



# A Systems Approach to Integration of Acute Care and Emergency Referral Services into Ghana's Primary Healthcare System Through Implementation Research

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## Background

Despite recent progress, maternal and newborn mortality rates remain unacceptably high in Ghana owing to the **absence of a comprehensive system of integrated primary, acute and chronic care systems.**

The lack of complete policies and guidelines for comprehensive care at the district level have resulted in emergency care and referral initiatives that are not well-coordinated and have unknown efficacy and impact.

The three delays in accessing higher levels of health care are known to directly contribute to women's risk of death and disability: **delays in seeking care; delays in reaching a facility; and delays in acquiring appropriate care at the referral point.**

## Methods

The ACERS project is using an implementation science approach to test a set of interventions, measure the effects, and document and promote utilization of lessons for national program development.

To effectively improve the coordination of district and sub-district level emergency care, ACERS' aims to assess implementation outcomes, including the feasibility, acceptability and appropriateness of a set of novel community-based referral and facility interventions for emergency obstetric and newborn care (EmONC). A mixed-methods evaluation will be conducted in the Northern and Oti Regions, comprised of:

- i. baseline and end-line surveys in two study districts
- ii. ongoing assessments of select GHS routine data, periodic surveys, and qualitative systems appraisals

## The Interventions

We have developed programmatic strategies to address the three delays based on a **Theory of Change**: by improving community engagement, volunteer-assisted logistics, and informed emergency referral and clinical care; and building upon the existing national **Ghana Health Service "Community-based Health Planning and Services" (CHPS) program.**

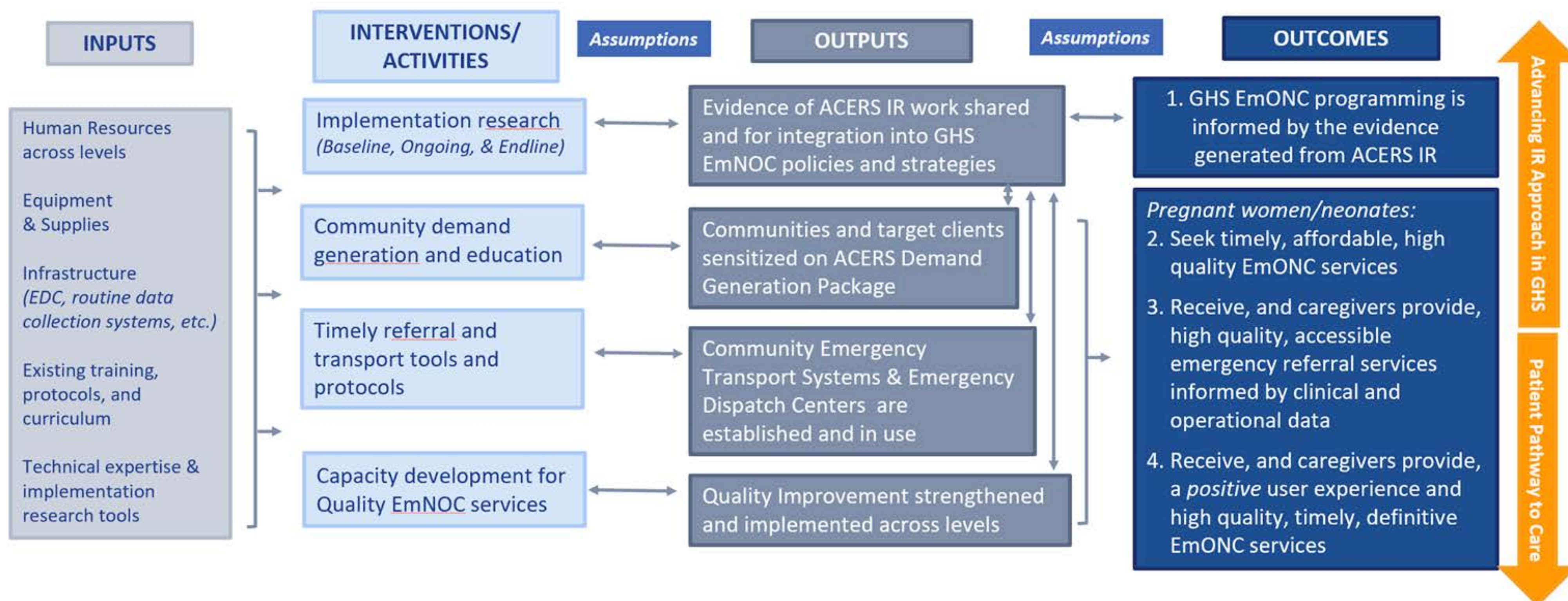
Through interdisciplinary collaboration, this phased program will ensure a sustainable model of EmONC services by **i)** strengthening existing GHS capacity, **ii)** disseminating best practices to non-intervention districts, and **iii)** integrating project lessons to inform healthcare policies, which scale up to other CHPS+ sub-districts in the country, while advancing a robust platform for acute care service development.

## Implementation Status

A phased program of exploratory planning, implementation research, and use of **data for action** is in progress that addresses needs for:

- i. community engagement strategies that promote care-seeking behaviors, use of Ghana's National Health Insurance Scheme (NHIS), and Village Savings and Loans Associations (VSLAs) to access care,
- ii. improving emergency management communication across levels of the system,
- iii. program of procurement, operation, and maintenance of affordable and terrain-appropriate emergency vehicles,
- iv. retraining emergency response providers at each level of the system, and
- v. developing competent clinical leadership for mentoring and monitoring and ensuring service quality.

## Theory of Change



## ACERS Package of Services

Community Package	Referral Package	Clinical Package	Implementation Research Package
<p>Pregnancy Schools+ National Health Insurance, and Village Savings and Loans Association promotion Behavior Change Communication Community Scorecard Accountability for Quality of Care Respectful Maternity Care</p>	<p>Integration of Community Emergency Transport System with National Ambulance Service Emergency Dispatch Center and standardized emergency referral protocols Capacity development for stabilization and emergency referral Respectful Maternity Care</p>	<p>Quality improvement activities, including supportive supervision and telementoring Low-dose high-frequency trainings based on need B/CEmONC facilities equipped w/ essential supplies and medicines Respectful Maternity Care</p>	<p>Capacity development for implementation research Baseline, endline, and ongoing assessments Utilization of routine GHS data Documentation and dissemination of systems learning / Adapted programming Policy adoption</p>

**Improved patient pathway to quality EmNOC services**

