

# THE STATE OF HEALTHCARE DELIVERY IN GHANA

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# Outline

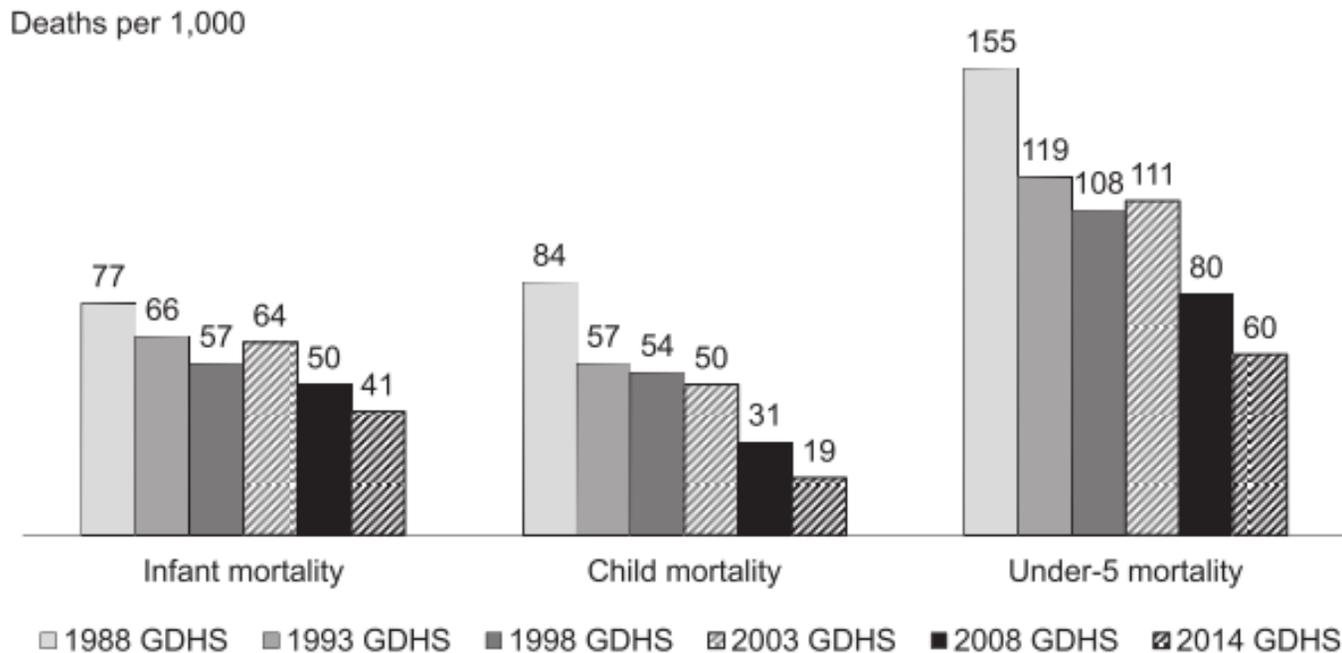
1. Where are we?
2. What are we doing?
3. What can you do?
4. Challenges

# HEALTH STATUS – Where are we?

- Mortality, fertility and nutritional indices improved since Independence
  - Infant Mortality Rate dropped from 133 per 1000 live births in 1957 to 41 in 2014
  - Under Five Mortality Rate dropped from 147.8 per 1000 live births to 60 in 2014
  - Total Fertility Rate declined from 6.5 in 1988 to 4.2 in 2014

# Where Are We? MDGS check

- Trends in childhood mortality (GDHS,2014)  
Fig3



# HEALTH STATUS

- Two areas of challenge:
  - The first is in reducing deaths resulting from pregnancy and childbirth and nutritional health
  - last survey shows Maternal Morality Rate as 450 with wide variation between the northern parts of the country and the south.
- 19% of Ghanaian children are stunted with 5 percent severely stunted (28% in 2008)
- 5% of children are wasted (9% in 2008)
- 3% of children in Ghana are obese
- 11% of all children are underweight with 2% severely underweight (14% and 3% in 2008)

