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# Financing healthcare services: a qualitative assessment of private health insurance schemes in Ghana

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## Abstract

**Background** Health financing in Ghana aims for universal access to healthcare, with both public and private insurance schemes playing vital roles. The National Health Insurance Scheme (NHIS) addresses out-of-pocket expenses but faces enrollment and trust issues. However, 12 licensed Private Health Insurance Schemes (PHISs) offer complementary services, enhancing healthcare access and quality through additional coverage and service delivery. This study aimed to assess the operations and performance of PHIS in Ghana.

**Methods** The research utilized a qualitative descriptive design, focusing on registered PHIS providing services to Ghanaians. A convenient sampling technique was employed for data collection. Data was gathered through face-to-face interviews with participants until saturation was achieved. The data was thematically analyzed.

**Results** The study highlights the intricate regulatory framework governing PHISs in Ghana, emphasizing licensing and accreditation requirements. It revealed diverse operational strategies, including nationwide coverage and tailored policies for different clientele. Benefit packages varied, with distinct plans like the “X-scan plan” for medical imaging. Payment structures ranged from upfront payments to flexible options. PHIS's growth was driven by health concerns during the COVID-19 pandemic, strategic investments, and partnerships. Clientele for PHIS primarily resides in urban areas, focusing on sectors like education.

**Conclusion** The study assesses Ghana's PHI sector, highlighting its critical role in financing healthcare in Ghana. Findings reveal PHIS's diverse packages and flexible payments boost healthcare access and quality. We, therefore, recommend PHIS foster partnerships with National Health Insurance Authority (NHIA) accredited facilities, reduce non-payment risks, and ensure transparency to foster trust and accurate risk assessment, promoting sustainable growth and reliability in Ghana's Private Health Insurance (PHI) industry.

**Keywords** Private health insurance, Insurance schemes, Healthcare services, Qualitative

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## Background

The World Health Organization (WHO) has articulated the objective of health financing as ensuring the availability of funding and establishing appropriate financial incentives for healthcare providers, thereby guaranteeing universal access to effective public health and personal healthcare [1]. The global discourse on healthcare financing persists, with numerous low and middle-income countries actively exploring diverse approaches to fund their healthcare systems due to chronic underfunding



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issues [2]. User fees were introduced at the point of service delivery in some of these nations to generate revenue for sustaining their healthcare systems. There were instances where the introduction of user fees resulted in improved healthcare service quality [3], a preponderance of evidence indicates that such fees pose significant obstacles to healthcare service utilization and impede adherence to long-term treatment among impoverished and vulnerable groups [4]. These challenges have sparked debates, prompting the exploration of alternative healthcare financing options. Health insurance systems are becoming increasingly popular as a means of financing healthcare provision in developing nations. Indeed, this has the potential to enhance the use, better protect consumers from catastrophic healthcare costs, and address equality concerns [5]. According to the WHO, health insurance is certainly one of the means through which low-and-middle-income countries might attain universal healthcare coverage. Many low and middle-income nations, in particular, continue to look for new methods to fund their healthcare systems. This is attributable to the healthcare systems' ongoing and persistent underfunding [6].

Presently, Ghana, among other nations, has adopted national health insurance systems to tackle issues related to out-of-pocket payments and bridge the utilization gap [7]. The NHIS, a form of national health insurance, seeks to afford Ghanaians equitable access and financial coverage for essential healthcare services. This scheme was established in response to the inadequacies of the cash and carry system, where individuals had to make immediate payments before and after receiving treatment, proving financially burdensome for most Ghanaians and leading to avoidable deaths [8]. Faith-based non-profit (FBNP) providers play a significant role in Ghana's health system, contributing to universal health coverage (UHC) efforts [9]. While administrative data suggest FBNPs have a 30–40% market share, household surveys indicate less than 10%. FBNPs initially focused on rural areas but have evolved with changing contexts [9]. Despite advancements in healthcare financing approaches, recent empirical evidence suggests that the NHIS is not meeting its goals of fairness, evidenced by lower enrollment rates among the population in Ghana [10]. Moreover, there are increasing indications of various implementation challenges, including perceived deficiencies in treatment quality, delays in NHIS card production and distribution, a lack of trust in scheme administration, extended wait times for covered individuals, and high rates of enrollment dropout, among other issues [11]. NHIA lacks the necessary tools to regulate spending or track the results of cost-cutting measures. There are no systems in place to keep an eye out for and address providers' unusual

behavior, or to involve NHIS members in information verification, case management, or prevention [12].

