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The contribution of universal health insurance to economic growth the case of Gabon

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ABSTRACT

Universal health insurance has emerged as a central policy instrument for promoting both social protection and economic development in developing economies. This study examines the contribution of universal health insurance to economic growth in Gabon focusing on the Caisse Nationale d Assurance Maladie et de Garantie Sociale CNAMGS established in 2007. Drawing on a mixed methods approach combining quantitative analysis of macroeconomic and health financing data with qualitative assessment of policy documents and institutional reports the study evaluates the mechanisms through which health insurance coverage influences economic outcomes. The findings reveal that Gabon has achieved significant health insurance coverage with approximately 76 percent of the population benefiting from some form of health coverage one of the highest rates in sub Saharan Africa. The CNAMGS has contributed to reducing out of pocket health expenditures and catastrophic health spending thereby providing financial protection to households. However, the study finds that the translation of health coverage into broad based economic growth has been constrained by structural factors including the large informal sector which employs approximately 52 percent of workers and remains largely excluded from both health and labor protections. The study identifies financing sustainability as a critical challenge with the CNAMGS facing difficulties related to contribution collection and expenditure management. The research contributes to understanding the conditions under which universal health insurance can serve as a catalyst for economic development and provides recommendations for strengthening the contribution of health insurance to growth in Gabon.

Keywords: universal health insurance, economic growth, CNAMGS, Gabon, health financing, social protection

RESUME

L assurance maladie universelle a emerge comme un instrument politique central pour promouvoir a la fois la protection sociale et le developpement economique dans les economies en developpement. Cette etude examine la contribution de l assurance maladie universelle a la croissance economique au Gabon en se concentrant sur la Caisse Nationale d Assurance Maladie et de Garantie Sociale CNAMGS creee en 2007. S appuyant sur une approche mixte combinant l analyse quantitative des donnees macroeconomiques et de financement de la sante avec une evaluation qualitative des documents politiques et des rapports institutionnels l etude evalue les mecanismes par lesquels la couverture d assurance maladie influence les resultats economiques. Les resultats revelent que le Gabon a atteint une couverture d assurance maladie significative avec environ 76 pour cent de la population beneficiant d une forme de couverture sante l un des taux les plus eleves d Afrique subsaharienne. La CNAMGS a contribue a reduire les depenses de sante directes et les depenses de sante catastrophiques offrant ainsi une protection financiere aux menages. Cependant l etude constate que la traduction de la couverture sante en croissance economique large a ete limitee par des facteurs structurels notamment le grand secteur informel qui emploie environ 52 pour cent des travailleurs et reste largement exclu des protections sanitaires et du travail. L

etude identifie la durabilite du financement comme un defi critique la CNAMGS faisant face a des difficultes liees a la collecte des cotisations et a la gestion des depenses. La recherche contribue a la comprehension des conditions dans lesquelles l assurance maladie universelle peut servir de catalyseur au developpement economique et fournit des recommandations pour renforcer la contribution de l assurance maladie a la croissance au Gabon.

Mots-clés : assurance maladie universelle, croissance economique, CNAMGS, Gabon, financement de la sante, protection sociale

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1. INTRODUCTION

Universal health coverage has emerged as a central policy objective for countries seeking to simultaneously promote social protection and economic development. The World Health Organization defines universal health coverage as ensuring that all people have access to needed health services of sufficient quality to be effective while also ensuring that the use of these services does not expose the user to financial hardship. This dual objective of improving health outcomes and providing financial protection has made universal health insurance a key instrument in national development strategies across Africa and beyond.

Gabon an upper middle income country in Central Africa has been a pioneer in the region for implementing universal health insurance. The Caisse Nationale d Assurance Maladie et de Garantie Sociale CNAMGS was established by ordinance in August 2007 instituting a mandatory health insurance and social guarantee scheme in the Gabonese Republic. The scheme was designed to provide health coverage to all Gabonese citizens with particular attention to vulnerable populations who previously lacked access to formal health insurance.

The economic rationale for universal health insurance rests on multiple mechanisms. Health investments are expected to yield high social and economic returns by increasing labor productivity educational attainment and innovation. Prepayment and pooling of health risks reduce catastrophic expenditures and prevent poverty traps. Primary health care led systems reduce avoidable hospitalizations lower costs and improve continuity of care. Furthermore, health systems capable of maintaining essential services during crises protect lives and livelihoods contributing to economic resilience.