# HEALTH STATUS

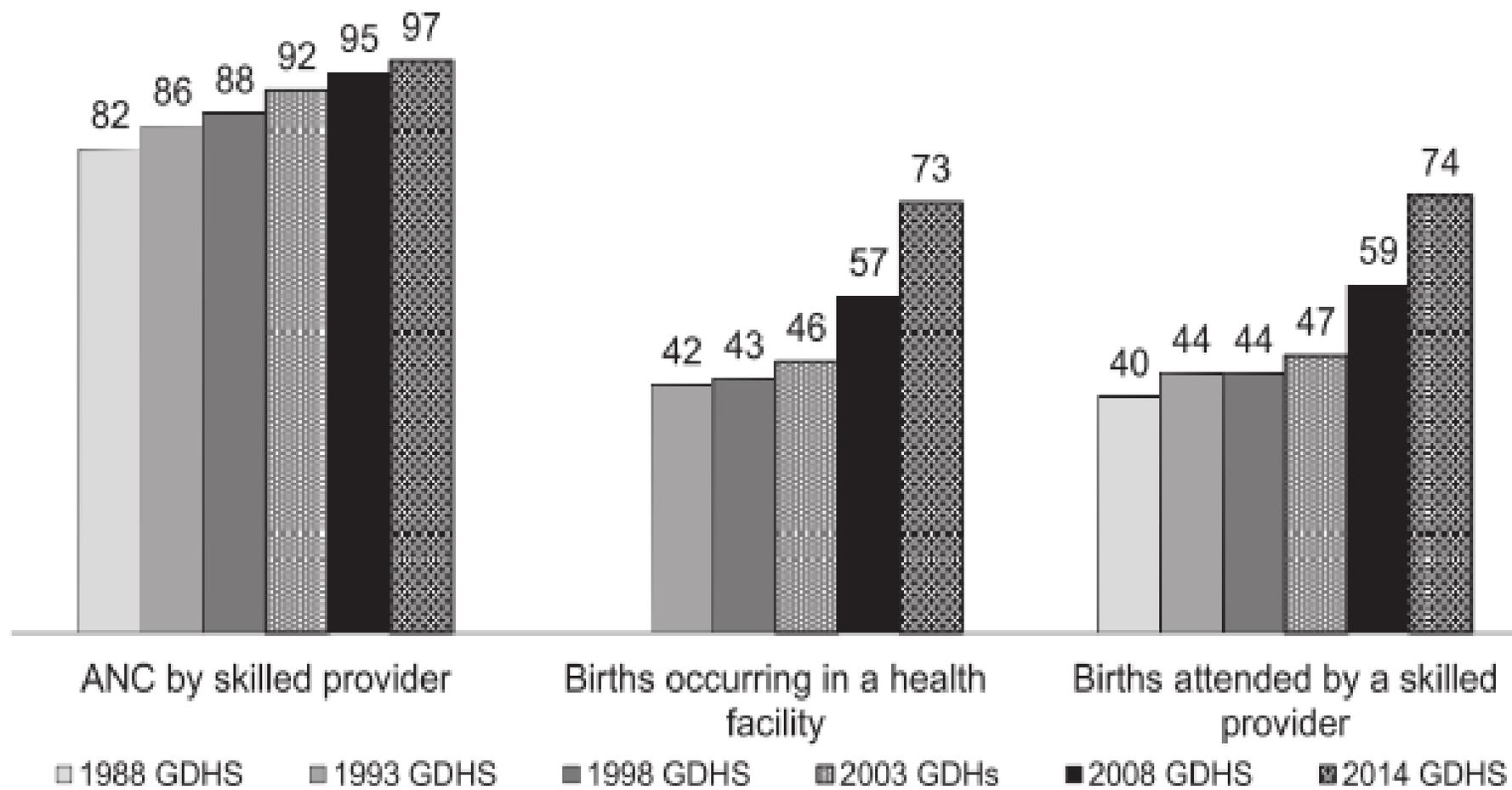
- The pattern of diseases show little change - demonstrates preponderance of communicable diseases, under-nutrition and poor reproductive health
- Mortality in children under five constitute over 50% of all recorded deaths
- Neonatal mortality is particularly significant as it contributes over 50% of all infant deaths - major causes are asphyxia, low birth weight, birth injuries, neonatal tetanus, neonatal infections, and severe congenital abnormalities

# HEALTH STATUS (PERFORMANCE OF PROGRAMMES)

- Gradual increase in immunization coverage but still well below the target of 90% with large inter-regional variations.
- Ghana was declared a polio free country in 2006. The challenge now is to maintain the high coverage levels and ensure a polio free status over the years.
- Guinea worm has been eradicated

