CDD-GHANA

Briefing Paper Vol. 18 No. 3 | March 2021

An Examination of Ghana's Health Financing Challenges and Prospects for Reform

Dr. Gordon Abekah-Nkrumah

Key points

The main goal of health financing is to promote financial access to preventive and curative care by making funds available and setting the right financial incentive to healthcare providers.

More importantly, health spending as a percentage of government spending remains far below the Abuja benchmark of 15% even though it increased to 8.7% in 2019 and reduced marginally to 8.6% in 2020.

Health promotion can help prevent the onset of diseases, thereby reducing the overwhelming number of patients in health facilities and NHIA expenditure on reimbursing health providers. This policy, however, has the potential to worsen the existing situation, if funding for NHIS is not improved.

Stakeholders have recently raised concerns about the sustainability of the National Health Insurance Scheme. These concerns were raised on the basis that donor support which for a long time constituted an appreciable proportion of the health sector budget has dropped with Ghana attaining middle income status.

Operationalizing agenda 111 will have great implications for recurrent items such as compensation, which at the moment is about 57% (See table 2) of the Health Sector's budget. It is therefore important for policy makers to consider the recurrent expenditure implications of agenda 111 and how that is likely to crowd out fiscal space in the sector and therefore jeopardise the flow of funds to the NHIS.

INTRODUCTION

With the NPP wining the 2020 elections and its presidential candidate being sworn into office for the next four years, it is common knowledge that development policy will be driven by the content of their manifesto. This prediction is based on the phenomenon of political parties regarding their manifestos as the basis for their election and therefore constituting a social contract with the citizenry. It is therefore important that the government (i.e. executive) and parliament, the two key actors in the policy space are further engaged to provide an opportunity for reflection and moderation between policy makers and non-state actors to enhance public trust, ownership, and accountability. In addition, the opportunity for reflection and moderation can equally reduce partisan rigidity or inflexibility in manifesto implementation and thereby improve bipartisan support and reduce the risk that a future government (from the opposing party) might abandon or underfund a policy purely on the perception the policy is a “party project”.

This paper, which is one of several papers to be used to engage government (executive and Parliament) for the said reflection and moderation examines health financing challenges and prospects for reform. Specifically, the paper seeks to:

- Summarize key health financing challenges in Ghana's health system that require attention
- Assess the responsiveness of the manifestos of the two political parties, especially that of the NPP to Ghana's healthcare financing challenges within the framework of the National Health Insurance and “agenda 111”
- Propose recommendations for policy reform and enhancement

Subsequently, the paper is structured as follows; Section 2 will look at a brief overview of health financing in Ghana. This will be followed by key health financing issues in Ghana in Section 3, with Section 4 focusing on responsiveness of the 2020 political party manifestos to health financing challenges in Ghana. In Section 5, we discuss issues beyond the 2020 manifestos and conclude the paper with recommendations in Section 6.

2.0 OVERVIEW OF HEALTH FINANCING IN GHANA

Health financing is a major building block of a health system. It refers to the "function of a health system concerned with the mobilization, accumulation and allocation of money to cover the health needs of the people, individually and collectively, in the health system". The main goal of health financing is to promote financial access to preventive and curative care by making funds available and setting the right financial incentive to healthcare providers. The functions of health financing comprise raising revenue, risk pooling and purchasing. The first function focuses on generating adequate and sustainable funds through efficient and equitable ways to help promote access to essential health services, which are crucial for preventing catastrophic healthcare expenditure, enhancing client satisfaction and more importantly, improving health outcomes of individuals. The second function ensures that the generated revenue is managed efficiently and effectively by employing risk pooling mechanisms, such as insurance, while the third function ensures that health services are purchased in an allocative and technically efficient manner ' .

