HEALTH FINANCING

USAID Systems for Health's support in health financing focuses on preparing the Regional and District Health Directorates of the Ghana Health Service (GHS) to eventually receive direct funding from the USG. Structures and systems for sound financial management are strengthened through a combination of training, coaching and performance-based grants.

Toward the goal of universal health coverage, the project is working with the Ministry of Health, GHS, and National Health Insurance Authority (NHIA) to pilot a primary care network model in two districts in the Volta Region. Called the Preferred Primary Care Provider (PPCP) Network, the pilot aims to provide policy and operational recommendations to the Ghanian government for the development of a long-term primary health care model and financing strategy that can sustain the delivery of equitable, efficient, affordable, and high-quality primary health care services.

KEY INTERVENTIONS

- Assessing and building district and regional capacity for financial and grant management
- Awarding performance-based grants to regional health directorates
- Piloting Preferred Primary Care Provider Networks in Volta Region

KEY RESULTS

Readiness to manage donor funds

Coaching visits to 90 districts in 2018 showed improvements in districts' financial management practices.

- 42 new districts attained low-risk status (score >75% on financial risk assessment. See map.)
- 81% of health directorates have adequate capacity to manage donor funds, up from 53% in 2017. Capacity measures include systems for financial and cash management as well as governance and administrative processes (see chart).
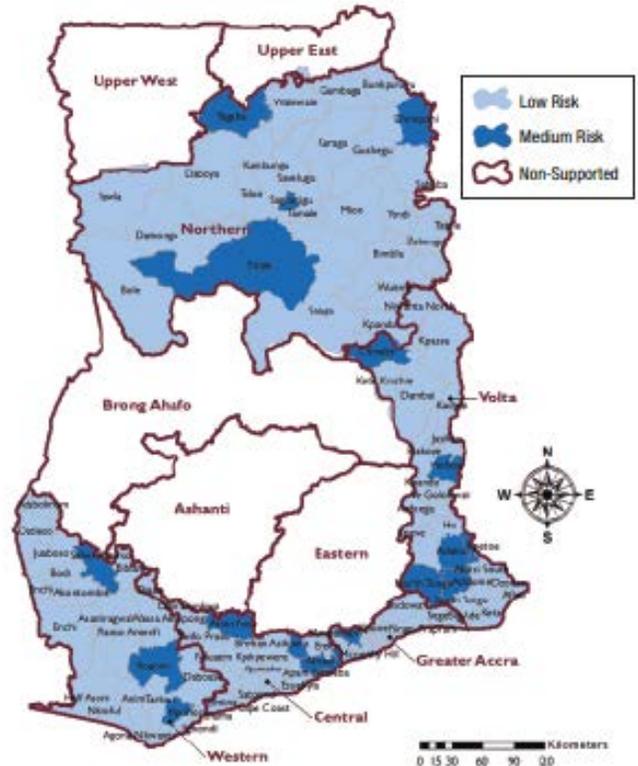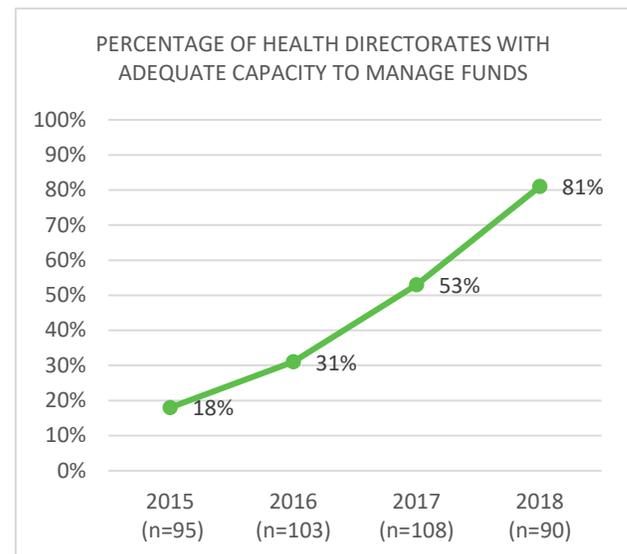

