

## EXPANDING ACCESS TO HEALTH SERVICE CONSUMERS

Yahya Khasem, Estate Management Department, GHS

Since Ghana gained independence in 1957, all of its political administrations/governments have made it their priority to open/increase access to health services for the population. Due to differences in emphasis these administrations placed on health, there were differences in the levels of achievement in terms of the construction and maintenance of health facilities, the creation and support of outreach services, introduction of facility user fee schemes, training and employment of health workers and the provision of inputs and materials for the smooth operation of health facilities.

Every administration introduced one health programme or another with the hope of increasing access to health. The programmes range between interventions with short-term duration to complicated ones with wider ramifications. One of the options all of them tackled is the construction of various types of health facilities. This was done to increase geographical access so that health facilities are brought closer to communities of people.

### **Types of MoH Health Facilities**

The following are facilities for the provision of health care services, starting from the base of our health infrastructure:

- Community-based Health Planning and Services (CHPS) Compound
- Clinic
- Health Centre
- Nutrition and Rehabilitation Centres
- Polyclinic
- District Hospital
- Regional Hospital
- Specialized Hospital
- Teaching Hospital

These facilities provide curative and preventive care and health promotion and rehabilitation services. There are a few mobile or non-static clinics that provide outreach services that are usually not widely accessible to communities. Such services are provided on outpatient basis and will include skin care, eye care, dental care, ear, nose and throat care, immunization services, nutrition and hygiene services.

The Ministry of Health (MoH) has the policy of establishing a good referral hospital in every district. This policy implies that where a mission hospital is the only public hospital in the district, the MoH will support the refurbishment of that hospital so that it could provide good quality medical services. That hospital is designated the district and referral hospital for the district. Examples of the implementation of this policy abound and include Presbyterian Hospitals in Bawku, Dormaa and Donkorkrom, Methodist Hospital at Wenchi as well as Catholic

Hospitals in Offinso, Yeji, Jirapa, Apam, Dzodze, among others. As a follow-up to this policy, selected projects in some of these hospitals have been executed under the various programmes of work initiated since 1995 by the MoH. This policy is constructive and it is imperative that the MoH consistently promote such collaboration as a strategy to take health services to communities that lack them.

The task of the MoH regarding creating access is daunting as most of the communities in Ghana lack modern healthcare facilities. Although progress has been made in providing modern healthcare services in Ghana, there is still much more work to do in expanding access to health and medical services. In terms of geographical spread, there are a large number of districts without hospitals. At present, there were about 61 districts without public hospitals. It must be the priority of government to relentlessly pursue the creation of access for communities in these districts to hospital care services with urgency. This will move the country faster towards the attainment of the Millennium Development Goals relating directly to the health sector namely, reduction of child mortality rate (MDG 4); reduced maternal mortality rate (MDG 5); reduced mortality related to AIDS and malaria (MDG 6). The GHS recently announced progress made in infant mortality rate from 64 per 1000 in 2003 to 50 per 1000 in 2008. There is the need, therefore, to renew our strategies for the attainment of the MDGs without delay.

There are several issues that impact on access to healthcare services. A few of them will be discussed.

### **Selection of Sites for new Health Facilities**

In the provision of new health facilities and services, it is significant for the MoH and its agencies and stakeholders to adopt scientific methods. This will enable them to maximize the scarce resources available to the health sector in meeting the construction of new health facilities, the rehabilitation and maintenance of existing ones and other competing needs namely provision of medical materials, chemicals and pharmaceuticals, equipment and machinery, employee training and retention and health research.

The selection of sites for health projects, the size and type of the facilities and services, for purposes of good practice, should always be informed by scientific data. There is evidence that suggests that other considerations turn to influence such decisions. A case in point is the provision of a new health facility in a place that already has one. Presently, there are plans to construct new hospitals in Winneba, Salaga, Tapa, Wenchi, among others. All these places already have functioning hospitals. Places such as Kpandai in Northern Region and Dadieso in the Western Region were provided new health centres a few years ago when it was clear from data available that a hospital is the facility required. For some strange reasons, Kpandai is due to have a new polyclinic soon instead of a hospital. Will it be a surprise if a few years time, a decision is made to provide a hospital at Kpandai? But who makes decisions of this nature and what informs the choices?

