persons and institutions connected to them?	☐	☑
11. Could the situation in one or several of the countries where research is carried out put the researcher, individuals taking part in the research, or individuals connected to the researcher, at risk? Presence of an infectious disease such as COVID-19 is considered a risk – please provide information as outlined in the background document (Guidelines).	☐	☑
12. Does the research require ethical approval or research permission from a local institution or body?	☐	☑

If you have ticked 'Yes' to one of the above (5-11), please complete section 'C' below describing how you propose to mitigate the risks you have identified. After discussion with your supervisor, please submit the form to the Research Ethics Committee. In addition, if you have ticked 'Yes' to a question on any kind of personal data, please also complete the privacy questionnaire.

YOU ONLY NEED TO COMPLETE THIS SECTION IF YOU HAVE ANSWERED YES TO ONE OF THE QUESTIONS IN SECTION B2 ABOVE (Questions 5-11)

C) Statement of Research Ethics

Using the background document 'ISS Research Ethics Guidelines for MA students', please address how you are going to deal with the ethics concern identified, including prevention measure to avoid them from manifesting, mitigation strategies to reduce their impact, and preparedness and contingency planning if the risks manifest.

Please number each point to correspond with the relevant checklist question above. Expand this section as needed and add any additional documentation which might not be included in your RP design, such as consent forms.

[TO BE COMPLETED BY MA STUDENT AND DISCUSSED WITH THE SUPERVISOR. IF THE SUPERVISOR FINDS IT NECESSARY TO SEEK FURTHER REVIEW, THE STUDENT MUST SUBMIT THE FORM TO THE RESEARCH ETHICS COMMITTEE]

7. Patients are involved in the data collection of the research to provide firsthand information on the experiences, satisfaction and challenges with the scheme. this helps the researcher to understand the accessibility and ineffectiveness of NHIS in Public Hospitals leading to more accurate assessment of the scheme's impact on healthcare delivery.

9. YES, the research will be conducted in Public Hospitals and will also involve Healthcare Providers, Administrators of the National Health Insurance Scheme and Patients. This will help to answer the main research question stated as "What are the challenges hindering the NHIS from effectively addressing the barriers to effective public health care?"

in relation to the objective of the project.

D) Approval from Research Ethics Committee

*To be completed by the Research Ethics Committee only if

Approved by Research Ethics Committee: ..... **Date:** .....

Additional comments for consideration from Research Ethics Committee:

If the REC needs more information before approving, the REC secretary will be in touch with the MA student. If after requesting more information the REC still has concerns, the REC secretary will ask the supervisor to discuss these with the student. In the unlikely event that there is still no resolution, the REC will refer the application to the Institute Board.