

LEARNING & ANALYSIS BRIEF



PERSPECTIVES OF HEALTH WORKERS IN GHANA ON THE NATIONAL HEALTH INSURANCE SCHEME BEFORE AND AFTER COMMUNITY ENGAGEMENT INTERVENTIONS



This brief explores the effects, if any, of community engagement interventions on how health workers perceive the National Health Insurance Scheme in Ghana. The community engagement interventions are defined as organized involvement of existing community groups to assess quality of service provision in healthcare facilities and NHIS district office in the areas of the study. By looking at the effect of the interventions on staff perceptions and experiences of the NHIS, conclusions can be made on how this impacts quality of health service delivery.

Background

Many countries in Africa, have adopted social health insurance systems (which rely on mandatory pre-payment and pools health revenues so that they can be distributed equitably across the population) to promote attainment of public health needs. One of these countries is Ghana. The National Health Insurance Scheme (NHIS) of Ghana was established in 2003, as a health financing option. Since the introduction of the NHIS, visits to health facilities have increased due to enhanced financial accessibility, and the percentage of births delivered by professional health workers increased from 44.5% in 2006 to 55% in 2013.

However, in spite of these positive contributions made by the NHIS, there are increasing concerns regarding the quality of health services delivered to NHIS scheme members. Moreover, reports of delayed payments to service providers appear to reduce clients' and providers' trust in the scheme and poses sustainability threats to the scheme.

In previous studies, these setbacks have been explored from clients' perspectives but not much is known of how health workers view the NHIS. In this study, interventions were designed and implemented for nearly one year to engage existing community groups and associations in the monitoring and assessment of quality service delivery in NHIS-accredited health facilities and NHIS district offices. Based on the results, aggregate effect of the interventions on staff perceptions and experiences of the NHIS and its effects of quality health service delivery are evaluated. The hypothesis is that the health staff working in NHIS-accredited facilities that also received community engagement interventions will most likely perceive the NHIS in a better light in regards to quality service indicators than the staff working in control health facilities.

Approach

The study was conducted in 64 NHIS-accredited clinics/health centres and 16 NHIS district offices in the Greater and Western regions of Ghana. The facilities constitute about 5% of the 1,180 accredited clinics/health centres in Ghana. Clinical and non-clinical frontline health workers with at least six months' work experience were eligible to participate in the baseline and post intervention surveys.

The two categories of interventions that were implemented were namely: MyCare (also called Intensive Engagement) and Light Engagement (LE). The study focused on the LE intervention which used existing community groups/associations to identify service delivery gaps in healthcare facilities and NHIS district offices. Both categories of interventions were implemented and evaluated concurrently between June 2013 and March 2014.

All the health facilities where community engagement interventions were implemented were accredited by the National Health Insurance Authority (NHIA) which is the regulatory authority of NHIS.

KEY COUNTRY FACTS

27.4 M population

37% population covered by National Health Insurance Scheme (2016)

3728 health facilities accredited by National Health Insurance Authority (2009-2013)

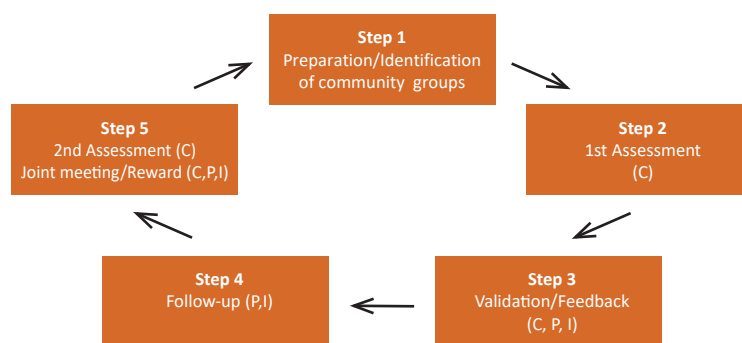
35% active SafeCare clinics

Data according to World Bank and PharmAccess (2016)



Thirty-two healthcare facilities were randomly selected to be involved in the community engagement process (for a period of nearly a year) while the other 32 were not selected. The costs amounted to approximately US\$280 per cycle of community engagement per clinic, taking into account differences in geographical location of clinics. Schematic description of the systematic community engagement (SCE) implementation process is illustrated below (Fig. 1).

Figure 1 Implementation process of community engagement interventions



Legend: C (Client level); P (Provider level); I (insurer level)

Findings

The study revealed that staff interviewed in facilities where the intervention was implemented appeared to perceive the NHIS more positively after the community engagement took place, especially in terms of:

- Availability and quality of drugs
- Workload on health staff and infrastructure

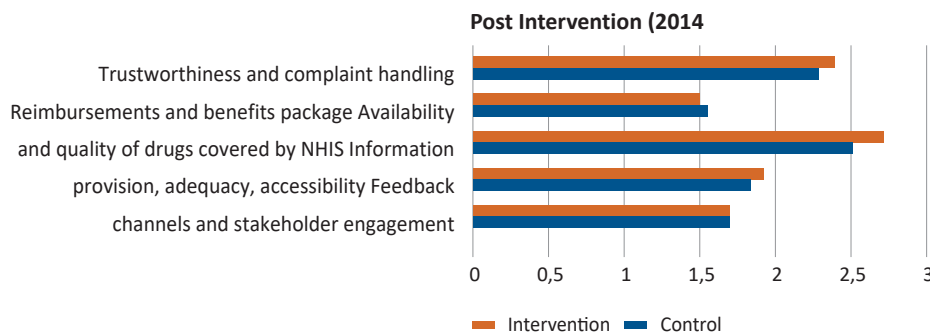
However, delayed reimbursement of service providers by the NHIS remained a key concern voiced by over 70% of the interviewed staff in both intervention and non-intervention health facilities. Experiences of health workers with some service components of the NHIS appeared to have worsened over time in both intervention and control

facilities; the percentage of staff satisfied with timeliness of provider reimbursement decreased from approximately 14 % in 2012 to less than 10 % in 2014. Perceptions on the NHIS accreditation and information dissemination however improved marginally (See Fig. 2).

Conclusion

Community engagement in quality service assessment is a potential useful strategy towards empowering communities while promoting frontline health workers' interest, goodwill and active participation in Ghana's NHIS.

Figure 2 Perceptions of health workers after community engagement



Lessons learned

- Local communities have potential that can be tapped towards monitoring and improving the quality of healthcare services, particularly in rural areas where health resources are limited.
- Delayed payment of healthcare providers is a potential threat to the sustainability of health insurance and should be addressed by policy makers.
- In the case of Ghana, health workers still have some level of confidence in the NHIS which should be taken full advantage of by insurance authorities
- Bottom-up engagement of clients, healthcare providers and health insurance managers could be a possible strategy towards improving service quality at the health facility and district NHIS office levels.



Health workers reaching out to clients through boats

TAKE HOME MESSAGES

- A National Health Insurance Scheme has higher probability to succeed in Africa when community members and healthcare providers are effectively involved in its implementation processes and feedback mechanisms are in place.
- Health insurance authorities should strive to deliver on their promises to sustain trust and confidence of users and service providers.
- Effective community engagement and stakeholder consultation is a viable strategy worth considering by policy makers to help promote stakeholder participation and support for the NHIS in Ghana.

ARTICLE TITLE & AUTHORS

Perspectives of health workers in Ghana on the National Health Insurance Scheme before and after community engagement interventions'

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