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Health Care Financing and Sustainability in Health Care Delivery in the Sunyani Municipality, Ghana

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Abstract: The study was to examine how public health facilities are financed in Ghana and its sustainability in the Sunyani municipality. The study used a descriptive survey design of the concurrent type of mixed approach. Stratified sampling technique was used to select 285 respondents while purposive sampling was used to select 14 key stakeholders in Sunyani Municipal of which questionnaires and interview guide were administered to them respectively. The data were analysed descriptively while thematic analysis was done for the qualitative data. The study found out that sources for funding Ghana health care delivery included: government subventions, National Health Insurance, Internally Generated Fund, out-of-pocket payment, taxation as well as private insurance. Also, clients were not willing to pay for improved health care delivery in Sunyani Municipal due to low income and education. Moreover, delay in payment of NHIS subventions by the government, misappropriation of funds, weak supervision, monitoring and evaluation of health care and political interferences were the challenges of funding health care delivery. It is therefore, recommended that the government should release the subvention for NHIS service providers and health care facilities on time and increasing the premiums and tariffs of NHIS yearly.

Keywords: Health Care, Sustainability, Health Care Delivery, Sunyani Municipal.

Introduction

Health care financing has recently received considerable research and policy attention in both developed and developing countries. One of the major issues is how to raise sufficient resources to finance health care needs for all citizens (WHO, 2000; Bilger, 2008). At the international front countries like Australia, Canada, and New Zealand amongst many others rely on

general taxation and other user charges or elements of private insurance to fund healthcare whiles countries like Singapore and Sweden among many others use complete tax revenue to fully fund healthcare. For example, in Canada and Sweden, about 70 per cent of health spending is publicly funded through taxation, with the remaining 30 per cent largely accounted for by out-of-pocket spending (costs are borne directly by patients) (14.6 per cent) and private health insurance (12.2%) (Canadian Institute for Health Information, 2016; HägerGlenngård, 2017).

Also, Singapore has been ranked the sixth in the world in healthcare outcomes well ahead of many other developed countries, including the United States. The Singapore government has committed to keeping health care affordable and helps needy patients with their medical bills. Health care is kept affordable for Singaporeans through heavy government subsidies, supplemented by Medisave, Medishield, Medifund and Eldershieldframework (HaselΘne, 2013).

In Africa and its Sub-Sahara, Mauritius welfare State has always provided free healthcare service to its citizens. Over the past decade, many government regimes had tried to upgrade the superiority of Mauritian health care where some of its areas (Infrastructure and medical equipment) had been successfully implemented (Zenmauritius, 2017). Again, in South Africa, health care is financed through a combination of mechanisms. In 2005 for instance, allocations from general tax accounted for about 40%, private medical schemes about 45%, and out-of-pocket payments about 14% of total health care financing (Ataguba & McIntyre, 2009).

In Sub-Saharan Africa, perhaps to a greater extent than any other region in the world, still faces a grim scenario with respect to the health of its people. The region – which is home to 12 percent of the world's population – accounts for 22 percent of the total global disease burden. Poor population health status is mirrored by crises in health care financing (Gottret & Schieber, 2006). Nigeria and Ghana are leading examples of countries that are crawling to ensure full health care funding. In Nigeria, a recent review of health-system financing for Universal Health Coverage shows high out-of-pocket expenses for health care, a very low budget for health at all levels of government, and poor health insurance penetration (Uzochukwu et al, 2015).

Ghana, however, is one of very few emerging market countries to take serious steps toward demand-side financing for health, pass legislation for universal health insurance coverage, begin implementation by covering vulnerable groups, significantly expand enrollment, and earmark

substantial resources to support the system. The revenue base for Ghana's overall health financing system is largely progressive, and the NHIS relies on a diversified set of largely progressive funding sources, resulting in significant and stable sources of revenues. Ghana's approach is pragmatically built on its existing system of community-based health insurance plans transitioned into district mutual health insurance schemes (DMHISs) and currently metamorphosed into the National Health Insurance Scheme (NHIS) (Schieber, Cashin, Saleh, & Lavado, 2012).The challenge, however, is that the NHIS has been running at a deficit since 2009 because of expanded coverage, increased service use, and a surge in expenditures. Consequently, the Ghana National Health Insurance Authority had to reduce its investment fund, borrow loans, and delay claims reimbursement to providers to fill the gap (Huihui, Otoo, & Dsane-Selby, 2017).

