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A Network for Improving Quality of Care  
for Maternal, Newborn and Child Health

# ENGAGING THE PRIVATE SECTOR FOR QUALITY MATERNAL AND NEWBORN HEALTH SERVICES

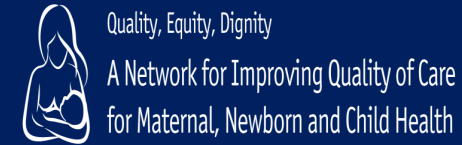
## Lessons from Ghana



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# Lessons from engaging the private sector in delivering quality maternal and newborn health services in Ghana



## Speakers:

- **Dr. Ernest Asiedu**, Head-Quality Management Unit- Policy, Planning, Monitoring and Evaluation Division, Ministry of Health Ghana
- **Dr. Isabella Sagoe-Moses**, Deputy Director Family Health Division, Reproductive and Child Health, Ghana Health Service
- **Dr Padi Ayertey**, Elimmas Health, Ghana

## Facilitators:

- **Dr. Blerta Maliqi** (WHO Geneva)
- **Dr. Roseline Doe** (WHO Ghana)



# INTRODUCTION



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## Exploring mechanisms for engaging the private sector in delivering maternal and newborn health services with quality

### Objectives:

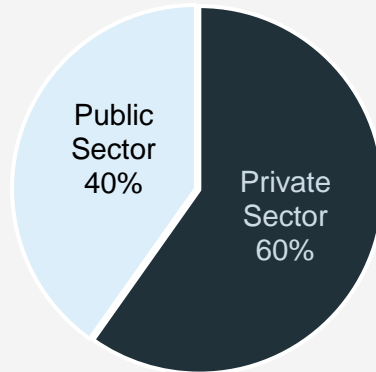
1. Analyze the **drivers and the current engagement** of the private sector to deliver quality maternal and newborn health services in Bangladesh, Ghana and Nigeria;
2. Identify **opportunities** for involving the private sector in working within the national health system to deliver quality maternal and newborn health services in Bangladesh, Ghana and Nigeria; and
3. Propose **models for effective engagement** of the private sector within the national health system for implementing quality maternal and newborn health services in Bangladesh, Ghana, Nigeria and other Network countries.



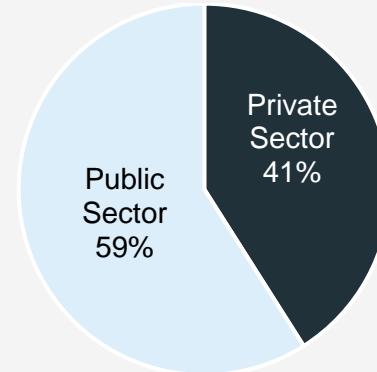
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- Demand for private health sector service delivery is increasing
- Ministries of Health need to steward a mixed health system, not just the public sector

EMRO Outpatient and Ambulatory Services

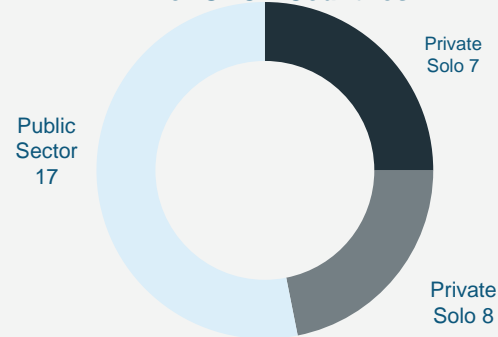


EMRO Health Services Utilized by Poorest Quintile



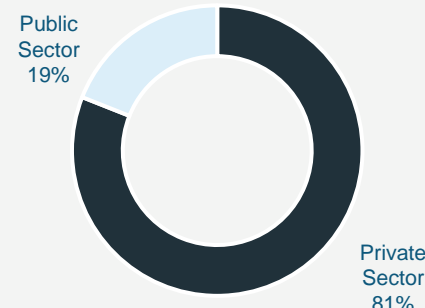
EMRO | The private sector provides the majority of outpatient and ambulatory services and is highly utilized by the poorest quintile in the Eastern Mediterranean region<sup>6</sup>

