

Health services availability and readiness moderate cash transfer impacts on health insurance enrolment: evidence from the LEAP 1000 cash transfer program in Ghana

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Background



Ghana LEAP 1000
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Context

- Expanding health insurance coverage is a priority under Sustainable Development Goal 3.
- Only 40% of Ghanaians are covered by the National Health Insurance Scheme (NHIS).

What did the Government of Ghana do to bridge this gap?

- Linked the NHIS with the LEAP 1000 cash transfer program by waiving premium fees for LEAP 1000 households.

What did we find?

- Impacts of LEAP 1000 on NHIS enrolment were larger in areas with better healthcare service availability and readiness.

Research Question

Do health facilities’ service availability and readiness moderate LEAP 1000 impacts on NHIS enrolment?

Methods

Setting

- 5 districts in the Northern part of Ghana (Yendi, Karaga, East Mamprusi, Bongo and Garu Tempane).

Target population

- 2,497 poor households with pregnant women or child <12 months
- Regression discontinuity-inspired approach used to identify a comparison group, exploiting the proxy means test (PMT).

Data and study design

- A quasi-experimental, longitudinal study (2015-2017).



Intervention: Livelihood Empowerment Against Poverty (LEAP) 1000 program provided cash transfer program + NHIS premium fee waivers



Moderating Factor: Service Availability & Readiness (SARA)



Outcome: NHIS enrolment

Impact Evaluation: Triple differences (DDD) model to examine the moderating impacts of SARA on NHIS enrolment

Results

Adults

LEAP 1000 led to a 9–percentage point increase in NHIS enrolment in areas with the lowest service availability and readiness.

LEAP 1000 led to 15 and 18 percentage point increases in NHIS enrolment in areas with middle and highest tertiles, respectively, of service availability and readiness

Children

No impacts of LEAP 1000 on NHIS enrolment in the lowest service availability and readiness tertile.

LEAP 1000 increased NHIS enrolment by 13 and 20 percentage points in the middle and highest tertiles, respectively, of service availability and readiness

Conclusions

- Supply-side factors relating to service readiness and availability boost the positive impacts of a cash transfer program on NHIS enrolment.
- Demand-side interventions coupled with supply-side strengthening may facilitate greater population-level benefits.
- Policymakers in Ghana should prioritize the integration of efforts to simultaneously address demand- and supply-side factors.