To mitigate the financial stress of healthcare financing, the Ghana National Health Insurance Authority (NHIA) has strengthened its technical capacities over time, developing highly competent professional teams in the fields of actuarial sciences, financial management, insurance mechanisms, and health financing. Building robust actuarial-analysis capacity is crucial to safeguarding the NHIA's financial sustainability (Huihui et al., 2017). In addition, a clinical audit division was created in 2009 to review the authenticity of claims and reduce fraud. The government established four claims processing centers to centralize the claims processing, and with support from the Ghana Health Insurance Project (2007–14) the Accra center now also allows for claims to be submitted and processed electronically.

A revised NHIS medicine list was introduced to promote rational prescribing practices. The authorities shifted provider payments for inpatient services from a fee-for-service model to Ghana Diagnosis-related-groups (GDRG). A system of capitation payment for primary outpatient care was launched in the Ashanti region in 2012 and is currently being rolled out in other regions (Huihui et al., 2017). Despite the government's efforts, ensuring financial sustainability continues to pose a serious challenge and remains authorities' priority. Total claims payments rose from just GH¢7.6 million in 2005 to over GH¢1.07 billion in 2014. Meanwhile, the NHIS's annual deficit reached GH¢300 million (NHIS, 2016; Huihui et al., 2017).

By 2014, the National Health Insurance levy accounted for almost 74 percent of the NHIS's funding while SSNIT contributions and premium payments contributed 20.4 percent and 3.4 percent

respectively. Interest on the fund accounted for 1.6 percent. Over time, expenditures have gradually outstripped income leading to delays in reimbursement of claims to service providers, thus raising questions about the scheme's financial sustainability, gradual eroding confidence in the scheme (NHIS, 2016).

Ghana is one of the few countries in sub-Saharan Africa spend a relatively high percentage of its Gross Domestic Product (GDP) on health. Ghana's total expenditure on health as a percentage of its GDP was 5.4 percent in 2013 compared to 3.9 percent in Nigeria, 4.5 percent in Kenya, and 4.6 percent in Benin (World Bank. 2015). Likewise, the percentage of Government of Ghana (GoG) budget allocation to health was 10.6 percent of total government expenditure (Ministry of Health, 2014). The meager budget allocation which was increased in 2016 has fallen short in the 2018 budget from 7.8 percent to 7.1 percent (GoG Budget, 2018).

Despite all the efforts by the Ghana Health Services, the Central Government, donor funding agencies and all other stakeholders to improve quality health care delivery in Ghana, funding, and sustainability have become a bad tooth in the mouth of government. As a matter of fact, in the past hospitals were allocated donor pooled funds for service delivery and other operations but these funds have ceased flowing. Donor funds to hospitals now come in support of programmes like; Malaria, Ebola, HIV/AIDS and TB (Asare, 2015). This is worrying given the fact that the government has admitted to funding challenges to the health sector, which affected the purchase of vaccines for the 2017 immunization. Again, neonatal mortality increased from 5.8 percent in 2016 to 7.5 percent in 2017 (Nyavor, 2017).

Several studies have been conducted to highlight the financial challenges of health care systems in Ghana. Addae-Korankye (2013) has examined the challenges of financing health care in Ghana: the case of National Health Insurance Scheme (NHIS), Adisah-Atta (2017) has written extensively on Financing Health Care in Ghana: Are Ghanaians Willing to Pay Higher Taxes for Better Health Care? Findings from Akortsu and Abor (2011) have explained the need for financing public healthcare institutions in Ghana and Akazili, Gyapong and McIntyre (2011) have all outlined in their study- Who pays for health care in Ghana?; finally, Huihui et al.(2017) noted in a World bank researched on Ghana national health insurance scheme: improving financial sustainability based on expenditure review.