Primary Care Services for OECD Countries



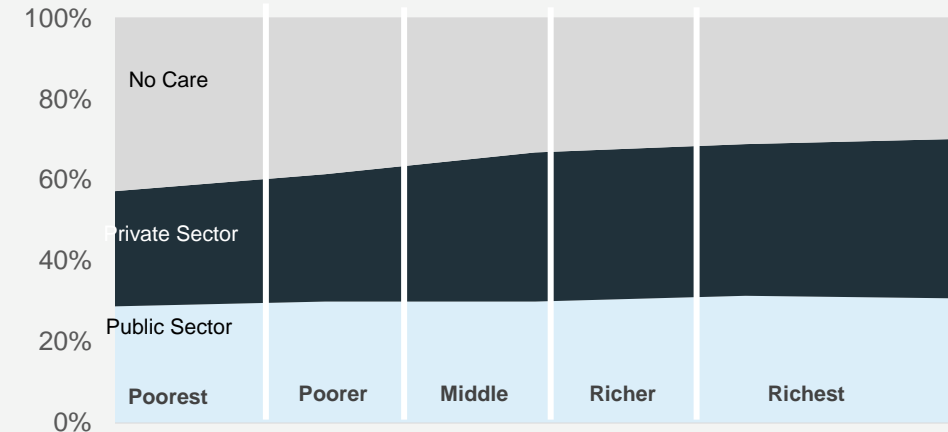
OECD | The private sector is as predominant as the public sector in delivery of primary care in OECD countries<sup>7</sup>

Initial Presentation of Disease Symptom in SEARO

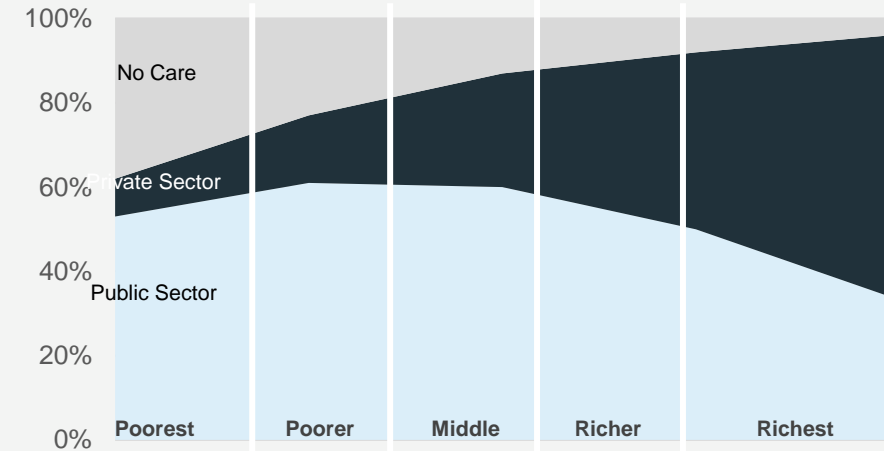


SEARO | The majority of the population in South Asia first seek care in the private sector<sup>8</sup>

AFRO Source of Outpatient Health Care by Wealth Quintile



SEARO Source of Inpatient Health Care by Wealth Quintile



The private sector is a major source of outpatient and inpatient health care for the rich as well as the poor.<sup>9</sup>