Private health insurance serves multiple functions [13]. In certain nations, specific demographic groups not covered by compulsory social insurance must turn to PHI providers for coverage [14]. Individuals with incomes surpassing the eligibility threshold have the option to choose between PHI and social health insurance [15]. Private health insurance offers protection for services not included in social health insurance coverage [16]. The NHIA in Ghana is tasked with overseeing PHI as well [17]. Currently, twelve (12) licensed PHIS are operating in Ghana. These include both Private Mutual Health Insurance Schemes (PMHIS) and Private Commercial Health Insurance Schemes (PCHIS). These institutions provide a range of services to individuals, families, and corporate clients, offering both inpatient and outpatient care, wellness solutions, and healthcare consultations [18].

In Ghana, individuals opt for PHI as a means to secure pre-paid access to private healthcare facilities, circumvent waiting times associated with publicly funded specialist treatments, or enjoy superior amenities in public facilities. PHISs pay their claims to the health provider every month to help deliver quality care to their clients [3]. PHI holders are perceived to receive special services as compared to NHIS holders in Ghana. There is therefore the need to assess the operations and performance of PHIS to better appreciate their contribution to healthcare financing in Ghana.

## Methodology

### Study design

This study employed a qualitative cross-sectional descriptive design to explore the compliance, benefit packages, and growth of Private Health Insurance Schemes (PHIS) in Ghana. This design was chosen to provide a detailed understanding of the current state of PHIS in the country, capturing the perspectives of those directly involved in their operation.

### Sampling and participants

A convenient sampling method was used for participant selection, due to the reluctance of some PHISs to engage in the study. The population targeted comprised 12 registered PHIS by the National Health Insurance Authority (NHIA) in Ghana at the time of the study. However, only 4 PHIS agreed to participate, as others declined involvement. A total of 8 staff members from these 4 institutions were interviewed, with data collection ceasing upon reaching data saturation [19]. It is worth noting that all 12 registered PHIS are based in urban areas, however, with some operating in both urban and per-urban areas.

**Data collection procedure**

Before the main data collection, the interview guide was piloted with two staff members from a non-participating PHIS due to limited participation. This piloting was conducted to refine the questions, ensuring they were clear and effective in eliciting the desired information. Feedback from the pilot led to minor adjustments in the wording of some questions to enhance clarity. Data was collected through face-to-face interviews using an interview guide specifically designed for this study (see supplementary file). The interview guide covered key areas such as compliance with governing frameworks, benefit packages offered by PHIS, growth trajectories of PHIS and their clientele, and overall challenges and successes. With informed consent, all interview sessions were audio-recorded for accuracy in data capture. Participation was voluntary, with interviews lasting between 30–45 min on average, conducted at locations convenient for the participants. Data collection took place from July to August 2023. To ensure the credibility of the findings, several strategies were employed, including member checking to confirm their accuracy. Dependability was ensured by maintaining a clear audit trail for the analysis process, documenting decisions made during the study. This included detailed notes on how codes and themes were refined. To enhance confirmability, the researchers practiced reflexivity, acknowledging their own biases and how these may have influenced the research process.