This and many other studies have not exhausted the right path to financial freedoms of health care in Ghana. This is the motivation of the study- to path the empirical ways of financial sustainability of health care in the Sunyani municipality. For over some few years, health facilities under the Sunyani municipality have been experiencing reduced internally generated funds, reduced government grant and less support from organizations corporate social responsibilities. This has led to the health facilities lacking essential equipment such as suction machines, oxygen delivery apparatus, wheelchairs, trolleys, and ultrasound machine. Again, the official means of transportof these facilities have broken down, with no utility vehicles, uncompleted maternity and mental health blocks (GNA, 2006, Peprah, 2018).

It is in the light of the above challenges that the study seeks to interrogate the inadequacies in the primary source of funding and other alternative sources of revenue such as research, training, local and international affiliations and medical tourism to finance health care delivery in the Sunyani Municipality of the Bono region of Ghana. This study is to educate the target population to appreciate government efforts at universal health coverage and the need to pay the right premiums to enhance sustainable health care financing. Provide innovative ways to reduce wastage and block financial leakages to enable the government to judiciously utilize budgets allocations to fund health care. Also, donor Institutions such as USAID, DANIDA, and DFID will be inspired to track donor funds and facilities to reach the right target groups especially the vulnerable in society.

Purpose of the Study

The purpose of this study was to examine how public health facilities are financed in Ghana and its sustainability, with particular reference to seven healthcare facilities within the Sunyani municipality.

Objectives of Study

1. To identify the sources of funding for healthcare delivery in Ghana.
2. To examine the readiness of hospital clients to pay fees for better health care services.
3. To examine the challenges facing health facilities in financing healthcare delivery in the Sunyani municipal hospital.

4. To identify health care sustainability options and threats to the sustainability of Ghana's health care system.

Research methods

The study used a descriptive survey design of the concurrent type of mixed approach. The study was conducted in Sunyani municipality. The research population lies in the domain of the healthcare facilities within the Sunyani Municipality-Sunyani Municipal Hospital, Abesim Health Centre, Yawhima Health Centre, Antwikrom Health Centre, Atronie Health Centre, Nwawasua Chps Compound and Watchman Chps Compound. The population included the healthcare facility managers or administrators, accounts officers, NHIS unit officers as well as 1095 clients who visit various health facilities on the daily bases. Stratified sampling technique was used to select 285 respondents while purposive sampling was used to select 14 key stakeholders in Sunyani Municipal of which questionnaires and interview guide were administered to them respectively. The data were analyzed with the help of statistical software known as Statistical Product for Service Solution (SPSS version 21.0) by employing statistical techniques such as percentages and frequencies as well as thematic analysis for the qualitative data. This was presented by using tables and charts as well as direct quotations. The research also assured absolute confidentiality and consent of the respondents by providing introductory information to the respondents to make an informed decision on whether they will participate or not. The respondents were given the right to withhold information that they may consider private. Moreover, researcher ensured that the respondents were not harmed physically or psychologically during and after the research.

Results and Discussions

Demographic Information on Sample Respondents

Out of the 270 respondents involved in the study, 104 of the respondents were females while 166 of the respondents were males. Majority of the respondents who partook in this study were found below 50 and were receiving more than GH¢500 month. Most of the respondents (102, 39%) were married, followed 77 (30%) of the respondents who were single, 46 of the respondents were divorced and 35 (13%) of the respondents were widowed. Respondents involved in the study were traders, followed by civil servants (52, 19.3%), artisan (39, 14.4%) such as mason, hair dresser,

carpentry, plumber among others while few of the clients were students (25, 9.3%). On educational background of the respondents, most of the respondents have attained secondary form of education, followed by 82 respondents who have attained their basic form of education. However, only 12 of the respondents have not had any form of formal education before.

