The Ghana Telemedicine Program

Access to healthcare for people in low- and middle-income countries is challenging. Patients often have to travel considerable distances to receive care, and experience high mortality and morbidity rates for diseases that can be easily treated. To deliver better quality and locally-available care, the Novartis Foundation and its partners pioneered a telemedicine model in Ghana.

How it works

The telemedicine program uses information and communications technology (ICT) to connect community health workers to medical specialists via 24-hour teleconsultation centers. Doctors, nurses and midwives in the teleconsultation centers coach community health workers and advise on the treatment of their patients, helping them manage emergency cases that are beyond their capacity and avoiding unnecessary referrals.

This improves the quality of care and reduces transport times and costs for patients, which is particularly important in rural populations, where access to specialist care is limited.
Pilot
The telemedicine program started as a pilot project in the Amansie West District of the Ashanti Region, covering 30 communities of around 35,000 people. The Novartis Foundation worked with local and international partners on the pilot model, including Millennium Promise Alliance; Earth Institute, Columbia University; the Ghana Ministry of Health, Ministry of Communication, National Health Insurance Agency, and Ambulance Service; St. Martin’s Hospital; MedGate; Ericsson; and Airtel.

National roll-out
Based on the pilot’s success, the Ghana Health Service selected it for implementation across the nation. The Novartis Foundation worked with the Ghana Health Service and Ministry of Health on a roadmap for scale-up, and have now set up and staffed six teleconsultation centers across the country. National coverage of telemedicine services is expected to be possible by 2019. Telemedicine has also been incorporated in Ghana’s national eHealth strategy and has the potential to be translated into other areas, like chronic disease management and mental health consultations, bringing Ghana closer to its goal of achieving Universal Health Coverage by 2020.

Facts & figures
• In the pilot, nearly half of all calls made to the teleconsultation center had to do with obstetrics and gynecology or fever.
• Preliminary results showed more than half of all teleconsultations could be resolved directly by phone.
• This included 31% that avoided referrals in 2016, saving an average of 110 Ghana cedis (USD 31) per avoided referral.
• Among the referred cases reported, 50% were designated as emergency referrals.
• Most calls were from midwives, community health workers and community health extension workers.
• National coverage of telemedicine services is expected to be possible by 2019.