

Abstract

In the Eyes of the Beholder: Dissecting Ghana's Health System towards 2030 and beyond

The health system of Ghana is key to the nation's quest to achieve Universal Health Coverage (UHC) by 2030. The drive to achieve quality and timely access to health care, limiting financial barriers to health care by the citizenry and making the health system financially sustainable are the key ingredients of Ghana's roadmap for achieving UHC and the health-related components of the Sustainable Development Goals (SDGs).

Ghana's health system has undergone functional and structural changes over the last four decades, which were meant to improve access to quality health care. In the late 1970s, the Primary Health Care (PHC) concept of the World Health Organization (WHO) was adopted as a means to achieve Health For All (HFA) by year 2000. This global concept was contributed to immensely by population level studies at the Danfa Rural Centre of the University of Ghana Medical School. The PHC, however, failed to achieve HFA by year 2000 because it was driven mainly by players in the health field; predominantly urban oriented and services to members of the rural communities were dependent on voluntary personnel. The introduction of the Community-based Planning and Health Services (CHPS) in the health system in the 1990s was in response to these challenges. The Millennium Development Goals (MDGs), to be achieved by year 2015, were improvements on the PHC. The MDGs positioned health as a developmental issue, yet the concept had the downsides of not including non-communicable diseases and the goals being related to country specific performance.

The health system is currently developing the Health Sector Medium Term Development Plan (HSMTDP) using the UHC to achieve the health-related SDGs by 2030. There are, however, major systemic level and population level risks that mitigate against our national capacity to achieve

UHC by 2030. I am a physician, a public health practitioner, a health planning, policy and financing expert, an academic and researcher with close to 20 years' experience working in the health sector. Having had the opportunity to undertake health system strengthening activities for the Ministry of Health (MOH), Ghana Health Service (GHS) and its agencies and Development Partners in all districts of the current 16 regions of Ghana, at different periods over the last decade, I am well-positioned to conduct this evaluation of the health system of Ghana.

I have dissected the health system, conducted analysis, made the issues plain to inform and, offer suggestions.

My inaugural address highlights the systemic factors that pose risks to the health care system focusing on elements within the WHO Framework for the Health System- finance, leadership and Governance, human resources, and service delivery – as well as population level risks ageing, obesity, chronic conditions, and access to health services by the citizenry.

This evaluation dissects the health system and puts in perspective the history of health financing in Ghana (since independence) and relates it to the current financing architecture. I use empirical evidence – based on my lead role conducting a World Bank Resource Mapping Exercise for the MOH – to critique the current financing architecture , the financial contributions of Government of Ghana and that of Development Partners (DPs) and why the need to make 'Ghana Beyond Aid' count. Though the health system is inherently structured to improve physical access, how do other socio-economic factors militate against this and how pro-poor is the National Health Insurance Scheme (NHIS)?

The lecture highlights key leadership and Governance risks and health system resilience using the COVID-19 pandemic as a case study, and what lessons the nation must glean from this towards

2030 and beyond. I emphasise the inequities in the distribution of human resources, over-and-under production of different cadres of health workforce and what direction is needed for efficiency gains in training and skills development. The lecture uses empirical evidence and national level data to illustrate the unwarranted parallel systems of clinical care and public health service delivery and the relatively high contribution of the private health sector – which must not be ignored towards 2030. Service delivery at the community and primary care level is fraught with challenges, especially at the sub-district levels. The lecture points to what essential package of services is most beneficial and what changes are needed to strengthen the sub-district health system.

Population ageing is a major health and social policy concern. How is Ghana positioning itself to deal with the increasing proportion of older adults, demand for geriatric and palliative care and need for resources to cater for the increasing cost of health care and for pensions? Increasing age is associated with increased risk of non-communicable diseases (NCDs). The lecture demonstrates with evidence, through population level surveys, review of national health facility-based data, and from a large qualitative national-level study, the burden of NCDs, and the factors contributing to this rising trend. Obesity, a major risk for NCD is demonstrated to explain the observation that middle-age-spread as used in the Ghanaian parlance is a reality, not a myth. Though NCDs constitute high morbidity and mortality burdens accounting for six of the ten leading causes of death among adult Ghanaians, it would be interesting to discover how much of the health budget is spent on these?

The lecture highlights access to health care by the sexes, why the phenomenon of hegemonic masculinity is real in Ghana, and why the health system should be structured to target male-dominated population groups especially for preventive services. I provide an interesting

observation – based on evidence – to show the seeming protective role of marriage at the population level. The lecture explains in plain language, the peculiar challenges of rural dwellers, urban and high-income earners, older adult women, and the need for specific health system responses towards 2030 and beyond.

This evaluative exercise through a physician's eyes, brings to the fore systemic and population level factors which can thwart Ghana's efforts at achieving the HSMTDP and the UHC 2030 and beyond. I provide policy options and recommendations on health and social policy implementation strategies informed by context-specific health systems research.

