

CASE STUDY

Nyaho Medical Centre



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Introduction

For 51 years, Ghana's oldest group medical practice has balanced the twin goals of supporting public health and managing a viable business. In 2020, its capabilities were put to the test by the COVID-19 pandemic. Nyaho Medical Centre became an active participant in the country's response. It provided rapid testing and treatment, helped organize public health measures such as contact tracing, and developed innovative practices in telemedicine. Nyaho also embraced the use of digital health records to reduce waiting time, coordinate patient services, and to support the effective management of hospital staff. In all these ways, Nyaho Medical Centre demonstrated the resilience and responsiveness necessary for healthcare enterprises facing new global challenges such as the COVID-19 pandemic.

Nyaho's commitment to public health and innovative quality care is not new. In 1970, Kwami Nyaho Tamaklo, M.D., founded a full-service private medical facility located in the capital city, Accra. Inspired by the example of the Mayo Clinic, Tamaklo insisted that the new hospital have an explicit focus on prevention, public health, team-based patient care, and evidence-based practices. Nyaho is a family business, currently managed by the founder's son, Elikem Tamaklo, M.D., but it is also designed to evolve into an independent, non-family-controlled enterprise, if necessary.

In 2020, Nyaho began implementing a new strategic growth plan, developed with IFC's guidance and funded by a \$5.2 million loan. The plan involved a hub-and-spoke strategy, in which the central hospital would focus more on specialized treatment, testing, and inpatient care. Outpatients would visit their doctors at clinics or virtually. There would also be more specialized facilities, such as a maternal and pediatric care unit, opened in January 2020 at the main campus, and an urgent care center in the nearby city, Tema, currently planned to open later in 2021.

When the pandemic struck, Nyaho's proactive approach to medical testing and treatment enabled it to play an important role as a trusted advisor to Ghana's government on pandemic response.

The Nyaho example demonstrates what a private healthcare provider can do to create a central position for itself and a reputation for excellence and innovation.

The following interviews with Dr. Elikem Tamaklo and the company's marketing and operations leaders are in their own words.

We Interviewed Three Nyaho Leaders



Elikem Tamaklo, M.D. is the managing director of Nyaho. He holds degrees in medicine from St. George's University, London, in healthcare leadership from Cornell University, and in innovation from Stanford University Graduate School of Business.



Amanda Slagle is the Quality Director at Nyaho. She holds advanced degrees in nursing and public health from Johns Hopkins University and was formerly the clinical policy manager of the Texas Medicaid program in the United States.



Agnes Emeffa Essah is the Sales and Marketing Director for [Nyaho Medical Centre](#). A multiple award-winning marketing expert with over 27 years' experience in the telecommunications and beverage industries.

She holds a BA (Hons) and MBA degrees, both from University of Ghana, and a mini-MBA in Telecommunications Management from Telecoms Academy, UK.



Lessons from the Nyaho Story



Plan for a Long-Term Future: From the beginning, Nyaho's founding family was conscious of the legacy they were building.



Improve Quality Through Continuous Innovation: The hospital is investing in ongoing upgrades of its technology and its practices to align with expected quality practice.



Embrace Communication and the Marketing of Public Health: Preventative care and broader issues are core priorities.



Establish a Learning Ethic: Physicians and all employees learn from experience.



Foster a Values-Based Leadership Style: Nyaho gains trust by being "reliable, authentic, skilled, and kind."