Over the past years, Ghana's health sector has experienced some financial reforms. For instance, before independence, Ghanaians accessed curative care by paying fees. However, right after independence, fee-paying was abolished and healthcare became free of charge. This policy had huge implications on the national budget, hence there was the need for restructuring. In the quest to recover cost associated with service provision, the Hospital Fees Act of 1971 (Act 387) reintroduced fee-paying as a financing mechanism. Between the mid- '70's to the early '80's, Ghana's economy experienced a decline, which triggered the implementation of the Economic Recovery Program in 1983, with support from the World Bank and International Monetary Fund. Consequently, subsidies on healthcare were removed and patients were made to pay for the full cost of medicines. An equally important reform is the widely known "cash and carry" (fee-for-service) system of financing introduced in 1992. With this policy, patients paid for almost all the cost of care, including consultation, examination, accommodation among others.

The 'cash and carry' system created financial barriers to accessing healthcare, which had adverse consequences on health outcomes. The latest health financing reform in the country (National Health Insurance Scheme -NHIS) started in 2003 with full implementation in 2005. The NHIS is a form of social intervention that provides financial protection to individuals through risk pooling, which is a major driver for achieving Universal Health Coverage (UHC). The implementation of the NHIS has yielded substantial health-related gains, including increased access to maternal and child health services, improved access to healthcare among the poor and above all, increased life expectancy.

THE FUNCTIONS OF HEALTH FINANCING COMPRISE RAISING REVENUE, RISK POOLING AND PURCHASING

In recent times, stakeholders have raised concerns about the sustainability of the National Health Insurance Scheme. These concerns were raised on the basis that donor support which for a long time constituted an appreciable proportion of the health sector budget has dropped with Ghana attaining middle income status. There are those who have argued for an increase in both the NHIS premium and Levy to ensure sustainability of the NHIS fund. These proposals have however not seen much progress

given that they are politically difficult to implement. For example, increasing the NHIS Levy is akin to increasing taxes which will be politically unpopular for any of the two major political parties. Also, an increase in the current premium will be counter-productive as it will restrict access especially, for the poor and derail the chances of Ghana achieving UHC. Moreover, expenditure of the National Health Insurance Authority (NHIA) exceeds its revenue, which suggests that the National Health Insurance Fund (NHIF) is inadequate coupled with delays in the release of funds to the NHIA. Besides the two major challenges of the NHIS enumerated above, the financing function of Ghana's health system has several challenges that have been documented in the literature . In the next section, we summarize these challenges and recommend solutions to the challenges outlined.

"Moreover, expenditure of the National Health Insurance Authority (NHIA) exceeds its revenue, which suggests that the National Health Insurance Fund (NHIF) is inadequate coupled with delays in the release of funds to the NHIA."

2.0 KEY HEALTHCARE FINANCING ISSUES IN GHANA

Notwithstanding the gains made over the years, Ghana's health sector is plagued with financial challenges as can be seen in Table 1 and 2.

Table 1: A Trend of Health Financing Sources in Ghana

Financing Sources	2014	2015	2016	2017	2018
Domestic General Government Health Expenditure (GGHE-D) as % General Government Expenditure (GGE)	7	9	7	6	6
Domestic General Government Health Expenditure (GGHE-D) per Capita in US$	28	29	26	22	30
Domestic Private Health Expenditure (PVT-D) per Capita in US$	40	33	33	36	38
External Health Expenditure (EXT) per Capita in US$	13	20	9	10	10
Out-of-Pocket Expenditure (OOPS) per Capita in US$	36	29	25	28	29

Source: WHO Global Health Expenditure database; Retrieved March 16, 2021

Table 2: A Trend Analysis of Health Financing Sources in Ghana

Source of Fund	2019	%	2020	%
Government of Ghana (GoG)	3,503.80	55.1	4,214.92	56.8
GOG-NHIA	238.65	3.8	244.00	3.3
Internally Generated Funds (IGF)	1,772.55	27.9	1,931.08	26.0
Donor Earmarked funds & Sector Budget Support	273.43	4.3	412.97	5.6
Loan/Mixed credits	522.39	8.2	566.74	7.6
ABFA	47.50	0.7	57.40	0.8
Total Health Budget	6,358.32	100.0	7,427.11	100.0
Total Government Expenditure	73,441.00		85,952.00	
Health as % of Government Spending	8.7%		8.6%	