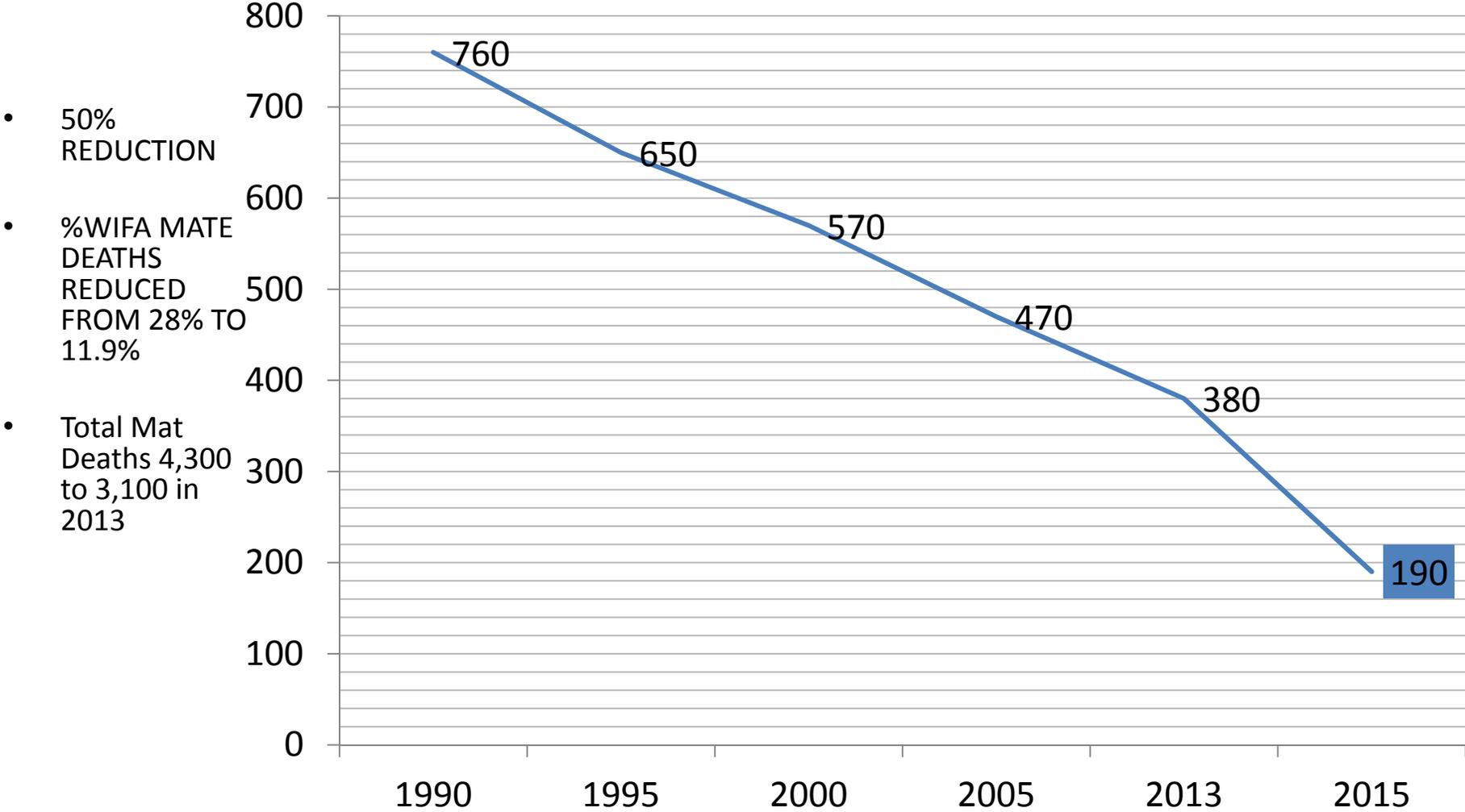
# Trends in Maternal Healthcare

Percent



# Maternal Mortality

## MMR TRENDS 1990-2013

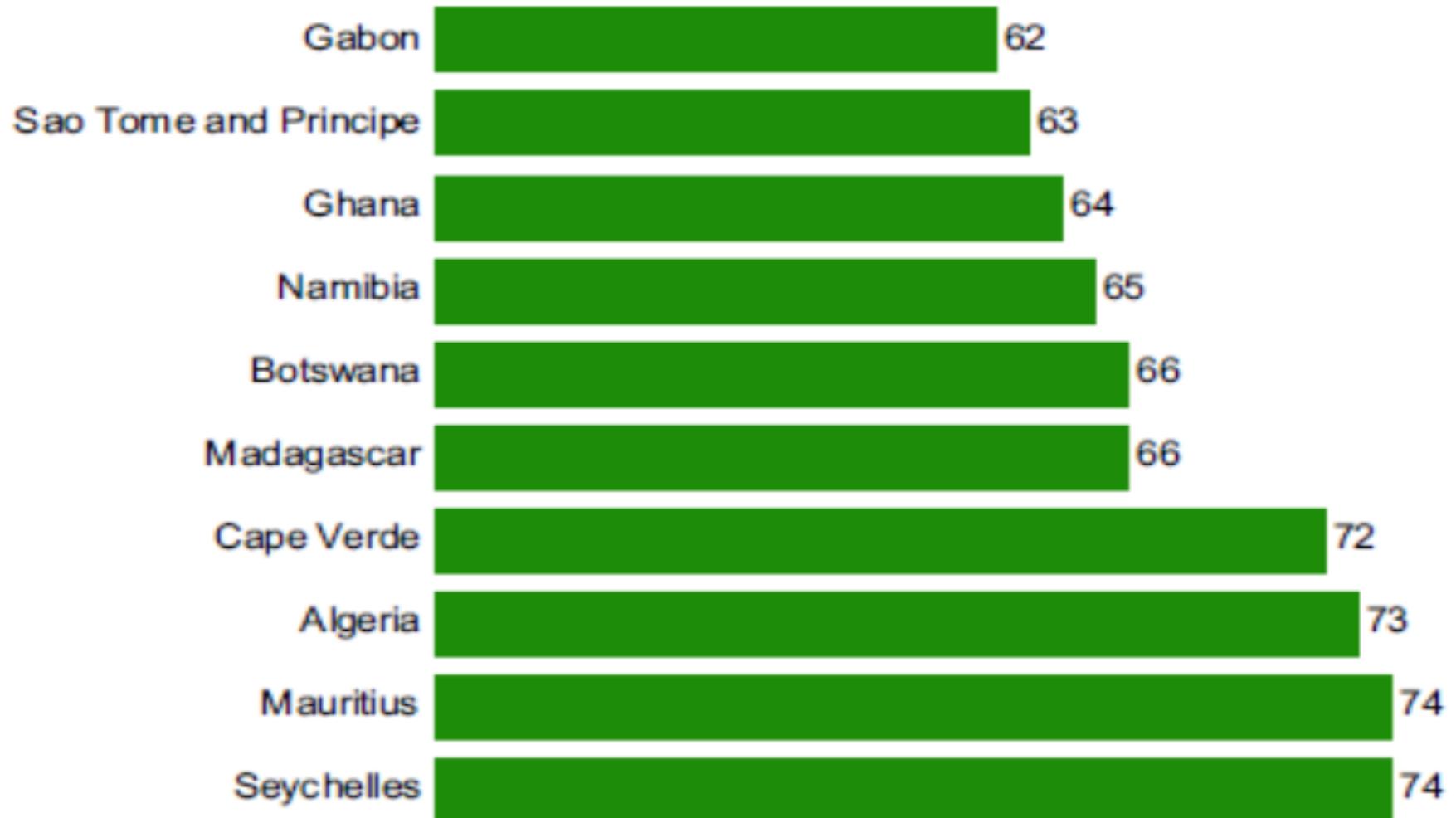


