**Voices from the Middle belt of Ghana on UHC for all – Participation and Perceptions of Older Persons on Social Health Insurance Program utilizing a mixed method approach.**

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**Aim**

To explore the extent of older persons’ participation, perception level and reasons about Ghana’s National Health Insurance Scheme(NHIS) in Ashanti region.

**Objectives**

Social health insurance is an extension to social protection explicitly recognized in the Agenda 2030, though it was missing under the MDGs.There is an increasing focus on health care financing in many developing countries as part of meeting the Sustainable Development Goals, especially Goal 3. Although, many developing countries are gradually experiencing an increasing ageing population, there is much less available evidence of older persons’ participation and perceptions related to social health insurance programs. Ghana implemented the pro-poor National Health Insurance Scheme almost a decade and half ago to promote financial access to health care among its citizens. Embedded in the social insurance program is the Exempt policy for the vulnerable including older persons and the indigent. This paper therefore provides insights into the extent of older persons’ participation and perceptions related to the NHIS in the Mampong Municipality of the Ashanti Region in Ghana.

**Methods**

A triangulation mixed-method constituting a cross sectional household survey of 400 older persons(60+ years) and eight focus group discussions were carried out in 2017.Statistical techniques used were descriptive, Exploratory factor analysis and the thematic analysis. Stata and the Atlas-ti softwares were tools used for data analyses.

**Key findings**

The mean age was 73.7years.More than half were females and rural dwellers respectively. One-third had no formal education. Two-thirds were engaged in agriculture. One-fifth had no form of caregiving. One-third reported to have non-communicable diseases. While 60% were enrollees of NHIS, about 30% were former scheme members and 8% had never been registered. Fifty-nine percent achieved insurance membership as Exempt by age, indigent or as a beneficiary of Livelihood Empowerment Against Poverty program. With Cronbach alpha coefficient of 0.90 and a significant Bartlett’s Test of Sphericity generating perception index resulted in 58.5% and 32.0% having moderate and bad perception about NHIS respectively. The provision of unsatisfactory nature of service, technological challenges due to poor internet connectivity, extortions, promoting health care accessibility and utilization but reservations on specific health services offered at the point of health care utilization were cited reasons about the program.

**Conclusion**

Addressing identified challenges and integrating the views of the elderly in NHIS are crucial in promoting participation, reducing catastrophic health payments and ensuring the provision of satisfactory services from providers in securing UHC for all especially to older persons.