**Data analysis**

The analysis of this study employed a “small q” approach [20], emphasizing rigor, accuracy, and reliability. This method ensured a systematic and transparent process, focusing on clearly defined themes and consistent coding practices. By prioritizing these principles, the analysis aimed to minimize researcher bias and enhance the replicability of findings, while providing an accurate representation of the data within the study’s context. The stages of analysis involved transcription of the audio recordings

which was done verbatim, and transcripts were read multiple times to ensure immersion in the data. Initial codes were created by labeling significant data segments that appeared meaningful or relevant to the research questions. Codes were then grouped into broader themes. Themes were reviewed and refined to ensure they accurately reflected the data and addressed the research objectives. A report was then produced, detailing the themes and their implications for the study. The analysis was conducted using ATLAS.ti 24 software, which facilitated systematic coding and organization of the data.

**Results**

With the aim to assess the operations and performance of PHIS in Ghana, eight (8) participants were interviewed from across four PHIS in Ghana. Table 1 shows the sociodemographic characteristics of the study participants.

Six (6) themes were generated from the data analysis to assess the operations and performance of PHIS in Ghana. These were; (1) regulations and registration processes for PHISs, (2) operations of PHISs, (3) benefit packages provided by PHISs, (4) policy subscription and payment for PHISs, (5) growth of PHISs, and (6) clientele coverage of PHISs.

**Regulations and registration processes for PHISs**

Regulations for PHISs represent a fundamental aspect of the PHI landscape. It encompasses the intricate set of rules and guidelines that govern the operations and conduct of PHISs within the country. These regulations are pivotal in shaping the framework within which PHISs function, ensuring they meet established standards and adhere to legal requirements. This study sheds light on the effectiveness of regulatory mechanisms, identifies potential areas for improvement, and assesses the overall health of the PHI sector in Ghana. Some statements, such as one made by P04, express an unwavering commitment to compliance.

*“...we are fully authorized by the National Insur-*

**Table 1** Sociodemographic characteristics

S/N	Age	Gender	Educational of level	Position at PHI	Experience with PHI
P01	37	Male	Bachelors	Regional Manager	1 year
P02	43	Male	Masters	Assistant Manager	5 years
P03	35	Female	Bachelor	Sales Manager	2 years
P04	40	Male	Masters	Regional Manager	9 years
P05	38	Male	Masters	Chief Operations Officer	3 years
P06	36	Female	Bachelors	Assistant Manager	3 years
P07	42	Male	Masters	Operations Manager	6 years
P08	41	Male	Masters	Operations Manager	5 years

*ance Authority as a regulator. We are the first private health insurance company in Ghana. We are the pioneer in the industry so we don't default." (P04, regional manager)*

The regulatory process with authorities in the PHI sector in Ghana was a multifaceted and crucial aspect of their operations. It involved several key requirements and steps that companies needed to adhere to function effectively. This process entailed obtaining licenses from the Health Facilities Regulatory Agency (HeFRA) and accreditation from the NHIA to ensure the provision of medical care to clients under medical insurance. P08 shared:

*"...before we work with any health facility, there are two things involved. They should have a license by HeFRA assessment. In addition, they might also go and see NHIA for another accreditation that enables the participant to provide medical care to any client on medical insurance. Any company that hasn't done that, we can't operate with them." (P08, operations manager)*

Challenges with registration revealed varied perspectives and experiences among PHISs in Ghana regarding the registration process with the NHIS and the Regulatory and Development Agency (RDG). Some respondents, such as P02, indicated a smooth registration process, emphasizing that compliance is generally hassle-free when the necessary funding is in place.

*"Not at all. The only time that you have a problem is when you decide to go off sheet with their instructions. Okay, yes, but for registration, we don't have any issue." (P02, assistant manager)*

Others like P04, raised concerns about challenges related to license renewal and credentialing requirements.

*"...the challenge is the renewal of the license with NHIA. I mentioned that they said as part of the requirement, every provider should be credentialed. But for some reason, they don't do anything with NHIA, though they have HeFRA..." (P04, regional manager)*

### Operations of PHISs

Participants shared the operational strategies employed by their health insurance companies. PHISs proudly emphasized their nationwide coverage, reinforcing their commitment to providing extensive medical insurance services throughout Ghana. The statement below illustrates an operational policy share by P08.