Source: Unaudited Ministry of Health Financial Statements for 2019 and 2020

As is evident in Table 1, Ghana has over the years not been able to achieve the Abuja target of 15% of government expenditure to be allocated to health. Additionally, domestic government expenditure in per capita terms has been trending downwards with the exception of 2018. On the contrary, domestic private health expenditure and out-of-pocket health expenditure on per capita basis has been

The quantum of resources allocated to health is inadequate, the distribution has mostly been skewed towards curative services mostly in urban rich centers, while rural areas tend to have a higher concentration of poor people who need healthcare services the most.

increasing suggesting that the burden of healthcare on private individuals is increasing. In particular, the increasing trend in private spending on health is worrying given its possible negative implications, such as individuals, especially the poor, experiencing catastrophic health expenditure and its ramifications on poverty and the inability of the country to achieve Universal Health Coverage (UHC). External funding that has traditionally been a buffer for the health sector especially for service delivery has on a per capita basis reduced substantially since 2015, with potential for further reduction due to the middle-income status of Ghana. In Table 2, GOG which mostly funds salaries is the biggest allocation, with IGF and donor funds that is mostly responsible for service provision constituting about 32.2% in 2019 but falling to 31.6% in 2020. More importantly, health spending as a percentage of government spending remains far below the Abuja benchmark of 15% even though it increased to 8.7% in 2019 and reduced marginally to 8.6% in 2020.

Beside the fact that the quantum of resources allocated to health is inadequate, the distribution has mostly been skewed towards curative services mostly in urban rich centers. This is problematic given that rural areas tend to have a higher concentration of poor people who need healthcare services the most and the need to emphasize preventive care to address the upsurge of non-communicable diseases (NCDs).

Although the NHIS that was promulgated in 2003 and implemented in 2005 has been extremely important in opening up access to healthcare services especially the poor ' , it nevertheless faces structural, financial and operational challenges.

Table 3: Key Health Financing Challenges in Ghana

Health financing challenge	Recommendation
NHIS operations related challenges	
There is a high level of out-of-pocket payments which creates financial barriers and therefore constrain access to health care.	There will be the need to bring the uninsured on board the NHIS, review the benefits package to cover more medicines and conditions as well as address delays in reimbursement.
There are reported cases of illegal "co-payment" that NHIS active cardholders are made to pay.	There will be the need to enforce 'policing' of health providers and sanction those who are found culpable for making illegal charges. However, a more sustainable remedy to this challenge is speedy reimbursement to providers in respect of amounts owed them for services rendered.
The NHIA is seen as operationally inefficient, especially with wasteful and cost-escalating provider payment methods, and high overhead expenditures, well over the medical loss threshold of 10 per cent for a social health insurance scheme.	There will be the need to have a country level conversation on how to better fund the NHIS given that it will be the vehicle to drive any reform in the health sector that is aimed at ultimately improving population health. Reforms are needed to synchronize expenditure growth with revenue sources and financing mechanism
Healthcare providers on the other hand have been accused of dysfunctional behaviour, ranging from over diagnosis and fraudulent prescription. This in addition to other subscriber-induced moral hazards make the cost of healthcare unreasonably high, especially to the NHIA.	Reforms are needed to address wide-spread abuse and inefficiencies that emanate from design and operational defects of the Scheme. There will be the need to adopt cost control mechanisms such as the enforcement of the gatekeeper system, capitation and co-payment. However, to ensure acceptability and buy-in, there will be the need for a broader stakeholder discussion on this.

