

Street level bureaucrats: malaria in pregnancy policy implementation in nine Ghanaian health facilities

Matilda Aberese-Ako, Pascal Magnussen, Gifty Ampofo, Harry Tagbor

Introduction

Malaria in pregnancy continues to be a debilitating disease and governments in sub Saharan Africa continue to make efforts to prevent and manage it in order to reduce the negative outcomes. Currently interventions such as ITNs, IPTp and treatment of malaria in pregnancy have been implemented in Ghana. Using ethnographic study methods, this study sought to understand dynamics of health care provision and response from pregnant women utilizing malaria interventions in nine health care facilities in Ghana.

Methods

The study employed ethnography through in depth interviews, case studies and observations in antenatal clinics in five government health facilities and three Christian Health Association facilities for a period of nine months in two Ghanaian regions. Observations were also conducted in pharmacies and laboratories in the health facilities. Additionally, interviews were held with health providers, administrators, pregnant women and community gate keepers to understand how health care is organized. All ethical procedures were followed. Data was triangulated and analyzed using grounded theory approach. The results are based on the outcome of the analysis.

Results

The results suggest that health facilities coped with failure of government to reimburse them for cost incurred in treating clients and frequent stock outs of drugs and medical supplies by passing them to clients, through charging fees for fee-free health services. Insured pregnant women paid 50% of cost of ANC services, routine drugs, malaria treatment and lab tests. Uninsured women paid full cost of all health services. Both insured and uninsured pregnant women paid full cost of sulphadoxine-pyrimethamine (SP) for the prevention of malaria in pregnancy in seven of the facilities. The consequences was that the health facilities were able to maintain their stocks and to keep their facilities running. However, a good number of clients who could not pay for services were not able to access health care. For such clients this challenge contributed to defaults and inability to pay for laboratory tests such as malaria in pregnancy test, which sometimes frustrated health care providers, as it impeded their ability to make good clinical diagnoses.

Conclusion

Political interest needs to be backed by continued support from the government to government and CHAG facilities ensure that resources are adequately provided to health facilities to enable them provide critical care to pregnant women, if malaria in pregnancy and the negative consequences is to be controlled. Other lessons are also drawn from this study.