

News

UK offers to help world's poorest countries provide free health care

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Free Health Care: How effective do Ghanaian stakeholders think it will be?

From February 2008 to March 2009, HB conducted 71 interviews with a range of stakeholders interested in maternal health in Ghana (including national Ministry of Health employees, Ghana Health Service staff at national, regional and district levels, researchers and staff from donors and NGOs). Following the president's announcement of the exemption policy for national health insurance for pregnant women in May 2008, interviewees were asked how effective they thought the policy would be in improving maternal health.

Although most interviewees felt the new policy may help to some extent, there were two main issues that were expected to prevent it from having any substantial beneficial effect. The first was that, although the policy removed direct financial barriers to health service utilisation, other barriers remained which were sufficient to prevent the use of services for many women. These include preferences for home births and/or traditional birth attendants, lack of transportation to facilities, as well as opportunity and other costs associated with health service use. For this reason some believed that the removal of fees would not lead to increased health service utilisation, particularly for delivery care.

"I do not think that the free maternal health exemption will lead to reduction in maternal mortality, because there are other things that result in maternal deaths." 031, MoH staff

"for those who were not attending because of cost, health insurance and the free maternal health services work, to an

extent. But...it can [only] help up to a point. But I don't see it as a solution to maternal health problems." 045, national GHS staff

The second issue was that if the policy did increase service use, it would also increase workloads and create overcrowding. This was believed to have two consequences. Firstly, quality of care would suffer, as staff and equipment would be even more overstretched than they were before the policy. This would have a direct negative effect on the maternal health of those attending facilities. Secondly, as women became aware of the poor quality of care received, they would be less likely to attend in future. As one hospital doctor stated,

"So...when you just ask them to come...and they see the congestion and they see the difficulty, when they go home they will not come back. So really the problem has not been tackled head on. Some of us will have preferred situations which we have advocated...If we change the service, improve the quality...Quality service is attractive and if you make it fairly affordable, or if we improve the quality first before we open it to be free, then people will come. But now, they crowd on us but we are not able to delivery quality service and so therefore we are not seeing the impact. If there is going to be any impact it will be negative." 029, GHS doctor

Interviewees recognised the need to increase the demand for and use of maternal health services, but also noted that increased workloads should be prepared for. Facilities, equipment and staffing numbers should be expanded and improved first, otherwise the effect may be counterproductive. Issues of quality of care, workload and staff attitude, as well as physical access to facilities and community education were also considered important.

Some also pointed out that it would be more effective to target the 'exemptions policy' to those who could not afford to pay for care and the introduction of this targeted approach was being planned, prior to the policy announcement.

Finally it should be pointed out that the money donated by the British government was not 'new', extra funds. As the quote from a government employee shows below, the amount had previously been agreed but was expected to be used for general health sector support, to be decided by the government of Ghana.

“for this year for instance we were expecting, we had an agreement with...DfID...the £60 million was supposed to support certain areas of the budget, not maternal health. Then suddenly, er, the president travelled to the UK and the UK government decided to reallocate that money to free maternal health... it was not additional money.” 031, MoH staff

By suddenly redirecting the funds without warning to pay for pregnant women’s national health insurance, the planned budget for the Ghana Health Service was left with gaping holes which civil servants rushed to try to fill.

Competing interests:

None declared

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