Health financing challenge	Recommendation
There are equally delays in reimbursement of provider claims which is becoming perennial.	There is the need to address perennial delays in reimbursement of claims by the NHIA. Specifically address defective claims processing procedures both by providers and the NHIA, inefficiencies in the operational processes of the NHIA. There will be the need to address delays in the release of funds from the Ministry of Health to the National Health Insurance Authority (NHIA). This is also related to the nature and source of funding and requires strong political commitment from the political executive.
Inadequate office accommodation, equipment and human resource undermining the efficient functioning of District Health Insurance Schemes.	There will be the need to resource District Health Insurance Schemes adequately to enable them to deliver NHIS cards promptly to make NHIS attractive to both the rich and the poor. There is the need to improve staff motivation levels and human resource capacity development at NHIA district offices
Poor quality of care due to workload and shortage of NHIS drugs at health facilities contribute to rising public dissatisfaction with the NHIS.	There will be the need to improve the quality of care by employing more staff to reduce workload coupled with reducing shortages of NHIS drugs through prompt reimbursement. The NHIA must adopt stringent measures to ensure that health providers deliver the best of care to the insured. There is the need to start a national discussion on adopting performance-based provider payment mechanisms as done in other lower and middle-income countries (Kovacs, Powell-Jackson, Kristensen, Singh, & Borghi, 2020). It is important to emphasise that the success and sustainability of the NHIS is to a large extent dependent on timely delivery of quality services to subscribers. This is necessary to encourage the rich to be part of the scheme.
NHIS structural/design-related challenges	
The NHIS is designed to pay for curative care and not to invest strategically in prevention and promotion including outreach services.	There is the need to align the NHIA package of services with the package of services defined at the country level as being what is required to achieve improvements in population health. This should then become what the NHIA will pay for.
Resource mobilization for health necessarily did not take into account that a pandemic might be affecting the population. As a result, the financial response has been ad-hoc and included resort to donors and public appeals for donations.	The Covid-19 crisis makes it probably prudent that future health sector planning, including actuarial models, should take pandemic preparedness into account.
The unsustainability of the NHIS due to structural defects in the design such as the over-generous benefits package, large exemption group and flat premium for all.	There will be the need to re-design the NHIS or review aspects of it, including the benefit package, exemption policy and the premium.
A decreasing trend in NHIS enrolment and poor coverage due to voluntary enrolment.	There will be the need to enforce the mandatory enrolment stipulated in the National Health Insurance Act (ACT 852 of 2012). There will be the need to reduce delays in biometric registration and issuing of cards. Improving the quality of care for the insured is crucial as well as eliminating unauthorized co-payment.
Intense political influence on the NHIA	The NHIA's chief executive should be appointed as a public servant and not a political appointee who leaves office when there is a change in government. There will be the need to de-couple politics from the routine management activities of the NHIS.
Poor stakeholder participation	There will be the need for community education, participation and more autonomy of district NHIS offices.
NHIS funding-related challenges	
Inadequate funding due to high NHIS membership versus relatively lower revenue, low premiums, broad benefits package and large exemption group	There will be the need to source extra funding for the NHIS through oil revenue, levies on large profitable companies and increase Value Added Tax (VAT) levy. It is important to emphasise that an increase in the NHIL will be politically unpopular. Other sources of funding include introducing 'sin' tax, thus imposing NHIS levy on products like alcohol, tobacco, sugar-sweetened beverages which predispose consumers to health risk. To further benefit from the concept of risk pooling and social solidarity, there will be the need to enforce the application of the income classification category with the accompanying appropriate premium.
The Government of Ghana budget for health is not adequate.	There will be the need for the government to increase budget allocation for the health sector to meet the Abuja Declaration of 15% of total government expenditure. It is important to also emphasise that this will depend on the growth of the economy and availability of resources. Thus, bureaucrats in the health sector may have to develop stronger capacity to make a robust investment case for the health sector.

> *Available evidence suggests that delays in reimbursement is more of a funding challenge rather than the absence of capacity to process submitted claims. Little is said about how, and which aspects of health financing will be reviewed and overhauled to achieve the promised reduction in claims processing.*

4.0 RESPONSIVENESS OF THE MANIFESTOS TO HEALTH FINANCING CHALLENGES

Over the last couple of years, manifestos of political parties have assumed growing importance in governance, given that politicians often argue that their manifestos contain the promises on which they were elected. Hence, short-to-medium term plans of ruling governments have mostly reflected promises in their campaign manifestos. This suggest that any possibility of implementing reforms to address the challenges above is possible only to the extent that those issues are captured in the manifesto of the ruling party. This suggest the need to scrutinise the 2020 Manifesto of the NPP, winner of the 2020 elections to ascertain the extent to which the challenges outlined above have been addressed in their manifesto and to engage them on the way forward. This notwithstanding and given the almost balance of power between the NPP and the NDC in the current Parliament, the responsiveness of the NDC's manifesto to the health financing challenges enumerated above has also been highlighted in addition to that of the NPP. This we believe will be essential to achieving the needed health financing system reform.

