Leaving no one behind: Assessing socioeconomic inequalities in the pursuit of Universal Health Coverage in Ghana

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In the bid to achieve universal health coverage (UHC), Ghana rolled out the National Health Insurance Scheme (NHIS). This is considered the largest health financing reform in the history of the country. The primary objective of the scheme is to remove financial barriers to health care access in Ghana. While various studies have evaluated the impact of the scheme on health care access and utilization, no study has analyzed its role in bridging the inequality gap in health care access. We test this hypothesis in the current study. We sought to find out if the introduction of the NHIS has helped reduce socioeconomic related inequalities in health care access.

We used data from three rounds of the Ghana Demographic and Health Surveys (2003, 2008 and 2014). Using three health care utilization measures - Antenatal care (ANC), Delivery by trained attendants (DTA) and care for fever among children under five - we analyzed data in three steps. First we constructed concentration curves to examine the trend in inequality before and after 2004 when the scheme was established. In the second step, concentration indices (CIs) were computed for each outcome variable across the years. Finally, the concentration indices were decomposed to estimate the impact of NHIS on inequality in health care access.

The concentration curves show that utilization of ANC, fever care and DTA were concentrated among the privileged. However, the trends show the levels of inequality has declined after the introduction of the NHIS. The CIs confirm this with inequality in ANC service utilization declining from 0.302 in 2003 to 0.177 in 2014. Similarly, inequality in DTA declined from 0.597 to 0.423 over the same period. The decomposition results show that access to NHIS was an important contributor to inequality in health care access. For instance, in 2014, access to NHIS explained about 3.17% of socioeconomic related inequality in ANC service utilization. This was statistically significant at 5% level.

The findings suggest that the pursuit of UHC in Ghana has been beneficial for the poor. It has helped in bridging the health care access gap between the rich and the poor. There is, therefore, the need to scale-up the NHIS in Ghana to achieve full universal health coverage. In countries where such schemes do not exist, there is need to direct efforts to encourage its establishment.

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