**Removal of Out-of-Pocket Payments (Catastrophic Health Expenditure) for Health Services in Rural Communities in Ghana- Has the National Health Care Financing Policy made a difference?**

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**Aims:** This study investigate the extent to which NHIS introduction has improved access to health care; and reduced impoverishment from catastrophic healthcare burden among rural communities in Ghana and explore the predictive factors associated with out-of-pocket payment for health care.

**Objectives:** Out-of-pocket payment for health care leads to economic burden for households and the focus of health financing is to guarantee that all have access to effective health services. In recent years, many developing countries have made attempts to ensure that all citizens have adequate access to health care at affordable cost. The introduction of NHIS is a vital tool to evade financial barriers to health care; and also ensure individuals have protective weapons against catastrophic health expenditure. To remove out-of-pocket payment at the point of service use, and to ensure equitable universal access for all residents of Ghana to acceptable quality health care services; the NHIS was operationalized in 2004. However, the extent to which rural residents have been protected from catastrophic health payment expenditure seems unclear.

**Methods:** Data source were from a multi-centre cross sectional household survey consisting of about 12,000 households in rural communities in the northern part of Ghana. Using structured questionnaires between July 2012 and December 2012, questions on issues of health care needs and utilization; household income, and household expenditure on health care were ascertained. Catastrophic health care payment was estimated using the catastrophic head count. Data were analysed using the Chi Square test in testing the differences in proportions; and further with multiple level regression model.

**Key findings:** Results shows that one in every two, one in five and one in three was an NHIS enrolee, a previous enrolee and never enrolled into the scheme respectively. Fifty-three percent had informal type of insurance status, formal/SSNIT formed 2.7% and there rest were exempt (pregnant women, poor, elderly and under 18 years). A 27.0% experienced high and catastrophic health expenditure for outpatient and in-patient health services respectively among rural residents. The burden of transport cost was higher for in-patient care (23.4%) than out-patient care(4.0%). Having chronic illness, valid NHIS card, having a health need and education were associated with out-of-pocket payment for health care services. Achieving equitable universal health coverage as an antidote has the potential of protecting individuals and households of depriving effect of payment for health services; without overlooking at addressing the underlying social, structural, and political determinants of illness and health inequity.

**Key words:** Out-of-pocket payment, health care burden, health care utilization, NHIS, Ghana