

## National Health Insurance in Ghana: Improving Health and Local Limits

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In 2003 the Government of Ghana approved the National Health Insurance Act 650, that in 2005 was effectively inaugurated. The Government was inspired by the World Development Report 1993 (World Bank) to promote *National Health Insurance* (NHI) into the health system. Ministry of health defines NHI the most important democratic health program in the country because its aim is to reduce the poverty and to improve equity, access, distribution and quality of health system. NHI substitutes the previous Cash and Carry - characterized by the payment for every treatment -; it covers 95% of diseases and guarantees free medical treatments in every public health facility. Ghanaian people is still not obliged to pay the annual *premium*, although the percentage of insured people is increasing above all in the urban areas. NHI *Council* individuates maximum and minimum national *premium*, and every administrative district decides the annual payment in accordance with local economical conditions, even if the current Government wants to include the so-called "universal premium". Health insurance is also connected with decentralization programs - promoted by international organizations - because it delegates regions and district mutual schemes to manage the program into local communities. Moreover in 2010 NHI *Council* declares to include herbal products into the "NHI free drugs' list" as soon as F&D board and CSRPM of Mampong will individuate safe, efficacious and qualitative traditional products.

Ethnographical data are useful to thoroughly describe the change of role of the State in health; NHI in national, regional and district level; the relationship between NHI and Traditional medicine; and to analyze the Community based health scheme in the Nzema area, where I carried out my research. Which are the pros and cons of NHI? Does NHI improve health communities' status? Does NHI increase accessibility, distribution and quality of public health system? Which is the role of WB and other donors? Why are many people reticent to pay and accept NHI in the Nzema area? Is NHI perceived as a health program or economical and financial business? Thus, it is important to consider local perception and examine nzema health, social, political and financial dynamics to underline positive and negative effects of NHI and participation, exclusion and inclusion in health insurance in rural areas.