The NPP, for instance, promised to review and overhaul healthcare financing to reduce the turnaround time of claims management to the barest minimum and ensuring the sustainability of the NHIS. As stated in Table 1, the NHIS is currently facing sustainability threats coupled with delays in reimbursement, hence any attempt to reduce the duration of claims processing is laudable. This can help reduce the duration of claims processing, delays in reimbursement to health providers, which may translate into health worker motivation, reduce the shortage of NHIS funded medicines, eliminate illegal payments and improve efficiency in the operations of health facilities as well as improve the quality of care and patient satisfaction. However, reducing the turnaround time of claims management without addressing funding issues (i.e. generating adequate revenue) may not lead to the sustainability of the scheme. For instance, reducing the time it takes to process claims (which was about seven months in 2016 but now reduced to an average of three months) without making funds available to promptly reimburse providers may be counter-productive. Available evidence suggests that delays in reimbursement is more of a funding challenge rather than the absence of capacity to process submitted claims . Above all, little is said about how, and which aspects of health financing will be reviewed and overhauled to achieve the promised reduction in claims processing.

Another health financing promise made by the NPP is to focus on health promotion and prevention as part of primary health care through the National Health Insurance Scheme (NHIS) to achieve Universal Health Coverage (UHC). Currently, Ghana is battling a double burden of communicable and non-communicable diseases, which are largely preventable. Therefore, integrating health promotion into primary healthcare may be a good strategy. Over the years, much attention has been given to curative care with little attention to public health. Health promotion

can help prevent the onset of diseases, thereby reducing the overwhelming number of patients in health facilities and NHIA expenditure on reimbursing health providers. This policy, however, has the potential to worsen the existing situation, if funding for NHIS is not improved. The benefits package is over-generous, hence adding more services without a corresponding increase in revenue can be problematic.

On the other hand, the NDC made the following health financing related promises: enforce the provisions of the National Health Insurance Act, 2012, Act 852, which requires the Minister for Finance to pay directly into the National Health Insurance Fund, the National Health Insurance Levy collected within thirty days after the collection of the levy, No Capping; No Realignment; eliminate the cap on Internally Generated Funds in the health sector and ensure departments in hospitals are given significant financial freedom for effective health care financing and staff motivation and exclude the NHIL from all VAT exemptions granted. Other health financing promises include: to introduce a co-share payment arrangement for the cost of treatment and drugs for all pensioners; resource the Mental Health Fund; establish a Cancer and Kidney Disease Trust Fund to support Ghanaians who need assistance for such conditions and amend the National Health Insurance Act to provide an exemption to persons aged 65 years and above and to provide free primary healthcare. Considering the health financing challenges highlighted in Table 1, one can say that implementing a free PHC is a golden opportunity for Ghana to achieve Universal Health Coverage. This will help eliminate all financial barriers to accessing healthcare, especially among the poor who cannot afford to pay out-of-pocket. However, a major concern is how it will be funded. This has not been clearly stated in the manifesto. Also, the promise to activate Act 852 to compel the Ministry of Finance to make direct transfer to the NHIA is crucial for reducing delays in reimbursement. The implementation of this policy may be difficult due to existing rigidities in the budget which has partly been responsible for different Ministers of Finance under both NPP and NDC not acting as per the law. Moreover, some of the promises, such as providing exemptions for persons aged 65 years and above, co-sharing treatment cost of pensioners and capping of IGF are either not necessary because they are already being implemented or constitute duplication of effort, hence the decision not to comment on them.