*"So operationally, we are across the country. That's why we are [name of PHIS]." (P08, operations manager)*

The findings revealed an array of insurance policies tailored to meet the unique needs of various clientele. PHISs have an assortment of policy types, each designed to cater to different segments of the population. These policy types include family, corporate, and group packages, reflecting a commitment to inclusivity and accessibility. P01 shared:

*"We do family, cooperate, and then groups packages." (P01, regional manager)*

Notably, there is also a strategic shift towards extending coverage to the informal sector through micro-insurance, acknowledging the sector's unique income structure as shared by P05:

*"When we came into the industry, almost all the companies were focusing on the formal sector, we also wanted to do more for the informal sector. And because the informal sector doesn't have a structured way of earning income, we decided to do a micro way of helping them pay their premiums..." (P05, chief operations officer)*

### Benefit packages provided by PHISs

Benefits packages are a critical aspect of PHI, encompassing a broad spectrum of healthcare services provided to policyholders. Policyholders typically receive coverage for both in-patient and out-patient services, with some variations in benefit limits depending on the specific insurance plan. The findings illustrate varying benefit coverage offerings, revealing discrepancies in the limits imposed. For instance, P07 emphasizes a yearly outpatient benefit of GHc20,000 and GHc16,000 for in-patient services.

*"Our benefits cover everything at the hospital. We have in-patient and out-patient benefits. It covers both out-patient and in-patient benefits but there are limits based on the amount. For instance, for a family of 4 as I stated in my first example, the out-patient could be GHc20,000 for outpatient benefit and GHc16,000 for in-patient benefits for the whole year. The family would be expected to spend from these including ambulance services and x-rays and all scans." (P07, operations manager)*

Additionally, P03 introduces a unique plan called the "X-scan plan" focusing exclusively on medical imaging services. These differences suggest that PHISs offer diverse benefit coverage options, catering to the different healthcare needs and financial capacities of their clients.

*“So, for us, we currently have a product called the X-scan plan... The X-scan plan is giving insurance cover for only medical imagining services which is a very expensive service.” (P03, sales manager)*

Participants shared varying approaches for claim processing across different providers. These statements from various health insurance companies shed light on their respective claim processing procedures and waiting periods. P01 emphasizes a quick and efficient claim processing system, earning the trust and recommendations of healthcare facilities.

*“We pay our claims on time so most of our referrals are from the health facilities we work with who recommend our services to people. Most of our service providers are happy with how fast we process our claims...” (P01, regional manager)*

In contrast, P06 highlights a distinct advantage by offering no waiting period, ensuring immediate access to benefits.

*“Okay, with some of our competitors, once you fill the form, they will give you a waiting period like say six months, one year. So, if after six months, nothing happens to you, then you can enjoy the benefits but with us, there’s no waiting period.” (P06, assistant manager)*

#### **Policy subscription and payment for PHISs**

The findings show the processes and conditions involved in obtaining and maintaining a health insurance policy from these private providers. The subscription conditions for PHIS were characterized by a consistent emphasis on full disclosure from clients. Some institutions, as exemplified by P01, stressed the importance of clients honestly providing information about their medical history and conditions during enrollment.

*“We expect every client to disclose as our enrollment forms even list out certain illnesses. Full disclosure is expected from anyone who enrolls in our packages. It would be better for a client to be wholly truthful so we would know if it is the premium we would have to increase or any other means to help the company and the client so that no one is on the losing end in our client forms, we allow clients to tell us of their pre-existing conditions as have a list of some of those ailments listed on our enrollment forms.” (P01, regional manager)*

The payment structure among PHIS exhibited a variety of approaches. Some had a corporate package system, requiring a 50% upfront payment followed by quarterly installments until the end of the year. P07 shared:

*“No, we don’t do monthly, quarterly, or mid-year renewals. However, if it is a corporate package, we expect 50% upfront payment then we spread the rest to be paid every quarter till the year ends.” (P07, operations manager)*