Sources of Funding for Healthcare Delivery in Ghana

Objective one sought to identify the sources of funding for healthcare delivery in the Sunyani Municipal in Ghana. Data were gathered on the various sources of funding and the results is presented in Table 1.

Table 1: Sources of funding for healthcare delivery in Ghana

Sources of funds	Frequency	Percentage
Government subventions	78	29
Internally Generated Funds	29	10.7
Taxation	32	11.9
National Health Insurance	61	22.6
Medical savings account	12	4.4
Cash and carry	40	14.8
Loans, grants and donations	14	5.2
Group/individual private insurance	4	1.5
Total	270	100

Source: Appiah and Opoku (2019)

Table 1 shows that a greater number of respondents (78, 29%) identified government as a key source for funding for health care service delivery in Ghana, followed by 61 respondents who identified the National Health Insurance scheme as the source of funding for health care delivery and 29 respondents believed that it was funded through the use of internally Generated Fund (IGFs) of the various health care facilities. Moreover, 40 respondents (14.8%) perceived "cash and carry" as the main source of funding for health care delivery and 32 respondents identified taxation while few of the respondents (4, 1.5%) thought that it was group and individual private insurance that fund the health care delivery in Ghana.

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This means that despite the introduction and dominance of the National Health Insurance Scheme as well as government subventions and provision of resources to equip the various health care facilities, "cash and carry" still prevail as among the sources of funding for health care delivery in the Sunyani Municipal.

This was confirmed with the interviews with the various stakeholders that government, Internally Generated Funds and National Health Insurance as well as few "cash and carry" as the main sources of funding for health care delivery in Ghana, especially, in the Sunyani Municipal. However, they further revealed that government subventions, donations and grants as well as the National Health Insurance funds are not reliable due to its delayance in disbursement and they are not adequate for funding health care delivery in Sunyani Municipal. Internal Generated Funds are comparatively reliable since it is mobilize at the local but it is not only adequate to fund health care delivery.

> *The major sources of funds for health care delivery in Ghana included; government supports, National Health Insurance Scheme, Internally Generated Funds as well as "cash and carry". However, these are not reliable and efficient at all to provide quality health care services in Ghana. Even the Internally Generated Fund that is generated locally is also not enough to do that. (accountant.*

The findings of this confirmed the views of some scholars such as Akortsu and Abor (2011), Mensah, Domfeh, Ahenkan and Bawole (2013) who identified taxation (both indirect and direct) as a source of funding health care delivery in Ghana and for most African countries. According to them, personal tax contributes 5.2 percent to the total health expenditure of the Ghana Health system.

Asare (2015) identified IGFs while Owusu-Sekyere and Bagah (2014) posit that Out of pocket payments (cash and carry) contribute 48 percent of the total health expenditure of Ghana.

Readiness of hospital clients to pay fees for better health care services

Objective two focus on whether clients of the various health facilities were willing to pay for improved quality of health care delivery. The data gathered is presented in Figure 1.

