

# **STRENGTHENING PHC IN GHANA:**

**Supporting The Reorganizing  
Of Primary Healthcare For  
Quality Healthcare Delivery In  
Ghana**

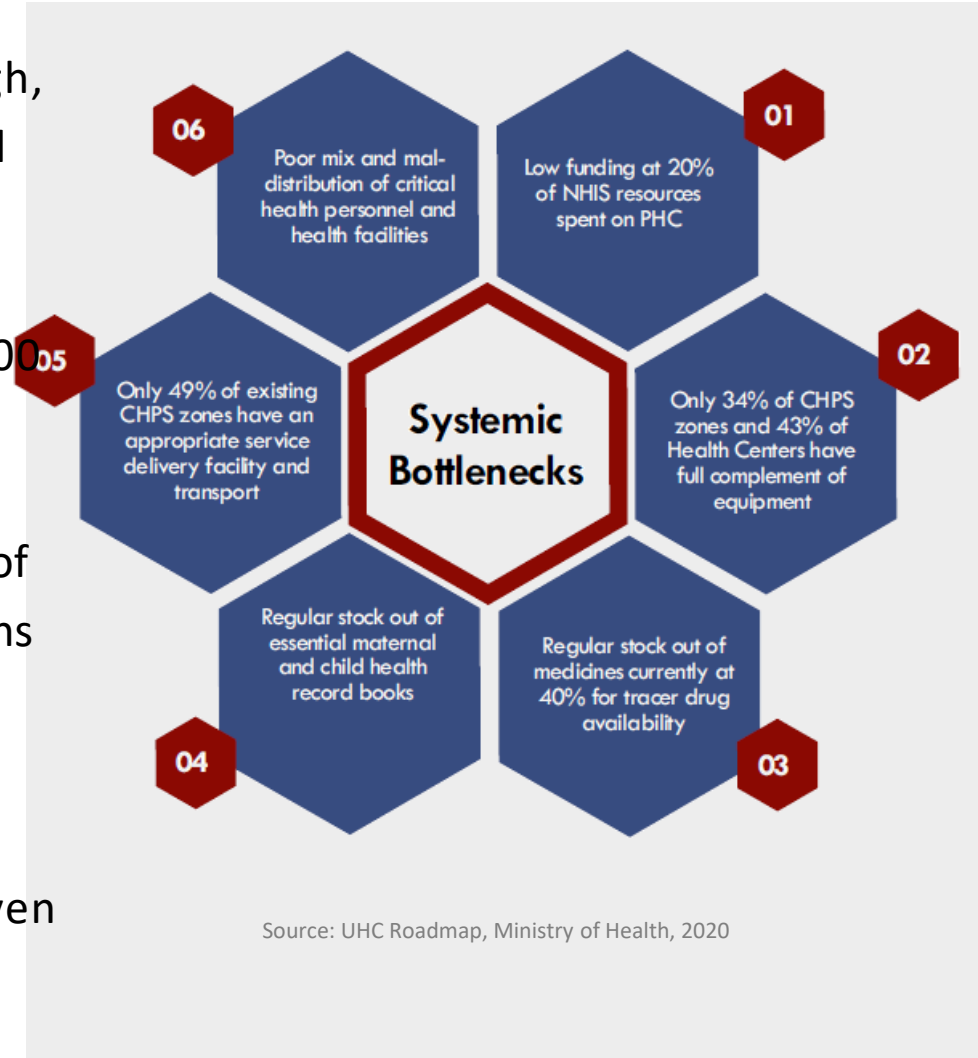
GFF Investors Group Meeting, 8-9 November, 2022

# PHC BACKGROUND AND POLICY CONTEXT



# GHANA HAS ACHIEVED SUBSTANTIAL ECONOMIC AND SOCIAL PROGRESS AND HAS A HISTORY OF SUPPORTING PHC, BUT STILL FACES SIGNIFICANT PHC SERVICE DELIVERY AND HEALTH SYSTEMS CHALLENGES