- 50% REDUCTION

- %WIFA MATE DEATHS REDUCED FROM 28% TO 11.9%

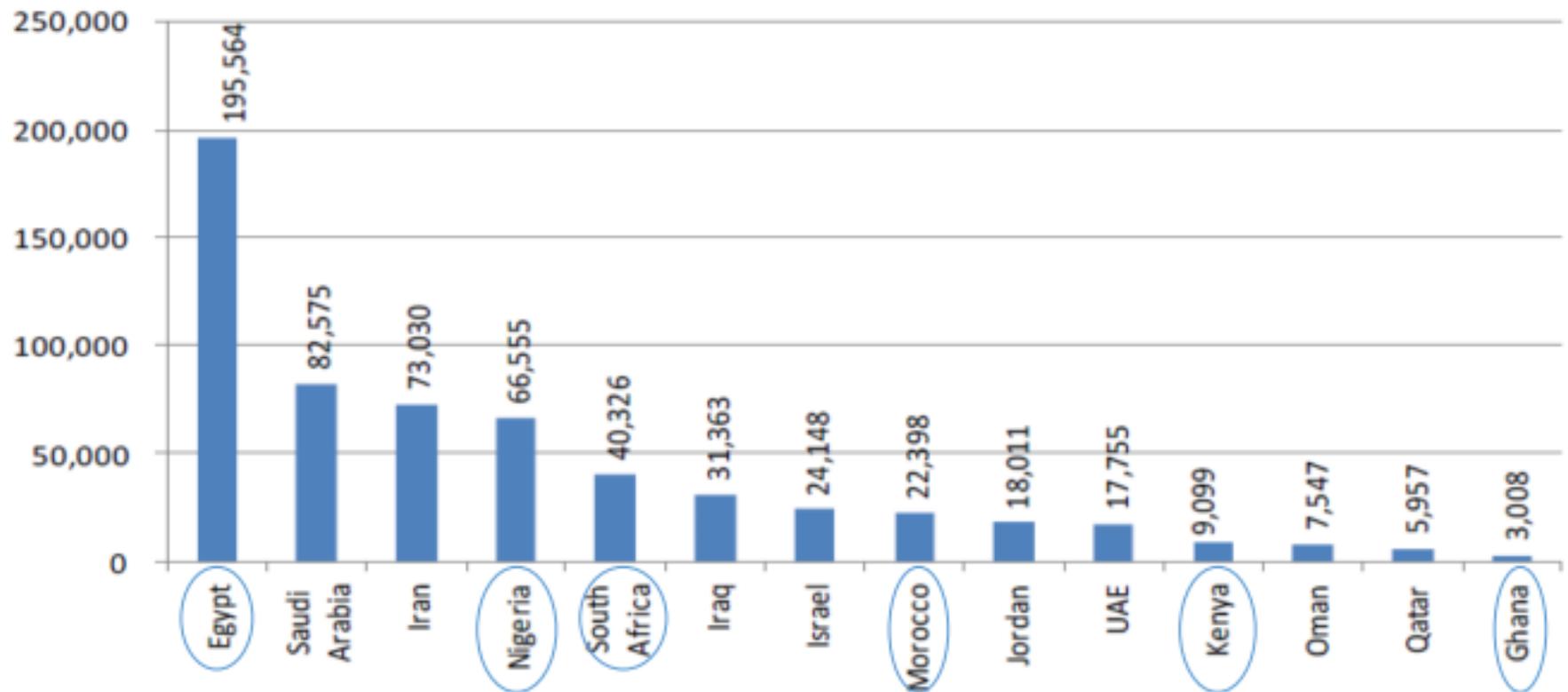
- Total Mat Deaths 4,300 to 3,100 in 2013

