ENHANCING THE COMMUNICATION STRATEGY OF THE NHIS IN GHANA: A LITERATURE REVIEW

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THE NHIS IN GHANA: A LITERATURE REVIEW**

A thesis submitted in partial fulfilment of the requirement for the degree in Master of Public Health

By

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Declaration:

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Signature:

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List of abbreviations and acronyms

CBHI	Community-Based Health Insurance
CHAG	Christian Health Association of Ghana
FCUBE	Free Compulsory Universal Basic Education
GETFUND	Ghana Education Trust Fund
GDHS	Ghana Demographic and Health Survey
GDP	Gross Domestic Product
GHS	Ghana Health Service
GNHA	Ghana National Health Accounts
GoG	Government of Ghana
GSS	Ghana Statistical Services
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immunodeficiency Syndrome
HPV	Human Papilloma Virus
ICHD	International Course in Health and Development
IMF	International Monetary Fund
IPT	Intermittent Preventive Treatment
ITN	Insecticide Treated Nets
MoH	Ministry of Health
MPH	Master in Public Health
NDPC	National Development Planning Commission
NHIA	National Health Insurance Authority
NHIF	National Health Insurance Fund
NHIL	National Health Insurance Levy
NHIS	National Health Insurance Scheme
SSNIT	Social Security and National Insurance Trust
TFR	Total Fertility Rate
THE	Total Health Expenditure
WHO	World Health Organisation
VAT	Value Added Tax

ABSTRACT

Background: Fundamental to decision making is effective communication. Effective communication is however influenced by several factors which when understood improves the outcome or response to the information sent out.

Objective: The object of this study is to identify an effective communication strategy that will enhance clients' and potential clients' understanding of the benefits and operations of the National Health Insurance Scheme (NHIS) and allow people to make informed decisions regarding the NHIS in Ghana.

Methodology: Literature review was the method used to conduct this study.

Results: The study found that communication plays a critical role in an individual's decision to either join an insurance scheme or not. It was revealed that about 60% of Ghanaians were still not registered with the scheme. Though the communication strategy of the NHIS was developed to address these communications problems, the study revealed that the strategy did not take into account communities in rural areas. The use of traditional folk media, which is critical to reaching these people, was found to be absent.

Conclusion and recommendation: Effective Health Insurance Coverage cannot be achieved if the citizenry do not appreciate the operations of the NHIS. It is therefore important to ensure that operations of the scheme are well communicated to improve clients understanding of the scheme and subsequently increased enrolment. The study recommends information that is to be communicated should be targeted and benefit package of the insurance scheme should be clearly articulated to clients during registration.

Key words: communication, information, health insurance, Ghana and Africa.

WORD COUNT: 9,820

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INTRODUCTION

'Information is fundamental to choice and making informed decisions. Without information, there is no choice. Information helps knowledge and understanding. It gives patients the power and confidence to engage as partners with their health service' (Department of Health, 2004, p. 2 as cited in Berry 2007)

This study is about communication strategies at National Health Insurance Scheme (NHIS), Ghana. I work in the Operations Division of the National Health Insurance Authority (NHIA) in Accra, Ghana. My job as operations officer offered me experience in the quality assurance and operations of NHIS in Ghana. The Corporate Affairs Directorate is in charge of communication and media relations of the NHIA, although other directorates provide information in their area of expertise when they are needed (NHIA 2015).

Literature on health communication in promoting HIV/AIDS in many countries indicates that communication is an effective tool in public health intervention (McKee et al 2004). It is also a means of empowering people to making informed decisions, yet its limited use is known to have been among several reasons causing low enrolment in health insurance scheme. Ghana's NHIS has been acclaimed to be doing well in the road to achieving universal health coverage, yet the NHIA identifies poor communication in their 2013 management retreat report as a major challenge. So when I got the opportunity to pursue Masters in Public Health/ International Course on Health and Development (MPH/ICHD), I decided to study health communication. By doing so, I wanted to gain a better understanding about the factors that can enhance the NHIA communication strategy and enable them to reach out to the stakeholders effectively in the promotion on the benefits and operations.

Study Structure

This study is structured as follows: Chapter one presents a brief overview of the economic, cultural and demographic characteristics of the people of Ghana. It also elaborates briefly on the health systems in Ghana. Chapter two presents the problem statement, justification, objectives and methodology of the study. The findings of the review of the literature according the conceptual framework are presented in Chapter three. Chapter four presents analysis of the review of the communication strategy of the NHIA, while discussion of the results is Chapter five and conclusions and recommendations are presented in Chapter six.

CHAPTER ONE: BACKGROUND

1.1 Demography and ethnic composition

The people of Ghana are approximately 26 million (NHIA 2015). About 48.8% are males and 51.2% are females (GSS 2010). Due to the increasing trading and development activities, majority of the people are located in Accra, Kumasi and Takoradi (known as the golden triangle) all in the southern sector and Tamale in the northern sector. Ghana is bordered by Burkina Faso to the north, Togo to the East and Ivory Coast to the west; there are foreign population from these countries and other African countries, Lebanese from the Middle East and even people from Europe, Asia and USA (countries and their cultures n.d). The country is divided into 10 administrative regions and has diverse cultures, with about 100 ethnic groups that speak different languages (GDHS 2008). The largest group is the Akan and is followed by Ewe, Ga-Dangme, Guans, Mole-Dagbani and Mamprusi (Countries and Their Cultures n.d.). The official language of instruction is English. Originating from Nigeria is a West African type of English known in Ghana as 'pidgin or broken English', which is spoken by Ghanaians from the direct translation of one's vernacular, thus, most or all citizens in Ghana are multilingual population. Some words from pidgin include 'chop (eat) and dash (gift)' (Countries and Their Cultures n.d.). Fante and Twi are 2 Akan speaking languages spoken by majority in Ghana (Kwintessential); other native speaking languages are Dagaare/Waale, Dagbani, Ewe, Ga, Kasem and Nzema. Hausa is a Nigerian language spoken by many Ghanaians; it is relatively attributed to be another language spoken by the people in the Northern parts of Ghana apart from the native languages such as Dagbani, Waale, Kusaal, Frafra and Mampruli.
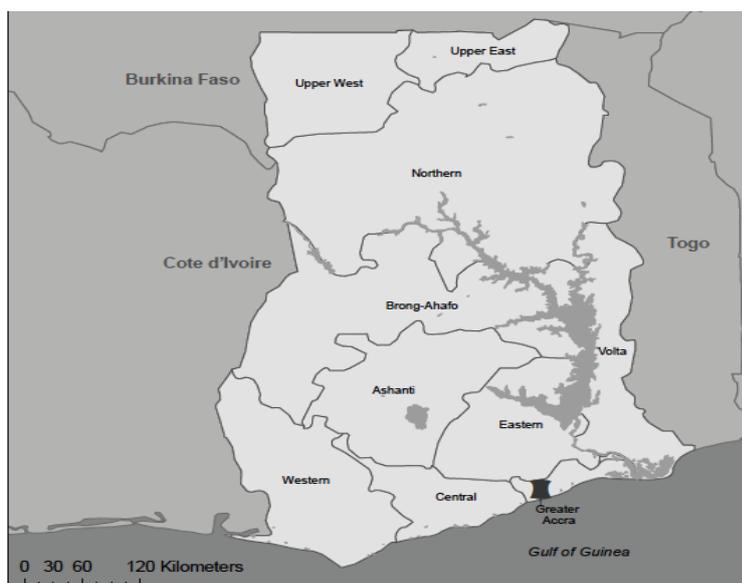
Source: *GDHS 2008.*