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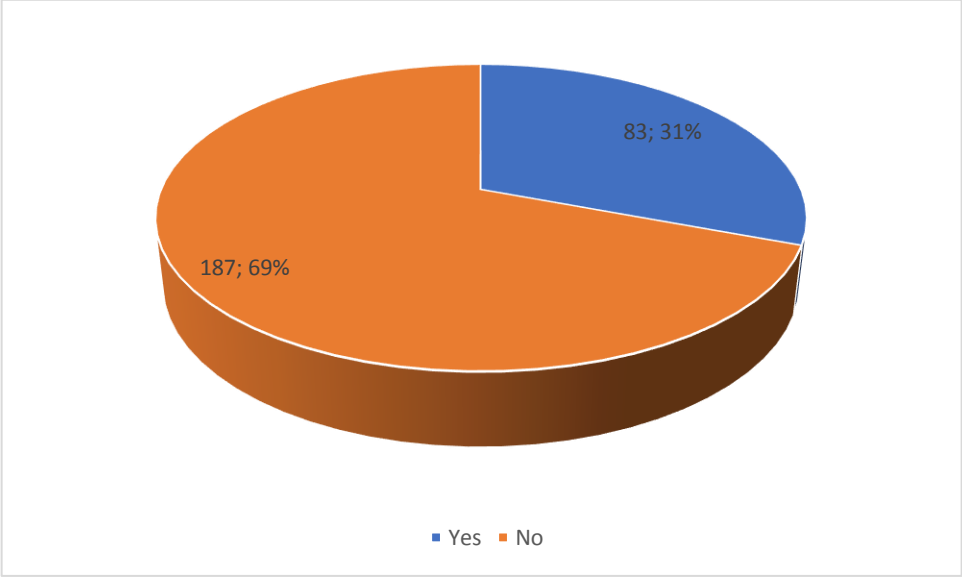

Figure 1: Hospital clients willingness to pay for better health care services

Source: Appiah (2019)

According to Figure 1, 83 (31%) of the respondents agreed that they were willing to pay for better health care delivery while 187 (69%) of the respondents were not. This shows that majority of the respondents were not willing to pay for any better health care delivery. This willingness was largely affected by the socio-economic characteristics of the respondents. This was because clients were within themselves willing to get access to better health care delivery, however, they cannot afford for such services. Other respondents also claimed that is the government duty to provide them with quality health care delivery so they will not pay for anything.

On the other hand, among the respondents who were willing to pay for better services, majority of them were willing to pay as high as 15 percent of their health expenses, followed by 10 percent, 5 percent and the least was 3 percent of their health care expenses.

On the views of the key stakeholders or participants, 8 of them confirmed that majority of the clients are willing to pay for better health care delivery, however, only few of them could afford it. On other hand, poor clients with lower educational background do not see the need to pay more for that. This was revealed in an interview with a participant:

"Clients are not willing to pay for improved health care service. This is because they think that the government has funded for their health care deliveries and as a result they need not to pay for health care." (administrator).

Challenges facing health facilities in financing healthcare delivery in the Sunyani municipal

Objective three sought to examine the challenges face by health facility management in financing healthcare in the Sunyani municipal. Data were gathered from both the clients as well as key stakeholders of health care system in Sunyani Municipal. The results is presented subsequently in Table 2.

Table 2: Challenges facing health facilities in financing healthcare delivery in the Sunyani municipal

Challenges	Frequency	Percent
Misappropriation of funds	73	27
Delay in NHIS payment	104	38.5
Hesitance of government to fund and invest in health care	20	7.4
Low commitment of the informal sector to contribute to health care	27	10
Lower charges of premiums and tariffs of NHIS	36	13.3
Weak supervision/monitoring and evaluation of health care system	10	3.7
Total	270	100

Source: Appiah (2019)

According to Table 2, a greater proportion of the respondents (104, 38.5%) of the respondents indicated that delay in the payment of NHIS trench of money to the various health care facilities accounted for the challenges of funding the health care delivery in Sunyani. This was followed by 73 (27%) of the respondents who identified misappropriation as the key challenge of funding health care delivery. Moreover, few (10, 3.7%) of the respondents were of the view

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that weak supervision, monitoring and evaluation of health care system as the main barrier to funding of health care delivery.

It can be inferred that most of the respondents perceived that delayance in the payment of NHIS by the government is the key challenge to the health care delivery in Sunyani Municipal. This was due to the fact that majority of the households have enrolled on the NHIS which fund their health care delivery (Sunyani Municipal Health Report, 2017). Therefore, when the government delay in paying the service providers of the NHIS, it really affect the health care delivery in Sunyani Municipal.

