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CHALLENGES FACING THE HEALTH SYSTEM AND ITS IMPLICATION FOR THE HEALTH CONDITION OF WOMEN AND CHILDREN IN GHANA

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ABSTRACT

The impact of health on the development of any country cannot be over emphasized. In view of this, there has been a global recognition of its importance as portrayed in the Millennium Development Goals. The Government of Ghana since independence has embarked upon a series of health policies to ensure that the health of her citizens remains paramount. The most recent health policy which is the National Health Insurance Scheme (NHIS) seeks to bring about an improvement in the health status of women and children by improving access to affordable and quality healthcare services for all citizens. This paper seeks to question the effectiveness of the scheme in the light of challenges facing the health system in Ghana, whilst reflecting on its implications for the health status of women and children. The paper accomplishes its objective through the use of available literature on the subject matter. The findings suggest that poor infrastructural development to accredited healthcare centres, expensive premiums, gender norms which seek to perpetuate inequality against the health of women and children and inadequate healthcare resources in remote areas pose a major challenge to accessibility of healthcare in Ghana. The paper therefore recommends that good roads should be constructed to places of accredited healthcare centres, a need for a review of issues relating to categorization of all persons, damaging gender norms which seeks to perpetuate inequality against the health of women and children must be eradicated and also remote healthcare centres must be sufficiently resourced to ensure better health service delivery.

Keywords: Challenges, Access, Health Systems, Healthcare, Women, Children, NHIS.

Introduction

Whilst meeting the health needs of all citizens should be a key policy concern, the health of women and children tends to suffer in most developing countries because gender plays a central role in accessing healthcare in these societies. Men and women are different in terms of their roles and responsibilities in all cultures and societies (Moser, 1993). This difference between men and women is very much revealed in terms of their access and control over resources. Economic resources at the household level are unevenly distributed among the individual household members (Awumbila, 2007; Heintz, 2005). Women's health needs are often not sufficiently met since they have little influence over the distribution of these resources. This situation is further compounded by poverty. Numerous studies on Ghana's disease profile have revealed that the poor and working class are at greater risk from most illnesses and that they are more often unable to meet their healthcare needs and concerns primarily due to poverty (Ghana, MoH, 2007, GSS, 2006; GSS, 2008). As stated in the fifth round of the Ghana Living Standards Survey, women in Ghana have a higher rate of poverty than men and this adversely impact both their health status and access to care. An attempt to improve the health condition of poorer women and children led to the introduction of the National Health Insurance Scheme (NHIS) in 2008. As elsewhere, this scheme has experience a number of challenges. Some studies have found that the NHIS brought about a significant improvement in access to healthcare services by women and children (Frempong et al., 2009; Nketiah-Amposah et al., 2009; Mensah et al., 2010). Conversely, others have indicated that despite the implementation of the NHIS, there has been no such improvement (GNA, 2010; Smith and Sulzbach, 2008; Ghana Health News, 2010). This paper seeks to question the effectiveness of the NHIS in the light of pertinent challenges confronting the health system in Ghana, whilst reflecting on its implications for the health status of women and children. The subsequent sections of this paper discuss these challenges and how they intertwine with gender under the headings of financial constraints, poor infrastructural development, poor quality hospital and health centre facilities and equipment and human resource constraints in some rural districts.

Financial Constraint

In Ghana, one major reason advanced for enrolment in the NHIS has been cost effectiveness (Mensah et al., 2010). However, poor households, and poor women and children in particular, often do not enrol, primarily due to financial concerns. According to Frempong et al., (2009), 90 per cent of those who live in the Upper East region who were not enrolled in the NHIS reported that this was due to their inability to pay the premium (originally set at 7 cedis 20 pesewas or \$ 8). Studies have indicated that the premium has deterred the poor from benefiting from the scheme, though it is seen as relatively cheap for the rich (NDPC, 2008; Mensah et al., 2010). Similarly, a study conducted by Nketiah-Amposah et al., (2009), indicated that 60 per cent of uninsured women cited their inability to pay the premium. Sulzbach et al., (2005) report that in Nkoranza (a section of the Brong Ahafo region), household data survey revealed that half of the currently uninsured households were previously enrolled in the scheme. Nearly 80 per cent of these cited the expensive premium as the reason for ending their membership. In addition, it

would appear that poorer households with fewer economic resources are less likely to join the NHIS prepayment scheme. About 30 per cent of persons who hold valid NHIS still spend additional cash at health facilities. This questions the affordability of the NHIS. As discussed above, gender relations are unequal at the household level and if premium are perceived as expensive women and children may be denied healthcare services because they do not have equal access to financial resources within the household. Lack of proper categorization of the poor has excluded most poor people from benefitting from the scheme through the policy of free registration. In Ghana, the number identified as poor/indigent fell from just under 4 per cent to 1 per cent in 2008 (Witter and Garshong, 2009). Free annual membership for women during pregnancy has been discontinued for lack of funds (Mensah et al., 2010). This has greatly affected poor women's access to appropriate care and almost certainly increased the level of maternal and infant mortality in recent times.

