

EDITORIAL



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FINANCING ORAL HEALTH CARE IN GHANA

It is costly to provide dependable, equitable, and freely accessible healthcare. The mobilization, deployment, sustainability, and administration of such financial resources as well as the strategic vision that drives this undertaking is essential. The cost of healthcare is met through multiple sources, including public funds (national health insurance subsidized through revenue from taxes and levies), donor aid (foreign partners and non-governmental organisations), or private funds (out of pocket payments, company insurance, and private insurance). Health financing is defined by the World Health Organization (WHO) as, the "function of a health system concerned with the mobilization, accumulation and allocation of money to cover the health needs of the people, individually and collectively, in the health system".¹

Beyond making funds available, health financing should signal the right financial incentives to providers, and lead to all individuals having access to effective public and personal health care.¹ Universal access to healthcare has particularly come into sharp focus in contemporary times in arenas where healthcare cost has been discussed.²

Healthcare spending is an important component of expenditure worldwide, for both low to middle income and high income economies. The global picture of healthcare spending shows that nations are feeling the pinch because of the desire to match the increasing healthcare demands financially.

The need to probably increase attention towards spending in areas of preventative health, so as to reduce the cost burden of curative healthcare also frequently surfaces, as the poignant issue of healthcare cost is debated. Also important, are the various models health economists have proffered to enable actual costing and projection of critical funds for health financing.

Using data from 2016, the Organization for Economic Cooperation and Development (OECD), indicates that the United States of America (US) is one of the highest spending countries with regard to healthcare.³ The expenditure was 17.97% of gross domestic product (GDP), and had increased faster than the GDP and population growth over the years.⁴

The US expended close to \$9900 per capita, which was 25% more than the next highest spender, Switzerland (\$7920 per capita).³ Even for a highly resourced country like the US, the absolute amount and the rate of increase of health care spending in the US are widely regarded as unsustainable.⁵ In 2017 the expenditure was 17.92% (not very different from the previous year).³

The situation is no different in a low middle income country like Ghana. In 2010 Ghana's GDP was estimated at 44,799 million Ghana cedi (\$31,548.40 million USD) which qualified the country as a low middle income economy (LMIC), with GDP per capita of 1,872.07 Ghana cedi (\$ 1,318USD).⁶

The health bill of the country for 2005 was US\$ 680.55 million, and increased to US\$ 964.68 million in 2010 (a 41.75% US dollar rise within five years). Healthcare in Ghana is financed through Government of Ghana (GOG) revenues, private funds from companies and households for both pre-paid voluntary premiums and out-of-pocket payments (OOP), and international funds from donors/development partners. The consequence of the LMIC status is a reduction in donor funds. That has resulted in public funding increasing to bridge the funding gap.⁶

Oral healthcare finance, must be seen as a core aspect of capacity-building actions of health systems.⁷ The oral health component of the total health expenditure worldwide, is estimated at 5%. This percentage drops even further to 0.3% for African countries.⁸ Even when oral health services are readily accessible and free, there is still underutilization by the lower strata of the socioeconomic class.⁹ Oral health programs can be integrated into the already existing primary health care programs, to reduce its cost and also improve its accessibility.⁹ This will help remove inequities in oral health care provision.

The fallout from the continuous expansion of the health proportion within the public purse is unsettling. There will be increased national debt probably coupled with decreased funding for other sectors, employee layoffs due to increase premiums borne by employers or reduced employee salaries among others.⁹

The provision of funds for healthcare must take into account a myriad of factors. The estimation of cost of care, should incentivise providers, reduce hurdles to accessibility and must be sustainable. Urgent reforms are needed in the national health insurance scheme to among others improve the oral health benefit package, provide incentives to providers through suitable reimbursement, and improve enrolment onto the scheme.

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