# An increasing role of private sector in delivering MNCH services in LMICs

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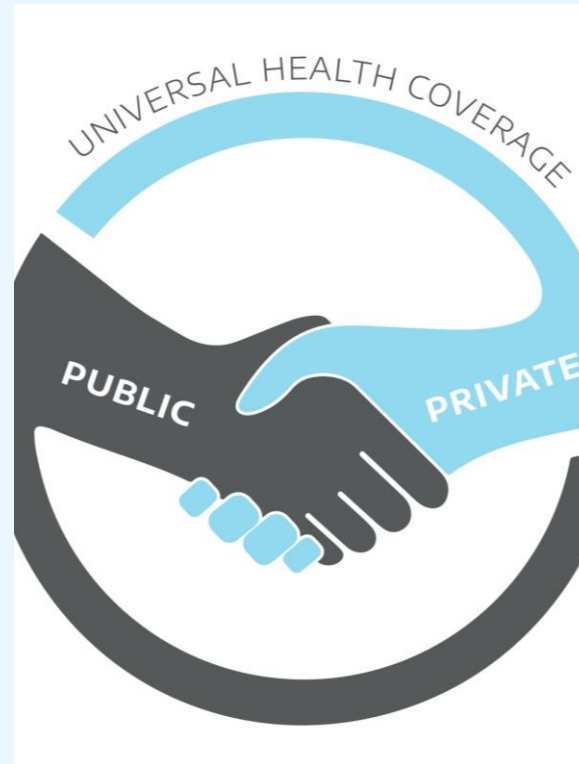
- Private health care is one of the fastest growing segments of the health system in many low- and middle-income countries:
  - Antenatal care (ANC): private sector accounts for a mean market share among users of ANC of 44% (median: 15%)
  - Delivery care: private sector accounts for a mean market share 40% (median: 14%)

# Engaging the private health sector in the journey towards Universal Health Coverage

The WHO Strategy Report

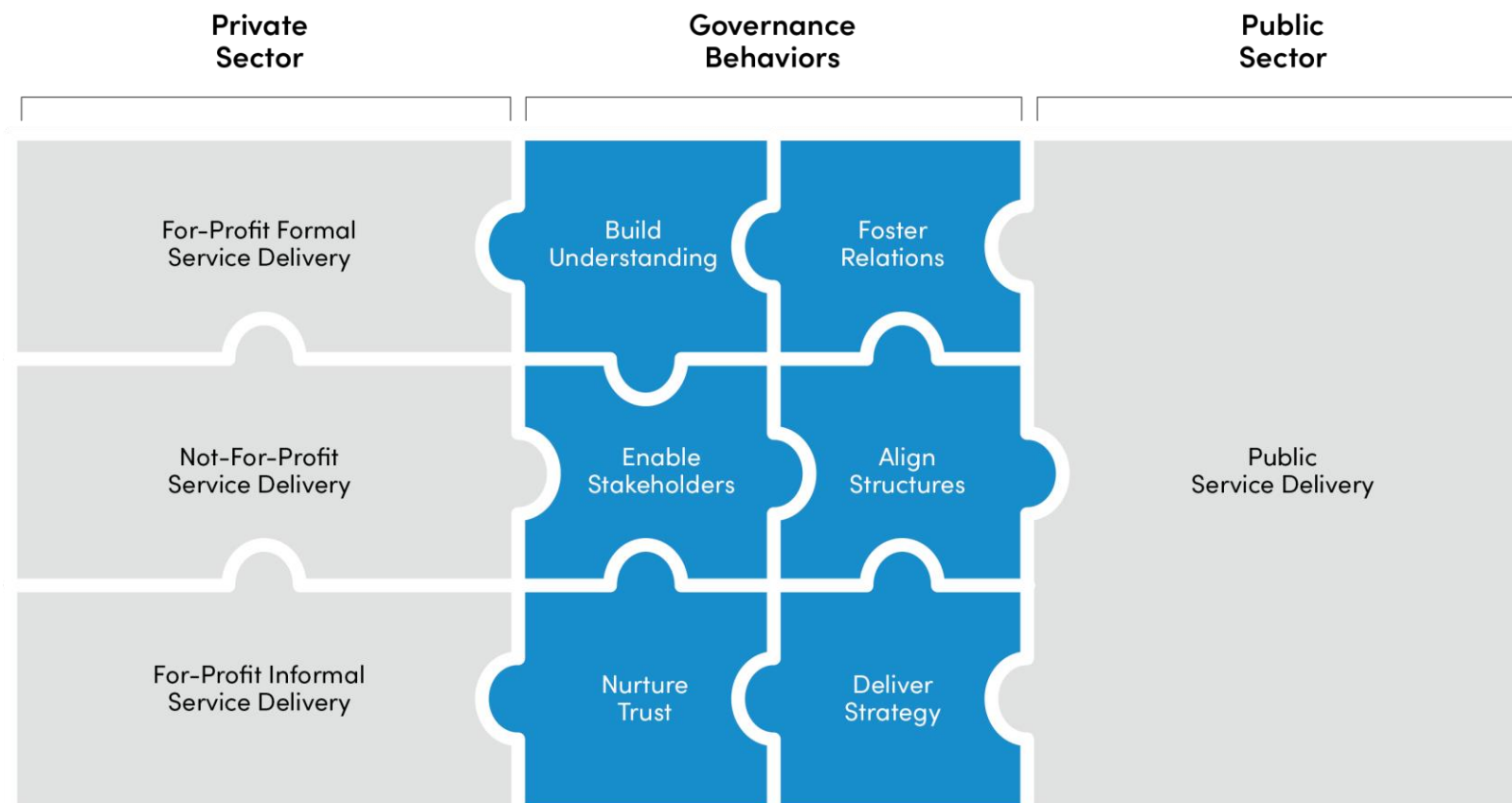
“Engaging the private  
health service delivery  
sector through governance  
in mixed health systems”