Profile

Professor Alfred Edwin Yawson has over 19 years of medical practice and research experience. He has a BSc. (Honours) in Medical Sciences and MB ChB, from the University of Ghana Medical School (UGMS), an MSc in Health Policy, Planning and Financing from the London School of Economics and Political Science, and a Diploma in Public Health from the London School of Hygiene and Tropical Medicine of the University of London, United Kingdom (UK). He is a Fellow of the West African College of Physicians (Community Health), Fellow of the Ghana College of Physicians and Surgeons (Public Health), and an honorary Associate Professor of the London School of Hygiene and Tropical Medicine (LSHTM). He has excellent health systems and operational research background through a post-doctoral research and mentoring training at the University of Michigan School of Public Health, Ann Arbor, USA.

He was the best overall student for the BSc Medical Sciences Degree (1999) and the best in Community Health, at the MB ChB UGMS graduating class of 2002, a discipline in which he is now a professor.

He is a country expert on the WHO Global Network on Long-term care, a member of the WHO Team for the Multi-country Study on AGEing and Adult Health (SAGE) and the principal investigator for the WHO World Health Survey Plus (WHS+) for Ghana.

Health System Strengthening Activities

Professor Yawson has contributed immensely to the strengthening of the health system in Ghana and other West African countries. He was trained in 2011 as a UNICEF consultant on The Bottleneck Analysis (BNA) Tool and Approach, an evidence-based context specific health planning and management tool. In 2013, he led the training and facilitation of all then ten regional and district teams of the Ghana Health Service (GHS) in health systems planning and budgeting using the BNA approach which formed the basis for the development of the five-year medium-term strategic plan of the GHS (2014- 2018). He led the use of the BNA to develop national strategic plans for Prevention of Mother-To-Child Transmission (PMTCT) of HIV and Adolescent HIV Services, Nutrition and Vitamin A Supplementation, Expanded Programme on Immunization (EPI), and Newborn Care.

He has supported the Ministry of Health (MOH) and GHS over the years and led the development of Ghana's Full Portfolio Plan Application for Gavi Programme Support Rational (PSR) which secured over US\$17 million for the EPI programme in Ghana, for the period 2020-2024. In 2019, he supported UNICEF Ghana to develop a proposal which secured a grant of US\$1,010,000 for a 2-year implementation research in selected districts in the Eastern Region of Ghana on 'Scaling Pneumonia Response Innovations (SPRINT), use of dispersible Amoxicillin and Oxygen therapy

for treatment of children with pneumonia’ aimed at improving care of children. He is an active member of many technical working groups of the MOH/GHS, including the National Immunization Technical Advisory Group (NITAG) which provides technical advice to the Minister of Health, GHS and the EPI. The NITAG played a key role in guiding the roll out of the national COVID-19 vaccination programme.

Consultancies at National Level

Professor Yawson is a consultant for the World Bank and Global Financing Facility (GFF) and is currently developing a resource mapping tool for resources and expenditure to support Ghana’s Health Sector Medium Term Development Plan (HSMTDP) and the Roadmap to achieve Universal Health Coverage by 2030.

He led the development of the current National Malaria Strategic Plan (NMSP 2021 -2025) of the National Malaria Control Programme, GHS, the ‘Five-year Volta River Authority (VRA) Health Services Limited Strategic Plan’ to support its operationalization as a limited liability company in 2019 and, is a COVID-19 Strategic Advisor to Gold Fields Ghana. He has a rich network of institutions and organizations for which he has provided services to support Ghana’s health system including the World Bank, Global Fund, Global Financing Facility, WHO, UNICEF, USAID, JICA, GIZ, PATH and FHI 360.

Consultancies at International Level

Professor Yawson, has extended health policy, planning and health financing support to other countries in West Africa (Guinea Bissau, Nigeria, Sierra Leone, and The Gambia). In 2013, he led the development of costed HIV strategic plans for Anambra and Kaduna States and over, 40 Local Government Authorities (LGAs) in Nigeria. In 2017, he developed the ‘Elimination of mother- to-child transmission of HIV and Paediatric HIV Treatment and Care, 2018- 2020’ for the Ministry

of Health and Sanitation in Sierra Leone. In 2015, he led The Gambia to develop a proposal which won a grant for the national roll out of Human Papilloma Virus (HPV) vaccination for adolescent girls and has since been a regular visitor to support the Ministry of Health of that country. Most significantly, in 2017, he facilitated the development of a Health Equity Assessment Technical Guide and Training Manual to strengthen national systems in HIV and nutrition services for all UNICEF consultants in the Central and West African Region in Dakar, Senegal.

Research, Teaching, and Mentoring

Being a physician, public health practitioner, academic and researcher, he has published several peer-reviewed publications to facilitate knowledge and skill-sharing and to bridge the gap in health policy and research. His over 130 scholarly articles have focused on, health systems; health policy, planning, and financing; ageing and chronic non-communicable diseases; and HIV and AIDS. His research places special emphasis on vulnerable populations such as older adults, children with non-communicable diseases and persons living with HIV and AIDS, to determine inequities in access to healthcare as well as barriers to primary health care and universal health coverage.

