Global (political) impact on the health system in Ghana

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Background: Ghana is a Republic since 1957 and located on the West African coast with a population ~26 million, majority of which lives in rural areas. There are 10 administrative regions which are further divided into 216 districts. Since 1992, Ghana has conducted six democratic elections. Right after independence, global initiatives have impacted on key sectors of the country namely; health, education, agriculture, lifestyle and communication. Major sectors of the economy are: cocoa, gold, telecommunication, oil and tourism. In July 2011, the World Bank reclassified Ghana as a lower middle income country.

Health System: The health system is based on a three-tier strategy: Tertiary, Secondary and Primary levels. The smallest unit of the health system is the Community-based Health Planning and Service (CHPS) which has been implemented in 2000 as a nation-wide strategy. This strategy brings health care to the doorsteps of community members by deploying Community Health Officers (CHOs) to conduct daily out-reach activities within households. This has significantly improved access and has eliminated geographical barriers. CHPS is one of the most successful initiatives implemented in the last two decades. The major burden of diseases remains preventable such as malaria, HIV/AIDS, tuberculosis, cholera, meningitis & pneumonia. In recent years, the disease burden is changing with non-communicable diseases commonly detected. For example hypertension, diabetes, obesity, cancers, depression etc.

Health Financing: The National Health Insurance Scheme (NHIS) has improved health outcomes for maternal and child health. Funding for the NHIS is based on a strategy referred as “cross-subsidization”. In this strategy, the payment system depends on: “the rich subsidizes for the poor, the healthy subsidizes for the ill/sick, and the economically active adults pay for children, indigents and the aged”.

Global Health Initiatives (GHI): Almost every decade, new global initiatives are launched to address health challenges. For example, the WHO Alma-Ata Declaration in 1978, MDGs, Expanded Program of Immunization (EPI), Roll Back Malaria, Presidential Emergency Plan for AIDS Relief (PEPFAR), the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria and now Post-2015 Agenda. These global health initiatives have resulted in rapid scale-up of disease-specific interventions. However, not all initiatives have been successful. In recent years, the agenda is on health systems strengthening, universal health coverage, progress towards MDGs, post-2015 agenda and global health issues.

Impacts on Ghana Health System: Immunization coverage has improved (about 90%) which has resulted in reduced morbidity and mortality, polio has been eliminated (11 years ago), guinea worm will be eliminated in May 2014 and national HIV/AIDS prevalence has been reduced (<1.3%) with plans to produce anti-retroviral drugs locally. Malaria is reducing but resistance is also reported with presence of counterfeit drugs in the country. However, other engagements in the country have equally affected the health system differently. For instance, pollution of water bodies through mining and increased cultivation of biofuel plants for fuel which affects food and nutrition security and internal care drain of health experts from public health sector to GHI programs. Notably, global initiatives which lack local ownership have had more challenges. The CHPS and NHIS strategies have been successful due to local ownership.

Future perspective: Many experts are now produced within the country for the health system. In addition, Ghanaian experts in other countries are returning to support the health sector. However, corruption is still a major issue and lack of commitment among health workers. There is the need to scale-up the CHPS strategy across the country to areas where there are still challenges and improve the NHIS performance for quality services and availability of essential medicines.