

Ghana, Africa



Health Mission Trip, May 21-June 14, 2011

Ghana – located in West Africa



Close to the Center of the World

- Located only a few degrees north of the Equator
- Flat plains, low hills and a few rivers
- Two main seasons, the wet and dry
- Average Temperature High 88 Average low 77 –
 - Highest recorded 102
 - Lowest recorded 64
 - Average dew point 75
 - Average rainfall – highest in June 7.8 inches
 - Lowest in Jan. 0.8

Similar in size to Kansas

- Ghana – 92,486 square miles
 - (3,290 square miles) is water – man made Lake Volta – world's largest
 - Home to 100 different ethnic groups, official language – English – with most speaking one local language – approximately 62 languages
- Kansas - 81,815 sq mi. – estimated 12 -15 Ethnic groups in Kansas – English primary language

Population comparison

- 24,791,073 (July 2011 est.) – Ghana
- 2,818,747 (2009) – Kansas
 - Ghana has a young population, with more than 42 percent of the people below 15 years of age in 2000 and 55 percent in the 15-65 year bracket. Those over 65 constitute only 3 percent of the population. Life expectancy was estimated at 57 years overall, with 56 for men and 58 years for women
 - Kansas – in 2000 73.5 % percent population 18 and over, 13.3% 65 and over; median age: 35.2. With life expectancy at 77.3

Average Yearly Income

- Ghana \$947
- Kansas \$37,916

% Poverty

- Ghana – 83.6% (2007) live under \$2.00/day
- Kansas – 11.3% (2008) live under \$11,201 per year \$30.68 / day

Religion

- Christianity – 84%
- Islam – 16%
- Traditional religion is intermixed with Christianity or Islam.
- Ancestors and spirits play a large role

Water supply and Sanitation

Lack of clean drinking water and sanitation systems is a severe public health concern contributing to 70% of diseases in the country

Households without access to clean water are forced to use less reliable and hygienic sources and often pay more

Urban vs. Rural Water Supply

- Urban – 46% of the population
 - Has 37% houses connected to water
 - Has 13% houses connected to sewage
- Rural – 54% of the population
 - Has 4% houses connected to water
 - Has 2% houses connected to sewage
- Of those connected it is estimated that almost 1/3 are non functioning and many more below designed capacity.
- Domestic water supply competes with a rising demand of expanding industry and agriculture

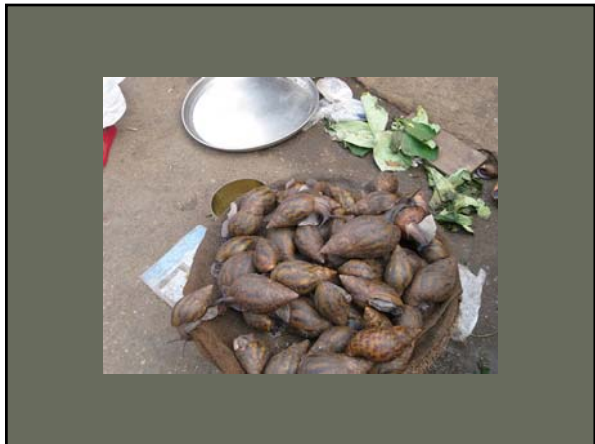


Food

- Access to food is done through a combination of own home production and stock, barter, gift, borrowing, or food aid
- Most affected are the unemployed and unskilled laborers (half of unskilled laborers live in urban areas who spend 67% of their income on food
- Other half live in rural areas and they spend 52% of their income on food

Food

- Markets are the main sources of food for about 80% of the households
- Become vulnerable when there are increase in the prices with floods and droughts



Roads

- Of the 55,000 roads in Ghana – only approximately 15% are paved.
- No traffic laws, speeds, enforcement
- Police in urban areas on foot
- Construction incomplete throughout all roads



Housing

- Minimal
- Poor construction
- Crowded
- Multifamily
- No facilities
- Open sewage





Transportation

- Foot travel – rural areas
- Urban areas – taxis, motorbikes, bicycles, foot
- City to City – large buses
- Very few personal vehicles
- Roads extremely dangerous to travel, no lights, signs, markings traffic all over the road
- People selling goods all stops and roadside



The decline of health care in Ghana

- History of the country health care problems
- Independence in 1957 – at the time was a economically prosperous country with large gold reserves and high prices for cocoa
- Inflation reached a peak of 123 percent by 1983 due to an ambitious development program, corruption, and unfair world trade which lead to a decline in the economy
- Profound effect on health services
 - Health care equipment including drugs became scarce
 - Many health care professionals left the country
 - Access to health care

Health Care Issues

- In 2008 – 82% of the entire population lacked proper toilet facilities
- Walking is the dominant mode of transportation – access to care is limited
- Rapidly growing population, decreased nurse/physician ratio and competing salaries and working conditions in neighboring countries hinder the number of practicing health care workers

Lack of facilities

- Only 1439 health care facilities existed in 2008
- Rural facility lack basic services and are not distributed across the country evenly
- Consist of minimal services of monitoring children's and babies' health, first aid, malaria, parasites, and diarrhea treatment
- Lack of supplies and qualified personnel

Communicable diseases

- Malaria, TB, Hepatitis, HIV/AIDS, diarrheal diseases, respiratory infections, and perinatal conditions account for 50% of all deaths in Ghana and 68% of deaths in children under the age of 14.

