

Opinion

Equal access to health care

By Dr Bjorn Lomborg

GHANAIANS' health issues have shifted over time, from infectious diseases and maternal and child health problems to even more non-communicable diseases.

The current co-existence of diseases such as malaria and tuberculosis with hypertension, stroke and diabetes presents a challenge for the country's healthcare system, especially for the poor. Households living in poverty can experience catastrophic healthcare expenditures, live in less sanitary environments and may lack the participatory power to change their community and health systems.

The situation is even more critical in the rural communities of the northern regions, with only one doctor for every 20,000 people.

While 82 per cent of mothers in urban Ghana have access to skilled birth attendants for delivery, the proportion is only 43 per cent in rural zones, where nearly half the population resides.

Making health care accessible across the country is crucial, but decision makers need to ensure they implement the policies that yield the highest possible return for every cedi spent.

Ghana Priorities

Ghana Priorities, a collaboration between the National Development Planning Commission (NDPC) and the award-winning think tank, Copenhagen Consensus, aims to provide inputs for this discussion.

Since last year, 28 teams of economists have researched 80 of the smartest initiatives to benefit all Ghanaians in areas ranging from malaria reduction to education and housing. The results of these studies are now being published for all Ghanaians.

In order to improve access to health care, Nkechi S. Owoo and Monica P. Lambon-Quayefio from the University of Ghana and Brad Wong from the

Copenhagen Consensus studied the impact of expanding health insurance, operating and maintaining ambulance networks in rural zones and incentivising healthcare workers to move to remote areas.

Health insurance

Today, only about 62 per cent of poor households have health insurance, despite the implementation of the National Health Insurance Scheme (NHIS).

The premiums and enrolment fee often serve as a deterrent for extremely poor households, and the poorest communities have limited facilities and opportunities for seeking care.

The researchers studied the potential impact of identifying and enrolling the remaining 2.7 million poor into the NHIS system, as well as abolishing the user fees and annual premium payments for all poor and transferring the cost to the insured non-poor.

Over a 10-year period, the total costs of the intervention would reach nearly GHe 6 billion, but greater use of health services could bring improved health and a significant reduction of mortality. Over 1,700 deaths could be avoided annually and the economic benefits, including the value of free insurance, would be more than double the costs, at GHe12 billion.

Rural emergency care

An efficient ambulance system also plays a critical role in reducing disease and death, but the lack of access to emergency health care is common in rural areas.

Patients requiring emergency care are transported to health facilities on bicycles, motorbikes or carts driven by

animals, which increases the risk of complications.

In January 2020, the government distributed over 300 ambulances across the country, and the researchers analysed the costs and benefits of continuing to maintain and operate this emergency care network in rural Ghana.

They estimated the total cost of the

intervention, including the construction of ambulance stations, a GHe650 million.

The benefit is the avoidance of 218 maternal and 1,100 intra-partum deaths, as well as 600 deaths from trauma and injury avoided annually, amounting to an economic benefit of over GHe13 billion for the 10-year period. Every cedi spent on this initiative will yield a return over 20 times higher than the original investment.

Staffing

Adequate delivery of health care will be difficult without an adequate health workforce, but staffing rural facilities is challenging.

In Ghana, the southern half of the country attracts most of the trained health staff, which leads to inequitable distribution of professionals.

The researchers assessed the cost-effectiveness of providing incentives to attract and retain health workers in deprived areas, including a 30 per cent salary increase, guaranteed comfortable accommodation and an education scholarship.

Increasing the base salary would cost around GHe2 million per year and attract 207 more doctors to work in the three northern regions of the country, helping save 75 lives and bringing in GHe60 million in economic benefits.

Providing superior housing, in turn, would cost GHe 13 million per year and attract 207 more doctors to work in the rural north, for a benefit of over GHe 280 million, including 357 avoided deaths. An education scholarship would cost GHe 5 million per year and incentivise 76 more doctors to work in the remote north, with the potential of saving 131 lives and generating a benefit of over GHe100 million. Every cedi spent on these incentives would create benefit between GHe21 and GHe26.

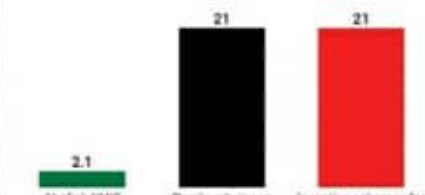
Both the maintenance of the ambulance system and incentives for relocation could greatly benefit the rural population.

Access to healthcare services is essential to achieving national goals of universal health coverage and equity, and together these cost-effective interventions can pave the way for a healthier future for Ghana.

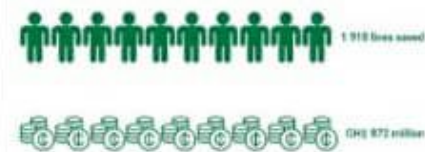
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Annual benefits and costs of health access

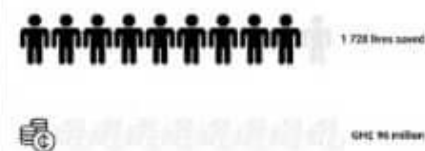
Value for money (benefit-cost ratio)



Abolish NHIS premiums for 7 million poor



Maintain and operate rural ambulance network



Incentive schemes to recruit and retain more rural doctors



Source: Authors' paper



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