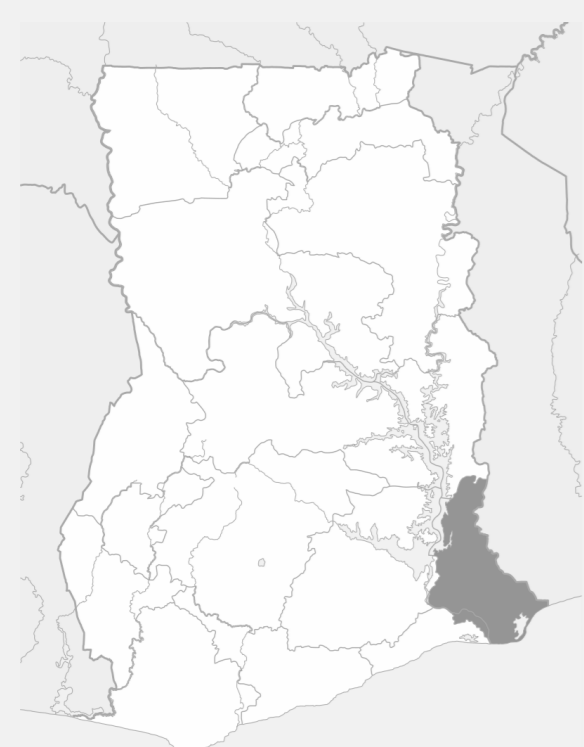


Reimagining Health Care Delivery Models for Equity in Ghana: Implementation Research on Primary Care Provider Networks

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INTRODUCTION



In 2020, The Government of Ghana adopted the **Primary Care Provider Network Model** as an innovative service delivery model to address supply-side issues at the primary health care level of service. The model was piloted in 2 districts in the Volta Region of Ghana from 2017 -2019 with **three main objectives**:

- 1** Enhance equity and financial protection
- 2** Improve quality of PHC services
- 3** Improve organizational efficiency for service delivery

Also, to enhance existing service delivery practices through improved coordination, collaboration, capacity building and resource-sharing. This includes efforts to improve availability of minor curative care services at the community level.

METHODOLOGY

QUANTITATIVE



Explored health use patterns and existence of inequities

QUALITATIVE



Explored the role of networks and factors/context affecting them

- Equity variables: the poor, women, and people living in rural/hard to reach areas
- Categorical variables were cross tabulated and Chi-squared tests were used to investigate significant differences of all variables relative to household characteristics
- Multi-variate regression analysis was done to estimate the effect of different factors on utilization of care
- Thematic analysis of focus group discussions and in-depth interviews

STUDY OBJECTIVES

The implementation research was conducted to generate actionable evidence and recommendations on the role the network model can play in ensuring the equitable provision and utilization of PHC services to inform the scale-up of PCP networks in Ghana.



How can the PCP Network model promote equitable access to and utilization of high-quality essential health services among vulnerable, underserved, and priority populations?

LESSONS LEARNED

- Poorer and rural households travel further to access health care
- Service delivery and equity enhancing aspects of PCP Networks:
 - Resource-sharing
 - Enhanced collaboration/teamwork
 - Joint outreach activities
 - Joint processing of insurance claims
- Factors impeding service delivery and equity potential of Networks:
 - Limited human resource, equipment, medicines and supplies for service delivery at CHPS facilities
 - Poor infrastructure for service delivery at community level
- Continued investments to remove these barriers are needed to improve equity at the primary health care level

Network Practices

- MW/PA visits at CHPS compound
- Joint community outreach
- Task shifting
- Capacity and empowerment of CHOs
- Resource pooling and sharing
- Coordination of referrals
- Engaging non-GHS facilities in the Network

Effect on Communities

- Healthcare delivery at the community level
- Improved availability of drugs and services
- Improved capacities of CHOs to deliver minor curative services
- Improved access to Midwives (MW) and Physician Assistants (PA) for communities at CHPS zones

Expected Equity Benefits

- Use of CHPS as the first point of care among communities, alleviating access barriers for the vulnerable groups
- Minimize time and financial costs of using health services for users, especially the poor and people living in rural and hard-to-reach areas