This findings of the study was in line with that of the study by Akorsu and Abor (2011) who found that that financing of Hospitals is plagued with many challenges, such as irregular flow of government subvention and very little subvention allocated for the actual running of the Hospital. Other challenges included the allocation of donor funds to specific projects that may not be priority areas of the Hospital, and the influence of government in the determination of user fees. The NHIS, although a good policy, has a problem of delay in the reimbursement for health services provided by Hospitals in Ghana.

Health care sustainability options and threats to the sustainability of Ghana's health care system

Objective four hoped to identify care sustainability options as well as threats to the sustainability of Ghana's health care system as a case in Sunyani Municipal. Data were gathered through the interview conducted for the key stakeholders. It came to bare that government sources of funding competing needs for other sector and its financing, unreliable government policies, poor health care and inadequate funds, changes in government, corruption as well as inadequate resources account for the threats of sustaining the Ghana health care system. Due to this, 6 of the participants were of the view that the health care system of Ghana is not sustainable and could fail with time to come. These were revealed in some excepts including the following:

> *"The current low premium and tariffs system makes the NHIS unstainable. This leads to inadequate funds to fund the health care delivery in the country. Also, inadequate resources in terms of equipment and human resources, especially, in the rural areas that result in poor health service delivery to clients. Also,*

corruption is everywhere sabotaging every programme and project because the influence of some politicians in the day-to-day administration of the system" (Sup. Pharmacist).

This findings confirms the study by Alhassan, Nketiah-Amponsah and Arhinful (2016) who found that corruption, delay in release of identity cards, political threats due to their interferences in the day-to-day management of the scheme and appointment of the Chief Executive Office by the siting presidents (Fusheini et al, 2012) and many others.

With regards to the prospects of Ghana Health Care system, 8 of the participants perceived that it has been in the system for long and had a policy which cater for its regulation and administration. Therefore, the propose that it can stand a test of time. Others were of the view that it has been able to cover a wide coverage and nationwide and dominated among the various health care insurance schemes in Ghana. Therefore, more than half of the participants argued that it is sustainable since it has been in the system for long and been able to cater for the health care needs of the dead or old age, the youth presently and could also be able to cater for the health care needs of the unborn generation to come. These were shown in the various quotation of the some participants including the following:

"Ghana has a well-established and sophisticated administrative structure for the supervision of health care delivery. This is documented and implemented by Ghana Health Service under the Ministry of Health. Therefore, the system is the best and forward looking but the low premium and tariffs should be reviewed" (Zonal Internal Auditor)

In all, the health care system of Ghana could be sustainable enough if it is well resourced and funded to avoid inconveniences and unnecessary excuses. On administrative matters, 9 of the participants stressed that there is poor administrative system in the Ghana health care system with others also defended that there is proper administrative system. This was confirmed in an interview with a participant.

"The administration is not strong. Administratively, the system is not the best, it should be able to receive claims and make payment regionally or at the region level

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in order to mitigate or curb the delayance in the disbursement of funds to the service providers."(Finance Officer).

Appropriate measures to improve upon funding of Health Care System in Ghana

Upon examining the challenges of the health care system of Ghana, respondents were requested to provide measures to improve upon funding health care system of Ghana in their own way. Data gathered on this were presented in Table 3.

Table 3: Suggestions on appropriate measures to improve upon funding of Health Care System in Sunyani Municipal

	Frequency	Percent
Early payment for NHIS for health care facilities	110	40.7
Management of health care should institute more ideas to increase revenue	54	20
Tarrifts and premiums should be reviewed upwards in every 2 years	45	16.7
Laws and regulations governing government funds allocated to the healthcare system should be enforced	20	7.4
Frauds and culprits should be punished to deter others from engaging in unlawful acts with health care funds	26	9.6
Support from donor agencies	10	3.7
The health system should consider the poor	5	1.9
Total	270	100

Source: Appiah (2019)

Table 3 shows that more (110, 40.7%) of the respondents suggest that payment of NHIS service providers and their arrears on time is the key to improve upon health care delivery in Ghana. This was followed by 54 respondents who proposed that management of various health facilities should institute more ideas to increase revenue and 45 respondents suggested that

tariffs and premium should be reviewed upwards in every 2 years in order to increase revenue to fund health care delivery in the Sunyani Municipal.