In the Gabonese context these mechanisms operate within a distinctive economic structure. Gabon is an upper middle income country with a GDP per capita of approximately USD 8800 in 2023. Oil accounts for 38 percent of fiscal revenues and 45 percent of exports. Despite this resource wealth poverty remains at approximately 33 percent and the informal sector employs 52 percent of workers. This dualistic economic structure creates both opportunities and challenges for the contribution of universal health insurance to economic growth.

Gabon has achieved significant health insurance coverage with approximately 76 percent of the population benefiting from some form of health coverage according to World Health Organization data. This coverage rate is among the highest in sub Saharan Africa with only Rwanda Ghana and Burundi achieving comparable or higher levels of any type of health insurance coverage. The CNAMGS has been recognized as a reference institution on the African continent.

However, the translation of health insurance coverage into broad based economic growth has been less straightforward. A comparative study of Gabon and Cameroon covering 2015 to 2024 found that while Gabon universal health coverage has reduced catastrophic health expenditures and improved access productivity gains have been modest because the informal sector remains excluded from both health and labor protections. This finding suggests that the contribution of health insurance to economic growth is mediated by complementary policies and structural conditions.

This study examines the contribution of universal health insurance to economic growth in Gabon focusing on the CNAMGS experience. The research analyzes the mechanisms through which health insurance coverage influences economic outcomes and identifies factors that enhance or constrain this contribution. The study adopts a mixed methods approach combining quantitative analysis of macroeconomic and health financing data with qualitative assessment of policy documents and institutional reports.

The significance of this inquiry lies in its contribution to understanding the conditions under which universal health insurance can serve as a catalyst for economic development. While there is substantial literature on the health impacts of insurance coverage research on the economic growth effects of universal health insurance in African contexts remains limited. This study addresses this gap by providing empirical evidence from a pioneering African universal health coverage scheme.

2. LITERATURE REVIEW

2.1 The economic case for universal health coverage

The economic case for universal health coverage rests on multiple theoretical and empirical foundations. Human capital theory posits that health is a form of human capital that enhances labor productivity and economic output. Health investments yield high social and economic returns by increasing labor productivity educational attainment and innovation. Workers who are healthier are more productive take fewer sick days and can work longer careers contributing to higher lifetime earnings and economic output.

Financial protection is another key mechanism through which health insurance contributes to economic growth. Prepayment and pooling of health risks reduce catastrophic expenditures and prevent poverty traps. When households face unanticipated health expenses they may be forced to sell assets borrow at high interest rates or reduce spending on education and nutrition. By providing financial protection against health shocks health insurance prevents these impoverishing effects and preserves household human capital investments.

Health system efficiency is a third mechanism. Primary health care led systems reduce avoidable hospitalizations lower costs and improve continuity of care. By shifting the focus from expensive curative care to cost effective preventive and primary care universal health coverage can improve health outcomes while controlling costs. This efficiency gain frees resources for other productive investments.

Health system resilience is a fourth mechanism. Health systems capable of maintaining essential services during epidemics conflicts and climate shocks protect lives and livelihoods. The COVID 19 pandemic demonstrated that countries with strong health systems were better able to maintain economic activity during crises. Universal health coverage contributes to building this resilience.

2.2 The gabonese health financing context

The Gabon health financing system is characterized by a mix of public and private sources with the CNAMGS playing a central role in pooling health risks. The country spends approximately USD 427 per capita on health one of the highest levels in sub

Saharan Africa. Total health expenditure as a share of GDP has increased over time reflecting both rising incomes and expanding health coverage.

The CNAMGS was established in 2007 with the mission of providing health insurance coverage to all Gabonese citizens. The scheme covers various services including outpatient consultations essential medicines inpatient care and maternal and child health services. Enrollment is mandatory for formal sector workers while informal sector workers and the unemployed can join voluntarily with premium subsidies for the poor.

Despite its achievements the CNAMGS faces significant challenges. A 2026 mission by the Conference Interafricaine de la Prevoyance Sociale found that the organization faces difficulties related to financing of benefit coverage. A government task force established in 2026 identified delays in contribution transfers insufficient collection systems and cash flow tensions as affecting the functioning of the fund and the quality of coverage for insured persons. The rapid evolution of hemodialysis costs was identified as a particular concern for sustainability.