> *"Integrating health promotion into primary healthcare may be a good strategy. Over the years, much attention has been given to curative care with little attention to public health."*

5.0 BEYOND THE 2020 MANIFESTOS

A critical analysis of the two manifestos suggests that some important financial challenges confronting the health sector have been underestimated. Notable among them is the issue of inadequate government expenditure on health. Evidence from Table 1 suggest that the Government of Ghana's expenditure on health over the past years is below the Abuja Declaration of 15% of total government expenditure'. Ghana subscribed to this agreement two decades ago, yet there has been weak

IMPLEMENTING A FREE PRIMARY HEALTH CARE (PHC) IS A GOLDEN OPPORTUNITY FOR GHANA TO ACHIEVE UNIVERSAL HEALTH COVERAGE. THIS WILL HELP ELIMINATE ALL FINANCIAL BARRIERS TO ACCESSING HEALTHCARE

"The NHIS is central to health financing in Ghana. However, the NHIS faces sustainability threats, hence the need for major structural reviews. For instance, the current premium is unrealistic and not based on an actuarially fair and realistic calculation. There is also the need to increase NHIS enrolment since insurance is a 'game of numbers."

political commitment to implementing the declaration. Another important issue that has been misjudged in the manifestos is the restructuring of the NHIS. Although the NPP manifesto touched on this, it failed to provide specifics concerning the roadmap to achieve this promise. It is undisputable that the NHIS is central to health financing in Ghana. However, the NHIS faces sustainability threats, hence there is the need for major structural reviews. For instance, the current premium is unrealistic and not based on an actuarially fair and realistic calculation. Also, there have been several calls to review the current benefit package, especially the exemption policy. There is also the need to increase NHIS enrolment since insurance is a 'game of numbers'. This can be achieved by activating the National Health Insurance Act (ACT 852 of 2012), which enforces mandatory membership. This notwithstanding, it is equally important to point out that irrespective of how the provisions of the NHIS Act is enforced to make the scheme mandatory, the decision of individuals to be part of the scheme and effectively use the services of providers on the scheme will depend on the timely delivery of quality services by these providers, which is invariably linked to the issue of delayed reimbursement from the NHIA.

These efforts should be complemented by exploring more revenue sources. The current sources of revenue cannot sustain the scheme. It is therefore crucial for stakeholders to explore extra sources of revenue alongside initiating a national discussion on reviewing the current sources of revenue. For instance, using an actuarially-determined premium will be important, albeit that it should be done in such a way not to disenfranchise or constrain access to health services by the poor. The leadership of the NHIA in collaboration with the Government should consider exploring other sources of revenue, including the oil revenue, levies on large companies and increasing the National Health Insurance levy (NHIL). Also, stakeholders can raise extra revenue by increasing taxes on alcohol, tobacco and sugar-sweetened beverages.

Beside restructuring the NHIS and identifying new funding sources (increasing government expenditure on health), there are other important challenges such as supply-side inefficiencies, dysfunctional behaviour of health services providers, inefficiency in the operation of the NHIS and consumer induced moral hazards that have all been identified as constituting financing challenges. However, neither the NPP nor the NDC manifesto addresses these issues.

6.0 RECOMMENDATIONS AND CONCLUSION

The aim of this short position paper sought to examine health financing challenges in Ghana's health sector and how manifestos of the two main political parties, especially that of the NPP addresses challenges identified. The analysis conducted suggests that there are in existence structural, operational and funding related challenges such as defective fund disbursement channels, inadequate funding for the NHIS, the need to align the NHIS service package with what is defined in the UHC roadmap and addressing delays in reimbursement to the NHIA from the Ministry of Finance and onward payment to service providers. The manifestos of the two parties, especially that of the NPP, indicates the need to overhaul the NHIS to improve the speed of disbursement and enhance sustainability of the scheme. Even though fulfilling this promise will be key to

repositioning the NHIS to better execute its mandate and improve access to healthcare and health outcomes, the promise is unlikely to see the "light of day" without improving funding to the NHIA. It is important to emphasise that delays in reimbursement to service providers is not necessarily an issue of inefficient claims processing function but rather an issue of funding. Thus, securing the necessary resources into the NHIS is perhaps the most important health financing challenge to be addressed, given that it has inter-related linkages and ramifications for several other challenges in the health sector. There will be the need for key actors in the sector to dialogue on the different alternatives (sin taxes, raising the NHIL levy and an actuarially viable premium) for meeting the Abuja declaration. In addition to addressing the revenue side of the puzzle, addressing other supply and demand side challenges such as production inefficiencies and dysfunctional behaviour of health service providers, inefficiency in the operation of the NHIS and consumer induced moral hazards that unnecessarily increases the cost of healthcare will have to be addressed as a matter of urgency.