Health Care System of Ghana

- Cash and Carry System until 2003
 - Required to pay money at every point of service delivery – even in the Emergency Room
- Ghana Health Care Plan – equitable insurance scheme that treatment was provided first before payment - National Health Insurance Act

Three main categories

- 1. Public/non commercial scheme – any resident in Ghana can register under this scheme
 - Can transfer from one district to the other
 - Covers people considered to be indigent – lacking the basic necessities of life to be able to afford insurance premiums
 - Premium paid by members, central government funding and every worker pays 2 1/2% of their social security contributions into the fund.

Health insurance

- 2. Private commercial health insurance schemes operated by approved companies
 - You can walk into any company and buy insurance for yourself and dependents
 - The companies do not receive subsidy from the NHIF and you are required to pay a security deposit

Health insurance

- 3. Private mutual health insurance
 - Any group of people (say members of a church or social group) can come together and start making contributions to cater for their health needs, providing for services approved by the governing council of the scheme.
 - Not entitled to subsidy from NHIF

Benefits

- If you sign for one these, you will be given a card to use when needed for any hospital in the country, your bills are then sent to your provider which then pays the money to the hospital.
 - PROBLEM - Hospitals and pharmacies are not being paid in a timely manner and grind their operations to a halt with no money to operate basic services

Minimum Services

- Out patient services
- In patient services
- Oral health
- Maternity care
- Emergency care
- Curative and preventative services now available

Problems

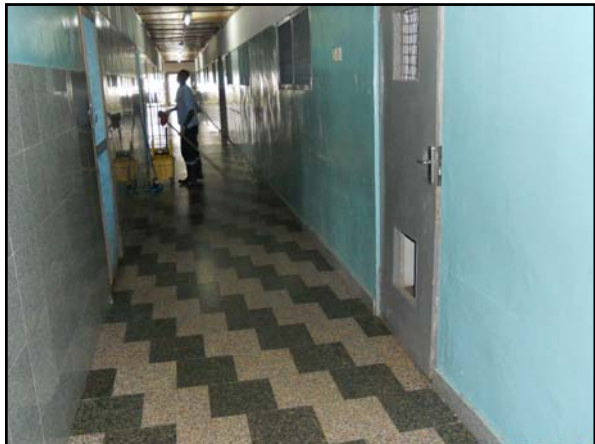
- Large group of individuals having no insurance to everyone having insurance has overloaded the system
 - Not enough supplies, equipment, manpower
 - Long waiting times
 - No funds to run hospitals or to grow with the demand
 - Patients coming in for problems that were previously taken care at home
 - Care in rural areas is limited

Problems

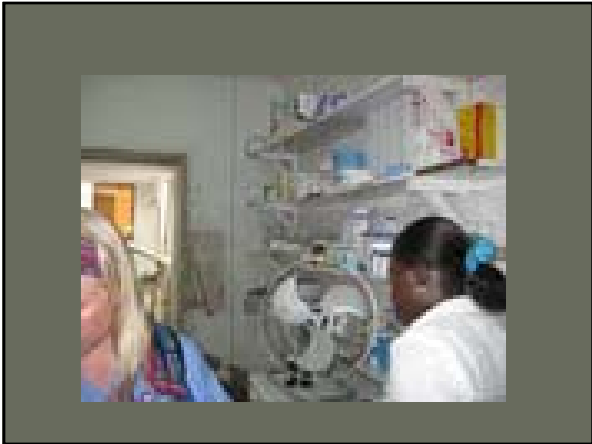
- 1439 health care facilities existed in 2008
 - Which included rural clinics
 - Not evenly distributed across the country
 - Minimal care
 - Decreased nurse/physician to patient ratio with competing salaries in neighboring countries
 - Shortages of funding
 - Corruption from petty thievery and extortion
 - Massive distortions of health policy and funding fed payoffs to officials
 - Poverty, illiteracy, traditional beliefs and social stigma

In 2008 after system in place for 5 years

- Infant mortality was 71 per 1000 live births
- Children under 5 years 111 per 1000 live births