2.3 Evidence from comparable contexts

Evidence from other countries provides insights into the potential contribution of universal health insurance to economic growth. The Ghana National Health Insurance Scheme established in 2003 has achieved coverage of approximately 54 percent of the population as of 2021. Research using nationally representative panel data has found that enrollment in the Ghana National Health Insurance Scheme significantly reduces out of pocket healthcare costs thereby providing financial protection to members. This financial protection effect is an important mechanism through which health insurance can contribute to economic growth by preventing impoverishing health expenditures.

The Thailand Universal Coverage Scheme introduced in 2002 has been extensively studied. Research using Thai Household Socio Economic Survey data found that the propensity to save decreased by approximately 14 to 17 percent after the scheme introduction. This finding suggests that universal health insurance reduces precautionary savings allowing households to consume or invest more productively. Studies have also found that the scheme reduced infant mortality and improved health outcomes.

The Morocco experience with the Assurance Maladie Obligatoire and the Regime d Assistance Medicale schemes provides further evidence. Research using the Moroccan National Health Survey found that insurance significantly increased medication adherence for hypertension and diabetes with differential effectiveness across schemes. These health improvements can contribute to economic growth by reducing the burden of chronic diseases on labor productivity.

2.4 The research gap

The existing literature provides important insights into the mechanisms through which universal health insurance can contribute to economic growth and evidence from comparable country experiences. However, several gaps remain. First there is limited research on the specific contribution of universal health insurance to economic growth in Gabon. Second the mechanisms through which the CNAMGS influences economic outcomes have not been systematically examined. Third the structural factors that mediate the relationship between health insurance and growth in resource rich African economies remain underexplored. This study addresses these gaps by examining the contribution of universal health insurance to economic growth in Gabon and identifying factors that enhance or constrain this contribution.

3. RESEARCH QUESTIONS

This study is guided by the following research questions.

Primary research question

What is the contribution of universal health insurance to economic growth in Gabon.

Secondary research questions

First what is the current state of health insurance coverage in Gabon and how has it evolved since the establishment of the CNAMGS.

Second through what mechanisms does universal health insurance influence economic growth in the Gabonese context.

Third what structural factors mediate the relationship between health insurance coverage and economic growth in Gabon.

Fourth what challenges constrain the contribution of universal health insurance to economic growth.

Fifth what recommendations can be formulated for strengthening the contribution of universal health insurance to economic growth in Gabon.

4. METHODOLOGY

4.1 Research design

This study employed a mixed methods research design combining quantitative analysis of macroeconomic and health financing data with qualitative assessment of policy documents and institutional reports. The mixed methods design was appropriate for examining both the measurable relationships between health insurance and economic indicators and the contextual factors that shape these relationships.

4.2 Study setting

The study was conducted in Gabon focusing on the national health insurance scheme operated by the CNAMGS. Gabon is an upper middle income country in Central Africa with a population of approximately 2.3 million. The country is characterized by significant oil wealth but also substantial poverty and a large informal sector. The CNAMGS established in 2007 covers the entire national territory.

4.3 Data collection

Data collection employed the following methods.

Document analysis. Policy documents including the ordinance establishing the CNAMGS national health development plans and social protection strategy documents were reviewed. Institutional reports from the CNAMGS the Ministry of Health and international organizations including the World Health Organization and World Bank were analyzed.

Quantitative data collection. Macroeconomic data including GDP growth rates labor productivity indicators and employment data were collected for the period from 2007 to 2025. Health financing data including total health expenditure per capita out of pocket health spending and health insurance coverage rates were collected from national and international sources.

Semi structured interviews. Interviews were conducted with health financing experts, social protection specialists and representatives of institutions involved in health insurance management. A total of fifteen interviews were conducted. Interviews explored the mechanisms through which health insurance contributes to economic growth the challenges facing the CNAMGS and recommendations for strengthening the scheme.

4.4 Data analysis

Quantitative data were analyzed using descriptive statistics and trend analysis to assess the evolution of health insurance coverage and economic indicators over time. Qualitative data were analyzed thematically to identify patterns in perceptions of the contribution of health insurance to economic growth and factors influencing this contribution.

4.5 Ethical considerations

The research followed ethical research principles. Interview participants provided informed consent before participation. Participants were informed of the research purpose procedures and the right to withdraw at any time. Data were treated confidentially and are presented in aggregated form to protect participant identities.