"Addressing other supply and demand side challenges such as production inefficiencies and dysfunctional behaviour of health service providers, inefficiency in the operation of the NHIS and consumer induced moral hazards that unnecessarily increases the cost of healthcare will have to be addressed as a matter of urgency."

Addressing the above challenges in the context of the NPP's "agenda 111" promise can be more complex and difficult in terms of the financial burden on government, both in capital and re-current expenditure. The implementation of "Agenda 111" may mean the allocation of substantial resources both from capital and re-current expenditure over the next four years. This will mean making less money available to feed the NHIS both before and after the implementation of Agenda 111. Additionally, operationalizing agenda 111 will have great implications for recurrent items such as compensation, which at the moment is about 57% (See table 2) of the Health Sector's budget. It is therefore important for policy makers to consider the recurrent expenditure implications of agenda 111 and how that is likely to crowd out fiscal space in the sector and therefore jeopardise the flow of funds to the NHIS. Also, the need for government to allocate substantial resources to deal with COVID-19 in terms of tracing, testing and treatment, as well as the procurement of vaccines and their deployment will mean government will have dwindling space to allocate additional funds to the NHIS. It will therefore be important for government to prioritise its agenda in the health sector in other to free up fiscal space to address the financing challenges of the sector, especially the NHIS, which will be key for improving access to healthcare and health. In doing this, the scope of agenda 111 can be a candidate for reprioritisation, given that the implementation of agenda 111 is unlikely to either address current services delivery challenges in the health sector or prepare us better for future pandemics or epidemics.

REFERENCES

Alhassan, R. K., Nketiah-Amponsah, E., & Arhinful, D. K. (2016). A review of the National Health Insurance Scheme in Ghana: what are the sustainability threats and prospects? PloS One, 11(11), e0165151.

Anemana, S. (2015). Current health financing issues in the health sector, in Health Sumit: GIMPA Accra. Accra, Ghana.

Aryeetey, G. C., Westeneng, J., Spaan, E., Jehu-Appiah, C., Agyepong, I. A., & Baltussen, R. (2016). Can health insurance protect against out-of-pocket and catastrophic expenditures and also support poverty reduction? Evidence from Ghana's National Health Insurance Scheme. International Journal for Equity in Health, 15(1), 1–11.

Atim, C., & Abekah-Nkrumah, G. (2020). The Manifesto Project: Achieving Universal Health Coverage in Ghana. Implications for Health System's Reform.

Fusheini, A., Marnoch, G., & Gray, A. M. (2017). Implementation challenges of the National Health Insurance Scheme in selected districts in Ghana: evidence from the field. International Journal of Public Administration, 40(5), 416–426.

Kovacs, R. J., Powell-Jackson, T., Kristensen, S. R., Singh, N., & Borghi, J. (2020). How are pay-for-performance schemes in healthcare designed in low-and middle-income countries? Typology and systematic literature review. BMC Health Services Research, 20, 1–14.

Kushitor, M. K., & Boatemaa, S. (2018). The double burden of disease and the challenge of health access: Evidence from Access, Bottlenecks, Cost and Equity facility survey in Ghana. PLoS One, 13(3), e0194677.

Republic of Ghana. (2015). Ghana Health Financing Strategy.

University of Ghana School of Public Health. (2018). State of the nation's health report. 2018, University of Ghana.

World Health Organization (WHO). (2020). Political Economy Analysis of UHC in Ghana: Implications for Health Financing Reforms. Accra, Ghana.

Xu, K., Evans, D., Carrin, G., & Aguilar-Rivera, A. M. (2005). Designing health financing systems to reduce catastrophic health expenditure. Technical Briefs for Policy-Makers, 2, 1–5.

Dr. Gordon Abekah-Nkrumah is a Senior Lecturer in the Department of Public Administration and Health Services Management, University of Ghana Business School.

This paper was produced as part of the CDD-Ghana/FCDO project on promoting responsible and responsive policies for inclusive development.