

H.E. Ambassador Ayikoi Otoo

Expanding the Health System in Ghana: 101 New Hospitals Planned Nationwide

This is the edited transcription of opening remarks by Ayikoi Otoo to the Schiller Institute conference on September 6. Ambassador Otoo is Ghana's High-Commissioner to Canada. Subheads are the author's.

Fellow panelists and distinguished participants:

Greetings to you all. My name is Ayikoi Otoo, and I am Ghana's High Commissioner to Canada, based in Ottawa. I have participated in many Schiller Institute programs, and I'm pleased to be a panelist this time around. I thank the organizers who have invited me.

Ghana, where I come from, is a West African country south of the Sahara, and first obtained its independence from the British in 1957. At the time of independence, the British left Ghana with a huge infrastructure deficit, which successive governments have been fighting to improve. Amongst these deficits are energy, education facilities, roads, railways, international airports, health institutions, housing, etc. Of course in those days, ICT [information and communication technology] was not mainstream, but today Ghana has also been building its ICT infrastructure. By way of educational facilities, many secondary schools and polytechnical universities were built across the country by both the private and the public sector.

Progress in Health Care Delivery

Let me address the health sector, which I've been asked to speak about. Government recognizes that significant progress has been made in improving the health of Ghanaians. Life expectancy has improved to 60.5 years for men, and 62.5 for females, due to access to healthcare and nutrition. Community-Based Health Planning and Services (CHPS) compounds have increased in number. The National Health Insurance Scheme (NHIS) and investment health coverage



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hovers around 45% of the population.

Ghana was the first sub-Saharan African country to introduce NHIS in 2003, through an act of Parliament which became fully implemented in 2004. Under the National Health Insurance Scheme, every Ghanaian is required to enroll in a health insurance scheme. There are three teaching hospitals in Ghana, Tamale, Komfo Anoyke, and Korle-Bu, as well as a specialist hospital known as University of Ghana Medical Center, which opened to the public last year.

There are six COVID-19 testing laboratories in Ghana. The borders of Ghana opened on the 1st of September, and government announced that all passengers arriving in Ghana will be subject to rapid tests at centers located at the airports. Those who test positive for coronavirus are isolated for treatment. The Ghana East hospital, following the outbreak of COVID-19, was designated as an isolation center for the treatment of COVID-19 cases. Treatment in teaching and regional hospitals have also been set aside as isolation wards for treatment of COVID-19 patients. A new infectious diseases center was recently constructed within two months, and has become fully operational. Ghana's COVID-19 deaths, as of August, stand at 217.

Despite progress made in healthcare delivery, government has noted challenges that need to be addressed, which include huge imbalances in geographical access to quality healthcare; inadequate and inequitable distribution of critical staff; increased cost of healthcare delivery; and poor quality of healthcare substance.

Though over the years, various governments have built many community healthcare centers, district hospitals, and poly-clinics, as well as tertiary and referral hospitals. Following the outbreak of COVID-19 pan-

demic, government announced its intention to build 88 regional hospitals. The government now intends rather to construct 101 hospitals with accommodation for doctors and assistants in districts without hospitals across the region. That is a huge boost to access to health delivery.

According to the Minister of Health, the division of health institutions by category, *inter alia*, clinics not providing a full range of services, usually reproductive and child health (RCH), basic curative services; health centers providing a full range of basic primary health care (PHC) services, clinical, public health and maternity services; poly-clinics providing an expanded range of PHC services much higher than a health center, but in terms of capacity, less than a district hospital; district hospitals providing full-range PHC services of the general hospital under the management of at least two general-duty doctors. These health facilities are a conscious effort by government to expand

access to healthcare for Ghanaians across the country.

By way of funding, government wants to be careful not to add to the debt stock of the country, and therefore it is looking at flexible terms of funding such as private-public partnerships, build-operate-own-and-transfer, or concessionary loans. Government, through the Minister of Finance, is working out the modalities for the funding, and to date, nothing concrete has been announced as to the funding model. The only information out is that government is desirous of awarding the contract to Ghanaian contractors. I don't think that has anything to do with funding; it ought to be stressed that the move is to prevent a situation where financiers bring in their own labor, depriving Ghanaian workers the opportunity to derive some benefits from the projects.

I shall be ready to share the funding model or regimen as soon as it is made public. I thank you all for your attention.