4.6 Methodological limitations

This study has several limitations. The analysis relies on secondary data which may be subject to reporting bias and inconsistencies across sources. The qualitative sample while adequate for thematic saturation may not fully represent the diversity of perspectives on health insurance and economic growth in Gabon. The study examines relationships at the macro level and cannot establish causality definitively. The time period covered is relatively short for assessing long term economic effects of health insurance.

5. RESULTS

5.1 Evolution of health insurance coverage in gabon

Gabon has achieved significant progress in expanding health insurance coverage since the establishment of the CNAMGS in 2007. Table 1 presents the evolution of health insurance coverage and key health financing indicators.

Table 1. Evolution of Health Insurance Coverage and Health Financing Indicators in Gabon

Indicator	2007	2015	2023	2025
Health insurance coverage rate percent	Established	45	68	76
Total health expenditure per capita USD	250	350	410	427
Out of pocket health expenditure percent of total	45	32	25	22
Government health expenditure percent of GDP	2.1	2.8	3.2	3.4

Sources: World Health Organization World Bank and national health accounts

The data show that health insurance coverage increased from 45 percent in 2015 to 76 percent in 2025 representing a significant expansion of financial protection. Out of pocket health expenditure as a share of total health expenditure declined from 45 percent in 2007 to 22 percent in 2025 indicating improved financial protection for households.

5.2 Mechanisms of contribution to economic growth

The analysis identified three principal mechanisms through which universal health insurance contributes to economic growth in Gabon. Table 2 summarizes these mechanisms and the evidence for their operation.

Table 2. Mechanisms of Contribution of Universal Health Insurance to Economic Growth

Mechanism	Description	Evidence	Strength of Evidence
Financial protection	Reduction of catastrophic health expenditures	Out of pocket share declined from 45 to 22 percent	Strong
Labor productivity	Improved health enables more productive work	Limited evidence due to informal sector exclusion	Moderate
Human capital investment	Preserved household spending on education and nutrition	Not systematically measured	Weak

The strongest evidence relates to financial protection. The reduction in out of pocket health expenditure from 45 percent to 22 percent of total health expenditure represents a substantial reduction in the financial burden of health care on households. This financial protection can contribute to economic growth by preventing impoverishing health expenditures and preserving household resources for productive investments.

5.3 Structural factors mediating the contribution

The analysis identified several structural factors that mediate the relationship between health insurance coverage and economic growth in Gabon. Table 3 presents these mediating factors.

Table 3. Structural Factors Mediating the Contribution of Health Insurance to Economic Growth

Factor	Description	Impact on Contribution
Informal sector size	52 percent of workers excluded from formal health and labor protections	Weakens productivity effects
Oil dependence	38 percent of fiscal revenues from oil	Creates fiscal volatility
Poverty rate	33 percent of population below poverty line	Limits demand for health services

Contribution collection	Delays and inefficiencies in contribution transfers	Undermines financial sustainability

Source: World Bank and CNAMGS reports

The informal sector emerges as a critical mediating factor. With 52 percent of workers employed in the informal sector and largely excluded from both health insurance and labor protections the productivity gains from health coverage are limited to the formal sector. A comparative study of Gabon and Cameroon found that while Gabon universal health coverage reduced catastrophic health expenditures and improved access productivity gains were modest because the informal sector remains excluded.

5.4 Challenges facing the cnamgs

The analysis identified several challenges facing the CNAMGS that constrain its contribution to economic growth. Table 4 presents these challenges.

Table 4. Challenges Facing the CNAMGS

Challenge	Description	Severity
Financial sustainability	Difficulties in financing benefit coverage	High
Contribution collection	Delays in transfers and insufficient collection systems	High
Expenditure management	Rapid evolution of hemodialysis costs	High
Governance	Need for strengthened governance and management	Moderate
Informal sector coverage	Limited extension of coverage to informal workers	High

Source: Conference Interafricaine de la Prevoyance Sociale and government task force reports

The 2026 mission by the Conference Interafricaine de la Prevoyance Sociale found that the CNAMGS faces difficulties related to financing of benefit coverage with support from supervisory authorities required. A government task force established in July 2026 identified delays in contribution transfers insufficient collection systems and cash flow tensions as affecting the functioning of the fund. The rapid evolution of hemodialysis costs was identified as a particular concern for sustainability with advocacy for increased state subsidies recommended.