# Top 10 Life Expectancy



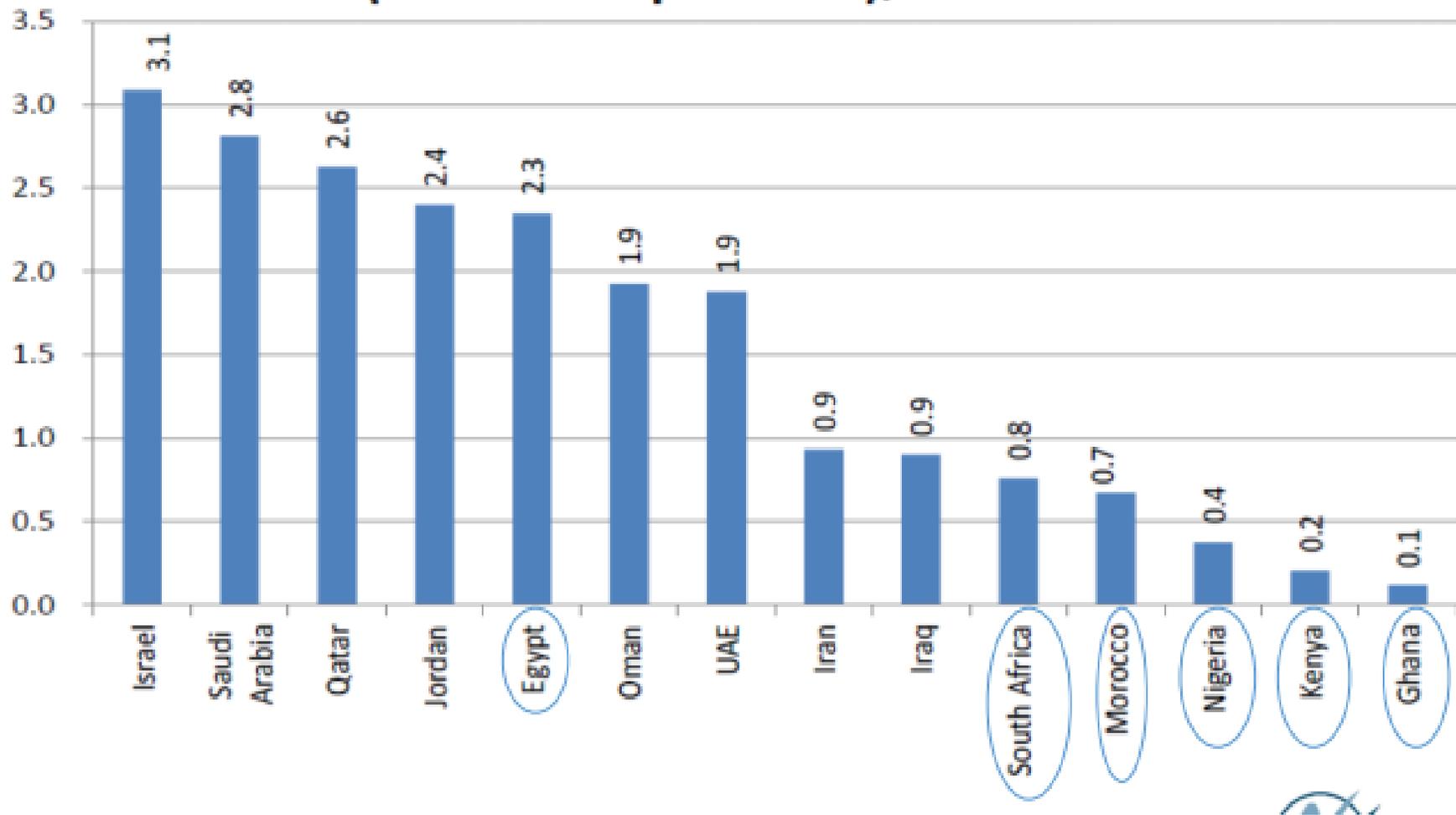
# Physicians: Middle East & Africa, Physicians