- 2020





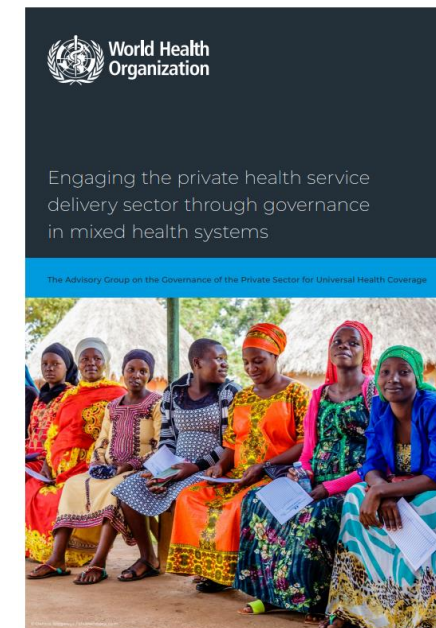
# STRATEGY REPORT | Engaging the private health service delivery sector through governance in mixed health systems



Given the heterogeneity of the private sector, different behaviors would be prioritized for different groups

Countries would focus on developing different behaviors relative to the maturity of their health systems and the role of the private sector. Failures and setbacks are to be expected in the process.\*

Work on private sector governance should also strengthen governance in the public sector.\*\*








\* none of the behaviors act in isolation and no hierarchy exists between the behaviors

\*\* All stakeholders in the system - not just the government - need to drive the system

 = Universal Health Coverage

**Vision:** A well-governed health system in which public and private actors collectively deliver on the realization of UHC.  
**Mission:** To facilitate a new way of governing mixed health systems by building consensus around the means and strategies of engaging the private sector in health care service delivery.

