NEED FOR A SURGICAL PLAN IN GHANA

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Introduction

Over the past two decades, the global health community has increasingly recognised the need to include surgery, obstetric and anaesthesia care (SOA) in its concept of universal health coverage in any national plan[1].

Surgical conditions (including obstetric conditions) represent a leading contributor to the global burden of disease accounting for a third of all disability-adjusted life years (DALYs) incurred annually[2]. In the study published by the Lancet Commission on Global Surgery (LCoGS), it is stated that about five billion of the world's 7.5 billion people do not have access to safe and affordable surgical, obstetrics, trauma and anaesthesia care when needed[2].

Among those who are fortunate to have surgery done, 33 million will face catastrophic health expenditure due to payment for surgery and anaesthesia each year[2]. This fact is ever so true for most low-and middle income countries (LMIC) and the Lancet Commission has proposed the use of six core indicators to assess the surgical system of a country[3]. These indicators include specialist surgical workforce per 100,000; number of surgical procedures per 100,000; risk of catastrophic expenditure for surgical care; risk of impoverishing expenditure; postoperative mortality rate and 2-hour access to Bellwether procedures. Of these six indicators, four have been published by the World Bank as World Development Indicators (WDIs).

Current Surgical status

Even though the healthcare system in Ghana has received a lot praise, when compared to other LMICs the surgical status has little to boast about. Most Ghanaians can reach a healthcare facility within 2 hours[4]. A significant proportion of these public healthcare centres (aside from the tertiary hospitals) have the minimal infra-structure to provide emergency and essential surgical care,[5] but there is a substantial shortage of adequately trained surgeons who can perform surgical and obstetrical procedures at first-referral facilities[6,7].

Recent WDIs indicated that the risk of impoverishing expenditure for surgical care in Ghana was 23.8%, which is close to the average for Middle Income countries (25%)[3].

Looking at it from an obstetric standpoint, the few successes hailed are not always reflected in health outcomes for women and children. Ghana ranked near the bottom, at 154 out of 179 countries assessed in the annual State of the World's Mothers report that assesses lifetime risk of maternal death and under-five mortality[8]. Maternal mortality rate is still high at 319 per 100,000 live births, far higher than the Sustainable Development Goal of 70 deaths per 100,000 live births[9]. Nearly half of maternal deaths in Ghana occur within 24 hours of birth and are largely a result of care-seeking delays and inadequate medical care[10].

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Current Plan

In comparison with other low-income countries in the sub-region, Ghana stands out because of the introduction of the National Health Insurance Scheme (NHIS) and reforms made by the Ministry of Health (MOH) in 2012.

The NHIS has played a very crucial role in the MOH moving towards their second objective of ensuring a sustainable financing for health care delivery and financial protection for the poor. With over 40% coverage, the major priority has been decreasing the out-of-pocket costs for patients who receive inpatient and outpatient hospital care (including surgical care).

The Ministry of Health (MOH) developed the Holistic Assessment Tool which was designed to offer stakeholders the opportunity to dialogue on sector performance within an agreed framework[11]. It was a departure from assessing a basket of few indicators and generalizing such performance as representative of the whole sector.

This approach is very similar to the recommended Lancet Commissions' roadmap that aims to (1) reflect priorities of SOA system stakeholders, in particular frontline providers; (2) set ambitious yet attainable goals within the given timeframe and resources; (3) align with broader national health priorities; and (4) encompass activities of all actors spanning the public, private and non-governmental sectors. Unfortunately, out of the six main objectives and fifty-four specific targets laid out by the Holistic Health Sector Development Plan, there was no target that specifically addressed the surgical needs of the nation[11].

Roadmap to NSOAP

The recommended roadmap by the Lancet Commission on Global Surgery focuses on improving SOA care delivery across six domains of the health

system: service delivery, infrastructure, workforce, information management, finance and governance.

To date, twenty-three countries including Ghana, have committed to developing a National Surgical Obstetric & Anaesthesia Plan (NSOAP), but only four of them have completed the assessment and implementation of such a plan[12]. With help from the Harvard Medical School Program in Global Surgery & Social Change (PGSSC), numerous templates and recommendations were proposed on how to go about achieving an NSOAP. In March 2018, during the first NSOAP workshop held in Dubai (United Arab Emirates), they recommended eight key steps which included: Ministry/Government support & ownership; situational analysis and baseline assessment; stakeholders' engagement; drafting & validating; monitoring and evaluation; costing; governance; and finally implementation.

From the experience gathered from all the four nations that had successfully developed an NSOAP, the most important rate-limiting step was gaining Ministry support and ownership.

To achieve this, local experts in the field of surgery, obstetrics and anaesthesia who understand the need for scaling-up of SOA care can best engage MOH leaders to generate a realistic and well-informed plan which can be integrated into the already existing NHPSP.

In conclusion, surgical care delivery over the last two decades has not been a priority in most LMICs. This is partly true because surgical conditions were not factored into the Millennium Development Goals (MDGs) which directed most national health agendas during that period. With the current SGD focusing on Universal Health Care and recognizing the need to strengthen emergency and essential surgical care & anaesthesia, there is hope that this narrative will change.

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