Moreover, others offered flexible payment plans, allowing policyholders to choose between 1-month, 2-month, 3-month, or 6-month payment options. These diverse payment methods within the PHI industry highlight the range of choices available to clients, with some providers still considering the introduction of monthly subscriptions. P05 shared:

*“We have a 1-month payment plan, a 2-month payment plan, a 3-month payment plan, and a 6-month payment plan. So, if you are on a one-month payment plan, it means we are giving you one month to pay your premium...” (P05, chief operations officer)*

Difficulties associated with large upfront payments and the preference for more affordable monthly subscriptions were also mentioned by P02.

*“...that clause has also given us some challenges because there are average Ghanaians, somebody might not get chunk money to register, somebody prefers going the monthly subscription rate which is somehow more affordable.” (P02, assistant manager)*

#### **Growth of PHISs**

The growth pattern of PHISs presents a multifaceted narrative. While some institutions, like P01, experienced initial setbacks during the onset of the COVID-19 pandemic, they eventually rebounded due to the urgency of health concerns.

*“We have grown since our establishment 5 years ago. In the last 3 years since the COVID-19 pandemic hit Ghana, we stumbled in the beginning but business picked up because health is a crucial issue that doesn’t give prompts and can’t wait because of economic issues. When it hits, and you need to find a solution because that is life.” (P01, regional manager)*

In contrast, P06 highlighted a significant and consistent expansion in their clientele base over the years, underscoring their quality services.

*“The growth has been massive because in 2004 when we started, we had few of our clientele base, but due to our quality services, we have increased the market share. Yes, there has been some remarkable growth.” (P06, assistant manager)*

Contributing factors to the growth of PHISs were multifaceted and had played a crucial role in shaping

their success in the past. These factors, as articulated by participants include strategic investments in profitable ventures, leveraging referrals and positive client testimonials, and the promptness of claim payments. P07 shared:

*“We invest our proceeds in profitable ventures, referrals, and testimonies of clients and claim payments have been a contributory factor to your growth” (P07, operations manager)*

Additionally, partnerships/collaboration between other insurance companies, have also been instrumental in expanding membership and sustaining the growth of PHISs in the Ghanaian healthcare sector as shared by P03:

*“To increase membership and sustain the company, [name of institution] has partnered with [name of patterning institution] ...” (P03, sales manager)*

#### Clientele coverage of PHISs

The location concentration of clients on PHI was predominantly in urban areas. These urban centers, particularly regional capitals such as Accra, Kumasi, Takoradi, Tamale, and Sunyani, served as the primary hubs for PHI clientele. Participants suggested that their focus was on individuals and organizations within these urban zones, with an emphasis on sectors like education, notably teachers. P04 shared:

*“So, our client-based typically are within Accra, Kumasi, Takoradi, Tamale, and Sunyani; mostly of the regional capitals, we only have the workers, mostly teachers...” (P04, regional manager)*

#### Discussion

The study sought to assess the operations and performance of PHIS in Ghana. Key findings identified from this study include an intricate regulatory framework governing PHI in Ghana, emphasizing licensing and accreditation requirements, diverse operational strategies, including nationwide coverage, and tailored policies for different clientele. Benefit packages varied, with distinct plans like the “X-scan plan” for medical imaging. Payment structures ranged from upfront payments to flexible options. PHI growth was driven by health concerns during the COVID-19 pandemic, strategic investments, and partnerships. Clientele primarily resides in urban areas, focusing on sectors like education.

PHISs must operate per established standards and follow applicable laws, therefore regulatory compliance is crucial. According to the study’s findings, PHISs complied with all applicable legal requirements, including being approved by the NHIA, which oversees all insurance organizations in the nation. These results are

consistent with the Kenyan PHI documentation structure [21], which states that PHI is governed by the IRA under the Insurance Act to provide some direction for purchasing functions. Through stringent reporting requirements and frequent inspections, the IRA keeps a close eye on insurers. This is also similar to that of Ghana as there was no mention of interactions with any other regulatory body aside from the NHIA. The study also found that PHISs did not fall short of regulatory requirements. This is because they would not be able to continue functioning in such situations, which would damage their reputation among the population they serve as also reported in a previous study [17]. Comparable consequences for non-compliance include de-registration and monetary fines [21].