Outcome	Enhance private sector engagement (PSE) to deliver quality of care (QoC) for maternal and newborn health (MNH)	
	<i>Country level</i>	<i>Global level</i>
 <b>Output</b>	Nigeria, Ghana, Bangladesh*: <ul style="list-style-type: none"> <li>• Recommendations for enhanced PSE to deliver quality MNH services</li> <li>• Country reports</li> <li>• Case study documentation</li> </ul> <i>* In process, supported by USAID/Mamoni project</i>	<ol style="list-style-type: none"> <li>1. Knowledge synthesis on the private sector's role to deliver QoC MNH</li> <li>2. Guidance and tools to support PSE policy dialogue at the country level</li> </ol>
 <b>Guiding values</b>	<ul style="list-style-type: none"> <li>• MoH leadership and ownership</li> <li>• Stakeholder engagement</li> <li>• Collaboration across similar PSE efforts</li> </ul>	<ul style="list-style-type: none"> <li>• Build on existing knowledge and resources</li> <li>• Horizon scanning and adaptation to new approaches and knowledge</li> <li>• Responsive to country context and priorities</li> </ul>
 <b>Process</b>	<ul style="list-style-type: none"> <li>• Stakeholder engagement (national TWG)</li> <li>• Situation analysis</li> <li>• Policy dialogue</li> <li>• Articulation of recommendations and policy options</li> </ul>	<ol style="list-style-type: none"> <li>1. Knowledge generation and documentation               <ul style="list-style-type: none"> <li>• Systematic review protocol and papers: Respectful care, MNCH morbidity and mortality</li> <li>• Scoping review protocol and paper: MNCH (in process)</li> <li>• Policy and implementation review</li> </ul> </li> <li>2. Country implementation processes               <ul style="list-style-type: none"> <li>• Research protocol</li> <li>• Interview guide and tools</li> <li>• Guide for policy dialogue</li> </ul> </li> </ol>
 <b>WHO's role</b>	<ul style="list-style-type: none"> <li>• Mobilization of MoH and partners</li> <li>• Facilitation of TWG</li> <li>• Situation analysis</li> <li>• Facilitation of multi-stakeholder dialogue</li> </ul>	Development of logical framework: <ol style="list-style-type: none"> <li>1. Guided development of tools, review and analysis</li> <li>2. Technical guidance to country implementation: technical induction of country teams, analysis, report writing</li> </ol>
 <b>AWG's role</b>	Overall guidance to project development. Review of findings and recommendations for improvement. Guidance on dissemination and way forward	



# Lessons from engaging the private sector in delivering quality maternal and newborn health services in Ghana

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# PROCESS for developing the PSE Situational Analysis and policy dialogue



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*Ghana Project Timeline: November '19 to June '21*

Establish **TWG under MoH leadership** and agree on scope

Develop **research protocol** and ethical review request

**Situation analysis:** Desk review => Key informant interviews => Draft situation analysis and synthesis of initial findings => Discussion with TWG/MoH for MSD preparation

**Multi-stakeholder policy dialogue workshop:** Validation of situation analysis, discussion and prioritization of key challenges => recommendations

**Documentation:** Report dissemination; Case study for peer review publication



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# FINDINGS

from the situational analysis



# FINDINGS



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## *Overview of private sector role, size and available Inputs*

### 1. Overview of PS in Ghana:

- PS delivers **38%-50% of services** and continues to grow;
- FBOs play a significant role and offer the full range of MNH services
- There is some data on distribution, size and services of the PS, with work ongoing to strengthen data reporting and use

### 2. Inputs (**policies, Regulations, Leadership and Governance**):

- There are multiple government policies and an extensive regulatory landscape, but full enforcement is limited due to capacity challenges by agencies
- CHAG well structured in governance, while the association of self-financing facilities is fragmented



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# FINDINGS



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## *MNH service delivery outputs, outcomes and impact*

1. **Overall quality of MNH service delivery:** Poor quality service delivery exists in both public and private sectors; Quality in PS perceived to be more “person-centered, timely”; FBOs receive seconded staff who are paid by the government. In some self-financing private facilities, there is limited specialized staff and they resort to task shifting with less specialized staff
2. **Accountability:** FBOs more accountable to quality standards and have significant ownership and participation; Most of the PS report data into the DHIS II with support of District Health Authorities
3. **Market conditions:** Poor investment climate: Inadequate incentives to deliver some level of care eg: NICU. Self-financing operate largely in urban areas while FBO reach more to rural areas.
4. **Relationship between private and public:** FBOS work more closely with MOH , strong willingness and intent to engage on both sides



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# FINDINGS



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## *Initial recommendations from Situational analysis*

