

Ghana: Universal Health Coverage Roadmap

The life course approach to achieving Universal healthcare

As Ghana charts her course towards the achievement of Universal Health Coverage (UHC) there is a need to establish a healthcare system rooted in UN Sustainable Development Goal 3 — that is, a system that can ‘ensure healthy lives and promote well-being for all at all ages’. Adoption and implementation of SDG 3 in Ghana’s UHC Roadmap provides a unique opportunity to build a healthcare system that is people-centred.

In April 2019, Ghana’s Ministry of Health (MoH) showed further progress through the development of the National UHC Roadmap — a health sector plan focused on strengthening primary healthcare delivery in health facilities across the country. It is intended to localize global UHC efforts in Ghana’s policies and systems and guide the development of operational plans to deliver health services for the next decade. In view of that, the Alliance for Reproductive Health Rights, SEND Ghana and Hope for Future Generations in collaboration with the Ministry of Health organized a national civil society consultation to review the Ministry’s draft UHC Roadmap. This meeting was to bring together stakeholders to identify challenges to UHC advancement and discuss how to collectively further the progress towards UHC at the national level

Currently, Ghana’s healthcare system caters largely to patients on a need by need basis, often not tracking patients after treatment or during various points in their lives. Through the adoption of the life-course approach, it will be possible for Ghana to apply an integrated approach to achieving transformative outcomes for the people of Ghana.

Integrated care aims to improve patient care and experience through the coordination of services for the patients sake taking into account the patients comprehensive needs. The life course approach supports this mode of service delivery, as it involves using strategies in health care policies that take into account the interdependence of individual, social, environmental, temporary and inter-generational factors that affect the well-being of a population. The life-course approach, if properly applied, can reinforce Ghana’s efforts to achieving Universal Health Coverage because of its emphasis on universal health access through primary health care initiatives and patient-centredness.

Ghana’s current health care system heavily relies on vertical approaches to service delivery which are also known as stand-alone approaches, disease management or disease control programmes.

This approach usually involves programmes that target specific interventions provided through delivery systems that have separate administration and budgets and varied structural, funding and operational integration into the wider health system. For many low to middle income countries like Ghana, vertical programmes have been relatively successful in eradicating diseases such as small pox and for Ghana specifically, managing the incidence of malaria and other vaccine preventable diseases. However, operational constraints such as shifts in political priorities, funding cycles, short term policies and poor coordination between the actions of the healthcare sector and other sectors of society, are roadblocks in maximizing the benefits of these programmes.

Vertical programs often lead to fragmentation in patient services and disrupt coordination and continuity of care. Continuity of care — the quality of care delivered overtime — is considered to be a system that guides and tracks patients over time throughout the health system and its service levels. This continuity is hampered by the lack of integration within other sectors, such as social services and inappropriate health staff mix and uncoordinated allocations of health providers at the health facility.

Additionally, the predominance of curative care-centred models in single-disease programmes over preventive and promotive care further enhances the problems which make service delivery costly and inefficient. The lack of harmonization between these programs further limits the potential results and sustained impact they have. With the life course approach in view, Ghana's UHC roadmap should be focused on preventive and promotive care: preventing health risks and reducing their cumulative effects throughout life and across generations.

While vertical programmes can produce desirable results, they do not always provide strategies that will inherently strengthen existing structures and platforms for service delivery, especially for continuous improvement in Ghana's health system. Effective vertical public health programming can be beneficial if it is underpinned by strong health governance and even stronger policies for sustainability and advancement.

A life course approach must be deeply rooted in Ghana's roadmap to UHC. Aligned with the SDG and UHC, the life course approach can potentially facilitate the creation of a health system that recognizes and caters for an individual's health care from birth to death. To establish this system long term, UHC oriented-strategies should operationalize the life-course approach to health in Ghana to truly ensure comprehensive care for all people and the environment.

A life-course approach to healthcare will inform country-specific planning for UHC to bring together elements of many existing national, regional and global health and development strategies. It considers the rights, gender equalities and equity of all people at all life stages, truly ensuring that no one is left behind.

Ultimately, translating this approach into action will require the collective action by multi-sectoral stakeholders across the Ghanaian society coming together with Universal Health Coverage as a unified goal.

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