On the other hand, other respondents (20, 7.4%) argued that laws and regulations governing the allocation of funds to projects and programmes by the government should be enforced as well as punishing all frauds, culprits among others to deter others from engaging in unlawful acts with health care funds while only 5 respondents suggested that there should be a special package for the poor people who cannot afford the premiums or tariffs as well as health expenses.

With the key stakeholders, almost all of them (13 out of 14) were interested in early disbursement of National Health Insurance funds to the respective health care facilities as well as reviewing the premiums and tariffs of the National Health Insurance periodically. This was revealed by an accountant in an interview that:

> *The government should make sure that the National Health Insurance levy (premium or tariffs) are review yearly or at most 3 years. NHIS payment should also be done on time for the various health care facilities to effectively and efficiently prepare and provide quality health care to her clients. Lastly, some percentage of the stabilization fund should be allocated to the NHIS.*

The findings of this study add up to that of Fusheini et al (2012) who suggested that there is the need to de-couple politics from the routine management activities of the health care facilities since political interferences could stifle the progress and sustainability of these facilities. Also, Asher (2010) advised for the creation of Individual Health Savings Accounts. Asare (2015) recommends that improving upon revenue collection, introduction of co-payment, capitation as well as adoption of cost control mechanisms such as enforcement of the gatekeeper system; implementation of stringent monitoring mechanisms on health providers, and improving referral systems.

Major Findings

Sources of funding for healthcare delivery in Ghana

Objective one sought to identify the sources of funding for healthcare delivery in the Sunyani Municipal in Ghana. It was found that 78 (29%) of the respondents identified government as a key source for funding for health care service delivery in Ghana, followed by the National

Health Insurance scheme (61, 22.6%), Internally Generated Fund (IGFs) (29, 10.7%), 40 (14.8%) perceived "cash and carry" and 32 (11.9%) identified taxation while few of the respondents (4, 1.5%) thought that it was group and individual private insurance that fund the health care delivery in Ghana. On the other hand, the key stakeholders also revealed that government, Internally Generated Funds and National Health Insurance as well as few "cash and carry" were the main sources of funding for health care delivery in Ghana, especially, in the Sunyani Municipal. However, they claimed that these sources especially government subventions, donations and grants were not reliable and adequate.

Readiness of hospital clients to pay fees for better health care services

Objective two focus on whether clients of the various health facilities were willing to pay for improved quality of health care delivery. The study found that 7, 83 (31%) of the respondents were willing to pay for better health care delivery while 187 (69%) of the respondents were not. Thus, majority of the respondents were not willing to pay for any better health care delivery. This willingness was largely affected by the socio-economic characteristics of the respondents and the notion that is the government duty to provide them with quality health care delivery so they will not pay for anything. On the other hand, among the respondents who were willing to pay for better services, majority of them were willing to pay as high as 15 percent of their health expenses, followed by 10 percent, 5 percent and the least was 3 percent of their health care expenses.

On the views of the key stakeholders or participants, 8 of them confirmed that majority of the clients are willing to pay for better health care delivery, however, only few of them could afford it. On other hand, poor clients with lower educational background do not see the need to pay more for that.

Challenges facing health facilities in financing healthcare delivery in the Sunyani municipal

Objective three sought to examine the challenges face by health facility management in financing healthcare in the Sunyani municipal and the study found that a greater proportion of the respondents (104, 38.5%) of the respondents indicated that delay in the payment of NHIS subventions to the various health care facilities accounted for the challenges of funding the

health care delivery in Sunyani. This was followed by 73 (27%) of the respondents who identified misappropriation as the key challenge of funding health care delivery. Moreover, few (10, 3.7%) of the respondents were of the view that weak supervision, monitoring and evaluation of health care system as the main barrier to funding of health care delivery.