1. Self-financing private sector **needs to better organize** and advocate for itself
2. Private sector has certain **human resources and skills** that the government can contract and use
3. MOH needs to build private sector engagement strategy and capacity and develop clear roles/governance
4. Need for increased opportunities for **mechanisms of financing/resources** for private sector while setting up the relevant quality accountability framework
5. Immediate opportunities for improving quality of MNH services include **harmonizing quality structures**, strengthening case referrals, and improving data sharing, reporting and analysis
6. Establish mechanism for regular public-private dialogue



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# RECOMMENDATIONS

from the multi-stakeholder policy dialogue (MSD)



# RECOMMENDATIONS

## From the Policy Dialogue

**Ghana MSD identified 9 challenges and developed 14 corresponding recommendations that address issues like:**

- Communication and capacity building for PSE
- Legislative instruments to support PSE mandates
- Revision of health insurance tariffs for the private sector
- Alignment of structures
- Stakeholder engagement
- Revitalization of the Private Health Sector Alliance of Ghana



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## Thematic area 1: Policy/Administration

### MOH to amend Act 525

Process should be based on broad stakeholder engagement; include PS; and pass legislative Instruments (LI) for all respective Acts after amendment

### MOH to revise Private Sector Policy

Develop guidelines for implementation and dissemination of revised policy

## Thematic Area 2: Regulations

### **MOH to strengthen scope and mandate of regulatory authorities and agencies**

Develop Legislative Instruments to support mandates; encourage collaborations and agree on scope of works

### **The Resource Mobilization Unit (RMU) of MOH to encourage PS organization**

Facilitate the revitalization of Private health Sector Alliance and formation of federation; include self-financing PS

### **The Human Resource Directorate (HRD) of the MOH to improve career development and performance at work**

Implement effective structures and systems that links performance to career development and progression among all the agencies; together with all agencies should adopt best practices such as sanction and reward systems .

## Thematic Area 3: Service Delivery

### MOH to develop measures to mitigate PS financial market conditions

Make an upward review of insurance claim tariffs for private services; second government paid staff to private facilities, to relieve cost of staff payments; institute tax exemption for the importation of medicine and medical equipment

### MOH to support referral mechanisms between PS and public facilities

Liaise with the Service Delivery Agencies to strengthen the referral policy implementation; Referral feedback mechanisms should be monitored by district health directorates to ensure learning and compliance to referral policies.

# REFLECTIONS





# REFLECTIONS

## For private sector in Ghana

### *What does it mean*

1. Involvement of the private sector in every step of the process of engagement is necessary for success
2. Need to institutionalize stakeholder engagement that will regularly reach out to the private sector
3. There is a need for an enabling environment for private sector to thrive and deliver quality MNH
4. There is a need to revisit financial incentives for private sector, and ensure they are adequate (includes insurance claims)
5. Both public and private sectors should be regulated by a common standard of requirements. Diverse regulatory bodies should have a streamlined and harmonized standards of assessment requirement of facilities to avoid multiplicity of efforts



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# NEXT STEPS



# WAY FORWARD



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1. The process for harmonization of regulatory mechanisms has already began
2. Leadership and ownership of Ministry of Health for the process and its outcomes is crucial
3. There is a need for an independent facilitator to bring together the information and support the process
4. The engagement requires time and face to face interaction to allow for building trust and communication between parties
5. Need for a dissemination strategy to be part of the development and implementation process
6. Findings have been documented and shared on QoC Network Website



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Ghana



From 2020-2021, the Ministry of Health and WHO Country Office conducted a situational analysis to explore mechanisms for private health sector engagement to improve maternal and newborn outcomes in Ghana. In February 2021, participants at a multi-stakeholder workshop in Accra validated the situational analysis and developed recommendations for the Ministry of Health to take forward.