- ❖ By the Maternal Health Survey (2017) and Ghana Demographic and Health Survey (2014), the country's under-five mortality remains high, compared to the SDG target of 25 deaths per 1000 livebirths, as indicated below:
  - Maternal Health Survey (2017): 52 deaths per 1000 livebirths
  - Ghana Demographic and Health Survey (2014): 60 deaths per 1000 live births
- ❖ But current institutional data from the DHIMS2 shows promising rate of 10.7 deaths per 1000 live births in 2021 and 9.6 deaths per 1000 live births in June 2022
- ❖ We are currently waiting for the next Ghana Demographic and Health Survey to be conducted in 2023 to validate the institutional rates given above



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- ❖ Although maternal mortality ratio has declined over the years, it is still significantly above the SDG target of 70.
- ❖ According to the maternal health survey report (2017), maternal mortality ratio declined from 470 per 100,000 births in 2005 to 310 in 2017. This report is, however, more than five years.
- ❖ Similarly, data from the DHIMS2 showed much better improvements: 119.5 deaths per 100,000 live births in 2021 and 111.7 deaths per 100,00 live births in June 2022
- ❖ Again, we are waiting for the next Ghana Demographic and Health Survey to be conducted in 2023 to validate these findings from the DHIMS2 and the maternal health survey.

## **GHANA HAS ACHIEVED SUBSTANTIAL ECONOMIC AND SOCIAL PROGRESS AND HAS A HISTORY OF SUPPORTING PHC, BUT STILL FACES SIGNIFICANT PHC SERVICE DELIVERY AND HEALTH SYSTEMS CHALLENGES**

- ❖ Coverage of family planning is lower than would be expected given Ghana's economic level –
  - Data from the DHIMS2 indicated that FP acceptor rate was 33.8% in 2021 but increased to 34.6% in June 2022
  - The Maternal Health Survey (2017), however, showed that 31% of married women aged 15-49 years used any method of contraception (modern and traditional) to plan their families
  - The Ghana Demographic and Health Survey (2014) also indicated that 26.7% of married women aged 15-49 years used any method of contraception
  - Again, these surveys are quite old; therefore, we are waiting for the next Ghana Demographic and Health Survey to be conducted in 2023 to validate these findings

## **SUCCESSFUL STRATEGIES: THE COMMUNITY-BASED HEALTH PLANNING AND SERVICES (CHPS) STRATEGY AND NATIONAL HEALTH INSURANCE SCHEME (NHIS)**

- ❖ Community Health Planning and Services (CHPS) began in 1994 as a pilot and that developed into a national strategy (1999) focused on the delivery of PHC and family planning at community and doorstep locations.
  - The plan is to have a functional CHPS zone in each of the 245 electoral areas in Ghana
  - A CHP “zone” comprises a delineated health services delivery catchment area of up to three unit committees (population of 3000-4500) within a subdistrict.
  - Data from the DHMIS2 showed that the number of CHPS zones increased from 5,547 (78%) in 2020 to 5,580 (80%) in 2021
- ❖ The NHIS was established in 2003 with the objective of removing financial barriers in accessing health services and to support UHC. NHIS package covers about 95% of common curative conditions.
  - Population coverage increased from 35.3% in 2017 to 54.4% (16.7 million persons) in 2021

# PERSISTANT CHALLENGES: WEAK SUB-DISTRICTS (HCs) AND INADEQUATE AND FRAGMENTED PHC FINANCING

❖ District Level and CHPS have had support over the last 2 decades. **Sub-district (HCs) are the weakest link in PHC system** when assessed for: service delivery, operational efficiency, system strengthening and demand generation