From the foregoing, it is imperative that decision making regarding the selection of sites for health facilities and the expansion of existing ones is done seriously and always informed by

reliable verifiable scientific data so as to maximize the utilization of scarce resources for the expansion of health facilities and services. When this is done, possibly, it should not take a considerable length of time for all districts in Ghana to have well equipped health facilities that they genuinely require.

### **The Case of Specialized Hospitals**

The provision of specialized public hospitals is another strategy for creating access to improved health care services. These hospitals usually occupy the top spot of the health service delivery. In Ghana, specialized hospitals are scarce in the public sector. The psychiatry hospitals are the exception. Usually, specialist services are provided in general hospitals and may include neurology, cardiology, nephrology, etc. It is in the private healthcare sector that a few specialist hospitals operate. In most cases, these specialist services and hospitals are found in urban areas.

There is a vacuum in the healthcare delivery system with the non-availability of specialize hospitals. The provision of specialize hospitals will bring comprehensive and qualitative specialist services to clients. It will also curtail referrals of clients to such hospitals overseas and thereby relief such referred patients of the high cost of treatment abroad. It will also make available specialist services to majority of the local population and increase confidence in the health system in Ghana. Also, the availability of specialize hospitals will make Ghana a centre for tertiary health services in West Africa leading to the generation of revenue for the country. Equally important, whenever such hospitals are provided, the training of specialists and medical research locally is heightened. The establishment of the Cardiothoracic Centre at Korle Bu Teaching Hospital in my view supports this position. It is therefore time for the government to step up the establishment of specialist hospitals in Ghana. The private sector should be encouraged and supported by the state to invest in the health service especially in the establishment of specialized hospitals, diagnostic centres, etc to speed up the availability of various specialist services locally. In doing these, the selection of sites for these facilities should be national in character.

### **Creating Access through Technology**

There are many technologies that can be employed to speed up the expansion of modern health facilities to communities that presently lack them. Attempts were made a few years ago to introduce some of these into the health system. However, weaknesses in decision making usually delayed the acquisition of these facilities. Here are a few of these interventions

***Mobile Surgical Clinic*** comes to mind. Usually built to withstand rugged terrain, Mobile Clinics provide flexibility in carrying services usually found in static facilities to remote communities that lack these tertiary services. Patients from such communities would otherwise have to travel long distances to access such services in urban areas where they remain virtual strangers. The GHS has been offering mobile dental services in some communities already and the inclusion of full surgical services on wheels will only go to compliment surgical services provided from static facilities. The GHS should not be timid in exploring new interventions in bringing

modern healthcare services to remote communities if the Millennium Development Goals are to be attained.

**Ambulance Service** is particularly important when it comes to transporting patients with a high degree of safety to a health facility for treatment. The National Ambulance Service since its establishment a few years ago has made ambulance services more visible following the extension of ambulance services to all regions and most districts in Ghana. Access to safe transportation of referred patients would improve and bring relief to the infirm. The Upper East Region reported at the 12<sup>th</sup> Annual Transport Review Conference recently that prudent transport management has contributed significantly towards reducing maternal mortality in the region. According to them, a vehicle not necessarily an ambulance is quickly made available to midwives to move speedily to the homes of pregnant women to do deliveries. What is required is for the GHS/MoH to substantially increase the fleet of ambulances so that all districts have a reasonable number to facilitate effective referral system. Also required is for other healthcare services providers to put arrangements in to facilitate the reception of patients referred for further treatment.