Research protocol

Literature review

Situational analysis report

Workshop report

Webinar



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# Questions & Answers

## **Facilitators:**

***Blerta Maliqi (WHO Geneva)***

**&**

***Roseline Doe (WHO Ghana)***

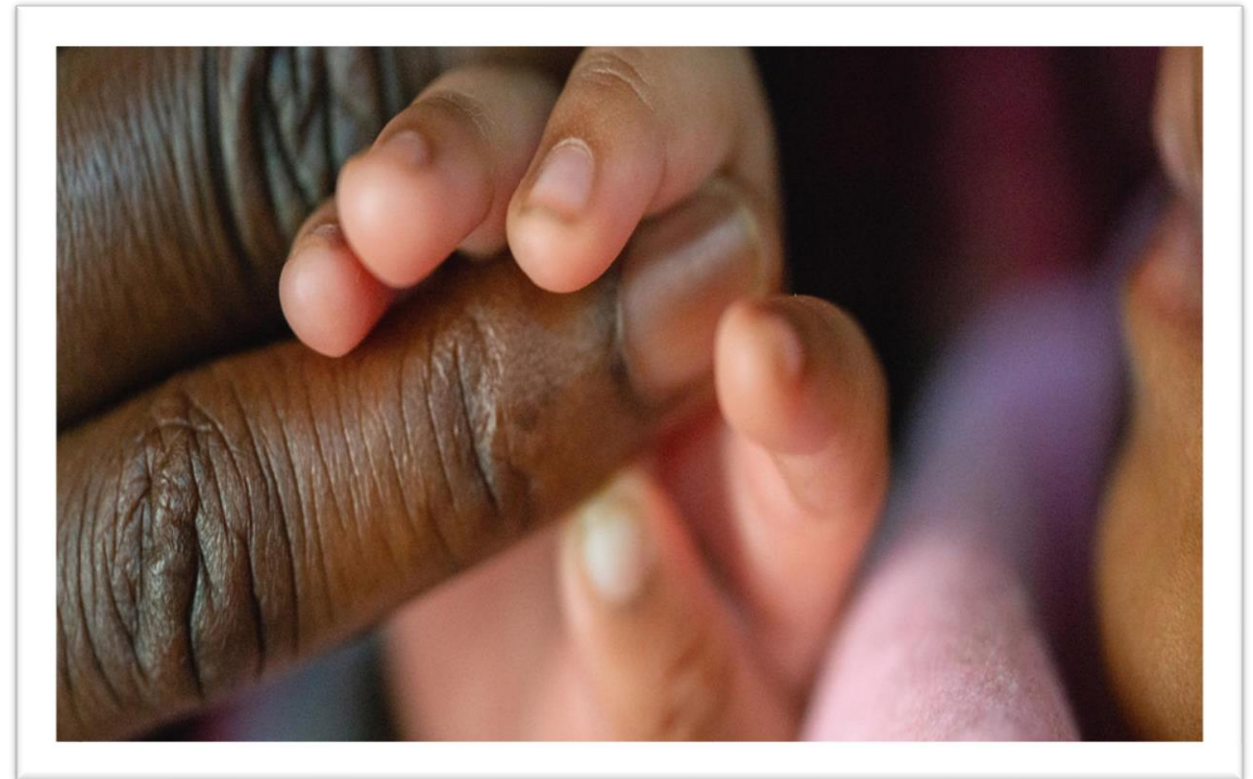
Please type your questions in the [CHATBOX](#)





# STAY ENGAGED

- Check out the Private sector engagement for quality of care series: [bit.ly/PrivateSectorseries](https://bit.ly/PrivateSectorseries)
- For more information and project updates, visit this page: [https://www.qualityofcarenetwork.org/private-sector/engaging-private-sector-quality-care-maternal-newborn-and-child-health#country\\_learnings](https://www.qualityofcarenetwork.org/private-sector/engaging-private-sector-quality-care-maternal-newborn-and-child-health#country_learnings)
- Join the Community of Practice: [bit.ly/JoinCoP](https://bit.ly/JoinCoP)
- Join the conversation: [#qualitycare](https://twitter.com/qualitycare)



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