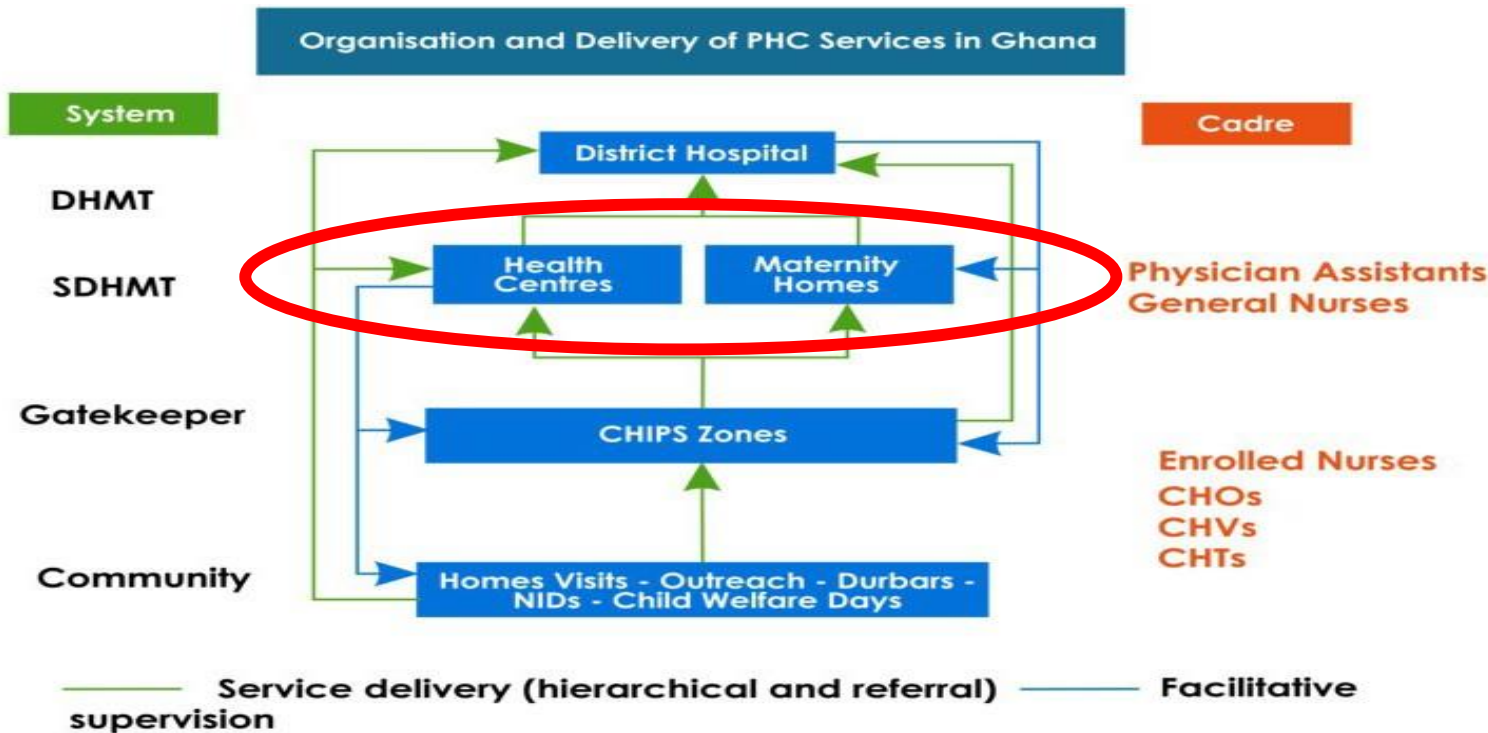
❖ PHC Financing

❖ 2 channels – MoH and NHIS

❖ Only 17% of NHIS claims expenditures goes to subdistrict and below

❖ PHC-level operations rely on internally generated funds (IGF) from NHIS and donor assistance

