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BUILDING STRONGER NATIONAL HEALTH INSURANCE IN AFRICA: THE CASE FOR A COMMUNITY OF PRACTICE

Across Africa, National Health Insurance Schemes (NHIS) are emerging as a cornerstone for universal health coverage (UHC). From Kenya's Social Health Authority (SHA) to Nigeria's National Health Insurance Authority (NHIA) and Ghana's National Health Insurance Scheme (NHIS), governments are recognizing that insurance-based pooling mechanisms are vital for reducing out-of-pocket expenditures, protecting vulnerable populations, and mobilizing domestic resources for health. Yet despite this momentum, progress has been uneven. As of 2021, only 9% of Africans were covered by any form of health insurance, compared to coverage rates above 50% in Ghana and Rwanda.[1]

African countries face strikingly similar challenges: enrolling informal sector workers, maintaining fiscal sustainability, ensuring timely payments to providers, and curbing fraud and inefficiency. Too often, however, these struggles are faced in isolation. Each country reinvents tools and processes that could have been adapted from peers, wasting time and scarce resources. What is needed is a structured community of practice. At this continent-wide forum, leaders of national health insurance bodies can learn from each other, adapt proven innovations, and co-develop solutions to shared challenges

Progress Made, Challenges Ahead

Kenya has recently restructured its health system under the Social Health Insurance Act of 2023. This reform has established a Primary Health Care Fund and introduced enrolment linked to digital IDs to promote equity and transparency. However, there are ongoing concerns about the affordability of services for informal workers who have irregular incomes.

In Nigeria, the National Health Insurance Authority (NHIA) was reformed under the 2022 Act, which created a Vulnerable Group Fund and aligned it with the Basic Health Care Provision Fund (BHCPF).[2] Despite these efforts, coverage remains below 5%, indicating challenges in scaling up enrolment across various states and regions. Ghana, often lauded as an early mover, has reached just over half its population through earmarked payroll and VAT contributions, but struggles with rising utilization, claims arrears, and the need for tariff discipline.[3]

Despite differences in scale and maturity, these schemes face common operational and fiscal bottlenecks. Each has developed innovations: Kenya with digital enrollment, Nigeria with equity funds, and Ghana with earmarked financing, which could provide valuable lessons if systematically shared. A regional community of practice would serve precisely this function: enabling structured exchange of tools, experiences, and lessons learned.

Lessons from global best practice

Global experience demonstrates the transformative impact of structured peer learning. The Joint Learning Network for Universal Health Coverage, established in 2010, created opportunities for countries such as Vietnam and Ghana to co-develop provider payment reforms and digital claims platforms. Evaluations found that peer-to-peer exchange accelerated uptake of reforms compared to traditional consultant-driven approaches.[4]

Best-in-class systems also offer specific design lessons. South Korea, for example, consolidated hundreds of risk pools into a single national insurer by 2000, achieving more than 95% coverage.[5] While its expansion of benefits later created fiscal pressures, the lesson for Africa is clear: consolidating risk pools and unified purchasing increases efficiency and coverage. Thailand's Universal Coverage Scheme (UCS), financed through general taxation, reduced catastrophic health spending from 4.1% in 2002 to 2.0% in 2015, showing the protective power of progressive financing and strategic purchasing.[6] Both cases underscore that universal coverage is possible with disciplined fiscal planning, robust governance, and continuous system adaptation.

Africa does not need to copy these systems wholesale. But adapting their lessons, such as global budgets, consolidated pooling, and digital claims monitoring, can help ensure that insurance expansions are fiscally sustainable and politically resilient.

Why a community of practice matters

A continent-wide community of practice would deliver three critical benefits.

- **First, technical problem-solving.** Countries could co-develop actuarial models, digital enrollment platforms, and anti-fraud tools tailored to African contexts, thereby reducing their reliance on external consultants.

- **Second, institutional capacity and political resilience.** Peer exchanges create safe spaces for candid dialogue between ministers, regulators, and scheme managers. Leaders can learn from others how to navigate politically sensitive reforms, such as tariff resets and subsidy redesigns, without incurring reputational risk.[7]

- **Third, bargaining power.** Shared knowledge on procurement prices, capitation rates, and claims turnaround benchmarks enhances negotiating leverage with providers and suppliers. Evidence shows that pooled procurement mechanisms in

low- and middle-income countries can deliver savings of up to 20% on medicines, allowing resources to be redirected to expand benefits.[8]

By connecting these dots, a community of practice serves as glue: bringing together fragmented experiences, amplifying effective practices, and creating a shared repository of solutions that can be quickly deployed across different contexts.

Turning lessons into lasting reform

Numerous countries in Africa, including Kenya, Nigeria, and Ghana, are currently undergoing significant reforms in their healthcare systems. While each country has made progress, it also faces challenges that could hinder its efforts toward achieving universal healthcare coverage. Establishing a structured community of practice, guided by an African-led coordinating body, presents a practical approach to accelerate reforms, enhance financial protection, and ultimately sustainably expand healthcare coverage.

If Africa is to achieve universal health coverage, the next frontier will not be isolated reforms but collective problem-solving. The time has come to transition from fragmented efforts to a shared platform, one that ensures no country faces its health financing challenges alone.

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