**Enhancing enrolment onto the NHIS to achieve Universal Health Coverage: A survey to explore barriers and enablers to enrolment among NHIS members in the Volta Region**

**Background**: Low enrolment is one of the key challenges for many Social Health Insurance Systems with voluntary enrolment and Ghana is no exception. UHC requires full population coverage. Moreover, if UHC is to be efficiently financed through SHI, the risk pool needs to be large enough to spread risk sufficiently and avoid adverse selection. It is therefore important to understand the barriers and enablers to enrolment and staying enrolled in the Ghana NHIS.

**Study Objectives**: The objective of this study was to describe and quantify the extent of barriers and enablers to enrolling and renewing enrolment onto the NHIS.

**Methods**: The study design was a cross sectional survey of a probability sample of households in all (17) districts of the Volta region of Ghana. 918 households were sampled. We adopted the Ghana Living Standards Survey’s (GLSS6) two-stage stratified sampling design. The sampling frame for the household-based sample was the list of all delineated 1200 Enumeration Areas (EAs) from the GLSS6 of which 117 EAs were from the Volta region with corresponding data on number of households. The regionally representative sample of households for the survey in the region was based on a two-stage stratified cluster design. In the survey, we collected information on health service utilization, general health and health seeking behaviour, knowledge of the NHIS, willingness to pay for the NHIS premiums, anthropometry, demographic and household characteristics.

**Key Findings**:

50% of household respondents were active (valid card bearing members) and the rest were inactive (unenrolled and non-renewed). Active members were more likely to have higher formal education (P=0.000), more knowledge on NHIS processes/benefits package (P= 0.000) and live closer to the NHIS district office than their inactive counterparts (P= 0.000). These factors facilitated enrolment and staying enrolled. Active members also rated their health status and selected self –reported health conditions to be much poorer than the unenrolled population pointing to the phenomenon of adverse selection. 95% of the inactive respondents were willing to enroll while 99% of the active membership were willing to continue with their enrolment.

**Conclusions**: The results suggest that for the NHIS to increase enrolment and ultimately achieve UHC, it must review its enrolment and education processes to enable easier access to the district scheme offices and a better understanding of enrolment processes. Mandatory household registration will also be needed to curb adverse selection.