The study highlighted challenges faced by medical facilities in meeting patient needs due to non-compliance with NHIA credentialing requirements, despite adherence to HeFRA regulations. This discrepancy arises because some facilities prioritize working with PHISs rather than seeking NHIA accreditation, which is mandated for PHISs. This issue reflects broader regulatory complexities in Ghana’s insurance sector [17]. The study identifies regulatory hurdles such as mandatory minimum capital deposits for PHISs to operate, aimed at controlling market imperfections and systemic risks. These measures include enforcing a “no premium no cover” policy and monitoring financial obligations to ensure sector profitability. Moreover, PHISs must secure reinsurance to manage risks effectively, aligning with regulatory frameworks aimed at safeguarding the insurance industry’s stability and viability [17]. Thus, the study underscores the intricate interplay between regulatory compliance, operational practices of medical facilities, and the broader economic oversight required to sustain Ghana’s insurance sector.

The study found that PHISs were able to handle their claims in a way that satisfied their clients and healthcare institutions, which enhanced their working relationships. This result aligns with previous findings [22] that, the accuracy, speed, and efficiency with which claims are settled had a significant impact on the payment of insurance claims. However, there was no mention of the legal aspect of processing claims. This might indicate that there isn’t one or that if there is, PHISs choose to disregard it. This is consistent with a similar issue in Kenya [21], where insurance institutions have discretion over how to handle claims because the regulations do not explicitly specify this. As a result, delays may occur. Packages for customers who choose private insurance, including executive, premier, workers’ plan, platinum, and premier plus. This gives customers options according to their financial situation and income as services included in these packages

vary. This is advantageous as it gives customers alternatives rather than restricting them. Additionally, customers may select packages based on what their health needs require. This is consistent with a previous study [23].

The study also found that PHISs had several payment structures for their clients ranging from monthly to yearly plans. This provides flexibility for the client to be able to pay according to their income flow. By this, bias is eliminated as each person is given a fair ability to purchase their healthcare need. Interestingly, some PHISs worked closely with the Controller and Accountant General's department to make deductions for client's payments from their source of payment. This helps to minimize the risk of clients not paying their contributions as expected. However, there are still some challenges as some clients sometimes enjoy the services without paying their contributions. Change of payment method for premiums by clients has been the way forward for some PHISs. Subscription conditions for PHISs in Ghana prioritize full disclosure, transparency, and fairness. Clients are encouraged to provide honest information about their medical history, and the companies take steps to ensure the process is as accessible and understandable as possible.

This study has found that the COVID-19 epidemic significantly affected the growth of PHISs. Additionally, over the years, investing in successful companies and introducing new products have been avenues for growth for PHISs. This is consistent with a previous study [24], which found a positive correlation between market sensing and company performance, considering how innovation mediates the link between market sensing and market performance. This further supports the assertion that innovation benefits the health insurance sector, particularly in terms of penetration and allowing businesses to carve out a niche for certain uninsured markets, particularly those at the bottom of the pyramid [25]. The services they provide help businesses maintain their market share and win over loyal customers. Additionally, a study on the relationship between innovation and corporate performance showed that innovation has an impact on performance. Nevertheless, the research was restricted to small and medium-sized businesses in a single nation [26].

The study identified larger and older institutions often have stronger sales teams, effective marketing, and client referrals, contributing to better performance due to economies of scale and resource allocation. Literature supports the idea that these institutions are more capable of funding marketing initiatives, which enhances brand recognition and instills confidence in prospective customers, thereby increasing market share and profitability. This aligns with other findings [27, 28] noting a positive

impact of institution age on success. It has been reported [29] that as institutions age, the benefits of experience can be offset by organizational rigidity, which hinders agility and leads to subpar performance. Thus, while age can be advantageous, other factors also significantly influence an institution's success, and age alone does not guarantee improved performance.