Middle East & Africa, Physicians, 2014



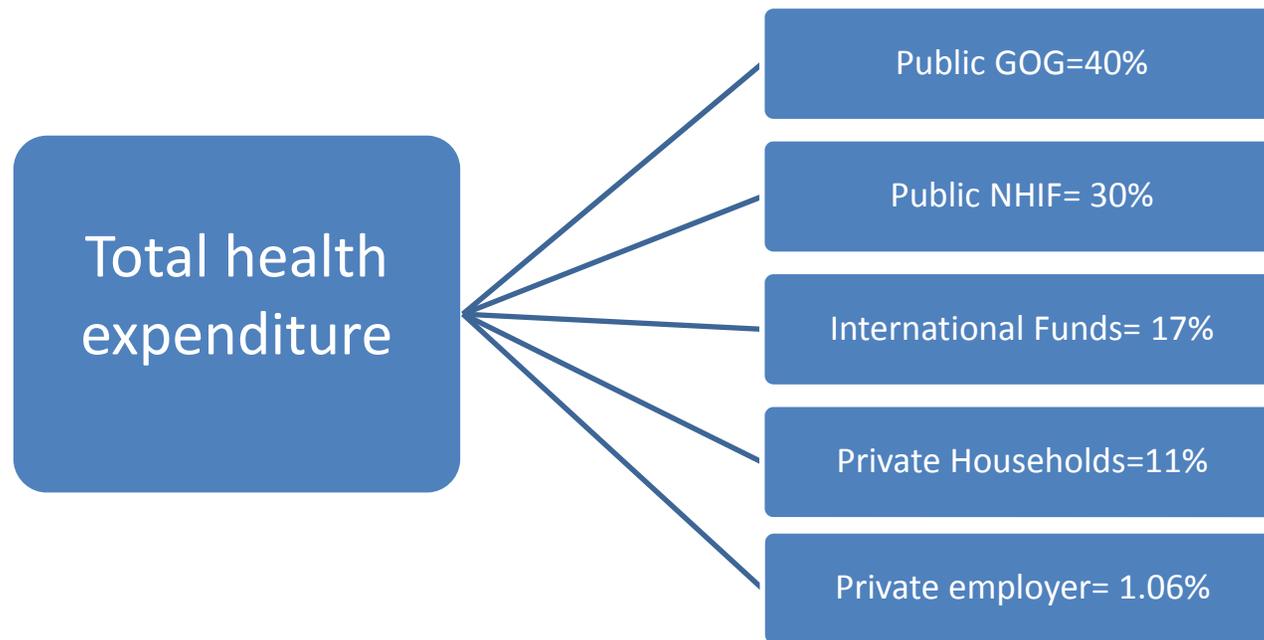
# Physician Rate

Middle East & Africa, Physician Rate  
(Per 000 Population), 2014



# Ghana

- Doctor/patient rate: 1:10,000
- Doctor/nurse ratio: 1:1,251
- % GDP Spent on Health: 6.4-3.28-5%



Source: National Health Accounts

# SUMMARY OF HEALTH STATUS

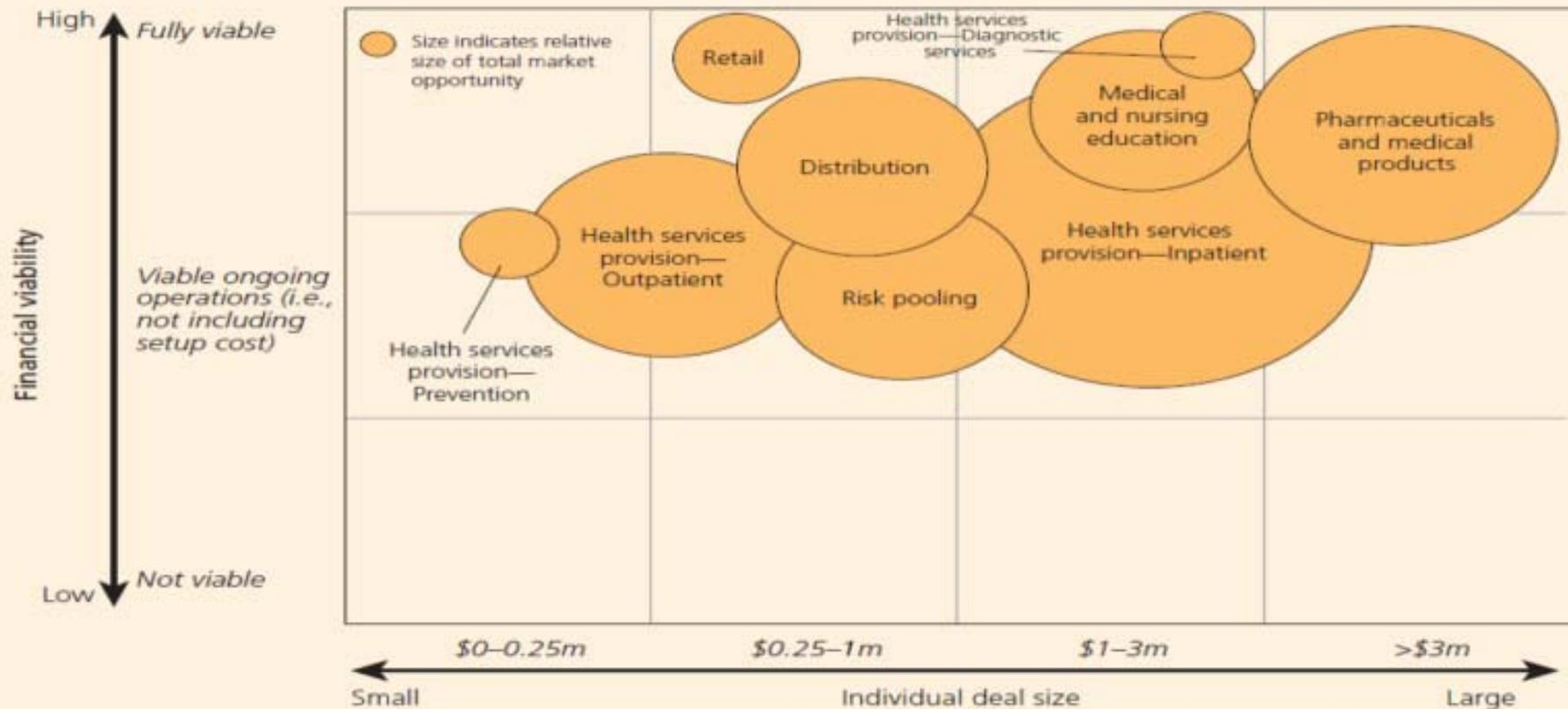
- Overall morbidity and mortality pattern highlights the linkage between poverty, inequalities and health
- Most of this burden results from diseases, such as malaria, diarrhoea and pneumonia whose occurrence could be dramatically reduced by low-cost and effective preventive and curative interventions.
  