1.2 Economic context

The 2010 Gross Domestic Product (GDP) of 29,438 million US Dollars drove Ghana into a lower middle-income country (MoH 2013). Agriculture is the mainstay of the economy employing about 60% of the population. Some contributions to the GDP in 2012 are agriculture - 22.7% and industry - 28.4% (NDPC 2013). The export commodities are cocoa, gold and timber. The oil and services also contributes immensely to the GDP. According to Okudjeto et al (2015), crude oil contribution to GDP increased from 5% in 2011 to 6.3% in 2014. Growth rate is recorded to have increased by 4% in 2014. However, a growth imbalance due to fiscal deficits increasing from 9.2% to 10.4% of the GDP has created a rise in public debts from 55.8% in 2013 to 67.1% in 2014, the Ghana cedi also recorded depreciation of about 30% in 2014 (Okudzeto, Mariki, Lal & Senu 2015). Prices of major export commodities like the cocoa, gold and timber kept fluctuating in the world market (Ayensu 2003); in 2014, exports earnings from gold fell by 26%, this is indicated in gold prices decreasing from USD 1,410 per ounce in 2013 to USD 1,289 in 2014. The continuous downtime of electricity power supply for which many industries rely on for production, has led to the decrease in productivity, hence increasing unemployment. The government of Ghana in recognising the gap of deficits in the country's budget took necessary steps to respond to the increasing debts and imbalances in the economy. The sought for support was from the International Monetary Fund (IMF) in 2015, USD 1.7 billion loan from cocoa syndicate, 3.2 months foreign reserves and USD 1 billion Eurobond were all used to boost the economy (Okudzeto, Mariki, Lal & Senu 2015).

1.3 Education

The wellbeing of women and children as well as men is associated with education. Education is known to be contributing to reducing Total Fertility Rate (TFR) in women. A remarkable indicator is TFR of 6.0 in uneducated women and 2.1 in educated women. Education is found to be helping men in their sexual reproductive health (GDHS 2008). Although not many people attain up to the tertiary level, the Free Compulsory Universal Basic Education (FCUBE) program introduced in 1996 has improved access to education. Measures put in place to further improve education attendance include the school feeding program which is also improving nutritional level of school children; the Ghana Education Trust Fund (GETFUND) is also bringing improvement in the education sector by providing educational facilities like building and infrastructure. In addition, is Ghana's priority to achieving the millennium Development Goal (MDG) of achieving universal primary education indicates in GDHS (2008) that, net attendance of primary education ratio is about 73.8%.

1.4 Culture and communication

The cultural backgrounds of Ghanaians are portrayed in the kind of foods they eat, clothes, artefacts, music and channels used in communicating with each other (Kwintessential n.d). Communication is integral in every society and varies in terms of source, messages, media of communication, receiver of messages and feedback among societies. The essential nature of communication is well articulated in the diverse cultures in Ghana, through storytelling, proverbs, drumming and songs a means of informing and educating Ghanaians (Ayensu 2003). The source of information is a critical component of communication process where people accord respect to source from which messages are generated. It may emerge from the elderly, the poor, the rich or a large group. The elderly who are regarded as experts in communicating such information usually relays the information. Messages are laid down to people either through verbal or non-verbal means. Harmonious relationship supersedes in conversation when speaking with each other and as such silence is also used as a form of expressing discomfort. Thus blatant messages are avoided as much as possible (Kwintessential n.d).

Although, recent communications media used in Ghana had been television, radio, newspapers, billboards and the use of mobile phones as aids for health information dissemination, the use indigenous media such as drums, gongong, and 'dawuro' or town criers are still prevalent in some Ghanaian societies. These are used in the traditional settings to lay information to the general public. Panford et al (2001) described these as folk media, which can aid in disseminating health information.

1.5 Health status

The Ghana Health service (GHS) (2011) recorded an increasing outpatient attendance from 55.8% in 2010 to 82% in 2011 and attributes malaria, upper respiratory tract infection, diarrhoea and skin diseases as some causes that has led to increasing outpatient attendance. With the recorded improvement in primary care attendance, Child health continues to be a critical issue in Ghana. An effort to reducing child mortality has been ineffective, it continues to increase and improvement remains a challenge with neonatal deaths accounting for 60% infant deaths noted in annual progress report from the NDPC (2012). Childhood nutrition is not an exception, stunting and wasting is 28% and 9% respectively, although, stunting is reported to have improved from 35% to 28%, wasting remains chronic among children in Ghana (GDHS 2008). Anaemia has affected about 78% of children in Ghana and is known to be a threat to pregnant women. Since malaria is associated with anaemia in expecting mothers, the Ghana Malaria Control Program is promoting

increasing use of insecticide treated nets (ITN) and prompt intake of intermittent preventive treatment (IPT) against malaria by pregnant women. Maternal mortality is known to have reduced from 740/100,000 live births in 1990 to 451/100,000 live births in 2008 (GDHS 2008)

1.6 Health systems

Health systems reform has contributed immensely to the health of the citizens in Ghana. Overseeing to the policy development, implementation, monitoring and evaluation and as well as regulations of Ghana's health services delivery is the Ministry of Health (MoH) (MoH 2013). Collaborating efforts of the public and private healthcare providers such as Ghana Health Service (GHS), Christian Health Association of Ghana (CHAG) National Health Insurance Scheme (NHIS) and private health providers within the health sector ensures equitable, affordable and accessible health services delivery to residents of Ghana. With support from development partners and the government of Ghana (GoG), financing of health services is through NHIS, out of pocket payments and donations. The government of Ghana is the main financier of health care through the National Health Insurance Fund (NHIF) (NHIA 2015). The Total Health Expenditure (THE) of the GDP is 5% (MoH 2013).

As in most African Countries, Ghana's health sector reforms brought into being the NHIS to provide financial risk protection and to reduce the harmful effect of 'cash and carry' on residents in Ghana. Since its inception, it has been operational in 155 districts and has a registered membership of about 38% of Ghana's population (NHIA 2015). According to the NHIA (2015), the 38% is made up of under 18 years – 44.8%, Above 70 years – 3.5%, informal sector – 30.7%, pregnant women – 2.6%, indigents - 14.5%, Social Security and National Insurance Trust (SSNIT) contributors – 3.5%, SSNIT pensioners – 0.2% and security services – 0.1% respectively (figure 1 shows a graphical presentation of membership registration by category). Also, there are about 5000 health services providers accredited (now credentialing) to provide health services to NHIS subscribers.

