**EFFECT OF NATIONAL HEALTH INSURANCE AUTHORITY’S MEDICINE REIMBURSEMENT PRICES ON THE OCCURRENCE AND AFFORDABILITY OF MEDICINE CO-PAYMENT PRACTICE AMONG NATIONAL HEALTH INSURANCE ACCREDITED PROVIDERS**

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# ABSTRACT

In most developing countries, access to basic essential medicines needed to save lives may be impeded due to the menace of poverty that places larger proportion of the population from financial access to healthcare. Fortunately, Ghana introduced National Health Insurance in 2004 as means of financing healthcare, efforts at achieving universal health coverage and addressing gaps in health outcomes. However, infrequent reviews of the medicines reimbursement prices to contain the fluctuating economic trends makes National Health Insurance Authority’s (NHIA) reimbursement prices become obsolete as quickly as they are set. This study evaluates the economic implications of infrequent reviews of reimbursement prices for tracer essential medicine on the occurrence and affordability of co-paid cost of medicines among accredited health facilities in Ejisu-Juaben Municipality. A cross-sectional study involving review of inventory records and invoices of purchases of thirty four tracer medicines allowable at all levels of healthcare was done retrospectively from March 2016-December 2016. A multi-stage cluster sampling was deployed to initially form clusters of health facilities based on ownership types of public, private, mission facilities respectively. Consequently, fifteen facilities were selected through simple random sampling from a sub-cluster of facilities formed within the main clusters based on level of care of the facilities. Quantitative method was used to assess micro-economic indicators of affordability based on daily minimum wage of clients, indirect and intangible cost on medicines. Providers’ perceptions on affordability of co-paid cost of medicines were also sought through key informant interview. Data was analysed using Stata software version 12 and Microsoft Excel Version 2013. Sensitivity analysis was done to assess the robustness of the estimates over time. The study established medicine co-payment in majority (7 in 10) top ten OPD conditions in privately owned, few (4 in 10) top ten OPD conditions in mission and public health facilities accredited by NHIA. However, the amounts co-paid are generally affordable (FDW≤1). Frequent reviews or indexation of reimbursement may be helpful.

**Keywords:** **Insurance, Reimbursement, Health, Pharmacy, Tariff, Price, Medicine**