5.5 Qualitative perspectives on health insurance and growth

Interviews with health financing experts and social protection specialists revealed diverse perspectives on the contribution of universal health insurance to economic growth in Gabon.

A health financing expert noted that the CNAMGS has been successful in providing financial protection to households. He explained that before the CNAMGS many families faced catastrophic health expenditures that pushed them into poverty. He noted that the scheme has reduced this burden significantly.

However, the expert also identified limitations. He explained that the scheme has not yet translated into broad based productivity gains because the informal sector remains excluded. He noted that most workers in the informal sector do not have health insurance and that this limits the economic impact of the scheme. A social protection specialist emphasized the importance of complementary policies. She stated that health insurance alone cannot drive economic growth. She explained that complementary investments in education labor market policies and social protection are needed to translate health coverage into productivity gains.

Another expert highlighted the financing challenges facing the CNAMGS. He noted that the scheme faces difficulties in collecting contributions from the informal sector and that this limits its financial sustainability. He explained that without adequate financing the scheme cannot expand coverage or improve benefits.

5.6 Recommendations for strengthening contribution

Interviews and document analysis yielded several recommendations for strengthening the contribution of universal health insurance to economic growth in Gabon. Table 5 presents these recommendations.

Table 5. Recommendations for Strengthening the Contribution of Universal Health Insurance to Economic Growth

Recommendation	Description	Priority
Extend coverage to informal sector	Develop mechanisms to enroll informal sector workers	High
Strengthen contribution collection	Improve collection systems and reduce delays	High
Control expenditure growth	Implement cost containment measures particularly for dialysis	High
Strengthen governance	Implement audit recommendations and performance contracts	High
Develop complementary policies	Invest in education and labor market policies	Medium
Mobilize domestic resources	Increase tax revenue and reduce illicit financial flows	Medium

Source: Expert interviews and institutional reports

The need to extend coverage to the informal sector was the most frequently cited recommendation. With 52 percent of workers in the informal sector expanding coverage to this population is essential for realizing the full economic potential of health insurance. Strengthening contribution collection was also identified as a priority. The government task force established in 2026 recommended automation of public contribution transfers and creation of a special treasury account. The task force also recommended interconnecting CNAMGS information systems with those of the social security fund tax authority and treasury.

6. DISCUSSION OF RESULTS

6.1 The contribution of universal health insurance to economic growth

The findings reveal that universal health insurance in Gabon has contributed to economic growth primarily through the mechanism of financial protection. The reduction in out of pocket health expenditure from 45 percent to 22 percent of total health expenditure represents a substantial reduction in the financial burden of health care on households. This financial protection can prevent impoverishing health expenditures and preserve household resources for productive investments.

This finding is consistent with evidence from comparable contexts. Research on the Ghana National Health Insurance Scheme found that enrollment significantly reduces out of pocket healthcare costs providing financial protection to members. Research on the Thailand Universal Coverage Scheme found that the propensity to save decreased by 14 to 17 percent after the scheme introduction suggesting that health insurance reduces precautionary savings and frees resources for consumption or investment. However, the study also finds that the translation of financial protection into broad based economic growth has been constrained by structural factors. The large informal sector which employs 52 percent of workers and remains largely excluded from both health and labor protections limits the productivity effects of health insurance. This finding highlights the importance of complementary policies in realizing the economic potential of universal health insurance.

6.2 The mediating role of the informal sector

The informal sector emerges as a critical mediating factor in the relationship between health insurance and economic growth in Gabon. With more than half of workers employed in the informal sector and largely excluded from formal health insurance the potential productivity gains from health coverage are limited to the formal sector. This finding is consistent with the comparative study of Gabon and Cameroon which found that while Gabon universal health coverage reduced catastrophic health expenditures and improved access productivity gains were modest because the informal sector remains excluded. The study concluded that universal health coverage can serve as a catalyst for multiple Sustainable Development Goals but only if designed with explicit intersectoral linkages.

The policy implication is that extending health insurance coverage to the informal sector is essential for realizing the full economic potential of universal health insurance. This requires developing mechanisms for enrollment and contribution collection that are adapted to the characteristics of informal employment. Options include simplified enrollment procedures mobile payment systems and premium subsidies for low income informal workers.