Figure 1 Financial risk assessment ratings as of September 2018

PERCENTAGE OF HEALTH DIRECTORATES WITH ADEQUATE CAPACITY TO MANAGE FUNDS

Year	Value
2015 (n=95)	18%
2016 (n=103)	31%
2017 (n=108)	53%
2018 (n=90)	81%

Performance-Based Grants

Over the last 4 years, Systems for Health has awarded 5 Fixed Amount Awards (FAAs) to each of the regional health directorates (RHDs). Over time, the FAAs have moved from simple implementation of a single activity to more complex results-based awards. In 2018, FAAs were awarded for QI projects designed by the RHDs to improve priority health outcomes. The award process helps build the capacity of regional counterparts to design evidence-based interventions, write applications that are responsive to evaluation criteria, and manage activities to achieve performance objectives. Systems for Health provided technical support throughout the application and implementation processes

Preferred Primary Care Provider Network pilot

Primary care provider networks are an innovative approach to catalyze sub-district providers to partner together and deliver a more comprehensive package of essential services. These networks maximize efficiency and resource allocation. The goal of the PPCP Network pilot is to test network models and referral arrangements that enable Community-based Health Planning and Services (CHPS) zones to thrive.

Systems for Health, in collaboration with the MOH, GHS, and NHIA, divided 42 facilities in South Dayi and South Tongu districts in the Volta Region into 10 networks using a hub-and-spoke model. CHPS zones (spokes) are connected to a higher-level facility (hub) to receive technical and operational support, including access to a higher cadre of providers, laboratory services, mentoring, and supervision. Networks support each other to implement activities such as clinical outreach, community mobilization, data validation, and reporting.

Outcomes of the pilot will include policy and operational recommendations about the roles PPCP networks can play

Network Models Tested in the Pilot
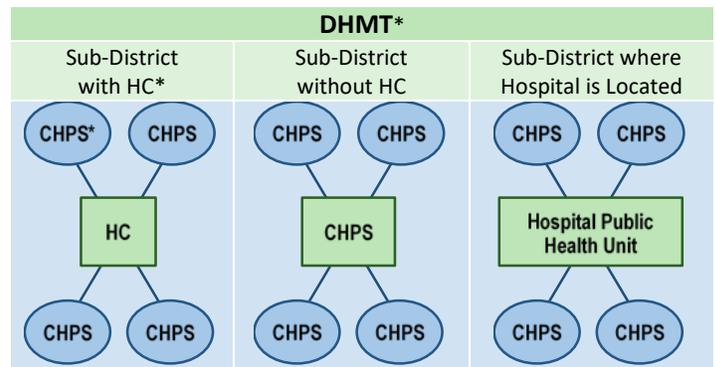
* CHPS = Community-based Health Planning and Services. DHMT = District Health Management Team. HC = Health Center

in improving primary care services, as well as the enabling conditions for networks to succeed

Preliminary observations from three rounds of monitoring of the PPP pilot networks show positive results:

- **Network facilities collaborate and share resources**—including knowledge and medical supplies—as effective, efficient team units.
- **Networks address common problems together**, such as jointly reviewing National Health Insurance Scheme (NHIS) claims to minimize the number of rejections.
- The **presence of a higher cadre of staff** (physician assistant [PA] or midwife) during community outreach reportedly boosts the community's acceptance of and confidence in Community Health Officers (CHOs).
- **Networks strengthen referral systems**, which leads to better-informed providers and patients in referral cases. Networks have established WhatsApp groups for referrals to and from the district hospital. The proportion of in-network referrals receiving feedback increased from 13% at baseline in July 2017 to 75% in September 2018

In their own words

I once had a case of retained placenta I could not manage, so I called my colleague midwife, and she taught me what to do… With us working together as a network, we support each other. We share logistics and drugs, even equipment. ~ Midwife, Agorta Network

I once referred a client, and she came back very excited. She said they knew her name and what was wrong with her before she got to the facility. She did not have to queue since the nurse was actually waiting for her. She was seen promptly, and she came back happy. ~ CHN, Peki Network