❖ Preventive services are heavily dependent on donor funding



# CONCEPT AND DESIGN OF NETWORK OF PRACTICE





# MOH PILOT SUGGESTED THAT NETWORKS CAN SIGNIFICANTLY IMPROVE THE DELIVERY OF PHC SERVICES



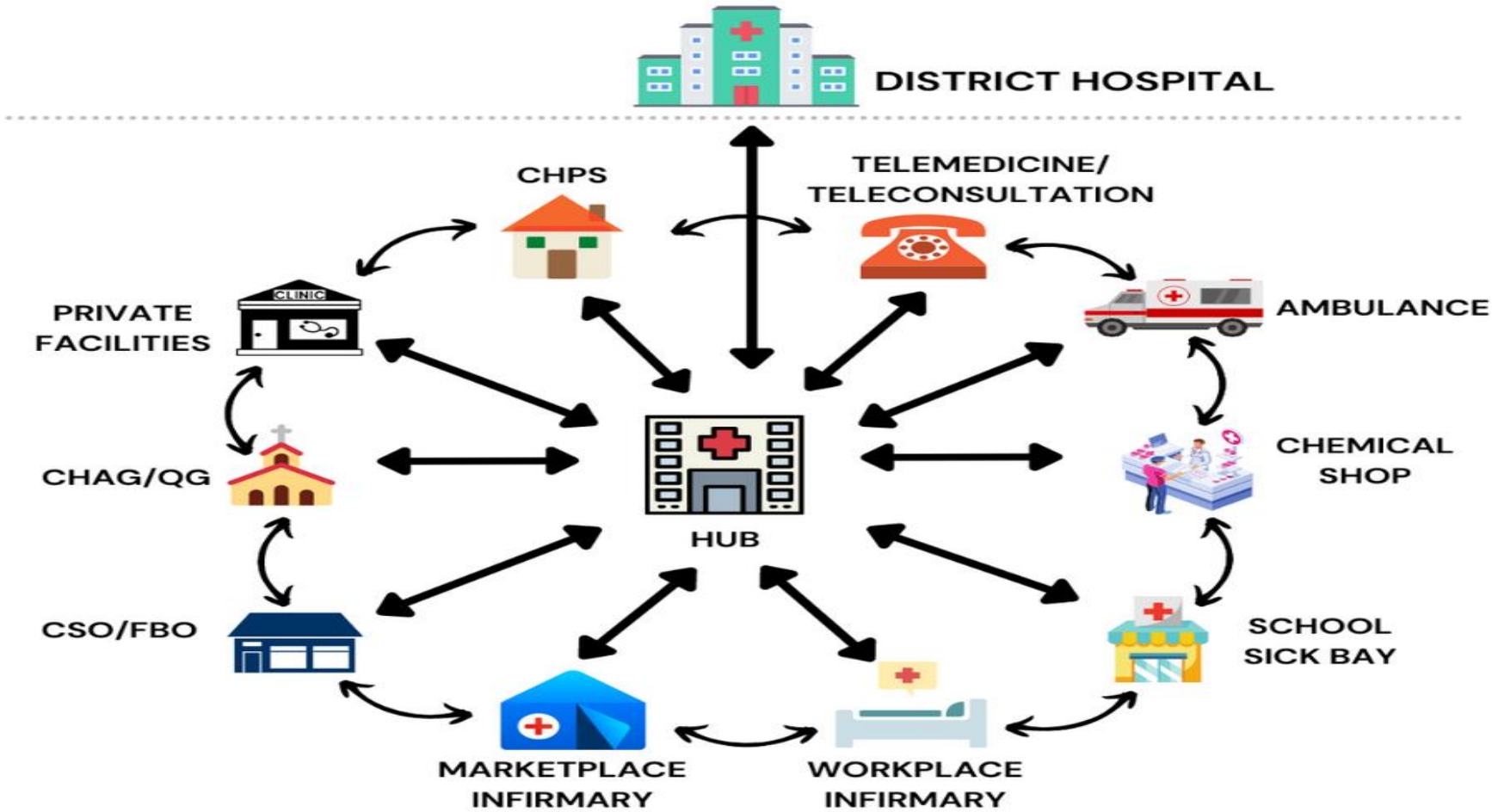
❖ MoH in collaboration with USAID piloted networking under the name Primary Care Provider Networks (PCPN) in two districts in Ghana from 2017 to 2019.

- ❖ Results showed that networking
- ✓ increased collaboration and mutual technical and operational support among the facilities in the network
  - ✓ increased range of service delivery activities
  - ✓ resulted in better referral and feedback systems
  - ✓ improved NHIS claims management



- ❖ Based on pilot results MoH endorsed country-wide scale-up under the leadership of GHS
- ❖ It was then replicated in several districts with support from the USAID under the re-designation as Networks of Practice (NoPs)
- ❖ Focusing attention on building the capacity of **health centers** to be effective hubs in the network

