

Efficient Resource Allocation for PHC in Ghana

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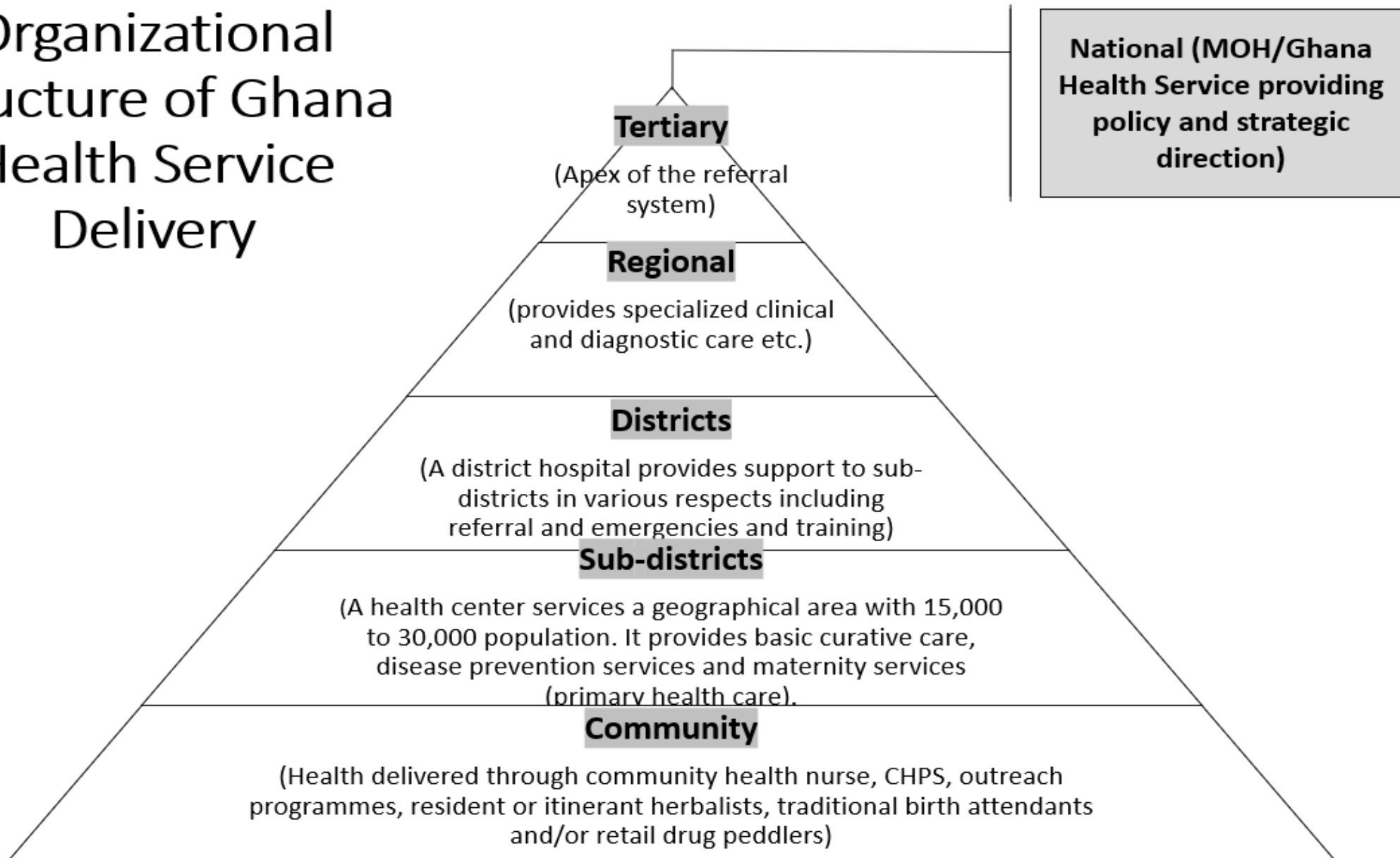
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Introduction

- PHC system is the cornerstone and first point of contact of individuals and the healthcare system.
- Ghana has always attached great importance to PHC.
- PHC system established as a model before Alma Alta (1978) --- then followed by CHPS (2000).
- The goal of PHC - provide basic healthcare services to individuals and communities, with a focus on promotive, preventive, curative, and rehabilitative care services.
- PHC critically involves identifying resources required for effective and efficient health service delivery.