- Persistent burden of childhood communicable diseases, for which preventive measures such as sanitation and health education and simple curative measures such as oral rehydration can be delivered efficiently through community-based care and outreach services.

# SUMMARY OF HEALTH STATUS

- Growing burden related to high-cost chronic and degenerative conditions, such as hypertension, other cardiovascular diseases and diabetes as we are beginning to see an ageing population with a rising proportion of older members among whom chronic disorders predominate.
- A double burden of disease emerging with a mix of persistent, new and re-emerging infectious diseases and increasing chronic conditions and injuries. This is leading to fundamental changes in the volume and composition of demand for health care, with a more complex case mix and a more costly service utilization patterns.

# What Can You Do?

## Investment opportunities in private health care in Sub-Saharan Africa



Note: Chart is illustrative and represents the range of well-operated businesses and organizations observed during the development of this report. Intended to provide overview of the opportunities available and the differences between the sub-sectors. Individual enterprises may fall outside the ranges shown.

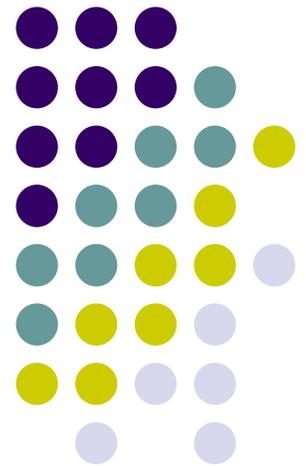
Source: McKinsey analysis.

# THE HEALTH SYSTEM GHANA

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## LEVERAGING THE PRIVATE SECTOR IN GHANA

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# BACKGROUND

- Radical reforms in the health sector over two decades
  - Affected planning, funding and implementation of services
  - Adoption of Sector Wide Approach
  - Emphasis on aide coordination and
  - Improving partnership and collaboration with the private sector
- Private sector involvement
  - Improving quality
  - Raising standards for training and human resource development
  - Provision of critical mass of tertiary and specialized services

# THE HEALTH SECTOR IN GHANA



- The health services include government, private, traditional and NGO providers, civil society, and community groups
- Involves collaboration and partnership with other agencies with impact on health outcomes.
  - Local Government
- Services organized in five tiers
  - Community Health and Planning Services - CHPS Zone
  - Sub-district level
  - District level
  - Regional level
  - National level

# THE HEALTH SECTOR IN GHANA



- Other providers include
  - The mission sector – 20% of hospitals and clinics
  - Employers
  - Private Medical Practitioners
- Large informal sector
  - Traditional practitioners
  - Pharmacies and Chemical sellers

# THE SIZE OF THE PRIVATE SECTOR



- Two types of private providers
  - The private-not-for-profit
  - The private-for-profit (Private-self-financing)
- Not-for-profit are of two categories
  - Faith based providers
  - NGOs in health (over 100)

# ACTIVITIES OF NGOs IN HEALTH



- Information, Education and Communication
- Sexuality and Reproductive Health
- Maternal and Child Health
- Family Planning
- AIDS/HIV prevention
- Community mobilization for health education and service
- Water and Sanitation
- Gender empowerment
- Poverty alleviation and food security
- Relief services during disasters
- Training and research

