



Enrolment of older people in social health protection programs in West Africa – Does social exclusion play a part?



Divya Parmar^{a, *}, Gemma Williams^a, Fahdi Dkhimi^b, Alfred Ndiaye^c, Felix Ankomah Asante^d, Daniel Kojo Arhinful^e, Philipa Mladovsky^a

^a LSE Health, London School of Economics and Political Science, Houghton Street, London WC2A 2AE, UK

^b Institute of Tropical Medicine, Nationalestraat 155, 2000 Antwerp, Belgium

^c Centre de Recherche sur les Politiques Sociales, Rue E X Leon Gontran Damas, Fann Résidence, Dakar BP25 233, Senegal

^d Institute of Statistical, Social and Economic Research, University of Ghana, P.O. Box LG74 Legon, Accra, Ghana

^e Noguchi Memorial Institute for Medical Research, University of Ghana, P. O. Box LG 581 Legon, Accra, Ghana

ARTICLE INFO

Article history:

Received 29 September 2013

Received in revised form

26 June 2014

Accepted 13 August 2014

Available online 13 August 2014

Keywords:

Social health protection

Elders

Ghana

Senegal

Social exclusion

Enrolment

Universal health coverage

Ageing

ABSTRACT

Although the population of older people in Africa is increasing, and older people are becoming increasingly vulnerable due to urbanisation, breakdown of family structures and rising healthcare costs, most African countries have no social health protection for older people. Two exceptions include Senegal's Plan Sesame, a user fees exemption for older people and Ghana's National Health Insurance Scheme (NHIS) where older people are exempt from paying premiums. Evidence on whether older people are aware of and enrolling in these schemes is however lacking. We aim to fill this gap. Besides exploring economic indicators, we also investigate whether social exclusion determines enrolment of older people. This is the first study that tries to explore the social, political, economic and cultural (SPEC) dimensions of social exclusion in the context of social health protection programs for older people. Data were collected by two cross-sectional household surveys conducted in Ghana and Senegal in 2012. We develop SPEC indices and conduct logistic regressions to study the determinants of enrolment. Our results indicate that older people vulnerable to social exclusion in all SPEC dimensions are less likely to enrol in Plan Sesame and those that are vulnerable in the political dimension are less likely to enrol in NHIS. Efforts should be taken to specifically enrol older people in rural areas, ethnic minorities, women and those isolated due to a lack of social support. Consideration should also be paid to modify scheme features such as eliminating the registration fee for older people in NHIS and creating administration offices for ID cards in remote communities in Senegal.

© 2014 The Authors. Published by Elsevier Ltd. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/3.0/>).

1. Introduction

In their 'manifesto for the world we want', The *Lancet* (2012) identified globally ageing population as a critical issue that must be addressed to help create sustainable improvements in health. By 2016 it is estimated that there will be more people older than 65 years than children under five, and 1.5 billion people over 60 will be added to the global population between now and 2050 (UN, 2009). Despite the demographic transition being more advanced in developed countries, between 1950 and 2000, 66% of the global increase in people over 60 occurred in low- and middle-income countries (LMIC); by 2050 it is projected that 80% of all older

people (i.e. 1.6 billion) will be living in LMIC (Aboderin, 2012; Beard et al., 2011, pp. 4). This unprecedented and rapid demographic shift will have far-reaching consequences for health systems and many LMIC already face immense challenges in providing adequate, age-appropriate healthcare and a decent standard of living for older people.

In Sub-Saharan Africa (SSA) the issue of ageing has so far received little attention from both policy makers and researchers. However, in spite of the low relative share of older people in the total SSA populations (below 10%); the subcontinent still hosts a significant aged population, which is expected to grow at a steady pace. With life expectancy of 16 years for 60 year olds, getting old is no longer an exception in Africa.

Ageing in Africa raises particular concerns because of its strong association with increased vulnerability. Several risk factors are associated with this heightened vulnerability (Crooks, 2009;

* Corresponding author.

E-mail address: divya.parmar@outlook.com (D. Parmar).

Issahaku and Neysmith, 2013). First, older people in SSA usually retire in rural areas, characterized by poor infrastructures and acute problems of basic service provision. Second, many scholars point out the feminisation of the SSA aged population – ‘a female society’ according to Apt (2009). This makes Africa’s older women twice as vulnerable, first due to the biological process of ageing, and, second, due to gender-related discrimination. Third, majority of older people are illiterate (67% in Africa (UN, 2009)), which is associated with poor access to public resources. Furthermore, most of the Africa’s older people, especially women, have no formal employment records and thus no access to formal social security arrangements like pensions. It is estimated that only 17% of older people in SSA receive an old-age pension (International Labour Organization, 2014).

Historically the extended family structure in Africa has mitigated the effect of these combined risk factors. However, evidence suggests the situation is changing. Traditional respect and caring structures are facing substantial social challenges, hence refuting the widespread African myth of the “inexhaustible capacity of the extended family to withstand crisis” (Gysels et al., 2011).