Nyaho at a Glance

Years in Business	51; founded in 1970 in Accra, Ghana, as a private group medical practice.
Revenues	More than \$10 million a year; 40 percent of revenues come from healthcare insurance.
Website	<u>Nyaho Medical Centre</u>
Corporate Governance	Nyaho Healthcare Ltd. is the private sector healthcare provider that owns and operates Nyaho Medical Centre and clinics.
Investment History	In 2020, IFC extended a US\$5.2 million loan to Nyaho Healthcare Ltd. to fund the expansion to three more locations in Ghana, and to improve its overall quality of care.
Social and Environmental Results	Under the IFC loan arrangement, all new buildings are designed with environmental sustainability in mind. Solar power installations are in place across Nyaho facilities.
Workforce	Nyaho Healthcare Ltd. employs about 350 full-time employees, 50 part-time employees, and 65 contracted specialists.
Geographic Footprint	Nyaho Medical Centre (the hub) is located near Accra's Kotoka International Airport. It is open 24 hours a day, with 54 inpatient beds; a clinic located in Accra's eight-sided "Octagon" building. New clinics are planned for near the Airport (primary care opening) Tema (urgent care), Kumasi, and Takoradi.
Business Model	Provision of healthcare services, diagnostic services, pharmacy retail, and dedicated services for businesses in Ghana. Nyaho's facilities treat about 100,000 patients per year.
Culture	Summed up in its mission statement: "To transform the lives of patients by surpassing expectations in healthcare, inspiring hope for a better Africa".

Lesson 1: Plan for the Long-Term

At the time of Nyaho's founding, the healthcare sector in Ghana was underdeveloped. Most healthcare in the country was publicly funded, and the quality was considered low. Private hospitals existed, but they were limited in their activities. Kwami Nyaho Tamaklo and his wife Janet Tamaklo, who had been in management at the Bank of Ghana, were interested in creating a hospital that would be more ambitious than most existing private hospitals: oriented toward promoting public health and better medical practices and technology. They would adopt the team approach to medicine, where groups of specialists helped design and deliver care; it had proven successful in the world's best-known medical facilities, but was still relatively rare in developing countries.

This approach would require a long-term thinking and sophisticated organizational design. The founders deliberately created structures and practices that would enable Nyaho to outlast family involvement and potentially to scale up to serve the entire country, not just Accra. Ghana's general level of healthcare has greatly improved from when Nyaho was founded in 1970, when the public health system suffered from shortages and poor quality of care amid underfunding, and Nyaho's role has evolved accordingly. It continues to promote quality care, participates in public health forums (including those devoted to managing the pandemic) and is starting to extend services beyond the capital, Accra, where it has always been based.

The family has always sought ways to strengthen the hospital and provide services to more people; at the same time, the family recognized that they needed to set up professional governance structures. These were designed by Mrs. Tamaklo, and included an unusually independent governance structure: an eight-person board that

includes five non-family members, among them board chair Sodzi Sodzi-Tettey, M.D., executive director for the Africa region at the Institute for Healthcare Improvement, a global non-profit.

As Elikem Tamaklo notes, these measures reflect a commitment, on both his parents' part, to quality healthcare and a long-term contribution to the country's public health system.

Dr. Tamaklo: *My father trained as a doctor in Trinity College Dublin in the late 1940s. He read a book about the Mayo Clinic, and he gained a vision for what healthcare could look like here. He returned in 1957 after (the country's) independence and eventually became the medical director for the Ghana armed forces. He bought land near the airport for the hospital in his vision. Everyone thought he was crazy. He finally opened the hospital in 1970.*

As an army colonel, he was very disciplined; he was a man of his word. My mother was also an extremely strong leader—and she was in a paternalistic culture, lacking a medical degree or clinical experience. But she became the administrative leader of the hospital.

My parents saw the future in terms of aligning our interests to long-term strategy. They taught us not to make decisions solely based on profit but with purpose. We had to be willing to reinvest our profits in critical and specialist care, along with testing facilities and technology.

In the 2010s, as in other African countries, Ghana's economic growth began to accelerate. The growing middle class became a source of increased demand for more health services and higher quality. Nyaho's decision to work with IFC was itself an example of the company's long-range thinking. The financing provided by IFC in 2020



allowed Nyaho to invest in a full hub-and-spoke model. The main hospital would be used for specialized services and severe cases, while four satellite clinics would handle walk-ins, rapid access to doctors, and preventive services. As such, Nyaho could deliver more advanced services, continually upgrade its facilities and technology, and expand into other cities in Ghana, bringing quality health services to more people.