Figure 2: active membership by category as of 2014
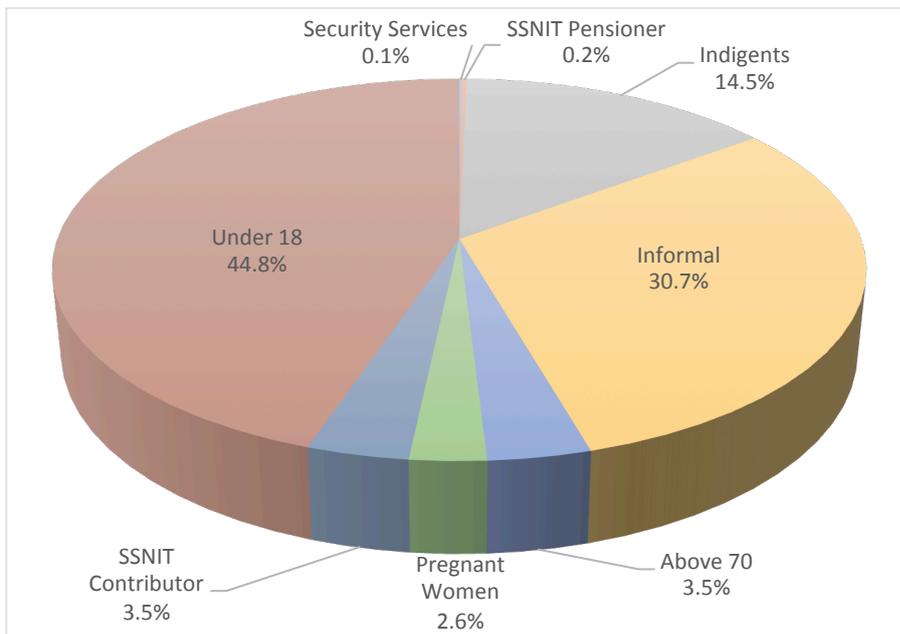
source: NHIA 2015

CHAPTER TWO: PROBLEM STATEMENT, JUSTIFICATION, OBJECTIVES, RESEARCH QUESTION AND METHODOLOGY OF THE STUDY

2.1 Problem Statement

Inequalities in health service delivery necessitated the call for Universal Health Coverage (UHC) (WHO 2010). It has been on the development agenda of many nations especially developing countries over the past decades. Many countries in Africa therefore developed new strategies to reduce the inequalities in health services delivery among the populations (WHO 2010). Responding to this call brought into the establishment of the National Health Insurance Scheme (NHIS) in 2003 (Agyepong & Adjei 2008). This scheme replaced the cash and carry system in which clients had to pay for health services at the point of utilization. Those who could not afford the cost of the service were turned away and not offered any service. This meant that the poor in Ghana were denied service and that families had to spend a large percentage of their incomes on health leading further to impoverishing the poor in society (MoH 2013).

To address these challenges, the government of Ghana introduced the NHIS. With an annual premium paid to the insurance, a person can access 'free' health care in any health provider facility in the country, once it is credentialed to provide health services to NHIS clients. Since its inception, health service utilisation level is recorded to have increased from 627 thousand in 2005 to 27.4 million in 2013 (NHIA 2015), indicating an increase in access to health care in the country (GHS 2011). Despite the benefits of health insurance, a high number of Ghanaians have still not registered with the NHIS. The NHIS in 2014 registered 38% of the population. Of these, 44.5% are under 18 years while pregnant women constitute 2.6% as depicted in in figure 1. Several reasons have been attributed to this poor enrolment; however, the National Health Insurance Authority (NHIA) has identified poor communication as one of the major challenges to the low levels of registration of clients (NHIA 2013).

'Communication is the means by which such information is imparted and shared with others. Put more formally, it is the transfer of information between a source and one or more receivers, a process of sharing meanings, using a set of common rules' (Berry 2007). Communication plays a vital role in disseminating health information to the populace. Despite this importance, its limited use is known to have caused low participation leading to low enrolment in schemes in Sub Saharan Africa (Cofie et al 2013). Derriennic and colleagues confirm this in Uganda, where registered members of a mutual health scheme refused to pay annual premiums because they had not used services in the previous year. The misunderstanding of the principle of operations led to the

collapse of the scheme (Derriennic et al. 2005). Also supporting this finding was a conclusion drawn by Jehu-Appiah and colleagues that negative communication from friends and family to potential health insurance users had the ability to reduce enrolment onto the scheme (Jehu-Appiah et al. 2011).

The lack of effective communication of the NHIA's activities to its clients could lead to increased misconceptions and misunderstanding of the principles of health insurance and its benefits of improving access to primary care (Arhinful 2003). Achieving the objective of the NHIA of attaining effective health insurance coverage and providing access to basic quality health service to residents in Ghana cannot be achieved if a good number of the citizens do not understand its operations and activities (NHIA 2015).

Extensive communication with internal and external stakeholders of an institution enables successful achievement of any organization's goals and objectives (Yeboah 2013). Public health professionals have therefore identified effective communication as a means to achieving public health goals and essential to achieving universal health coverage (Berry 2007).

Effective communication is therefore the bedrock enabling users to make informed decisions, but little importance is given to it when implementing health intervention programs (Cofie et al 2013).

It has been proven to be effective in many other health interventions such as mass campaign to increasing awareness against human papillomavirus (HPV) in Rwanda (Binagwaho et al. 2012) and STOP TB campaigns in Ghana, which showed impressive results when interpersonal communication was used in these programs (Priluski 2010).

2.2 Justification

The NHIS which was introduced in 2003 to ensure effective universal health insurance coverage especially for the poor who had no access to health care has up till now not been very successful. A number of authors have linked good communication with people being well informed and able to make decisions as to join a health insurance scheme or not (Kotoh 2013, Peters et al. 2007).

This study therefore wants to find the factors that impede and can improve successful implementation of communication strategies within NHIA.

2.3 Research Question

What factors influence the use of effective communication between the NHIA in Ghana, its clients and health services providers?

2.4 Objectives

2.4.1 General objective

To identify an effective communication strategy that will enhance clients and potential clients understanding of the benefits and operations of the NHIS and allow people to make informed decisions regarding the NHIS in Ghana.

2.4.2 Specific objectives

- To identify best practices in communication within and outside of Ghana that have shown positive impact on public health programs;
- To identify key factors that enhance effective communication between the NHIA, health service providers of the NHIA and clients;
- To propose recommendations based on the identified best practices to the NHIA in order to contribute to strengthening its communication strategy.

2.5 Methodology

To review the NHIS communication strategy, I conducted a desk study, reviewing literature from different countries on this topic (section 2.5.1). The conceptual framework of Verbeke (2008) was identified as conceptual framework for this study (section 2.5.2) and the lessons from literature allowed identification of key factors that influence effective communication. These were used in my analysis of the NHIS communication strategy and identification of strength and weaknesses, opportunities and challenges. This helped to make suggestions for improvement of the communication policy and practice.

2.5.1 Search strategy

The search generated numerous articles and books, which were narrowed to only peer reviewed articles. It was further narrowed to articles from low-income countries; however, few relevant articles and books from high-income countries were also used in the review to ascertain the successful communication strategy used to carry out health programs. The abstract was used to find out the relevance of the article to the study. All articles relevant for the components of effective communication strategies were recorded to identify with related components that are relevant to the study.

Websites of other important organizations and institutions that had relevant information for this study were also searched. Some of such websites included those of NHIA, Ministry of Health (MoH), Ghana, Ghana

Health Service (GHS), Ghana statistical service (GSS) and World health organization (WHO). Reports such as the Ghana demographic and health survey (GDHS), annual reports, management retreat reports, strategic plans, workshop manuals and policy documents of these organizations and institutions were used.

Key words used in the search for the literature included various words and combination of words such as culture and communication, health literacy, communication, barriers in communication, health insurance, Ghana, folk media, communication in low income countries, design in communication, messages, audience, participation, strategic communication, communication in health insurance setting, communication in health insurance in India, communication and Rwanda, communication, information, education and communication.

The table below summarises and describes the process that was involved in the search strategy:

Table 1: Process of search strategy

OBJECTIVE	SOURCE	KEY WORDS
To identify best practices in communication within and outside of Ghana that have shown positive impact on public health programs;	PubMed Sage KIT library Google books VU e-library Google search BioMed	Communication Communication strategy in health insurance; Communication strategy AND health insurance in India; Information, education and communication; Information processing of health messages;
To identify key factors that influence effective communication between health service providers and clients;	PubMed; Google Scholar; Embase; VU e-library	Design in communication; Communication in low income countries; Folk media;

2.5.2 Conceptual framework

A conceptual framework was selected to analyse the factors that exert an influence on the outcome of communication or information to an individual or audience. With the context of Ghana and especially the NHIA in mind, a model on selected determinants of communication processes and its effect used in a study by Verbeke (2008) was selected to help analyse the factors that influenced communication. During the search another framework known as the model of relationship between organizational and campaign variables was also identified. Kiwanuka-Tondo and Snyder used this model in 2002 to analyse the effectiveness of communication on HIV/AIDS programs in Uganda. This model was however not selected for this study because it focused on organizational factors and their influence on communication processes. The study therefore selected Verbeke's model because it discussed factors that are related to the client, which could have an influence on the outcome of a communication process or strategy.

The framework explains that communication or information to a large extent has the ability to determine whether or not an audience acts in accordance with the message received. However, the entire communication process before that decision is made is influenced by three (3) main factors: selected determinants, communication process and communication effect. Selected factors, which consist of knowledge, involvement, trust, information need and content are issues related to the audience. If the audience have good knowledge and are well educated, the likelihood of them receiving and reacting positively to information is high. Similarly, audience who are involved in developing a piece of communication are better adhering to it than an audience who have not been engaged. The audience must also trust the source and content of the information if a positive outcome is to be achieved.

The second component of the framework describes the processes involved before the information is sent to the audience. This is known as the communication process. The process ensures that before the communication is sent, it must come from a source that is reputable and trusted. Messages that come from unknown sources are most often doubted. It also emphasizes that the message must be culturally accepted and should meet the expectations of the audience. The understanding of the message, which then leads to an action should also be in tandem with their norms and beliefs and finally sent through an appropriate medium to be received.

Within the third component of the framework, the audience who would have received the message would then make a decision based on the information received. The audience to make meaning of messages and

processes the message received. The process of making the final decision involves a cognitive reaction within which the audience learns or gets to know the content of the message. This then leads to an attitudinal change, which influences the thoughts and feelings of the audience. Positive attitudinal change leads to a positive change in behaviour.

Because communication is a two-way affair, it is expected that the source generating the message or information would make efforts to access the impact of the message sent out. This is achieved through a feedback system where responses generated by the audience are channelled again to the source to also respond back to the audience. The diagram below illustrates graphically how selected determinants influence final decisions of audience through communication.
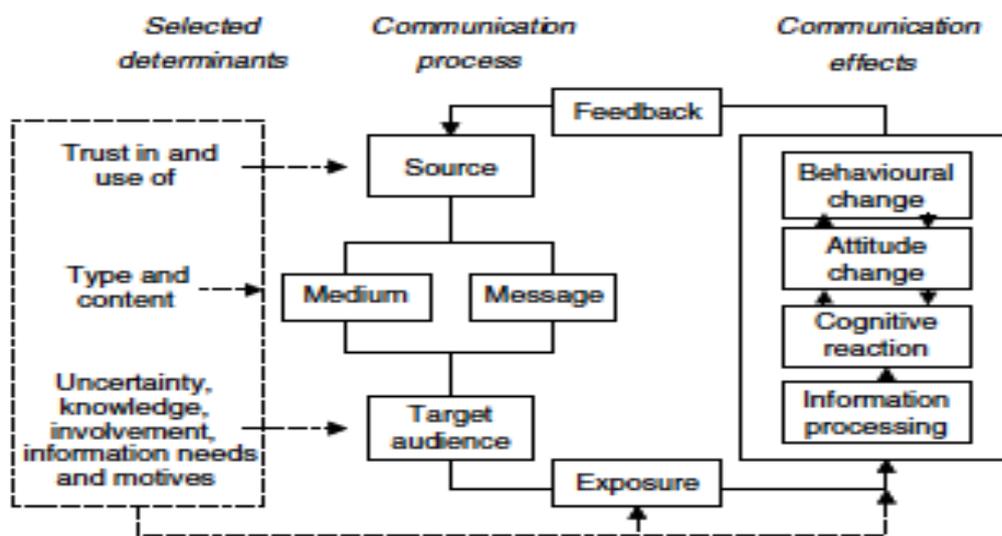
Source: The selected determinants of the communication process and its effect (adapted from W. Verbeke 2008).

CHAPTER THREE: FINDINGS

The adapted framework by Verbeke (2008) conceptualises the factors, the process and the effects that influence communication in a population. The study therefore analysed these factors using the identified articles resulting from the literature search.

3.1 SELECTED DETERMINANTS

3.1.1 Trust

In relation to health insurance, many literatures have defined it as the level of competence and quality of service rendered by a provider (Gilson 2003, Mechanic 1995 & Schneider 2005). According to Kotoh, competence and service quality are prerequisite for building trust in any health insurance health. Trust on the health service provider depends on how open services are provided with adequate information to the client whiles trust for the NHIS depends on demonstrated competencies and reliability of information of the NHIS do people get what they were promised in improving access to services for client's satisfaction (Kotoh 2013).

Trust is an optimistic acceptance of a vulnerable situation in which a person believes his or her interest will be considered by another person (Hall et al. 2001). However, differences in cultural beliefs and perceptions in health and healthcare between clients, healthcare providers and the health insurance can lead to misunderstanding and less trust in the health insurance (Fenenga et al. 2014). These 'cultural lenses' used by different stakeholders are based on their traditional beliefs and education which easily causes "asymmetry in communication" (Fenenga et al. 2014). Being an essential element in active enrolment into the NHIS, Mechanic (1998) draws from the three-trust dimensions that, client's trust could be related to the health service provider and the NHIS. Supporting this statement, Arhinful argues that if there is trust between the people and the health insurance provider enrolment challenges are minimized (Arhinful 2005).