Access to appropriate healthcare remains a major concern for the majority of the ageing population in SSA. Facts speak for themselves: not only do older people spend more per-capita on healthcare than others in LMIC, consequently bearing a heavy burden linked to user fees policies, they also face higher levels of unmet need for healthcare, with a greater proportion of older people reporting forgone treatments for illness than younger groups (McIntyre, 2004; Saeed et al., 2012). The gap between needs and access is expected to grow further in the short term, especially due to the escalating epidemic of non-communicable diseases (NCDs) among the ageing population (Alam et al., 2010; George-Carey et al., 2012; Holmes and Joseph, 2011).

Recognising the increased vulnerability of older people in relation to illness and healthcare expenditures, two West African countries, Ghana and Senegal, have implemented Social Health Protection (SHP) programs that specifically target older people. These programs aim to reduce the financial barriers faced by older people in accessing healthcare services.

1.1. The Ghanaian National Health Insurance Scheme (NHIS)

The Ghanaian NHIS, launched in 2003, is a national health financing system with decentralised operations. Each district has its own insurance fund, which is financed by central-level funds and premiums. All formal sector employees and their dependents are automatically enrolled, and their premiums are collected at the central level via payroll deductions. Self-employed individuals and informal sector workers need to enrol directly in NHIS. NHIS is largely funded by value-added tax (61% of the total NHIS revenue in 2009). Investment income (17%), and the Social Security and National Insurance Trust pensioners (SSNIT is a national pension scheme which is mandatory for formal sector employees but voluntary for self-employed) premiums (16%) constitute a small proportion of the NHIS budget. NHIS covers almost 95% of the disease burden in Ghana. Services include outpatient, inpatient and emergency care, deliveries, dental care, and essential drugs. Individuals need to register with the NHIS once in their lifetime and then renew their membership annually. Renewal can be done at the District Mutual Health Insurance Scheme (DHMIS) office or by an agent of the scheme. Children under 18, pregnant women, indigents (i.e. the poor and destitute), and all people over 70 are exempted from paying premiums, although they still need to register and renew their membership annually. Exempt groups including people over 70 pay a small registration fee at the time of renewal. In 2011, 8.2 million people (33% of the population) were

active members (registered and had renewed their membership that year) of NHIS and 4.9% of the active members were over 70s (National Health Insurance Authority, 2011).

1.2. Senegal’s Plan Sesame

Unlike NHIS, Plan Sesame directly and exclusively targets older people. Launched in 2006 during the presidential address to the nation, Plan Sesame aims to provide free access to public healthcare services to all citizens over 60 – an estimated 5.9% of the total population (ANSD, 2012). Costs of consultations, diagnostics, essential drugs, and hospitalisations are covered by the scheme. Although there is no specific registration process, older people who want to benefit from this exemption are required to present a national ID card at the point of service. The national ID card is mandatory for all citizens aged over 15 years. It can be obtained in person at police stations for a fee of approximately \$2 and by presenting a birth certificate or an old ID card (the card is valid for ten years). According to our study 89% of older people have the new national ID card. Plan Sesame is largely funded by taxation. Some funds are also received from the *Institut de Prévoyance Retraite du Sénégal* (IPRES) and the *Fonds National de Retraite* (FNR), the national contingency/pension fund for formal employees in the private sector. Plan Sesame has suffered from under funding and short staffing, and no communication plan is implemented to promote the scheme (Mbaye et al., 2013; Leye et al., 2013).

Although the demand for SHP has recently gained momentum in LMIC, evidence on whether SHP schemes have been successful in providing equitable healthcare to older people where they have access to healthcare on the basis of need, irrespective of their income, age, residency, or sociocultural factors, is limited. In Ghana, NHIS still struggles to overcome inequities in enrolment (Jehu-Appiah et al., 2011; Sarpong et al., 2010) and evidence on whether NHIS has benefitted older people is rare (Lloyd-Sherlock, 2000). Enrolment in itself does not guarantee access to health services, there are likely to be barriers to accessing healthcare even for people who are insured (Biritwum et al., 2013). However, these schemes have been designed in such a way that enrolment is a prerequisite for accessing free care at the point of use for the populations covered, and as such enrolment constitutes an important first step (and potential barrier) to accessing care. It is therefore crucial to study this step to identify individuals at risk of inequities in enrolment.

This study tests the hypothesis that socially excluded older people are less likely to enrol in NHIS and Plan Sesame. This hypothesis is supported by wider literature, which points to social exclusion in the healthcare sector (Marmot et al., 2008) and in the social sector more broadly (Popay et al., 2008). To the best of our knowledge, this is the first study that investigates the role of social exclusion in SHP uptake among the ageing population in West Africa.

2. Methodology

2.1. The SPEC (social, political, economic and cultural) framework

We used the SEKN (Social Exclusion Knowledge Network) definition of social exclusion – ‘dynamic, multidimensional processes driven by unequal power relationships interacting across four main dimensions – Social, Political, Economic and Cultural’: SPEC (Popay et al., 2008). This definition was operationalized in two steps. First, we conducted an extensive literature review to develop a SPEC framework based on the SEKN framework of social exclusion, and identified domains related to resources and participation that are important for understanding social exclusion. Resources

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات