**Title** The private health insurancesector (PHIS) in Ghana: what is therole in the path to universal health coverage (UHC)?

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**Background**

Ghana’s UHC journey started in 2004with the National Health Insurance Scheme (NHIS). Ghana committed to the SDGs in 2015. Nevertheless, out-of-pocket spending is high (58%). NHIScovers all residents with free services for more-vulnerable populations and government workers. The private health insurance sector (PHIS)mainly coverscorporate entities and less-vulnerablepopulations. The government regulatory framework and market has led the HIS to mobilise >GHS 10 billion with ~40% coverage. PHIS has been marginalised on the UHC path: it is rarely included in the discourse. PHIShas a key role in financing healthcare for less-vulnerable populations.

**Aim**

To analyse PHIS in Ghana and its role in UHC.

**Methods**

We analysed the strengths, weaknesses, opportunities, and threats of PHIS.

**Key findings**

Strengths: There is a vigorous PHI market in Ghana with 12 providers. A growing use of technology (e.g. e-claims) has generated data for research and health technology assessment. PHI has developed some initial capacity for efficiency and some companies are profitable.

Weaknesses: PHI coverage is low (1.8% general, 6% formal sector) and mostly for corporate entities with no forays inthe informal sector. There is limited capacity in several areas: a) administratively, to reach and service more clients; b) negotiate and enforce treatment protocols with providers; c) enforce caps on services; d) weak cost management systems; e) innovation and technological processes to optimise operations; f) conduct research and HTA.

Opportunities: There is a large untapped potential to penetrate the informal sector. Public private partnershipscould improve sustainability and increase coverage. PHIS data is available for research. HTA could beused to: designbenefit package;identify members; purchase services;collect premiums, pay providers; and develop treatment protocols and medicines lists.

Threats: There is weak complementarity between NHIS and PHIS. The NHIS covers both more- and less-vulnerable populations and hence makes PHIS ‘nice to have’. The extensive NHIS benefits package reduces the potential market for PHIS.Two thirds of less-vulnerable households who can afford reasonable premiums receive NHIS services. Act 852 combines both the regulatory and operational functions of HI so the regulator is also the dominant market player.

**Conclusions**

If the PHIS expandscoverage forless-vulnerable households then more revenue will be available to HIS leading to a growing and more sustainable HI landscape. The PHISshould focus on risk-pooling (premium based) for the lessvulnerable. There is opportunity for a public private partnership e.g. private administration with NHIS.

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