Poor Infrastructural Development

Poor infrastructural development is a major obstacle to the effective implementation of health policies in Ghana. Geographical access to quality healthcare facilities is in a critical situation in most remote areas of the country (Mensah et al., 2010; Ghana Statistical Service, 2006; Frempong et al., 2009) where- populations are at greater risk of ill-health due to a lack of hygienic and dry accommodation, clean water or adequate sanitation. Those living in these remote villages which also lack good roads and communication systems do not perceive the benefits of membership in the NHIS (Witter and Garshong, 2009) and are deterred by the cost of transportation to accredited healthcare facilities. A study by Mensah et al., (2010) indicates that those in the immediate vicinity of a facility were more likely to enrol in the NHIS. Only 18 per cent of insured members used health facilities outside their villages or towns compared to 28 per cent of the uninsured. In certain areas of the country such as the three northern regions, women especially cannot afford the means of transportation to accredited facilities and are therefore unable to access quality healthcare services even during pregnancy. This increases the risk of maternal and infant mortality in these communities.

Poor Hospital Facilities and Equipment

Another challenge facing the Ghana health system is poor/inadequate healthcare facilities and equipment and this has a great impact on the health status of poor women and children. People in rural areas of Ghana do not enjoy the same level of medical services compared to their counterparts in the urban centres (Mensah et al., 2010; GNA, 2010). This is primarily as a result of the inadequate equipment found in various rural hospitals. As indicated above, the poor are mostly found in the rural communities served by these hospitals. This can seriously affect maternal and child health in those districts. For example, in the Kassena Nankana district of the Upper East region, a facility survey showed that none of the health centres or clinics in the district had the requisite resources for basic emergency obstetric care (Ghana Ministry of Health,

2007; MoH, 2009). Under-resourced rural healthcare facilities pose a major challenge to quality healthcare delivery under the NHIS and women and children suffer most in such cases.

Human Resource Constraints

The issue of human resource constraints has been a major barrier for the effective

implementation of health policies in Ghana. The country has suffered the effects of ‘brain drain’ of health professionals since the year 2000, and this has worsened, in the years following the introduction of the NHIS. Attendance at healthcare facilities has gone up but this has not been reflected in the number of healthcare professionals (Mensah et al., 2010). Specifically, it is reported that in the Northern region, the number of medical doctors declined from 32 to 26 between 2006 and 2008 while membership of the NHIS rapidly increased from 281, 775 to 828, 805 (GNA, 2010). Findings also indicate that in the three northern regions, the average number of NHIS clients to each medical doctor grew from 5,845 in 2006 to 21, 663 in 2008. The average client to nurse ratio increased from 208 to 743 over the same period. This resulted in greatly increased workloads, over stressed staff, excessive pressure on existing amenities and reduced attention to patients (GNA, 2010; Mensah et al., 2010).

A study conducted in 44 selected districts from four regions (Greater Accra, Northern region, Upper West and Upper East regions) indicted that the NHIS did not provide quality healthcare delivery to its members (GNA, 2010). More than three quarters of the accredited NHIS facilities, representing 76 per cent, said the scheme had impacted adversely on the quality of healthcare delivery. This was linked both to human resource constraints and insufficient availability of quality medicines to provide for the increased demand. This is in line with the suggestion by Wagstaff (2007) that Social Health Insurance Schemes often focus on expanding membership even if this results in compromising the quality of care. The implication of a possibly increasing shortage of healthcare professionals and quality medicines is that women and children’s health situation will further deteriorate in these regions as the quality of antenatal care, delivery care and postnatal care declines.

Conclusion

From the above, it can be said that poverty and gender are key factors to consider in the provision of affordable and quality healthcare services. As pointed out, financial constraints have been a major reason for the failure of some poor women to enrol in the NHIS. The geographical location of individuals and households also plays a substantial role in accessing healthcare services from accredited hospitals. Poor infrastructural development, especially in rural communities and remote villages in Ghana, make it difficult for insured members living in these communities to benefit from the NHIS. Additionally, residents of rural communities often face the challenge of poor healthcare facilities, lack of equipment and human resource constraints. Until these concerns are adequately addressed, the NHIS will continue to be ineffective and the

health conditions of poorer women and children will continue to deteriorate. This will hamper the nation's drive towards the achievement of the Millennium Development Goals on women and children's health.

Recommendations

On the basis of the above, it is recommended that to ensure the effectiveness of the NHIS in

health care delivery to poorer women and children, there is a need to review issues relating to categorization of all persons in Ghana with respect to their economic status and their ability to afford the payment of the NHIS premiums. The aim should be to ensure the removal of financial barriers to enrolment. Though the premium varies by category, the allocated premium for some person is still not affordable. Attempts must therefore be made to minimise errors in the process of identifying the core poor to enable them to benefit from the scheme through free registration. This will to a larger extent ensure that more women and children benefit from the scheme.

Additionally, there is also the need for an improvement in the healthcare system in the country. Health facilities must be improved, especially in remote villages and communities. Modern hospital equipment and facilities should be distributed equally to all health facilities across the length and breadth of the country. Health centres and hospitals located in rural communities should be well staffed with healthcare professionals. This would go a long way to improve the health condition of poorer women and children. Infrastructural development should be vigorously embarked upon throughout the country. Good roads would greatly encourage the more frequent use of accredited healthcare facilities by the insured who reside in rural communities.

Finally, damaging gender norms and conventions in some communities must be resisted. Practices which prevent men from actively engaging with the health concerns of women must be discouraged. The health of women and children must be given equal status to that of their adult male counterparts. Economic resources at the household level must be shared in a way which seeks to promote the general wellbeing of all members. Radio and Television programmes on gender issues could be used to encourage this. Government staff and officials could visit these communities of the northern region at regular intervals to educate them on the need to support the health of women and children.

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