

## *Sustainable Health Care Financing in Ghana and West Africa*

### **Historical Perspective**

What began as a dream to build a hospital in his home country of Ghana when Emmanuel Tuffuor arrived in the United States in 1970 for higher education, culminated in 1991 with opening of the Aninwah Medical Center (AMC) in rural Emena, Ghana. During the intervening fifteen (15) years following his arrival in the USA, Emmanuel O. Tuffuor, now a U.S. citizen, completed a bachelor's degree at Bowling Green State University and a medical degree at Case Western Reserve University and opened a thriving, multi-site medical practice in Cleveland, Ohio. His all-consuming desire was to transform his own good fortune into financially sustainable health care for his fellow Ghanaians left behind in Ghana.

Dr Tuffuor's experience receiving health care as young boy left an indelible mark. His grandmother would think nothing of travelling with him for a hundred miles or more to make sure that he received quality health care. She often admonished that one day he could become a doctor and change health care in his home country.

The hospital was named after his grandmother who started her own business in Ghana to make sure that each of her eight (8) grandchildren received a formal education which she deeply believed would be essential to their success. All eight children have enjoyed the success in which she passionately believed.

The Aninwah Medical Center thrives in the rural village of Emena, just few miles outside the regional capital of Kumasi in great measure due to the dedicated physicians, nurses and other professionals committed to serving the health care needs of Ghanaians. AMC employs more than eighty (80) people in the community and has become the economic basis for further growth and development in the area. Its reputation and popularity have even lead it to be fondly called the "American" hospital.

AMC physicians and staff serve more than 150 patients per day. In addition to general medicine, surgery is performed at the facility, which also has radiology equipment, a pharmacy and a laboratory. Limited private funding has also been secured to train village health care workers and to conduct health seminars. Currently, AMC is collaborating with Thomas Jefferson University to establish the first ultrasound training school in sub-saharan Africa.

Envisioning the need to be creative in financing health care in Ghana, especially as it related to AMC, Dr Tuffuor created a company called Complete Basic 2000 (CBH) in 1992 to be organizational conduit for ***financial and technology transfer*** from the United States and other western countries to Ghana. Stated concisely, west (particularly in the USA) and to make those funds available to the hospital and or clinic in Ghana on a "capitated" basis. ***The CBH program leveraged the relatively higher standard of living of Ghanaians abroad to finance health care in a country where health care cost are dramatically lower.***

The CBH program "took root" and Dr. Tuffuor decided to use that experience and expand the concep to other regions in Ghana. With the collaboration of John P. Pokryfki, a health care executive in the United States, Dr Tuffuor took the financial and organizational lessons learned through CBH2000 and crated a parent company, HealthAfrica, Inc. and an affiliate called GhanaCare, Ltd. The objective of these companies is to successfully duplicate the CBH program throughout Ghana and, ultimately, to other countries on the Africa continent. The underlying philosophy of HealthAfrica/GhanaCare is built on the traditional Ghanaian "culture of caring". GhanaCare strives to empower and to motivate ordinary Ghanaian citizens and Ghana health care providers to improve the private health sector in Ghana, and in so doing, advance the health status of all people living there. The idea is ***not*** to give money and technology away, gratis. ***Rather, the guiding principle is to provide the leadership, training and technology transfer, through Ghanaian Americans such as Dr Tuffuor, leading to sustainable independence not debilitating reliance. This will result in Ghanaians desiring to stay in their country thereby creating and perpetuating a cycle of success and prosperity.***

## **CURRENT ENVIRONMENT**

The GhanaCare Network currently comprises twenty-three (23) hospitals and clinics serving all regions of Ghana. The individual agreement between the hospital and GhanaCare provides incentives, both individual and collective, for efficient patient care and continuous quality improvement. There is strong incentive to abide by GhanaCare health management policies and procedures because failure to do so will result in expulsion from the network, thus opening up an opportunity for a competing hospital or clinic.

In December 1997, Dr Tuffuor and Mr Pokryfki travelled to Ghana, for their second trip of the year, to conduct the first semi-annual Medical Symposium in Kumasi. The symposium was designed to offer continuing medical education topics for the physicians and a primer on GhanaCare financing and organizational principles.

For modest *annual* fees ranging from \$100.00 to 420.00 an individual member and family dependents are entitled to annual physicals, routine office visits to the family doctor, the first seven (7) days in the hospital and physical therapy ***all at no charge***. GhanaCare is designed to eliminate financial barriers to care and thus encourage early and frequent visits by members to the doctor, avoiding costly care after the onset of serious illness or disease. A "health profile" is also established for each new member so that the doctor can develop a health promotion plan, or treatment plan if illness already exists. ***Personal initiative and self-sufficiency underlie the GhanaCare program.***

## **FUTURE IMPERATIVE**

Currently, and for the next few years, demands made on GhanaCare for programs and services will exceed resources availability. Yet quitting is not an option. While much has already been accomplished, there is still great need for improvement in the quality of life. As such, ***substantial work and major expenses*** lie ahead for GhanaCare as membership enrolment grows greater demands are placed on the participating hospitals and clinics and the GhanaCare administration. ***Additional "seed" money is necessary to firmly anchor the health care network in place and to ensure the greatest likelihood for sustainable change.*** GhanaCare is expanding its network of hospitals/clinics; developing medical practices guidelines and drug formulary; upgrading and intensifying continuing medical education for participating physicians; develop patient education materials and programs; and, developing medical/technical training programs for Ghanaians. Planning is in progress to implement a rudimentary communications network between and among the GhanaCare participating hospitals, perhaps using the internet to help facilitate communications, especially continue medical education.

An extensive, and resource-consuming communication campaign is also underway to get the "GhanaCare" message to Ghanaian nationals living in the United States, Canada and Europe to provide them with the information necessary to sponsor a loved one in Ghana. Without knowledge of the program, Ghanaians will miss an opportunity to take responsibility for the health of their loved ones in Ghana. ***Each Ghanaian national living abroad, who takes responsibility and sponsors a loved one in the GhanaCare program, helps reduce the demand for western donations and financial subsidies and, at the same time, creates a climate for sustainable change in the way health care is financed and delivered.***