He has skills in both quantitative and qualitative research methods and applies these effectively to provide a comprehensive view of the systemic challenges of the health system. He employs relevant health planning and management tools to guide decisions for effective health service coverage, health service utilization and quality of healthcare delivery in health facilities in resource limited settings. He has particularly focused on non-communicable diseases, and in 2021, with the support of the German Cooperative Agency (GIZ), conducted a nationally representative quantitative and qualitative assessment on 'Health System Factors and the implementation of a successful non-communicable disease programme in Ghana'.

Prof. Yawson has been actively involved in the national COVID-19 response with involvement in surveillance and disease monitoring through the Disease Surveillance Department, Public Health Division, GHS. He was instrumental in the generation of empirical and local evidence - resulting in five publications in the early phase of the pandemic- for action in Ghana.

He has led and been on several grants, contributing to resource mobilization, and mentoring of students and faculty on NIH-funded D43 as well as other grants through the University of Ghana and other institutions including the Korle-Bu Teaching Hospital, Accra, Ghana. He is currently the co-investigator on some NIH-funded grants , Ghana Integrated Approach to Cancer Research (GRACE) Program, with MOFFIT Centre, Tampa, USA, Collaborative care for cardiometabolic disease in Africa (CREATE), in Ghana, Kenya and Mozambique with University of Leicester, UK, Development and evaluation of community-based approaches and donor care intervention models for improving availability and safety of blood for the management of severe anemia in Ghana (BLIS), with University of Minnesota, USA, Ghana Laboratory Network Project; a collaborative project between the University of Michigan; Johns Hopkins School of Public Health; the University of Ghana School of Public Health and, NIHR Global Health Research Group on Digital Diagnostics for African Health Systems, with University of Sheffield. He has strong links and research collaborations with other universities, the London School of Hygiene and Tropical Medicine, University of Leicester, University of Sheffield, Leeds Beckett University, UK and Heidelberg Institute of Global Health, Germany.

He has been the co-investigator on the WHO Multi-country Study on AGEing and Adult Health (SAGE), since 2014, and the current principal investigator for the WHO World Health Survey Plus (WHS+), Ghana, 2022. The SAGE is a collaborative effort between WHO, MOH, and Department of Community Health, UGMS. The MOH adopted the SAGE Wave 1, 2007-2008 as the main data

source for The National Ageing Policy, 2010. Within the College of Health Sciences (CHS), publications from the SAGE data, feature prominently in the research dossier of many promotion applications. It has resulted in over 80 peer reviewed publications, been used for PhD and master's level theses, and has been presented at many conferences locally and internationally.

He has supervised over 140 medical student dissertations, and over 40 masters, PhD, and Fellowship thesis/dissertations, and has supported and mentored many young faculty in the CHS.

University Boards and Committees

Professor Yawson has served on several statutory and ad hoc committees of the University of Ghana, CHS, SPH and UGMS, and is currently a member of the Vice-Chancellor's Committee to review the Statutes of the University of Ghana. He has been in university management position as Head of Department for the past seven years where he has been the head of two different departments, Dept. of Biostatistics-SPH, and Dept. of Community Health-UGMS. He has also acted for the Deans of two different schools, SPH and UGMS, of the CHS at different periods since the 2017-2018 academic year.

He has been a member of the Ethical and Protocol Review Committee, CHS, since 2012, the Research Committee, CHS from 2016 -2020 and the Scientific and Technical Committee, KBTH since 2016. He has actively contributed to research capacity building in the CHS, supports the training of undergraduate and postgraduate students of public and private medical schools, and offer clinical services at the Medical School Clinic, Korle-Bu.

Professional Associations and Organizations

Professor Yawson has been actively involved with the accreditation processes and assessments of medical schools in Ghana for the Medical and Dental Council and accreditation of health-related

programmes for the Ghana Tertiary Education Commission, over the last six years. He is a member of many professional associations, such as West African College of Physicians, Ghana College of Physicians and Surgeons, Ghana Medical Association, Medical and Dental Council, and Commonwealth Association for the Ageing (Commonage). He is currently the Vice-President/Chairman of the Ghana Chapter of the WACP, since 2018 and supports activities of all faculties within the College for the training of specialist physicians for the health care system. He is an external examiner for the School of Medicine and Dentistry and the School of Public Health, KNUST, the University of Warwick, UK and an Honorary Associate Professor, London School of Hygiene and Tropical Medicine, UK.

Family

Professor Yawson is from C6 Eguabado Street, Saltpond, a dedicated husband and father, has a lovely wife (Anita Ohenewa Yawson), four wonderful children (David, Jeffrey, Anna Vera, and Jesse), and is a firm believer in Christ.