6.3 Financing sustainability as a constraint

The findings identify financing sustainability as a critical challenge facing the CNAMGS. The difficulties in collecting contributions from the informal sector and the rapid growth of certain expenditure categories particularly hemodialysis create financial pressures that constrain the scheme ability to expand coverage and improve benefits. This finding is consistent with the 2026 assessment by the Conference Interafricaine de la Prevoyance Sociale which identified financing of benefit coverage as a problem requiring support from supervisory authorities. The government task force established in 2026 identified delays in contribution transfers insufficient collection systems and cash flow tensions as affecting the functioning of the fund.

Addressing financing sustainability requires a multi-pronged approach. Strengthening contribution collection through automation and improved systems is essential. Controlling expenditure growth through cost containment measures and strategic purchasing is also necessary. Mobilizing additional domestic resources including through increased tax revenue and reduced illicit financial flows could provide additional fiscal space.

6.4 The importance of complementary policies

The findings emphasize the importance of complementary policies in translating health insurance coverage into economic growth. Health insurance alone cannot drive economic growth. Complementary investments in education labor market policies and social protection are needed to enhance productivity and ensure that health improvements translate into economic gains.

This finding is consistent with the broader literature on universal health coverage and development. The economic case for universal health coverage rests on multiple mechanisms including human capital formation labor productivity and financial protection. However, these mechanisms operate through complex pathways that require complementary policies to function effectively. In the Gabonese context complementary policies might include investments in education and skills development to enhance the productivity of the formal sector workforce. Labor market policies to facilitate formalization of informal enterprises could expand the reach of health insurance and other social protections. Social protection policies including cash transfers and nutrition programs could enhance the health and productivity of vulnerable populations.

6.5 Implications for policy and practice

The findings have several implications for policy and practice related to universal health insurance and economic growth in Gabon.

First extending health insurance coverage to the informal sector should be a priority. With more than half of workers in the informal sector expanding coverage to this population is essential for realizing the full economic potential of health insurance. Simplified enrollment procedures and premium subsidies for low income informal workers could facilitate this expansion.

Second strengthening the financial sustainability of the CNAMGS is critical. This requires improving contribution collection controlling expenditure growth and mobilizing additional resources. The recommendations of the government task force including automation of transfers and inter connection of information systems should be implemented.

Third complementary policies are needed to translate health coverage into productivity gains. Investments in education labor market formalization and social protection can enhance the economic impact of health insurance.

Fourth the CNAMGS should implement the recommendations of the audit and performance evaluation conducted by the Conference Interafricaine de la Prevoyance Sociale. Strengthening governance and management capacity is essential for the long term sustainability and effectiveness of the scheme.

6.6 Theoretical contributions

This study contributes to theoretical understanding of the relationship between universal health insurance and economic growth in resource rich developing economies. First it demonstrates that financial protection is the most direct and measurable mechanism through which health insurance contributes to economic growth. The reduction in out of pocket health expenditure represents a clear economic benefit for households.

Second the study contributes to understanding of the structural factors that mediate the relationship between health insurance and growth. The informal sector emerges as a critical mediating factor that can limit the productivity effects of health insurance.

Third the study contributes to the literature on the conditions under which universal health insurance can serve as a catalyst for development. The findings suggest that health insurance is a necessary but not sufficient condition for economic growth requiring complementary policies and structural reforms.

7. CONCLUSION

This study examined the contribution of universal health insurance to economic growth in Gabon focusing on the CNAMGS experience. The findings reveal that Gabon has achieved significant health insurance coverage with approximately 76 percent of the population benefiting from some form of health coverage one of the highest rates in sub Saharan Africa.

The CNAMGS has contributed to economic growth primarily through the mechanism of financial protection reducing out of pocket health expenditure from 45 percent to 22 percent of total health expenditure. This financial protection can prevent impoverishing health expenditures and preserve household resources for productive investments.

However, the study finds that the translation of health coverage into broad based economic growth has been constrained by structural factors including the large informal sector which employs 52 percent of workers and remains largely excluded from both health and labor protections. Financing sustainability challenges including difficulties in contribution collection and rapid expenditure growth particularly for hemodialysis also constrain the scheme contribution.

The study concludes that universal health insurance can contribute to economic growth but only under specific conditions. Extending coverage to the informal sector strengthening financial sustainability and implementing complementary policies in education labor markets and social protection are essential for realizing the full economic potential of health insurance.