3.1.2 Message type and content

People tend to understand better and make sound-informed decisions when the message content is important. Information that appeal to key beliefs, attitudes and values packaged and presented to meet audience orientation influences their decision-making (Kreps & Sparks 2007). Peters (2007) and colleagues indicate also that, if decisions of clients are supported by information about quality as well as cost, then messages given to clients should contain only the important quality aspects, or at least emphasizing them by making them easier to evaluate. For potential clients with poor numeracy skills, the effect of information contents on

comprehension and choice is even more marked (Kreps & Sparks 2008; Peters et al 2007).

3.1.3 Involvement

Communication is found to be effective when target audience or their representatives are involved in the communication strategy. The principle of inclusion, participation and self-determination of the target audience to overcome the issues does not only increase understanding but also influences behaviour (Ford et al. 2005). As is the objective of the national health insurance, a study by Cofie and team indicates that, increasing understanding does not only lead to the desired behavioural change, people have to be allowed to contribute to the designing of health information as stakeholders to effectively facilitate the change process. This fosters a sense of belongingness of the target audience as practiced in the CBHI in Nouna in Burkina Faso (Cofie et al 2013), where the involvement of community members and other eminent representatives in the designing and implementation of communication strategy enhanced understanding and acceptance. It therefore offered opportunity for the selection of channels of communication for a greater impact (Ford et al. 2005; Cofie et al 2013).

3.1.4 Information need

Consumers are known to have a certain quantity of information needs, which is particularly important in communication. When there is overload of information, there is the adverse risk of consumer misunderstanding or getting into confusion. Communication is effective and better understood when information sharing is done in bits with an objective and consumer of the information in mind (Verbeke 2005; Salau & Flores K 2001). Receivers of information during communication are selective to what they pay attention to in a particular medium. It has been found that, consumers pay attention to information on issues like benefits, dates and cost more comparatively (Verbeke W & Ward RW 2006; Bernues, Olaizola & Corcoran 2003). The review indicates that communication is suitable at the time when the consumer is less busy and has the time to attentively listen and appreciate. A study by Basaza (2007) and team revealed this in Uganda, where 7 out of 12 potential clients of the community health insurance scheme did not join the scheme due to inadequate information (Basaza, Criel & Van der Stuyft 2007).

3.1.5 Knowledge

According to Noubiap and colleagues, the level of knowledge of people about a health insurance scheme has an influence over whether they would register to join the scheme or not. In their cross sectional study in Douala in Cameroon, they associated knowledge of a scheme with education, they found that a greater number of those who were aware and had some knowledge of the CBHI scheme in Doula were much more educated than those who were unaware (Noubiap et al. 2013). Schneider and Diop (2001) also confirm this in Rwanda, where education level of the head of the household influenced knowledge on uptake of the CBHI.

3.1.6 Uncertainty

Communicating information to an audience can be challenge especially when the information being communicated is considered uncertain or risky (Berry 2007). The Toronto Consensus Statement revealed that dissatisfaction and uncertainty are as the result misinformation and feedback (Simpson et al. 1991). Uncertainty over a particular issue has the potential to influence the relationship between providers of a service and users or clients (Northouse & Northouse 1998).

Communicating effectively can however reduce anxiety and uncertainty among clients who may not have adequate knowledge and information of the issue at hand. If these issues are not communicated properly, the clients lose trust, dissatisfied, reject the providers and may not respond positively to the information sent out by the provider (Berry 2007).

3.1.7 Motives

Health information and campaigns, which are geared towards changing behaviour, may not yield the results if the motive of clients for acting in a certain manner is wrong. In verbeke's study, motive is influenced by the information or knowledge a client has on the service or provider (Verbeke 2008). Misconceptions and misinformation reduces the trust client's hold for a particular service provider. This usually results from clients not being well informed enough to make their choices (Kotoh 2013).

3.2 COMMUNICATION PROCESS

3.2.1 Source

Information sources, their credibility and consistency are an important part of the communication process in health. Increasing the acceptance of any health message has a need to select credible spokesperson(s) and organizations that are capable of balancing their expertise with trustworthiness. Also important as a component of sources of communication is the consistency with which these sources spread the information to members of the target population (Snyder 2007).

3.2.2 Message

According to Prilutski (2010), when a message is close to culture, expectations and lifestyle of the target recipient, it is much easily communicated to the understanding of Ghanaians. The understanding and behaviour change is further enhanced when the message in integrated as stated earlier in section 3.1.2. The development of messages for the effective communication of the Ghana's national health insurance therefore needs to be fashioned to suit the people.

3.2.3 Medium

There are many channels of communication that the health insurance authority can use to reach clients. However any selected channel must be effective enough to reach the very target in mind. Studies have determined that the use of radio is the best medium of communicating in Ghana because most people have access to one especially at household level. Additionally, "town criers", posters, announcements (in churches, mosques and markets) loudspeaker vans and songs have also been identified as effective media of conveying health messages. Less effective ones were named as community groups, television, movies, videos, healthcare personnel, billboards, newspapers and schools (Hill et al. 2007).

Although majority of Ghanaians live in rural communities, communication used to disseminate health information is usually skewed towards modern communications media like the television and Internet. The neglect of folk media like the 'gongong' beater, town crier, linguists, drama, folk tales, interpersonal network and the beating of drums have left out a majority of Ghanaians living in rural communities and without access to the modern media of communication (Panford 2001).

Supporting the above findings is a study by Panford and colleagues who found that the more traditional, less mass media-oriented methods of communication were most popular among rural Ghanaians and proven to be effective in reaching the rural folk. Some of these channels of communication are imbedded in the way of life of the people and hence

have the potential of increasing the audience's belief and trust in it thereby increases the likelihood of its effectiveness (Panford et al. 2001).

3.2.4 Target Audience Factors

The target audience is the primary people a communication is intended for (EU, 2013). Target audience can vary in terms of capacity and interest in accessing messages through various media. This means messages need to be designed and channelled appropriately through appropriate media to reach target group. It is suggested that, without knowing ones target audience, communication activities could be wrongly channelled with little effect (EU, 2013).

The target audiences of the NHIS are consumers of health services and therefore the general public. The complexity of this is that, audiences differ in socio-demographic characteristics which might influence their access to and enrolment into the NHIS (Blanchet, Fink, & Osei-Akoto, 2012). This is very significant to note when designing and implementing communication strategy. It is for this reason why it is better to use relevant multiple forms of messaging and media of communication, in order to representatively reach out to target audience.

- Client Skills and Comprehension

The skills a client or potential user of health insurance has an influence on the effect communication will have and whether it will lead to enrolment. These skills play an important role in the understanding of the messages or information received. Comprehension has been found to be the strongest indicator for effective communication in health. The set of skills needed to comprehend and use information received include literacy and numeracy (Peters et al 2007).

Numeracy which is the capacity to understand, use, and manipulate numbers and literacy in the ability to read, understand and use health information are considered to be key skills for a client to possess and have received much attention from researchers. These play a vital role within the health domain and are classified as independent factors, separate from intelligence that influences medical and health insurance decision making (Reyna et al. 2009; Wood et al. 2011). A study found client numeracy as the best predictor for evaluating their comprehension levels and suggested that consumers with higher numeric skills will have higher health insurance comprehension (Barnes et al 2015).