PHC system is the key component of almost every health system in world (Alma Alta 1978 - HFA 2000 & Astana 2017 -UHC).

Organizational Structure of Ghana Health Service Delivery



Introduction...

- PHC resource allocation in Ghana requires many processes including:
 - understanding the local health needs
 - prioritization of resources
 - development of services package
 - addressing health system bottlenecks
 - continuous engagement with stakeholders and (health partners)

Funding for Health Sector in Ghana

Traditional sources of Revenues for the health system:

Non-tax revenues, taxes, donor contributions, out-of-pocket payments by individuals and households, NHIF.

Funds from Government of Ghana revenues contributed 67.5% to MoH budget (2022), leaving other sources at 32.5%.

External Assistance for health as a share of total health spending has also been decreasing 25% in 2015 to 11% in 2019.

UHC Roadmap 2030:

-- aims at mobilizing the equivalent of at least US \$7 billion over 10 years in non-wage-resources including GDP allocation for healthcare delivery, especially PHC.

Efficiency in Resources Allocation guided by:



Health Sector Medium Term Development Plan (2020 - 2025)

Increase access to Quality Essential Health Services and Population-Based Services for All



National Medium-Term Policy Framework



National Health Policy (NHP, 2020)



Universal Health Coverage (UHC) Roadmap for Ghana (2020-2030), as well as other Global Policy environments

Evidence/examples of effect of efficient Resources Allocation



National Health Insurance Scheme (NHIS)

Ensured accessibility & availability of services through premiums, taxes, and donor funding



Community-based Health Planning and Services (CHPS)

Ensured training & deployment of staffs, medicines & equipment, infrastructure at the community level.



Ghana's Health Sector Investment Plan (2010-2015)

Investment in infrastructure, training of health staffs, and provision of essential supplies.



Ghana's Human Resources for Health Policy (2011-2020)

Ensured training & deployment of staffs, improving working conditions, and providing incentives to retain them in underserved areas

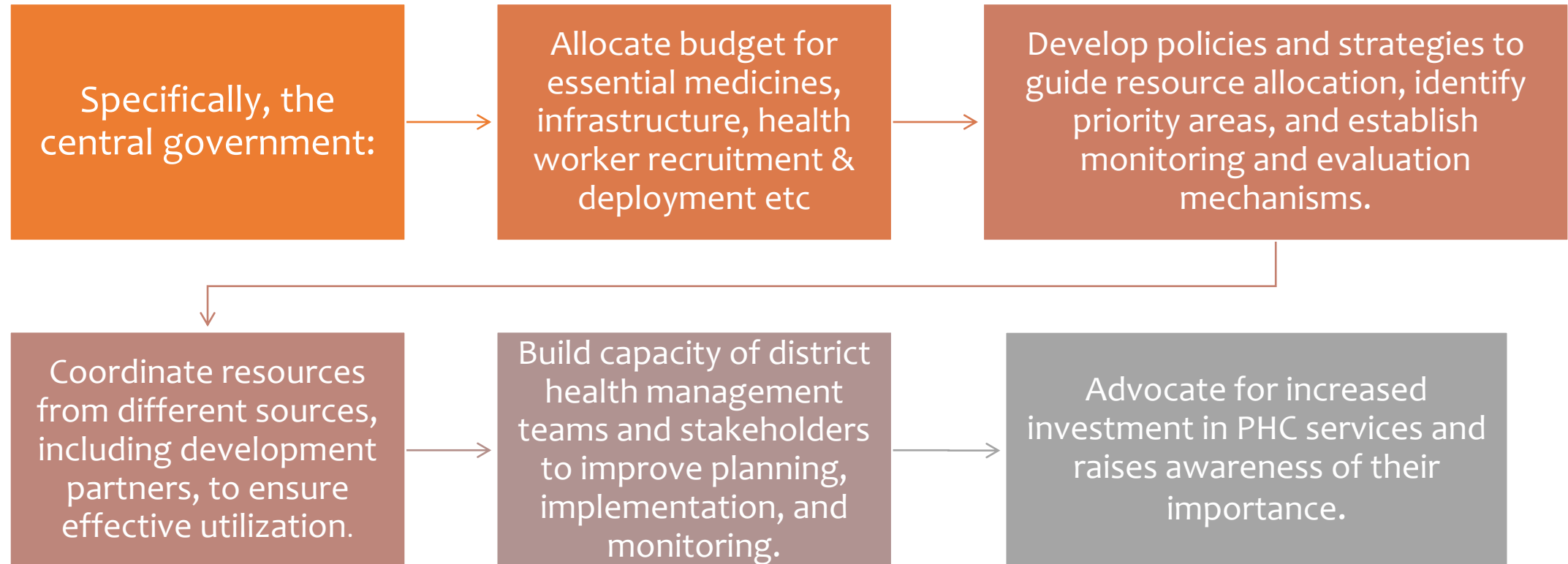
Government & PHC

The Central Government has a critical role in allocating resources for PHC services.