Dr. Tamaklo: *While we had a strong presence, we were not geographically where our patients were. That was not ideal. So IFC came in as a partner to help finance our growth, which gave us a trajectory for opening satellites .*

IFC financing was useful, not just because raising financing in Ghana was difficult and expensive, but primarily because of their long-term perspective and flexibility. IFC has become a strategic partner in our long-term journey.

Lesson 2: Achieve Quality Through Continuous Innovation

Innovation in healthcare is a multi-faceted endeavor. It involves incorporating continually evolving technologies for diagnostics, treatment, and recovery. These in turn involve improvements in facilities design, operations, and maintenance, as well as the recruitment and training of specialized staff.

At Nyaho, this type of innovation has been part of everyday practice. For example, the hospital instituted a paperless records system in 2015. When doctors prescribe medication, the prescription is automatically sent to the hospital pharmacy, and the medication is waiting when the patient arrives. The hospital had also started to experiment with virtual consultations, which meant that when the pandemic struck, it was ready to accelerate this activity. For the most part, COVID patients regularly check in with their physicians online, and Nyaho prides itself on the rigor of its data privacy safeguards. This year, Nyaho signed on to the [Ethical Principles in Healthcare](#), an initiative developed in 2019 by IFC and the World Bank in consultation with worldwide experts. The initiative supports World Bank Group goals to achieve Universal Health Coverage and ensure patients' access to high-quality, affordable healthcare.

For implementing new technologies and related practices, the hospital's leaders follow an innovation process known as [design thinking](#), developed at Stanford University. The steps of this process include reframing problems in fresh ways, looking for ideas and precedents from a variety of sources, ideating a new solution, rapidly implementing and testing the new approach, and then revising the next round of innovation based on what has been learned. As Dr. Tamaklo points out, this is a never-ending approach:



Dr. Tamaklo: *Innovation is finding a better way of meeting a need, and it continues because needs are never static. We started to apply design thinking, along with empathy, in our approach. For example, we used it in developing a new information system for remote monitoring, maintenance and troubleshooting of equipment, and installing the new fiber-optic system to support it. This came online back in 2015.*

We used the same innovative approach on a variety of other activities, including planning the new clinics and upgrading our services. Thus, when the pandemic hit, we had a number of innovations already in place. We pivoted

relatively easily into remote working and virtual meetings. We had just opened a new critical care unit and we already had an ICU with ventilators. All of this enabled us to provide better service at a time when procuring ventilators [for many health facilities] was difficult.

We're continuing to invest in innovation. For example, we recently created a user-friendly interface for patients to access their data and clinicians to access analytic tools.



Essah: The new maternity and pediatric center is a good example of design thinking. We spent time gathering data about what women of childbearing age wanted. We drew all the insights together and created a renovated mother and child unit that caters to what they're looking for like private birthing suites. We are also exploring dental care and cosmetic surgery. Nyaho does not want to just be another private hospital.

Lesson 3: Embrace Communication and Marketing of Public Health

Before the pandemic began, Nyaho had taken an educational role related to prevention, particularly for diabetes and hypertension. The hospital set up a ["health hub" in 2018](#). This is a dedicated department offering preventive health services with remote monitoring of symptoms for people with chronic diseases, and personalized plans for diet, exercise and self-care. The portal was explicitly linked to Nyaho's stated goal of being "Africa's most trusted name in healthcare." Essah explains how marketing efforts like this can be closely connected with healthcare services:



Essah: Healthcare is not a strange bedfellow to marketing. We're always trying to reach human beings about preventative care. During the pandemic, we developed public service commercials related to washing hands, using hand sanitizers, and what it means to isolate yourself. We had Facebook webinars about pregnancy and COVID risks, or working and COVID. We may be a private hospital, but we positioned ourselves as a community hub that people could come to for testing and treatment.

When the pandemic broke out in Ghana, Nyaho used its communications and public health approach to support the government's pandemic-fighting efforts and the hospital was [called into action](#). It was the first private hospital to be approved by the government to perform COVID-19 testing, and also it had invested in ventilators, which made treatment possible. In addition, it was located near the airport, making it easier to use it to test and treat visitors and travelers, and thus help limit the spread of the disease. Nyaho cared for COVID-19 inpatients, dedicating its intensive care units for this. During the second spike in late 2020, Nyaho would transfer all non-COVID patients to other hospitals to be able to focus on COVID treatment.

