International Health -A Focus on Ghana: Discovery of New Solutions to Old Problems and the Cleveland Connections

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The destiny of all the people in the world today, more than ever is closely linked together. This is why the traditional, political, economic and social divisions that were created to promote self-interest at the expense of others can no longer be tolerated.

We live in a world of dramatic change and the only thing consistent about the world today is its constant change. Whereas some changes may be for good, the changes in health care in Africa are taking a turn for the worse.
According to United Nations estimate about 13,000 African children die from malnutrition and easily preventable diseases everyday.

Ghana has a population of more than 16 million, land area twice the size of the State of Ohio:- 60% of the population are less than 20 years old and infant mortality rate of 86 per 1000 with overall life expectancy in the low 50's. About 70% of the population live in the rural area, where less than 20% of the health budget is allocated. Less than four percent of the population is 65 years or older.
The government spends less than one dollar per capita per year for the whole country. Several factors may be cited as contributing to this demise, including poverty, illiteracy, population growth, conflicts and wars, transport and communication, environmental degradation and poor governmental policies etc.

The three leading causes of death in Ghana are Malaria, Premature birth (low birth weights) and dysentery (diarrhea). The suggestion for mass drug prophylaxis against malaria and mass immunization campaigns was frustrated by economic constraints and drug resistance.

The government is the main provider of health care services and owns 70% of hospital beds in the country. The financial constraints limit the government's inputs beyond the hospital beds. The government in the distant past provided free medical care for all citizens in the post independence era of 1957.

The government health policy is intimately connected with population policy. One major emphasis on population control is voluntary contraception through comprehensive mass education on the use of different contraceptive devices. The government health policy is aimed at providing health care for all by the year 2000 through decentralization of primary health care delivery system. The government has identified eight major priority health areas, which includes; (1) Maternal and Child care (2) Family Planning (3) Nutrition (4) Control of Diarrheal diseases (5) Malaria Control (6) Immunization Program (7) Health Education and (8) Sexual Transmitted Diseases and HIV/AIDS.

The anticipated goals for the government by year 2000 are;

- Increase family planning methods by 25%,
- Increase coverage of antenatal care to 90%,
- Intensify breast feeding campaign,
- Reduce incidence of immunizable diseases by 50%,
- Eradicate guinea worm disease,
- Reduce mortality due to common infectious diseases e.g. malaria, tuberculosis, STD, respiratory infection,
- Intensify health education for disease prevention,
- Promote development of Traditional medicine,
- Increase awareness of the dangers of teenage pregnancy,
- Expand school health services,
- Intensify education on AIDS prevention.

In view of the diminishing health care financing budget and increasing health care service utilization, there have been evolution of different forms of health care financing. These include a revolutionary concept known as Hospital fees Regulation Acts of 1985- The legislation of 1985 allows full-cost pricing of drugs and pharmaceuticals, which makes it the most comprehensive cost recovery legislation in West Africa. This only brought about 5% cost recovery through user charges, an experience shared by other developing countries.

Ghana is endowed with a well developed human resources (skilled and unskilled) but the socioeconomic situation in the country has led to labor force flights, leaving behind uninspired, overworked and underpaid labor

force (Head Nurse monthly salary of less than $100.00 and medical doctor less than $400.00).
To salvage the state of the health services in Ghana from further decay, better and innovative ways of health care financing is necessary. It is uncertain whether the western type of health insurance which is sustained by premiums paid by employees will work in Africa because of high unemployment both in the public and private sector.

The introduction of the "User fees" led to a drop in utilization of health services to the extent that it undermines primary/ preventive health which therefore puts undue burden on critical and urgent medical care.

The author in a humble attempt to help improve the health system in Ghana established the Aninwah Medical Center(AMC) in Ghana as the first non-governmental, non denominational hospital to incorporate the training of village health workers as health extenders in the rural areas. The hospital maintains a relative sophistication as a tertiary hospital that supports the village health workers at the lowest echelon of training and the mid level care by nurse clinicians all in a triangular model of care. The establishment of AMC led to the formation of a non-profit organization here in Ohio called Complete Basic Health 2000 Inc. dedicated to the improvement of global health. Hospitals in Cleveland area have provided and supplied good medical equipment and health personnel providing volunteer health services in the hospital thus promoting good health and good will among people.

The hospital now provides another opportunity for Case Western Reserve University students through the Center for International Health to do rotations.

The biggest obstacle to improvement of health care in Africa is economics. Health care financing experts have made several recommendations for user participation in the cost of health care. None have provided sustainable results. Rural health insurance is believed by other experts as "idealistic but impractical".

The author is proposing new solution in a study being undertaken. The new solution embraces the economic strength of Ghanaians living outside Ghana and their cultural and familial responsibilities towards the health care financing through a Managed Care Model.

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