# ACTIVITIES OF PRIVATE PROVIDERS



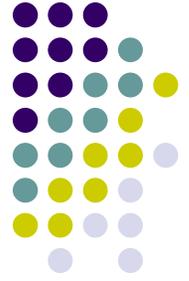
- Services made up of allopathic practices
  - Medical, nursing, midwifery
  - Medical laboratory services
  - Drug outlets such as Pharmacies and Chemical Sellers shops
  - Traditional Medicines Practices
- Most are sole proprietorships
- Operate mostly in urban areas
- Complementary and Alternate Medicine receiving increasing recognition
- “Eastern Type of Medicine” becoming popular

# FUNDING THE HEALTH SECTOR



- Public health sector mainly funded by
  - Government budget (45% - 55%)
  - Bilateral and Multilateral foreign donors (25%-35%)
  - Financial credits (7%-13%)
  - User fees including Health Insurance (15%)  
Increasing very fast

# POLICY AND LEGAL FRAMEWORK



- Evolved over time
  - Socialist at independence(1957)
  - Market economy in the early 1980s
- Economic Recovery Program and Structural Adjustment Program had far reaching effects on private involvement
- “Vision 2020” advocated expansion of private sector
- Ghana Poverty Reduction Strategy I, II & Ghana Shared Growth and Development Agenda - private sector seen as the “Engine of Growth”
- Overall favorable environment for private investment in health

# DEVELOPMENTS SO FAR



- Private Sector Unit in the Ministry of Health
- A Board of Private hospitals and maternity homes exists; now known as HEFRA.
- Joint fora for planning and monitoring of health service delivery at the national and regional level
- NGOs are now a part of District and Regional Health Management Teams
- Areas of Government support to the private sector are being jointly identified and addressed.
- Performance contracts signed between Government and Christian Health Association of Ghana
  - Will be extended to the private for-profit institutions

# DEVELOPMENTS SO FAR



- Government endorses donor support to the private sector
- Ways of facilitating use of public facilities by private practitioners are being explored
- Tax exemptions for the importation of drugs, dressings, medical equipment and supplies by private providers
- Provision of capital equipment to some private and mission facilities
- Mission institutions designated as District Hospitals treated as Government District hospitals
- Private institutions subjected to financial management appraisals to certify them to receive government recurrent budgets
- National programmes implemented through private sector providers
  - The National Tuberculosis Program
- Health insurance covers services by private providers

# LEVERAGING THE PRIVATE SECTOR: SOME PERSPECTIVES



- Heavy dependence on laws and regulations has not been very fruitful in harnessing the full potential of the private health sector
  - Need to court the private sector through partnership
  - Need to work with the private sector to produce clear policies with focus on access, quality, effectiveness of care
- Support private sector to achieve equity of distribution of services through incentives
- Work with the Ministry to support the improvement of quality of care in private health institutions
- Strengthening statutory bodies to perform supportive supervision of the private health sector
- There is a Ghana PPP Draft Bill available



# Preamble to PPP Bill

- fiscal constraints experienced by countries have resulted in the development of new and innovative approaches to the provision and financing of public infrastructure and services. The traditional role of the Government as the primary infrastructure and public service provider is gradually being supplemented with private sector expertise and financing.
- Accordingly, the Government of Ghana seeks to promote a combination of policy and legal reforms, financing mechanisms, incentives and institutional support to bolster private sector participation in the provision of public infrastructure and services through Public Private Partnership (PPP) arrangements.

# MOH Initiative



MINISTRY OF HEALTH



PUBLIC PRIVATE POLICY FRAMEWORK FOR MINISTRY  
OF HEALTH

FIRST DRAFT COPY

2014

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# LEVERAGING THE PRIVATE SECTOR: SOME PERSPECTIVES



- Support staff development in the private health sector
- Support flow of information between the two sub-sectors
- Develop specialized services in private sector through public private partnership arrangements.
- Include private sector in planning Human Resource development.
- Adopt a holistic approach to sector development
  - This will present wider incentives and opportunities for public-private collaboration in health development
- Pay particular attention to the local health industry

# Not All Rosy- Challenges



- NHIS
- Personnel agitation and Shortages
- Supply chain issues
- Huge infrastructural deficit (New Buildings v Culture of Mtce & Rehabilitation?)
- Ambulance mismatch
- But we're going in the RIGHT direction.... We Need to go faster and free the environment of process which do not add value to the way we operate.

# GOING FORWARD



- The challenge in Ghana does not lie in government support or the policy environment
- Major challenge
  - Identifying a range of services which will compliment government efforts at meeting the strategic objectives
  - Investing in capacity building
  - Ensuring financial security in the partnership arrangement
- Key areas are strengthening existing services
- Modernizing health care
- Strengthening management and raising standards