From the outset of the pandemic, the hospital sought to partner with the government, recognizing that a public health crisis of this magnitude needed to bring in all players. Dr. Tamaklo and Agnes Essah recalled the level of outreach that was required, inside and outside the hospital, to manage the pressure on the staff and the pressure on the country's health system:



Dr. Tamaklo: The first two cases in Ghana were identified on March 12th (2020). One of them was picked up at Nyaho.

We intentionally had multiple engagements with our staff, being transparent about the realities and getting feedback from employees. From quarterly staff town halls, we moved to monthly virtual town halls, in addition to weekly calls and daily huddles with every team, including weekends.

We also worked hard to engage other relevant stakeholders. We increased the number of online meetings with patient groups, corporate partners, and regulators. We used multiple communication routes, including WhatsApp, to drive the message that public health depended on testing and social distancing. The pandemic showed us how to align our interests with government stakeholders like regulators, the ministry of health, and Ghana health services. The front-line against the virus is not private sector or public sector. It is really just the front line.



Essah: In the early days of the pandemic there was a feeling that it should be managed entirely by the government. But Dr. Tamaklo and others at Nyaho spoke convincingly in favor of public-private partnership, and the contribution that healthcare businesses could make. Our medical director, Dr. Victoria Lokko, was involved in the drafting of Ghana's national guidelines for PCR laboratories. This led to Nyaho and some other private hospitals being licensed for PCR testing. These public-private relationships can be built on for future collaborations. I don't think they will end with COVID-19.

One critical element of outreach was Dr. Tamaklo's own story. In the midst of the pandemic, he and his family tested positive for the virus and they went into quarantine. He distributed a [video](#) for staff and the public, noting that any stigma about the virus was unfair, and reminding people of the value of social distancing, face masks, sanitizers, and other preventative measures.

Lesson 4: Establish a Learning Ethic

The team practice is now well-established in healthcare. In many hospitals, it is routine for a patient to see several doctors with different specialties, collaborating on treatment. The frontier in collaborative medicine is now to look at the group of professionals as a team: physicians, nurses, and other staff recognizing their complementary contributions, providing better care for patients, and learning from each other about the improvement of future care.

In healthcare, one indicator of an orientation toward collaborative practice can be the percentage of women in leadership positions. Nyaho has placed importance on advancing women in the organization, both as physicians and as non-physician specialists. Dr. Tamaklo credits Janet Tamaklo's influence:



Dr. Tamaklo: It is a testament to my mother's leadership and influence—and that of my sisters, that at every level of governance we have close to majority, or in some cases, a full majority of women. The board is about 40 percent women. The shareholders, including my own family members, have identified diversity and inclusion as a priority for the company.

The learning ethic, ingrained in Nyaho's culture, made it easier to improve their practices quickly during the pandemic. Quality director Amanda Slagle describes how the hospital managed the COVID-19 challenges:



Amanda Slagle: Like any other part of the private sector, we tend to adapt more quickly than a large government organization. When we

were thrown into a very stressful situation, we showed that we could change our processes quickly. We had to rely on our clinical experience and understanding of the infection control protocols. We had to learn how to get everyone to adapt to change, knowing that some people adapt more readily than others.

The virus reached us three months after Europe and America. We learned from their mistakes. Over time, we learned how to be more effective

in managing critical care patients. We learned how to ask each other for help, especially when the situation is new.

During Ghana's second surge in January 2021, we had our processes in place and we could rely on the experience we had already gained. We reminded each other: "We already know our baseline and protocols, and we have to go back to them."

Lesson 5: Foster a Values-Based Leadership Style

When Dr. Tamaklo became director in 2015, he held a series of discussions about the hospital's published vision and values. This led to a revision—the ten previous stated values were reduced to six: patient and family-centered care, professionalism, sustainability and innovation, commitment and accountability, quality care, and teamwork. Each of these were then reflected in a series of specific practices. Accompanying them was an ambitious vision statement: "To be Africa's most trusted name in healthcare."

