

ESSENTIAL HEALTH
SERVICE PACKAGE
FOR PRIMARY HEALTH
CARE IN GHANA

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Background

In recent years, the Universal Health Coverage (UHC) movement has gained global momentum, with the World Health Assembly and the United Nations General Assembly calling on countries to accelerate scale up efforts towards universal access to affordable and quality healthcare services.

Ghana's experience under the Millennium Development Goals and failure to achieve MDG 4, 5 and 6 — on reducing maternal deaths, infant mortality and HIV — further affirmed that improvements in health outcomes cannot be attained outside the context of a strengthened health system. The disproportionate support of vertical health policies and programmes has caused fragmentation in Ghana's health system and inequities in service delivery, which has led to the marginalisation of the indigent and other vulnerable groups, who's needs are too often neglected in health system planning.

Universal health coverage (UHC) ensures that people have access to the healthcare they need without suffering financial hardship. The outcomes of this help to drive better health and development overall in any country setting. UHC is characterised by suitable geographical access to care for all Ghanaians; adequate preventive health services; effective social services; and appropriate levels of financial access for the populace. This begins with a strengthened and effective primary health care system.

Improving primary health care (PHC) has long been recognised as a key to achieving health for all. A strong primary health care system not only delivers high quality care and services, it also builds trust with families and communities to promote the health and wellbeing of communities, while proving timely treatment. In a PHC-focused system, people the receive care they need to stay healthy. It follows that primary health care builds the backbone of an effective health-care system and can reduce the growth in cost of care, lower inequalities in access and reduce disparities in health outcomes. Studies show interventions that focus on primary health care, particularly at community level, are more cost effective, and more equitable than those that focus solely on facility service delivery at higher levels of the health system (1). Furthermore, these interventions are linked to higher patient satisfaction and reduced aggregate health care spending. (1)

Ghana is widely considered to have a high-performing primary health care system with the Community-based Health Planning and Services (CHPS) and the National Health Insurance Scheme (NHIS) frequently cited as exemplary approaches to service delivery and health care financing. Despite these achievements, there are significant gaps in access to affordable and respectful, quality care

The Alliance for Reproductive Health Rights (ARHR) and a coalition of Ghanaian NGOs advocating for PHC as a pathway to UHC have identified a number of critical opportunities for advancing PHC in Ghana including the development, adoption and financing of an Essential Health Services Package.

Essential Health Services Package (EHS)

An essential health package (EHS) is a guaranteed minimum list of public health and clinical services that the government provides or aspires to provide to all citizens in an equitable manner (2). An EHS is central to a country achieving its health improvement and financial protection goals. Increasingly seen as a tool of health policy, EHS can direct government resources towards interventions that aim to address equity challenges and local disease burdens, in the most cost-effective way. Currently, there is no PHC policy in Ghana. The Ministry of Health (MoH) are yet to define a consolidated primary health care package outlining the content of primary health care in Ghana and the appropriate financing arrangements.

An analysis of Ghana's EHS indicates that, unlike other countries, Ghana does not have a specified EHS package, but has defined multiple packages of health services in various government programs including CHPS; National Health Insurance Scheme (NHIS); Newborn health; Maternal and Reproductive Health; and Adolescent Sexual and Reproductive Health. The extent to which these EHS packages align with national health priorities is difficult to establish as there is limited data on the link between NHIS operations and the EHS. According to a crosswalk analysis of Ghana EHS conducted by Health Finance Group (HFG), about 60 percent of the EHS package is not covered by the NHIS (2).

Preventive and promotive care services and the EHS

The predominant focus of the NHIS on curative services greatly undermines the key principles of PHC, and ultimately UHC. For instance, the NHIS benefits package excludes health promotion, health education and other preventive services. Essential services including family planning counselling, outreach services and other task-shifted activities that focus on promotive and preventive health services at CHPS compounds, are non-reimbursable. Similarly, the cost of monitoring activities is also non-reimbursable. This block of services, however, constitutes a significant proportion of the CHPS EHS package, which largely defines Ghana's primary health care strategy. Comparatively, the NHIS is less supportive of primary health care and overall UHC targets.

Including preventive services in the NHIS package could significantly increase the contribution of public and private service providers to the health sector and holistically contribute to national health improvement. At present private healthcare service providers offering NHIS services are not incentivised to provide promotive or preventive care within their operational areas. According to Awoonor et al. (2016), their operations are largely based on cost recovery and making a profit to pay salaries, purchase medical supplies and expand and maintain infrastructure (3). There is hence little to no incentive to provide preventive services if the public health system — the system that primarily finances health care services in the country — does not bare the cost.

Mental health and EHS

The World Health Organization (WHO) predicts mental health illness could be the leading global cause of years of life lost to disabilities by 2020, surpassing AIDS and heart diseases. Mental health is a priority on the national development agenda, yet it remains one of the most neglected areas in Africa (4). Mental health is conspicuously missing from the EHS package of both the CHPS and NHIS. The landscape of mental health in Ghana is dire, with extreme treatment gaps and scarcity of resources — including finances, personnel and specialist facilities. Exasperating the inequity of access to mental health services is the lack of facilities catering to this marginalised group; Ghana has only three government psychiatric hospitals, all of which are located in the southern part of the country. Notwithstanding systemic and structural challenges, Ghana can make progress in this area by focusing on the intersection of mental health and primary health care. Integrated primary mental health services at community level are complimentary to secondary and tertiary mental health care in Ghana (5). To fulfil the Sustainable Development Goal (SDG) 3 which insists on the promotion of healthy lifestyles and ensured wellbeing for all persons across the lifespan — the government of Ghana must reassess the inclusion of primary mental health services in the wider EHS policy and position this service within the NHIS benefit package.

PHC system development

Unresolved staffing norms as well as the misalignment between facility classification and the posted cadre of health staff challenges PHC system reform. For example, although a Physicians Assistant (Level B) is qualified to prescribe a broader range of services and medicines, patients who receive such prescriptions at a Level A facility must pay for them as Level A facilities are not typically entitled to claim reimbursements for such medicines and services under the NHIS. Clear guidelines indicating which basic health services should be provided at all levels of care will greatly contribute to attaining health for all Ghanians.

EHS package is thus an important aspect of health system reform and development; delivery of the service package cannot be achieved independent of a robust and well-structured health care system.

Conclusion

ARHR recommends that Ghana's government develops a national primary health care strategy or policy which will provide the framework for the realisation of universal health coverage, by way of PHC, in Ghana. Ghana's Ministry of Health should define an essential health services package for primary health care which aligns with the national priorities outlined in the current Health Sector Medium Term Development plan and complies with SDG 3. Most critically, this EHS package must be aligned with the NHIS benefits package to ensure the cost of services are covered and guarantee access to primary health care in Ghana.

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