Health care sustainability options and threats to the sustainability of Ghana's health care system

Objective four hoped to identify care sustainability options as well as threats to the sustainability of Ghana's health care system as a case in Sunyani Municipal. It came to bare that government sources of funding competing needs for other sector and its financing, unreliable government policies, poor health care and inadequate funds, changes in government, corruption as well as inadequate resources account for the threats of sustaining the Ghana health care system. Due to this, 6 of the participants were of the view that the health care system of Ghana is not sustainable and could fail with time to come.

With regards to the prospects of Ghana Health Care system, 8 of the participants perceived that it has been in the system for long and had a policy which cater for its regulation and administration. Therefore, they propose that it can stand a test of time. Others were of the view that it has been able to cover a wide coverage and nationwide and dominated among the various health care insurance schemes in Ghana. Therefore, more than half of the participants argued that it is sustainable since it has been in the system for long and been able to cater for the health care needs of the dead or old age, the youth presently and could also be able to cater for the health care needs of the unborn generation to come. On administrative matters, 9 of the participants stressed that there is poor administrative system in the Ghana health care system with others also defended that there is proper administrative system.

Appropriate measures to improve upon funding of Health Care System in Ghana

The study found that more (110, 40.7%) of the respondents suggest that payment of NHIS service providers and their arrears on time is the key to improve upon health care delivery in Ghana. Followed by 54 respondents who proposed that management of various health facilities should institute more ideas to increase revenue and 45 respondents suggested that tariffs and

premium should be reviewed upwards in every 2 years in order to increase revenue to fund health care delivery in the Sunyani Municipal.

On the other hand, other respondents (20, 7.4%) argued that laws and regulations governing the allocation of funds to projects and programmes by the government should be enforced as well as punishing all frauds, culprits among others to deter others from engaging in unlawful acts with health care funds while only 5 respondents suggested that there should be a special package for the poor people who cannot afford the premiums or tariffs as well as health expenses. With the key stakeholders, almost all of them (13 out of 14) were interested in early disbursement of National Health Insurance funds to the respective health care facilities as well as reviewing the premiums and tariffs of the National Health Insurance periodically.

Conclusions

The descriptive study was well conducted through appropriate methodology, and the following inferences were made over the findings based on the objectives of the study.

Sources of funds for funding Ghana health care delivery, especially in Sunyani Municipal included: government subventions, National Health Insurance, Internally Generated Fund, out-of-pocket payment (cash and carry), taxation as well as private or group insurance policies.

Clients were not willing to pay for improved or quality health care delivery in Sunyani Municipal due to low income and low education among others and also had the notion that it is the responsibility of the government to provide them with quality health care delivery.

Challenges facing health facilities in financing health care delivery in Sunyani Municipal included; delay in payment of NHIS subventions by the government, misappropriation of funds, weak supervision, monitoring and evaluation of health care as well as political interferences.

Lastly, despite the fact that threats such as; government sources of funding competing needs for other sectors and its financing, unreliable government policies, poor health care and inadequate funds, changes in government, corruption as well as inadequate resources have on financing of health care delivery in Sunyani Municipal, the health system is sustainable because it has survive for long period of time, it has well documented policy guiding its

activities and operations, nationwide coverage of National Health Insurance Scheme among others.

Recommendations

Based on the findings and outcomes drawn, the following suggestions are put forward for consideration:

- The government should release the subvention for NHIS service providers and health care facilities on time.
- The government as well as the various key management members should be innovative in coming out with strategies and measures to increase revenue to fund the health care delivery system in Ghana.
- The premiums and tariffs of NHIS should be reviewed upwards at most in every 3 years for sustainability of health care delivery in Sunyani Municipal.
- The clients should be educated on the essence of accessing improved or quality health care delivery by the Ghana Health Service in collaboration with municipal health directorate.

The government should allow the laws to punish all frauds, culprits among others without any political interference in order to deter others from engaging in unlawful acts with health care funds.

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