... includes

1. Budget allocation from the national budget to support PHC services
2. Policy and strategy development
3. Coordination of resources
4. Capacity building, and
5. Advocacy and awareness raising.

Government & PHC



Roles of District Assembly in PHC resource allocation



The District Assembly Common Fund (DACF): A statutory fund established to provide financial resources to District Assemblies for development projects and services, including health services.



DACF supports the provision of essential health services at the district level, including medicines, infrastructure - construction of CHPS compounds. (though need standardization and health worker deployment to underserved areas).



Prioritizes resource allocation for PHC in underserved areas, including rural communities. (To what extent is the health services inform and involve in the budget development and implementation process of the DA through the DA Social Service Development Committees)

Role of DDHS (DHMT) in Resources Allocation for PHC....

Needs assessment

- Health workforce shortages, inadequate infrastructure, etc.

Prioritization

- Underserved rural communities or areas with high disease burden.

Planning and Budgeting

- Development of health budgets, DHMT & RHMT stakeholders collaboration.

Monitoring and evaluation

- PHC services performance, including resource utilization .

Collaboration and coordination

- Stakeholders collaborations (i.e., com. leaders, District Assemblies, Dev't partners, etc.), to ensure effective resource allocation.

PHC in Ghana still faces many Challenges

HRM – inequitable distribution, mix
Health infrastructure – poor/inadequate
Logistics, equipment – inadequacy.
Access and quality of services –
inequity/poor.
Finance for delivery of services.
Inefficient resources allocation to finance
PHC services.
Poor leadership, governance and
management practices.

Weak referral systems.
Weak coordination and suboptimal
harmonization e.g. public and private.
Poor M&E and Supervision.
No dedicated funding for PHC.
Funding for PHC services is
uncoordinated, leading to wastage,
low service coverages, and poor
health outcomes.
Promotive & Preventive Services are
not covered by the NHIS .

Conclusion/Take Home Message

A well functioning PHC system requires system-wide investments to assure:

Effective priority setting.

Administrative and financial planning including sound Resource Allocation criteria sound management.

Up-to-date HMIS for resource tracking (need data to plan).

Appropriate regulatory and accountability mechanism.

Funding and allocation of resources is important:

- level of PHC spending based on the national health accounts, including all funding sources,

- funding allocation across all levels of care (community, subdistrict, district etc as well as public health interventions)

Conclusion/Take Home Message

Key priorities for improving resource allocation for PHC:

Increase funding.

Address disparities in resource distribution.

Resources allocation criteria.

Ensure equity in health financing.

Prioritize (ensured by MoH and responsibility of the GHS, UHC Roadmap PIP etc).

Develop essential service package.

Strengthen the health systems and infrastructure.

Enhance the capacity of health workers.

Build Capacity of DDHS on Advocacy and Engagement with key stakeholders at PHC level ---
Management Improvement for PHC (Leadership).

Conclusion/Take Home Message

Equity, Accountability, Strong Leadership, Trust & Efficiency.

Leadership & Governance - extremely important in mobilizing requisite resources for PHC.

Leadership and Governance cannot be achieved without the voice of the community, even for Resources Mobilization - tools).

At the PHC level, the DHMT (DDHS) is a Mobilizer.

The DDHS is responsible for managing and coordinating the health services including planning, implementation and monitoring of all the PHC services.

Play a crucial role in effectively allocating available resources for services. (prioritization, efficiency etc)

Conclusion/Take Home Message

Need to keep emphasizing the importance and benefits of effective resource allocation for PHC.

Need for continued investment in and funding PHC.

Invest in PHC (population level actions - health promotion, diseases prevention, outreach services, immunization etc)

Address huge burden of disease - NCDs vs. CDs, A&E etc

Improve the efficiency of the public sector financial management system and processes.

These have potential benefit of achieving UHC and improving population health

Thank you