UHC through PHC: Piloting Preferred Primary Care Provider Networks in Ghana

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Background: Provider mapping study conducted in 2014 indicated a wide variability in the capacity (often inadequate) of health providers to deliver the package of services defined for PHC. Formation of provider networks is one innovative approach to catalyze individual providers with variable capacity to form robust primary health organizations that can deliver the complete package of PHC services. In September 2017, the Ministry of Health, in collaboration with Ghana Health Service and National Health Insurance Authority with support from USAID Systems for Health and R4D, launched an 18-month pilot in 2 districts in the Volta Region of Ghana to test how network arrangements can impact the delivery of high-quality PHC.

Aims and objectives: Test network models and referral arrangements that enable Community-Based Health Planning & Services (CHPS) to thrive and make policy and operational recommendations.

Method used: “Hub-and-Spoke model” to form 10 networks. In this model, a group of CHPS clinics (spokes) are connected to one health centre (hub) to receive technical and operational support including access to higher cadre providers, laboratory services, mentoring and supervision. Network facilities received physical upgrades (infrastructure and equipment) and training in network operations and management.

Key findings: Preliminary observations show positive results:

* A network comprised of a health centre with satellite CHPS compounds can work together and share resources as an effective and efficient team unit. Network members share knowledge, expertise and logistical resources.
* Networks undertake joint planning to address common problems such as reviewing health Insurance claims to minimize the number of rejections.
* An early and consistent observation is a stronger referral system, including established processes and documentation for referrals that leads to better-informed providers and patients on referral cases.
* Community mobilisation and support is variable, but the presence of higher cadre staff (PA or midwife) during community outreach reportedly boosts community acceptance and confidence in the Community Health Officers (CHOs).

Main conclusion: Formation and strengthening of networks at the primary care level could be a key strategy towards achieving universal health care. As demonstrated by the early phases of the pilot, the networks could play a key role in building individual provider capacity, strengthening referral systems, and enhancing equitable access to key PHC services.