Abstract

**Title: Towards primary health care for all in Ghana: mapping and assessing the capacity of health facilities in Central region**

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**Introduction:** The Government of Ghana is working to ensure equitable access to quality primary health care (PHC) services to all Ghanaians. To achieve this, it is important to find answers to questions such as where provider are, what services they provide and potential gaps in their capacity to provide clinical and non-clinical services. Since 2014, the National Health Insurance Authority (NHIA), in collaboration with Ghana Health Service (GHS) and a consultant has conducted provider-mapping exercises to answer these questions, in the Upper East, Upper West, Volta, Ashanti and Central regions. We will focus on findings from the provider mapping exercise conducted in the Central region between May and August 2018.

**Methods:** A multi-stakeholder technical steering committee revised an existing data collection instrument looking at the composition of a basic PHC package and set of criteria around staffing, equipment, catchment area and hours of operation to deliver this package. A team of district health information officers, NHIA officers and an HFG consultant undertook the exercise.

**Results:** The exercise mapped 1,093 clinical and non-clinical health facilities in Central region. Community-based Health Planning and Services (CHPS) made up the majority of clinical providers (63 percent) followed by health centres (15 percent) and these are a critical part of the population’s access to PHC. There are however, gaps in human resources capacity to deliver PHC because when Level 1 staffing capacity criteria (i.e. presence of at least a medical assistant, nurse, dispensing assistant and community health officer) are applied, only 6 percent of clinical providers meet the criteria and could serve as stand-alone PHC providers. No CHPS compound meets these criteria. Similarly, when Level 2 staffing capacity criteria (i.e. presence of at least a medical assistant and community health officer) are applied, 46 percent of clinical providers meet the criteria and could serve as stand-alone PHC providers. Essential equipment needed for primary health care is lacking as only 18 percent of clinical health facilities have the full set of equipment considered necessary to deliver PHC services.

**Conclusion:** The provider mapping exercise in the Central region provide an important baseline set of evidence to inform PHC services and efforts towards universal health coverage. This information is likely to be dynamic and critical for services delivery policymaking processes, and therefore needs to be updated regularly to track investments made in the health sector and in geographic areas with the greatest need and most severe deficits.