**Are NHIS clients served inferior and sub-standard medicines?: Perceptions and factors that influence medicines access and quality under the NHIS in Ghana**

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**Background**

The National Health Insurance Scheme (NHIS) has since its establishment in 2003 become an integral part of Ghana's strategy towards the attainment of Universal Health Coverage (UHC). Increased enrolment and utilization over the years has however been accompanied by perceived quality of care issues, lowering confidence and sustainability challenges in the scheme.

**Objective**

As part of a review to inform and introduce reforms to enable it achieve its strategic social goals, this paper presents the outcome of a study that examined the factors that influence medicines access and quality under the NHIS and perceptions that NHIS clients are being served inferior and sub-standard medicines compared to non NHIS clients.

**Methods**

The study design used a mixed methods approach involving cross sectional exploratory qualitative and quantitative data collection and analysis techniques comprising focus group discussions, in-depth interviews, exit interviews and a prescription survey in four (4) purposively selected regions in all three ecological zones of Ghana.

**Results**

Issues around medicines access including quality emerged as contested topic under the NHIS. Delays in the payment of claims for services rendered to NHIS members on behalf of the scheme was cited as a major factor that influences access to medication. Providers complained about low reimbursement costs that does not take account of current economic and inflationary conditions so some providers resort to prescribing lower priced generics from less known pharmaceutical companies. On the other hand the insured members considered being issued with prescriptions to purchase them outside and the resort to lower priced generics or “unfamiliar” brands that the non-insured clients receive better quality medicines. However, when this notion was validated using WHO rational use indicators prescription analysis, the results actually showed that from a medically rational perspective, the insured are receiving more appropriate care.

**Discussion**

Lay and popular notions about medicines tend to perceive and interpret appropriate treatment in settings like that NHIS in Ghana differently. Insured members in the Ghana NHIS are receiving more appropriate care than the non-insured because the scheme has become an important enforcer of rational prescribing through claims auditing.

**Conclusion**

Systemic interrelated factors influence perceived access and quality use of medicines in the NHIS in Ghana that need to be tackled to improve membership drive, retention and confidence in the scheme.