# DESIGN OF NETWORKS

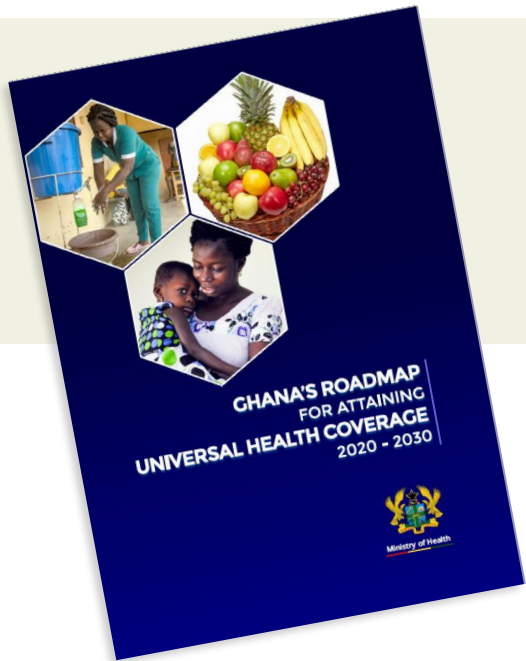


NHIA	HEFRA	DA	DHA
TELEMEDICINE	MDC	NMC	TRAINING INST.
NAS	CSO	FBO	COMMUNITY



**POLICY AND PROGRAM  
IMPLICATIONS AND WAY  
FORWARD**

# GHANA LAUNCHED ITS ROADMAP FOR ATTAINING UHC BY 2030 AND ITS HEALTH SECTOR MEDIUM TERM DEVELOPMENT PLAN FOR OPERATIONALIZING THIS STRATEGY TO ADDRESS PERSISTANT CHALLENGES



## UHC 2030 VISION

“ All people in Ghana have timely access to high quality health services irrespective of ability to pay at the point of use ”

- ✓ The roadmap specifies the networking of health facilities as a priority intervention and provides the policy context for NoP.
- ✓ The UHC roadmap proposes increasing the percentage of NHIS expenditures occurring at the sub-district level to 50%.



# PHC INVESTMENT PROGRAM FOR RESULTS: 2022–2025 (closing 2026)

FINANCING INSTRUMENT WELL-ADAPTED FOR GHANA CONTEXT



**Project Development Objective:** Improved quality, utilization, and equity of PHC services

**Anticipated outcomes:** Progress towards UHC coverage; improved health nutrition and population outcomes; increased higher human capital index.

**GoG National Budget:** US\$ 193M (Estimated budget)

**Planned funding:** US\$ 150M IDA ; US\$ 31M GFF ; US\$1.5M GAVI; US\$1M FCDO

**Implementing agency:** Ministry of Health, GHS, NHIA

# Added value of GFF partnership in Ghana

1. Supporting country alignment efforts (one plan, one budget, one M&E system) through Health Sector Working Group (RMNCH country platform)
2. Enhancing prioritization to ensure focus on RMNCH within PHC reforms and WB operation
3. Enabling scale-up of service delivery while also capturing lessons and best practices



# Next steps for delivering Ghana PHC reforms

## Key programmatic milestones ahead :

- Parliamentary approval of the GFF co-financed WB operation
- Finalise NoP Guidelines with relevant stakeholders for roll out
- Strengthen system functions (including financing) to support and align with NoP model
- Institutionalise NoP implementation into routine health service delivery

## GFF Partnership collaboration can support:

- Engagement of relevant stakeholders for implementation and monitoring of reform
- Support to WB operation, which aims to catalyze reform
- Provide continuous TA support to country leaders in implementation and institutionalization of NoP reform

# GFF support in Ghana



**1. Health sector strategy (Investment Case) and Resource Mapping and Expenditure Tracking** to facilitate country prioritization around PHC and NoP reform introduction and plan and budget for operationalization through the Health Sector Medium-Term Development Plan (IC)

**2. Health sector working group (country platform)** – to support government leadership and facilitate multi-sectoral engagement and DP alignment

**3. PfR project preparation** – engagement of country platform, analytics to inform design, donor engagement and alignment, TA to ensure focus on RMNCH, \$31 million in grant financing to incentivize focus on Essential Health Services and PHC

**4. Technical assistance** to support Investment Case and PfR implementation

- **RMNCAHN** to improve technical quality of the NoP design
- **Monitoring and data use** to ensure accountability to health strategy and enable real-time decision making within NoPs
- **Resource tracking and Public Financial Management** to support institutionalized health resource tracking for IC monitoring and strengthening GIFMIS to enable NoP autonomy and decision-making
- **Strategic purchasing** to evolve provider payment mechanisms in support of PHC





**THANK YOU**