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**What has the COVID-19 pandemic highlighted from your usual challenges:**

The pandemic has been very challenging on our health system. As a developing country, Ghana has—to some extent—a fragile health system when dealing with issues related to service delivery. Sixty percent of the Ghanaian population live in communities and these communities are quite removed. This issue is compounded by our challenges with human resources and a lack of health personnel in rural populations. For example, about seventy percent of the Ghanaian doctors are located in urban areas that comprise twenty percent of the overall Ghanaian population. Therefore, human resource and service delivery design is one major challenge that we face and has been highlighted by COVID-19.

Additionally, COVID-19 has highlighted the challenges we already face among leadership and management, which remains a weak link in our healthcare system. The need for adequate supplies, emergency preparedness, trained frontline healthcare workers, and guidelines for isolation and quarantine, all of which were lacking at the beginning of this pandemic, are now abundantly clear. Then, of course, if you are going to make decisions that are based on science and evidence, then you need to invest in collecting good data.

How do we obtain good data? How do we improve service delivery? How do we have the right human resources and equity in terms of distribution? These are the types of questions that we have been struggling with in our health system. We have made some progress over the years in terms of addressing health challenges (i.e. immunization, HIV prevalence, TB, community based health services delivery, etc.), but COVID-19 has been a setback to these improvements. The challenges that COVID-19 has highlighted cannot be separated from the systemic challenges our health system was already facing. COVID-19 has exacerbated these challenges.

Additionally, it is important to consider social and cultural norms when discussing these challenges. African and Ghanaian cultural and social structure is one that encourages an embrace when greeting, gathering at traditional markets that are crowded, and residing in multi-person households. This adds another challenging element to service delivery when considering adherence to treatment protocols (i.e. social distancing, self isolation, quarantine procedures etc).

**What impact has the pandemic had on you and the people you work with?**

One major impact of COVID-19 on the health system is the effect on non-COVID-19 health workers and services. There is no doubt that we are all stressed, especially those health workers at the frontline. There is, therefore, the effect on general health service, staff morale, and psyche. We are seeing a quite significant dip in some of the services and coverages, for instance antenatal coverage, postnatal, and general health services that are non-COVID related. For maternal and child / reproductive health, there is a lot of apprehension among service providers to take in patients as well as patients to attend clinics and hospitals. We hardly have an appointment system and are only now implementing some appointment schedules for certain clients during this pandemic. In addition, health workers are stressed and afraid, particularly when there is a shortage Personal Protective Equipment (PPEs). These concerns and their negative impacts cannot be separated from the health system challenges that I spoke about previously (service delivery, human resources, trained front line health workers, etc.).

The impact has been a realization that we must improve our health infrastructure. There are areas in this country that have been deprived of health services. For instance, a considerable number of our 260 districts do not have hospitals. COVID-19 has been the catalyst to plans towards building new, state-of-the-art, fully equipped hospitals in each district. Additionally, COVID-19 has brought forward the conversation about emergency preparedness, with plans to build three new infectious disease hospitals when currently, there are none. COVID-19 has highlighted the need for health funding when, in the past, the same conversation was met with pushback from stakeholders.

We can clearly see the impact of COVID-19 on maternal and child health services. There has been a rise in home deliveries and self-medication because women are afraid to seek care at the hospital and are somehow encouraged not to go to the hospital, for fear of getting infected with COVID-19.

**What do you need from the government in order to provide the best care?**

While COVID is an eye-opener, it is an exposure to the realization that we need a lot more government funding and resources put towards health. Governments must spend 15 percent of their GDP on health. Most African countries spend approximately 3-5 percent. There must be conscious effort by government to place more investment in health in response to COVID-19. Moreover, because it is a global pandemic, resources for the national response are limited and therefore, it is important we re-prioritize our national strategy both in funding and in design of the services. As soon as COVID-19 hit,

funds were redirected from maternal and child health toward the pandemic response—that's not enough. We need to do more domestic resource mobilization.

Additionally, there needs to be a greater focus on education. The response to COVID-19 must come from the community especially risk management and communication. In Ghana, we have been working on our Community-based Health Planning and Services (CHPS) program, which has focused on community-lead solutions to problems within the health system. It is important that we use those same channels and make sure there is community involvement, engagement and support and people are educated in a way that they understand the disease and what to do. That is very important in my view, strongly mobilizing the community in order to be able to address those challenges.