Collaboration with other businesses was also discovered to play a role in the PHIS's expansion. Similar findings ascertained how strategic alliance involvement affected an institution's profitability have been made [30]. PHISs in Ghana face challenges with client premium payments due to skepticism about health insurance benefits and economic difficulties affecting renewals. The ability to pay premiums varies by clients' financial situations, necessitating tailored approaches, education, and flexible payment options. A successful strategy involves engaging groups rather than individuals to ensure premium payments, which could be adopted to sustain growth.

PHIS improve healthcare access and financial protection but may exacerbate affordability issues and inequities, particularly for marginalized groups. Future research should focus on enhancing inclusivity, affordability, and assessing long-term impacts on health outcomes and financial protection. The findings underscore key policy implications, urging integration of private insurance into broader health financing reforms to promote equity and sustainability. Practitioners can leverage these insights to design inclusive schemes and foster collaboration between public and private sectors.

### Limitations

Although the study provides findings relevant to policymakers and PHISs, it is however limited in its scope to the Ghanaian system which should be taken into consideration when transferring the findings to different healthcare systems and regulatory environments. Another limitation lies in potential bias from only four participants, which may affect generalizability. Future research should enhance recruitment efforts, address participation barriers, and use larger, more representative samples to reduce bias and improve validity.

### Conclusion

The study focused on assessing the operations and performance of PHISs in Ghana. This is motivated by the lack of studies on the current insurance regulatory framework and performance of the PHI industry. The study concluded that collaboration with NHIA-accredited facilities has been identified as crucial to maintaining healthcare quality and accessibility for policyholders. Several benefits from PHISs reveal diverse insurance packages catering to various needs and financial capabilities, with

flexible payment structures enhancing affordability. This justifies the growing demand for PHI among the population as against the NHIS. We recommend that PHISs insist on partnerships with NHIA-accredited facilities to ensure quality care, explore strategies to reduce non-payment risks for timely premium payments, and emphasize transparency in information collection to foster trust and accurate risk assessment. These measures aim to sustain growth, enhance service reliability, and address challenges in Ghana's PHI sector effectively.

#### Abbreviations

COVID-19L	Coronavirus 2019
HeFRA	Health Facilities Regulatory Authority
IRA	Insurance Regulatory Authority
NHIA	National Health Insurance Authority
NHIS	National Health Insurance Scheme
PCHIS	Private Commercial Health Insurance Scheme
PHI	Private Health Insurance
PHIS	Private Health Insurance Scheme
PMHIS	Private Mutual Health Insurance Scheme
RDG	Regulatory and Development Agency
UHC	Universal Health Coverage
WHO	World Health Organization

#### Supplementary Information

The online version contains supplementary material available at <https://doi.org/10.1186/s12913-025-12380-x>.

Supplementary Material 1.

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#### Authors' contributions

Conceptualization: AA, RAB, PT; Methodology: AA, RAB, PT; Data curation: AA, RAB; Formal analysis: RAB, AA; Writing initial draft: RAB; Reviewing and editing: AA, PT, RAB; Project administration: RAB, PT; Supervision: PT. All the authors have read and approved the final manuscript.

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#### Data availability

Data is provided within the manuscript.

#### Declarations

##### Ethical approval and consent to participate

Ethical approval was obtained from the Committee on Human Research, Publication, and Ethics at the Kwame Nkrumah University of Science and Technology with reference number CHRPE/AP/849/23. The study was conducted in accordance with the Declaration of Helsinki. Consent was obtained from all participants, who were fully informed of the study's context and the intended use of the data. To ensure confidentiality, the data was anonymized. Participation was voluntary and participants could opt out of the study when they wanted to.

##### Consent for publication

Not applicable.

##### Competing interests

The authors declare no competing interests.

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