



Dr James Akazili received his Phd in June 2010 from the University of Cape Town.

Thesis title: Equity in health care financing in Ghana

James Akazili holds a BA in Economics from the University of Cape Coast, Ghana which he obtained in 1996 and also has an MA in Health Economics from the UCT, which was obtained in 2000. Whilst working on his PhD at the Health Economics Unit of the Department of Public Health and Family Medicine, James Akazili has contributed significantly to scientific knowledge related to his research. He currently works at the Navrongo Health Research Centre in northern Ghana. James Akazili's PhD study (the first of kind in West Africa) measured the relative progressivity of health care financing mechanisms, the catastrophic and impoverishment effect of direct health care payments, as well as evaluating the factors affecting enrolment in the national health insurance scheme (NHIS), which is the intended means for achieving equitable health financing and universal coverage in Ghana. Using both quantitative and qualitative methods, the study found that generally Ghana's health care financing system is progressive. The progressivity of health financing is driven largely by the overall progressivity of taxes which account for over 50% of health care funding. The informal sector NHI contributions were found to be regressive. Out-of-pocket payments, which account for 45% of funding, are associated with significant catastrophic and impoverishment effects for households. The results also indicate that high premiums, ineffective exemptions, fragmented funding pools and perceived poor quality of care affect the expansion of the NHIS. For Ghana to attain adequate financial protection and ultimately achieve universal coverage, it needs to extend cover to the informal sector, possibly through funding their contributions entirely from tax, and address other issues affecting the expansion of the NHI. Furthermore, the funding pool for health care needs to grow and this can be achieved by improving the efficiency of tax collection and increasing the budgetary allocation to the health sector.

Supervisor: Professor Di McIntyre (Health Economic Unit, School of Public Health and Family Medicine)