Education

- Private institutions offer better education an at higher costs than public schools and are mostly run through religious groups
- Public schools *42% population under the age of 15 years
 - 12, 225 primary schools
 - 6,418 junior secondary schools
 - 474 senior secondary schools
 - 28 training colleges,
 - 20 technical institutions
 - 4 diploma awarding institutions
 - 6 public universities
 - 10 private universities
 - School enrollment totals over 2 million
- 1.3 million primary, 550,000 middle, 300,000 secondary, 84,280 technical, 18,00 teacher training, and 89,000 University
- Shortage s in post secondary education is acute – ONE of Nine senior secondary graduates finds a place in a technical, teacher, or four year program

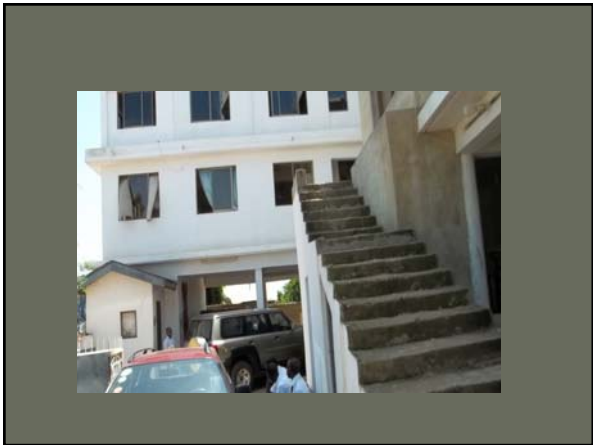






Nursing School

- Students from rural area
- Basic skills taught
- Crowded classrooms
- No equipment
- Unorganized
- Junior and Senior students limited language skills
- Going back to the rural areas after graduation









References

- Heyen-Perschon, J. (2005). *Report on current situation in the health sector of Ghana and possible roles for appropriate transport technology and transport related communication interventions*. Retrieved from Institute for Transportation and Development Policy Web site: http://docs.google.com/viewer?sa=v&q=cache:s4VSKrSjRUJ:siteresources.worldbank.org/INTTSR/Resources/ITDP_20Transport_20and_20Health0Care_20_20Ghana.pdf+Report+on+current+situation+in+the+health+sector+of+Ghana+and+possible+roles+for+appropriate+transport+technology+and+transport+related+communication+interventions.&hl=en&gl=us&pid=bl&roid=ADGEE5gnDnFr02gtScMjnLRsxC9X9Dg-EkRZVDWIVeC6w9THxvlfidYKdYZyIAis5e5e9Dakgh-IzZ-elYewF5eHjTvisZmmVY5X2moAE46df87Z3jOyILP7eyFGJgITLzxCclUnGU&sig=AHIEtSliW_ujoJhxPM0cmhyrYJnc-bCw
- Ghana: Corruption rife in health sector—GII (Report 2). (2006, February 2). *Ghanaian Chronicle*. Retrieved from http://www.transparency.org/content/download/4912/28857/file/Ghanaian_Chronicle_06-02-02.pdf
- Lack of adequate toilet facilities: Threat to public health. (2008, August 21). *Ghanaian Chronicle*. Retrieved from <http://allafrica.com/stories/200808220586.html>
- Institutional Care Division, Ghana Health Service. (2007, September). *Quality assurance strategic plan for Ghana health service 2007-2011*. Retrieved from http://www.ghanahp.org/fileadmin/user_upload/QHP/GHS_Quality_Assurance_Strategicplan_FINAL.pdf

References continued

- Jeffrey, P. (2006, September 28). Health care delivery in Ghana: The role of our diaspora health professionals [Web site]. Retrieved from <http://www.ghanaweb.com/GhanaHomePage/features/artikel.php?ID=111269>
- Salisu, A., & Prinz, V. (2009, March). *Health care in Ghana*. Austria: Austrian Centre for Country of Origin & Asylum Research and Documentation. Retrieved from http://www.ecoi.net/file_upload/90_1236873017_accord-health-care-in-ghana-20090312.pdf
- Segrè, J. & Tran, J. (2008, March). *What works: Careshop Ghana. Improving access to essential drugs through conversion franchising*. Washington, DC: World Resource Institute. Retrieved from http://pdf.wri.org/whatworks_careshop_ghana.pdf
- Trades Union Congress. (2004). *Incomes in Ghana*. Ghana: Global Policy Network. Retrieved from <http://www.gpn.org/>
- U.S. Census Bureau. (2008). International program: International data base: Ghana. Retrieved from <http://www.census.gov/population/international/data/idb/country.php>
- Van den Boom, G., Nsawah-Nuamah, N., & Overbosch, G. (2004, October). *Healthcare provision and self-medication in Ghana*. Retrieved from <http://web.archive.org/web/20070625163825/http://www.saga.cornell.edu/images/vandenboom.pdf>