Abstracts 1: Context and Process of the design and Implementation of a Capitation Pilot in Ashanti Region, Ghana from the perspective of the PPM-TSC: An insider view. Irene A. Agyepong & PPM TSC

The Ghana NHIS started implementation in 2004, with provider payment by itemized fee for service. In response to cost escalation, variable and inequitable fee schedules; the Ghana Diagnostic Related Groupings (G-DRG) payment was introduced for services in 2008. Medicines continued to be paid for by itemized fee for medicine, but a medicine list and fixed prices periodically negotiated were introduced. In response to continued rising costs, cumbersome claims processing procedures and delays in provider payment; Ghana set out to develop policies and programs, and pilot a capitation payment system for primary care in 2010. The Ashanti region, with 19 % of Ghana’s population, was selected for the pilot. A package of outpatient services including primary maternity care, basic laboratory tests and medicines was proposed by the technical policy actors in the Provider Payment Mechanism Technical Steering Committee (PPM-TSC). In response to stakeholder concerns about inadequate knowledge and possible negative side effects medicines were excluded from the package pending better evidence availability. Maternity services were retained despite some contestation, because the data about administrative feasibility seemed reasonably clear to the PPM-TSC.