- Client Motivation

Motivation of a client refers to the degree to which he or she can take an active role in managing their health and health care. Clients who are more

motivated are relatively more likely to understand the consequences of their own decisions on their health and may be more motivated to make high quality choices. Among those with low skills, clients with higher motivation levels had higher levels of comprehension than those with lower motivation. The study demonstrated that this was both true with clients of lower health literacy skills and those with lower numeracy skills. (Hibbard et al 2007)

- Client Trust

Another study showed that since insurance requires people to pool resources, trust in the scheme management is a very important element for enrolment even when communication has taken place. Clients have been found to express doubt and mistrust sometimes from previous negative experiences with collective pooling of resources. This is especially the case in rural communities where potential clients doubt the integrity and institutional capacity of such schemes to follow through in case of fraud. Such individual are less likely and unwilling to invest their limited resources in such schemes unless proven or convinced otherwise. (De Allegri et al 2006; Basaza, Criel & Van der Stuyft 2007)

- Message presentation format

As stated in section 3.1.2, the manner and approach of presentations on health insurance and other health interventions influences the impact of the message and can be the difference between messages being accepted or rejected by the target population. Messages need to catch the attention and be easily remembered by people for which it is intended. This is found in a study, which evaluated health communication campaigns. The study stated that by using multiple versions of the same concept and by being creative media messages become appealing. Also messages especially those within media platforms depicting people who are representatives of the intended population in a way captures the attention of potential clients. Simple and uncomplicated messages in the form of logos, slogans, and jingles were found to be very effective (Snyder 2007; Scott et al 2008).

3.3 COMMUNICATION EFFECTS

Information sent out by a sender leads to a response from the receiver. The end result is usually a change in behaviour, which goes through a series of process from information processing to a cognitive reaction and then change in attitude (Verbeke 2007). After a person is exposed to information, the information is processed through a series that helps the individual to understand and retain whatever information is received (Engel, Blackwell & Miniard 1995). The processed information usually triggers a spontaneous cognitive response that is unstructured and unplanned. An understanding of the information received can therefore not be achieved a recognition of the cognitive thought (Lapka et al. 2008). Petty and her colleagues argue that after information is received, people make an evaluation of the information before they change their attitudes (Petty, Fabrigar & Wegener 2003). Maiyaki and Ayuba explained attitude to be a predisposition that puts people in a certain state of mind which causes them to either like or dislike a particular product or service (Maiyaki & Ayuba 2015). Wang and his colleagues confirm this position when they supported the fact that a change in attitude results in a particular change in behaviour in response to the information received. Thus "attitude predicts consumption behaviour" (Wang, Dou & Zhou 2008).

3.3.1 Feedback

Feedback is an essential component of communication. It enables providers and recipients of information understand each other. Studies have established the important role feedback plays in measuring the success of interventions for learning and improvement. In the context of service delivery, feedback will therefore be essential for improving services delivered to satisfy clients and providers. It simply implies that clients are able to respond to contents of information or services, whiles providers are able to strategically improve services based on the responses (Ivers et al. 2012; Grol et al. 2007).

In light of the significance of feedback, it is plausible consider (putting in place) a feedback mechanism when developing a communication strategy. The effectiveness of any form of communication could be measured based on feedback, which comes in the form of clients' awareness, perceptions/views and practices. A feedback mechanism should therefore be strategic in measuring such responses from clients (Ivers et al. 2012).

Another interesting finding is the immediacy of feedback, which indicates how quick feedback from clients are received and responded to. What could be drawn from Song and colleagues is that, feedback makes

communication interactive and feedback immediacy strengthens provider client relations (Song, Hollenbeck and Zinkhan, 2014).

To monitor and evaluate the impact of messages feedback and responses, surveys, hotlines, help desks can be used to fine-tune messages and other intervention programs in the communication strategy. This informs decision-making and helps make changes in strategy if need be (Kreps & Sparks 2008; Crawford & Okigbo 2014; Lozare, Storey & Bailey 2013; Yeboah 2013).

3.5 BEST COMMUNICATION PRACTICES THAT HAVE IMPROVED HEALTH OUTCOMES

3.5.1Targeted education

Targeting an audience to provide them with information that specifically meets their needs is essential for a positive outcome. Under a project known as health micro insurance education, a microfinance company with support from two American organizations, Freedom from Hunger and IPA in the northern region of Ghana used this innovative strategy to convince its clients to register with the national health insurance scheme. The company realized a lot of clients refused to register with the scheme. Realizing it was an issue of misunderstanding of what insurance stood for, the company organized its clients and invited staff of the insurance authority to educate its clients on the benefits of registering with the scheme. After a four months education, more than 50% of the clients voluntarily registered with the scheme. All doubts and misconceptions were cleared during the training sessions (Schultz et al. 2013).

3.5.2 Media advertisements

In rural china, media advertisements were one of the strategies used to increase enrolment of residents onto a health insurance scheme. The campaigns did not only create awareness but also informed members on the benefits and most importantly how the scheme is operating. To forestall doubts on the operations of the scheme reimbursements claims were published on 'village bulletin boards' to inform members who had utilized services of claims settlement by the scheme. The publication informed the community members to actually see the benefits of being with the scheme and almost got all community members to register without any fears or doubts (Liang and Langenbrunner 2013).

3.5.3 Community involvement

A community based health insurance (CBHI) scheme in Nouna in Burkina Faso engaged the community members in a meaningful planning and launching of the benefits and operations of the scheme in its campaign strategy. With its staff, communication experts and representatives from communities, all formed communication team to come out with a comprehensive strategy that was acceptable. Working together, they developed strategies that made use of traditional folk media (songs, slogans and proverbs) that were appropriate for promoting health insurance. With members of the communities represented in the teams, they ensured all messages were in line with their culture and traditions. The community members who heard these messages later in the media appreciated and accepted the information that was sent and subsequently increasing enrolment onto the scheme went up (Coffie et al. 2013).

3.5.4 Advocacy

Advocacy is one of the strategies that can be used to ensure efforts towards health insurance enrolments are improved especially for minority and marginalised groups in societies. Using advocacy as a tool, PSI/CONNECT in collaboration with KNP+ advocated for people living with HIV (PLHIV) to be included in the national health insurance scheme of India. Through meetings, presentations at seminars and one-on-one discussions with boards of various organizations, the issue of PLHIV was placed on the national agenda for consideration. Through these efforts, the government of India in 2012 agreed to include PLHIV in the national health insurance scheme (Deshpande & Lee 2013)

CHAPTER FOUR: ANALYSIS OF GHANA'S NHIS COMMUNICATION STRATEGY

Communication is significant for both management and stakeholders in an organisation, more importantly a membership driven one. Effective communication serves as a foundation for planning, Organizing, Leading and successful implementation of programs.

The government of Ghana introduced the NHIS as a financial risk management strategy for all Ghanaian to reduce households catastrophic spending on health. Overseen by the National health Insurance Authority, the scheme serves as a third party and paying for health expenses of its clients. It seeks to provide safe and high quality health care.