**Communication System** includes radio, wireless, data, satellite and many others. The use of these media have the potential of improving access to health services and sustaining healthy lifestyles through the dissemination of appropriate information and education to the general public. The GHS has employed the use of these methods in reaching the public with carefully packaged information on various health issues. Mention can be made of the radio communication system in the Upper West Region in the 1990s under the Danish International Development Agency (DANIDA). This system connected all the health centres to the Regional Health Directorate and makes information sharing regarding referrals, etc easy and effective. It is refreshing that the communication system has been reactivated by Japan International Cooperation Agency (JICA) recently. What is required of the GHS is to ensure the regular maintenance of the installations and not allow it to fall flat anymore.

**Telemedicine** refers to the use of [communications](#) and [information technologies](#) for the delivery of clinical care services. From as simple as two health professionals discussing a case over the telephone, telemedicine can be as complex as using satellite technology and video-conferencing equipment to conduct a real-time consultation between medical specialists in two different countries. It is particularly useful as a communication tool between a [general practitioner](#) and a specialist available at a remote location. When this service works, patients in Ghana would not need to often travel abroad to a specialist with its related costs and inconvenience. This technology is therefore appropriate for developing countries which lack some specialist healthcare professionals. As expected these countries will deprive themselves of the use of this vital technology in the name of lack of funds even though they employ public funds for some unproductive expenditure such as the funding of political parties that is under consideration in Ghana. Ghana should invest in telemedicine technology and infrastructure so as to interact directly with specialists abroad for local treatment of certain medical cases whenever the need arises.

**E-Medicine** is a clinical medical knowledge base for creating access to modern healthcare services to distant places by way of information regarding health and health care through the worldwide web. As a web-based programme, it involves sharing new advancements in medical practice to healthcare practitioners and a source of continuous education to them. Pharmacists, doctors, biotechnologists, nurses, health administrators, among many others can access information from e-medicine internet sites for the benefit of their clients and patients. This is knowledge which may otherwise not be available locally or at the location of the care giver. The availability of e-medicine requires that recipient organizations and individuals must have access to the worldwide web to benefit from e-medicine programmes.

### **The Human Resource Factor**

Aside making investments in providing new health facilities, the availability, fair distribution and retention of healthcare professionals is the catalyst that will determine the degree of success in creating access to health services. Fortunately, the GHS and MoH are working hard on improving the human resource situation as shown by the Human Resource Roundtable Conferences held recently. It is expected that decisions reached at these meetings will be implemented to accelerate access to healthcare services.

### **Facilities Maintenance**

The challenge facing the access to facilities by clients on daily basis is the unannounced interruption of services due to breakdown of equipment arising out of low investment into the maintenance of facilities. Despite various preventive maintenance systems put in place a decade ago, facilities managers still pay little attention to keeping their facilities in a state to offer services on a continuous basis. The breakdown of lifts and standby electric power generators in some leading hospitals in Ghana for relatively long periods are common place. Most electrical installations are substandard leading to breakdown of expensive medical equipment, water lines and roofs frequently leak, among others. As late as 2005, a survey by the Ghana Health Service on health facilities in Ghana indicated that 12% of all public health facilities were classified as good due to the high standard of maintenance of these facilities; 65% were considered poor whilst 23% were average. However, facilities maintenance can be put on the right footing if both central government and managers of institutions will devote sufficient funds for the operational maintenance of equipment, plant and machinery, buildings as well as training of maintenance staff.

### **Conclusion**

All the measures mentioned above are towards improving access to healthcare services. There is the genuine need for officials with the responsibility for planning the provision of health facilities and services to be guided purely by planning considerations so that we avoid the costly mistakes of placing the same types of facilities and services in the same locality. When we do this, we are only delaying the nation in achieving the development policy of providing excellent health facilities in every district in Ghana. However, the practical achievement of the above can only materialize if political leadership would support the planning process and mobilize the required resources for the provision of improved and modern health facilities and services.

The National Health Insurance Scheme and other financial interventions have been adopted to create financial access to health services. It is imperative that all the constraints confronting the scheme are regularly and speedily resolved to make the scheme effective. The achievement of unfettered geographic and financial access to health care services is pre-requisite for creating wealth through health and the building of a prosperous Ghana. Every step should therefore be taken by the powers that be to invest in qualitative planning and provision of health facilities and services for the building of the health of the nation.