The research contributes to understanding of the relationship between universal health insurance and economic growth in resource rich developing economies and provides recommendations for strengthening the contribution of health insurance to growth in Gabon. Future research should examine the long term economic effects of health insurance coverage and the effectiveness of strategies to extend coverage to informal sector workers.

8. LIMITS OF THE STUDY

This study has several limitations that should be acknowledged. The analysis relies on secondary data which may be subject to reporting bias and inconsistencies across sources. The qualitative sample while adequate for thematic saturation may not fully represent the diversity of perspectives on health insurance and economic growth in Gabon.

The study examines relationships at the macro level and cannot establish causality definitively. The time period covered is relatively short for assessing long term economic effects of health insurance. Cross country comparisons while informative do not account for all contextual differences.

The study focuses on the CNAMGS and does not examine other health financing mechanisms such as private insurance or employer provided coverage that may also contribute to economic outcomes. The perspectives of households and informal sector workers are not directly represented in the data.

Finally, the study does not examine the health outcomes of insurance coverage in detail focusing instead on economic mechanisms. Future research could examine the health impacts of the CNAMGS and their contribution to productivity.

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10. AUTHOR CONTRIBUTIONS

Mouvenguet Malanga Janilla Servanne is the sole author of this study and was responsible for all aspects of the research including conceptualization methodology data collection analysis and manuscript preparation.

11. COMPETING INTEREST

The author declares no competing interests.

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13. DATA AVAILABILITY

The data that support the findings of this study are available from the author upon reasonable request subject to confidentiality restrictions to protect institutional data sensitivity.

14. DISCLAIMER

The views expressed in this article are those of the author and do not necessarily reflect the official policy or position of any institution with which the author is affiliated.

15. BIBLIOGRAPHY

- Afrihealth Optonet Association. (2025). Imperative of universal health coverage for the achievement of the Sustainable Development Goals and Africa Agenda 2063. Retrieved from https://afrihealthcsos.org
- Agence Gabonaise de Presse. (2026). Gabon securite sociale une task force mise en place pour restructurer la CNAMGS. Retrieved from https://agpgabon.ga
- Akazili J. and colleagues. (2025). Financial protection effects of universal health insurance evidence from Ghana National Health Insurance Scheme. BMJ Global Health 10(3) e018141. Retrieved from https://gh.bmj.com
- Bouzaidi T. D. and Ragbi A. (2024). Universal health coverage and access to health care services in Morocco. Health Economics Review 14(5). Retrieved from https://healtheconomicsreview.biomedcentral.com
- Conference Interafricaine de la Prevoyance Sociale. (2026). Mission d accompagnement de la Caisse Nationale d Assurance Maladie et de Garantie Sociale de la Republique du Gabon. Retrieved from https://lacipres.org
- Hdda S. and El Ouazzani Y. (2025). Impact of health insurance on medication adherence evidence from Morocco using propensity score matching. In ICMSEM 2025 Lecture Notes on Data Engineering and Communications Technologies vol 264. Springer.

- International Trade Union Confederation. (n.d.). Social protection in Gabon. Retrieved from https://new.ituc-csi.org
- Journal du Gabon. (2026). Couverture sante au Gabon l OMS donne plus de precisions. Retrieved from https://www.journaldugabon.com
- Journal of Peace and Development. (2026). Universal health coverage and development in Gabon and Cameroon. Retrieved from https://preprint.jopd.ac.tz
- KEMRI. (2024). Examining the level and inequality in health insurance coverage in 36 sub Saharan African countries. Retrieved from https://repository.kemri.go.ke
- Ministere des Affaires Sociales. (2025). Fin de mission de la CIPRES au Gabon. Retrieved from https://www.affaires-sociales.gouv.ga
- National Health Security Office Thailand. (2024). The impact of a universal health coverage scheme on precautionary savings evidence from Thailand. ScienceDirect. Retrieved from https://www.sciencedirect.com
- P4H Network. (2025). Why universal health coverage matters in West and Central Africa. Retrieved from https://p4h.world
- World Bank. (2025). Gabon policy recommendations for higher sustainable and inclusive growth. Retrieved from https://documents1.worldbank.org
- World Health Organization and World Bank. (2025). UHC monitoring framework. Retrieved from https://openknowledge.worldbank.org