For the Ghana National Health Insurance Scheme, communication is an important aspect for the purpose of ensuring that the public is well informed. There is strong positive relationship between effective communication and client's willingness to buy health insurance. The ability to explain to the buyers understanding can have a profound appealing effect on them. The objectives of the communication strategy are:

- To implement various communication and educational programs for stakeholders of the NHIS;

- To develop various brand and communications instruments that seek to promote the NHIS brand;
- To build a strong, acceptable, compelling and sustainable NHIS brand for all residents of Ghana.

Since 2010, the NHIS identified the regular communication between itself and major stakeholders as a challenge, that is, both internal and external. It stood in the way of efforts to increase coverage and services to the citizens of the country. Therefore, the improvement of communication came top in the agenda of the management of the NHIS, where efforts were made to enhance communication and engage with stakeholders (NHIA, 2014).

The following is an analysis of the NHIS based on the identified conceptual framework; verbeke's selected determinants of the communication process and effects.

4.1 Selected determinants

Before a piece of information is sent to a receiver, it is influenced by a number of factors. These include the level of trust the receiver has for the sender of the information, the level at which the receiver is involved in the development of the information and the content of the message and knowledge of the receiver on the content of the information.

- Trust

Despite the numerous benefits a client of the scheme stands to gain, a large number of citizens have still not registered with the scheme. Evidence shows that about 60% of Ghana's population have not registered with the NHIS. Clients' mistrust as a result of misunderstanding of the operations of the NHIS has been cited as the cause of this low registration. In addressing the issue of clients' trust, the NHIA has adopted several strategies including the use of mass media to explain the mandate (Act 852), its objectives and benefits to the general public.

- Message content

Messages developed by the NHIA are relevant and important and contains general information that speaks of its mandate, objectives, registration, benefits and list of credentialed health providers as stated earlier. However, relevant information, which is meant for the general public, ends up not benefiting a majority of the people. The messages are usually sent through mass media, are not targeted and do not address the specific needs of groups like adolescent, the aged, the poor and illiterates in our societies.

- Client involvement

The communication strategy of the NHIA recognises the important role stakeholders play in reaching out to the general public. As a result, the Authority in the establishment of its strategy involves a wide range of stakeholders including clients who have benefited from services rendered under the scheme. The diagram below illustrates stakeholder engagements by the NHIA in the development of its communication strategy.

- Knowledge and information need

In order to know the level of knowledge of the population, the NHIA through a situational analysis understood the weakness or challenges it has to confront in reaching out to a larger population. Although there are several opportunities such as use of modern technology and traditional folk media that could address information need of the general public, the NHIA in its current communication strategy failed to identify traditional folk media as an opportunity.

4.2 Communication Process

For communication to yield a positive effect, it must go through a process known as the communication process as depicted in Verbeke's model of selected determinants and effects. The NHIA has however broken down this process into three main components known as pre-campaign, campaign and post campaign stages, which are carried out nationwide. The nationwide campaign is however strategically broken into three sectors namely the Northern, Middle, and Southern sectors. All three stages of the communication campaign are carried out to improve both internal communication which targets NHIS personnel, heads of health institutions and other stakeholders directly involved in the operation of the NHIS and external communication which is also geared towards reaching out to external stakeholders about the scheme, its products and

new developments. External stakeholders include health institutions, end users of products of the scheme, and other stakeholders who patronize or indirectly take part in the scheme's operation.

4.2.1 Pre-campaign stage

This stage involves preparatory works to carry out the campaigns. It involves the development and production of relevant campaign materials, selection and training of personnel and creating the enabling environment for the campaign. It involves the following specific activities;

- Re-construction of NHIS Website
- Development of creative concepts for Print, Radio, TV and outdoor
- Creation of a new tagline and Logo
- Development of publicity materials
- Selection and training of key NHIS personnel and spokespersons
- Producing of audio messages for information service vans
- Scripting and writing of press write ups and releases
- Acquisition of direct contact information channels
- Preparation of relevant information for posters, fliers and other media platforms

4.2.2 Campaign stage

This stage involves implementation of communication activities according to preparations done in the pre-campaign stage. The campaign stage disseminates information to the public through relevant and appropriate mediums. The scheme uses multiple mediums of communication to ensure effectiveness and appropriateness in reaching out to all internal stakeholders. Mediums of internal communication include; face to Face meetings, intranet/emails, notice boards, newsletters, postmasters, and screen savers. These forms of messages depend on accessibility of the media to stakeholders or complement each other for wider coverage in communication. Specific communication activities are carved around a respective medium intends to be used for passing out information or a message. Examples of such channels include advertising, public relations, and media relations and discussed below;

- **Advertising**

The NHIS uses advertisements to promote the visibility and products of the scheme to external stakeholders. Specific communication activities and media for advertising include the use of radio, outdoor communication, online/internet, television, print and mobile phone. All these are used to present information and messages to external stakeholders depending on their accessibility. They are sometimes also used complementarily to ensure wider coverage and greater impact in

communication. This is usually done in English and some selected local languages.

- **Public relations**

The public relations serve as an interactive inter-phase between the NHIS and the general public. A public relations team consistently interacts with the general public on issues concerning the scheme and its stakeholders, as well as promotes the image and visibility of the scheme. Specific communication activities and media include the selection and use of NHIS ambassadors to positively project the schemes visibility to the general public. The communication also involves interaction with traditional chiefs and holding television and radio programmes where issues regarding the NHIS are discussed.

- Media relations

The media relations have to do with using mass media to communicate information to stakeholders including the general public. Media relations involve the use of press releases, press write-ups, meet-the-press sessions and interviews on radio & TV. Multiple media of communication are used to disseminate the information targeting internal and external stakeholders as indicated in the previous section.

4.2.3 Post campaign stage

At the post campaign stage, the scheme then begins to evaluate the impact of information sent out to stakeholders including the general public. The corporate affairs unit in collaboration with the monitoring and evaluation unit evaluates impact by assessing the number calls received at the call centre and district scheme offices, membership enrolment, renewals, OPD attendance at health provider cites and number credentialed to provide health services to subscribers.

4.3 Communication Effect

Information sent out by a sender leads to a response from the receiver. This could result in questions raised by the receiver who may demand answers from the NHIA. The NHIA therefore established a call centre to improve its interactions with the general public and also respond to the questions and queries raised by the public.

- Call Centre

The management of NHIS introduced the call centre to give listening ears to subscribers and other stakeholders. Through these communications, challenges of stakeholder can be identified and addressed. All persons can call in at toll free and present a complain (NHIA, 2011).

CHAPTER FIVE: DISCUSSION OF RESULTS

From the literature, we learned that several factors influence the effectiveness of communication to clients or beneficiaries of a health insurance scheme. However effective communication is realized when the client's views and demands are factored into the communication strategy. The level of trust of clients on the insurance system, how they are involved and whether or not the clients have knowledge of the system greatly influence the information or communication that is sent out by the provider. The motive of the client and how risks and uncertainties are effectively communicated all influence the decision of clients to be part of the scheme or not. Also, knowing your clients and understanding the amount of information they can absorb are all factors that would determine whether the information sent out would ensure a positive or negative response.