▶ **Dr. Tamaklo:** *In Ghana, the regulatory environment may not be as strictly enforced as it is in other countries. You have to hold yourself to a higher standard. This is how you build trust. We try to build relationships with our stakeholders, which meet what we call the "RASK" criteria: we want to be reliable, authentic, skilled and kind.*

During the early months of the COVID-19 lockdown, Nyaho experienced a 70 percent decline in revenues, even as COVID-19-related costs were rising. They covered this by reducing some day-to-day operational costs and with some cuts in management rewards. Nyaho's leaders were determined not to

lay off staff if they could avoid it. They were able to do this during the difficult period before revenue growth returned. Dr. Tamaklo recounts how the hospital managed these pressures:

▶ **Dr. Tamaklo:** *The board met and made commitments to forego dividends if necessary, to focus on the sustainability of the business, to make sure that we did not lose employees, and to reaffirm that our vision, mission, and values should guide our decisions.*

The front-line employees had to make some very tough calls about showing up, because of the possibility of being infected. There were shortages of PPE and lots of uncertainty. It was critical that our staff felt supported and empowered.

When the crisis first struck, I was the focal point of communication. We still had to work collaboratively, but I also changed my management style to be more forthright and intentional. I still asked people for their point of view, but I was not afraid of making a decision rapidly when it needed to be made.

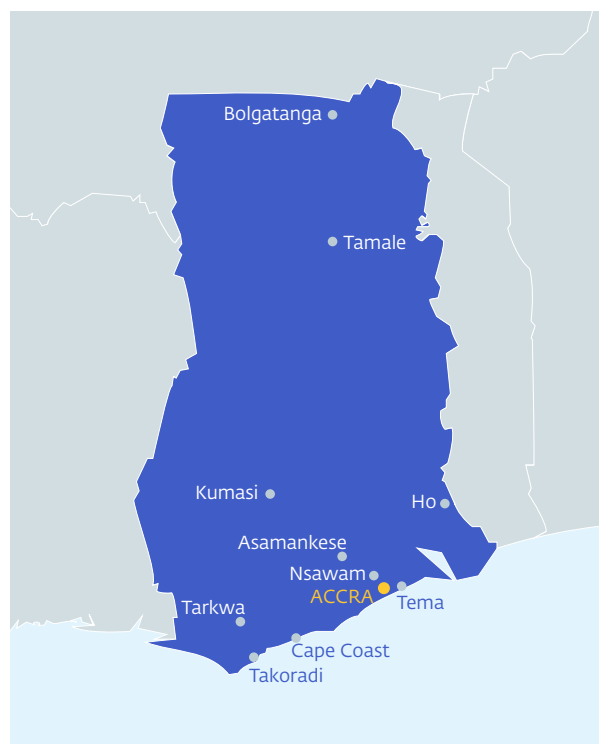
Later in the year, when we had systems and regular meetings, I could step back and let other people lead again. Even so, there was a lot of conflict, sometimes driven by fear or lack of information. In our meetings, we sometimes addressed our challenges by letting our emotions come out. There were raised voices sometimes, and a few times, we needed mediators to help unblock the conflict.

This “storming” phase, as organizational facilitators call it, was sometimes distressing, but it was an important journey for us. We acknowledged what was happening, and we built the relationships we needed to have to continue working through the second spike (in December 2020) and on into the new year.

Conclusion

In several IFC case studies of healthcare companies, the idea of “living by values” is prominent. Successful companies in this sector in emerging economies are often under pressure to balance their commitment to people with their need to stay profitable as a business. A company like Nyaho Healthcare Ltd. must internalize this commitment. In a situation like a pandemic, the

difficulty of living by values becomes apparent. The actions of the institution’s leaders—and all its employees—are thrown into sharp relief. Healthcare businesses around the world have all been tested. Nyaho’s story shows how these tests, and the response to them, establish a business’ reputation and its potential for success in the future.



Accra has two locations open now. Tema is opening later in 2021. Kumasi and Takoradi to follow.

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