In order to obtain a positive response from clients, it is therefore important that providers consider these factors before they send out any piece of information to the clients. Though the current communication strategy of the NHIS tries to address and incorporate all these factors into their strategy, a number of important factors have been left unaddressed in this current strategy of the NHIS.

To address the challenges identified in the current communication strategy of the NHIS for improved enrolment, strategies must focus on issues of client's trust, client involvement in developing communication strategies, medium of communication, and benefits package.

Confidence/Trust of NHIS by Clients

The NHIS is still battling with convincing more people to join the scheme because the scheme over the years has not been able to win the trust of the general citizenry to join the scheme. The new strategy itself confirms this problem as it attributes the low enrolment in 2013 to trust. Most clients and people all over the country still hold the view that having the insurance card does not ensure quality health care at the various health facilities. Some other clients do not also understand why they are sometimes asked to pay for certain treatments even though they are registered and having a card. They therefore conclude that the insurance card does not work and so refuses to renew their cards because they do not trust they will enjoy any better health if they spend their money to register. The decision to get insured may be complicated and difficult if the client does not trust or believe in the insurance system. In addressing a similar problem, a project in China was able to minimize these challenges when operations of the scheme reimbursements claims were published on 'village bulletin boards' to inform members to send a clear message on the benefits of registering with the scheme. They also carried

out mass education on the benefit package to clearly state what the insurance package offered and what it did not. This strategy cleared all doubts and helped all registered clients to understand services they had to pay from their pockets, which they willingly did without hesitation. Similarly in addressing such problems, it is important to extensively engage community members on the concept of health insurance, the explicit outlining the benefits package is associated with being a member. Since most insurance do not cover all services in health facilities, it is important to let clients know at the registration centres, that it does not cover all services. Giving printed copies of benefits package and boldly pasting them at health facilities reduces the tension and mistrust between clients and service providers on services that may not be covered by the insurance.

Client Involvement in Designing Communication Strategies

Meaningful community involvement in programs have shown to be effective in ensuring that community members own support the implementation of such programs. In designing the national communication strategy for the NHIS, the scheme recognized the importance of other stakeholders and involved clients in the process. However, in implementing this strategy, the NHIA did not take into account the special needs of the various communities. Most communities are not involved in the communication process and as a result does not meet the specific needs of such communities especially those in the rural communities. Like the CBHI scheme in Nouna in Burkina Faso, community members involved in the drawing up of the communication strategy to drum home the benefits of enrolling onto the scheme worked perfectly well. This was in recognition of the fact that most of their members were poor and did not have access to modern electronic media, they made use of traditional folk media, proverbs, songs and slogans that were easily understood by community members. Instituting committees for each community to draw up strategies to disseminate health information including insurance has been proven to be more effective than just implementing a strategy that is considered alien and which does not appeal to the local people. Such strategies takes into consideration the traditions and beliefs of the community and ensures that the information intending to be sent is embraced by the people.

Medium of Communication to Rural Populations
The medium through which a piece of information is sent to a client is a critical component of the communication process, which influences the outcome, or effect of the communication. As part of efforts to reach a wide number of people in Ghana and also ensure effective communication, the NHIS adapted various communication media. Using various media and leveraging on modern technology is very important. Some strategies used by the NHIS include radio, television, mobile

communication devices, online communication, print media and outdoor programs. However, many of the communities in Ghana are still rural with no electricity and still do not have access to modern technology for communication. Therefore, not considering the conditions of majority of Ghanaians who live in the rural communities and designing communication strategies that best fits them lives them out of the insurance system. It therefore not surprising that almost about 60% of the population is still not registered with the scheme. Addressing this problem calls for a strict involvement of local community members with communication experts like in the case of the CBHI scheme in Nouna in Burkina Faso where community members proposed the use of traditional folk media, songs, proverbs and slogans to drum home the core message to all community members. Though not 'experts', they were able to help communication experts develop strategies that were socially and culturally acceptable and ensuring community members to buy into the message sent to them and therefore respond appropriately.

Though the national health insurance scheme in Ghana has choked many successes, it still has not found a solution to the low enrolment. This attitude of people refusing to register is as a result of misunderstanding or misinformation of what the scheme stands for and what it has to offer the general public. Realizing the main problem had to do with how activities and operations of the scheme are communicated to the general public, the scheme in 2013 development a communication strategy to bridge the information gap that exists between the public and the NHIS.

The strategy identified the need for stakeholder involvement and the use of modern technology such as television, radio, internet and mobile devices like the mobile phone to reach out to a majority of the people as stated earlier. The strategy is good and has worked to some extent, it has not been able to effectively articulate its operations and activities to the rural poor. Many rural communities do not have access to these modern technologies and are therefore left out of any communication coming from the NHIS. Also, the neglect of traditional folk media and the lack of community participation in the development of communication strategies contribute significantly to the low enrolment the scheme is currently experiencing. In addressing these problems, there is the need for communication programs and interventions to consider these gaps identified in the current existing strategy of the NHIS.

Study Limitations

Much of the study was based on the review of literature. However, there was no enough literature discussing how communication influenced enrolment of clients to a health insurance scheme. With few studies on the Ghana NHIS, the study therefore based its findings on other studies outside of Ghana with similar geography, gender norms, livelihoods and rural/urban characteristics.

The study also had limited cross sectional studies. As a result many of the literature used were unable to establish causal relationships between the variables they discussed. They however were able to point out the associations that existed between the variables in question.

CHAPTER SIX: CONCLUSION AND RECOMMENDATION

6.1 Conclusion

The national health insurance scheme has played an important role and will continue to do so for many years to come. The objective of the scheme, which is geared towards ensuring access to effective health insurance coverage, is a laudable idea, which has been embraced by many Ghanaians. However, over 60% have still not registered with the scheme despite its benefits of not paying for health care at the point of service use. Numerous factors account for this, one, which is the manner in which information about the scheme is being sent out to the general population. This has caused the public to lose trust in the system and thus recorded low enrolments.

Based on the analysis and application of Verbeke's conceptual framework, we can say that, addressing this problem requires proper planning between experts and community members and leaders. The system of communication has failed almost entirely because the views of community members are not sort and the information is not well targeting. The exclusion of traditional folk media from the communication system also poses as a challenge for the majority of rural communities who may not have access to modern technology like television, radio, Internet and mobile systems.

6.2 Recommendation

- In reaching out to clients and the general public, information that is to be communicated should be targeted as this best meets the specific needs of different groups in the society;

- Benefit package of the insurance scheme should be clearly articulated to clients during registration. Copies of the benefits package should be printed and handed over to clients. It should also be pasted clearly in health facility premises dispel any misperceptions about hidden costs;

- The communication strategy of the scheme should focus on a bottom up approach that involves the participation of community members to ensure that communication respects the norms and beliefs of the society;

- To reach out to the majority of people in rural communities who may not be enrolled with the scheme, traditional folk media must be incorporated into the current community strategy to serve the needs of these groups and help them understand the benefits attached to the scheme;

- The district schemes should be wholly involved in all communication process from the national and regional levels to place them in a better position to engage clients who may demand answers to questions they may have;

- Further research by the NHIA should be conducted to understand the specific communication needs of all Stakeholders across the country.

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