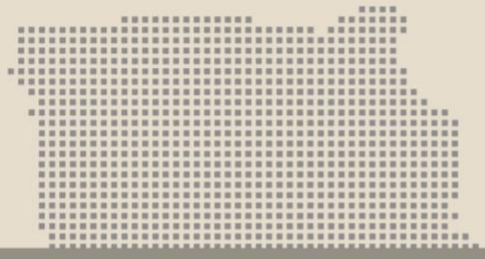

JLN PRIMARY HEALTH CARE INITIATIVE
PRIVATE SECTOR ENGAGEMENT COLLABORATIVE

REGULATION OF PRIVATE PRIMARY HEALTH CARE IN GHANA

A COUNTRY ASSESSMENT REPORT

ACCRA | 2018

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This assessment report is part of a series of country regulatory assessment reports that are contributing to the body of evidence and practical knowledge synthesized in Regulation of Private Primary Health Care: Lessons from JLN Country Experiences.

This report was produced by the Joint Learning Network for Universal Health Coverage (JLN), a community of policymakers and practitioners from around the world who jointly create practical guidance to accelerate country progress toward universal health coverage.

For questions or inquiries about this report or other JLN activities, please contact the JLN Coordinator Team at jln-nc@r4d.org.

Contents

PREFACE

In 2016, the JLN Private Sector Engagement (PSE) Collaborative completed the first two modules of a five-part practical guide on private-sector engagement, titled *Engaging the Private Sector in Primary Health Care to Achieve Universal Health Coverage: Advice from Implementers to Implementers*. These first two modules cover initial communications and partnership around primary health care (PHC) and provider mapping. To inform the third module, and to help fill gaps in guidance on the regulation of private PHC in low- and middle-income countries, six JLN countries—Ghana, Indonesia, Kenya, Malaysia, Mongolia, and Morocco—conducted assessments of their regulation of the private health sector. The assessments addressed the following research questions:

- What types of regulations are in place?
- How are the regulations implemented?
- What outcomes are achieved by those regulations?
- What resources are available for developing and implementing such regulations?

The assessments focused only on regulation of PHC service delivery (the process of providing PHC services and treatments). They did not cover other types of regulation, such as for human resources, training institutions, pharmaceuticals, or medical equipment.

Regulation is broadly defined as the imposition of rules backed by penalties or incentives to ensure compliance with standards—in this case, standards for the safety and quality of health services and providers. Regulations may govern activities such as licensing to open a facility, certification and accreditation, and offering incentives to promote better service quality. In outlining the scope of the assessments, the PSE Collaborative chose to look at regulation of both public and private-sector providers. They also agreed to focus on PHC service delivery, while recognizing that in describing the regulatory system they would inevitably touch on secondary and tertiary care.

The countries each conducted a document review using secondary data sources and collected primary data through in-depth interviews and focus groups involving national and subnational government entities (ministries of health, health financing agencies, regional health directors), regulatory boards and medical councils, professional associations and representatives of provider groups and unions (for both public and private providers), members of the media, academics, and civil society organizations (representing consumers).

Each country assessment report describes the country's regulatory context, health sector objectives and strategy, and demographic and health indicators; the regulatory mechanisms

currently in use; insights on implementation and performance based on primary and secondary data collection; and conclusions and recommendations for improvement.

SELECTION CRITERIA

Eleven providers were selected for inclusion in the assessment. The assessment team interviewed at least two providers in each of three categories: successful registration, challenging registration, and stalled registration. This sample of 11 reflects the facilities that the two regulatory bodies have dealings with. An interview was conducted with the owner/practitioner-in-charge or administrator of each selected facility.

Table 1. Interview Respondents

Category	Facility	Location	Type	Interviewee
Successful Registration	Lapaz Community Hospital	Anorhuma Street-Lapaz	Hospital	Dr. Tettey Neequaye Kingsley
	St. Mina's Clinic (NHIA / regulatory bodies)	Ashaiman-Lebanon	Clinic	Dr. Ampofo Donkor Alex
	Nyakoa Clinic	Asylum Down, Accra (House No. 8 Yeeyieye)	Clinic	Dr. Akpetey
Challenging Registration	New Crystal Health Services	Michel Camp-Tema	Hospital	Dr. Wisdom Amegbletor
	Shukura Community Hospital	Shukura	Hospital	Addom Seme Mawuli
	Amaganaa Clinic	Madina Zongo Junction	Clinic	Mr. Tetteh Stephen Kwesi

Category	Facility	Location	Type	Interviewee
	Airport Women's Hospital	Airport Residential	Hospital	Dr. Enin Paul
Stalled Registration	Midway Clinic	Abofu-Achimota	Clinic	Dr. Ameni Quarshie
	MAB International Hospital	Namoale Street, Darkuman Nyamekye-HN. 3	Hospital	Dr. Akuamoah Boateng Jacob
	Hobats Clinic	Tesono	Clinic	Glover Charlse
	Aroma Dental	37 Military Hospital	Clinic	Dr. Frederick Arhin

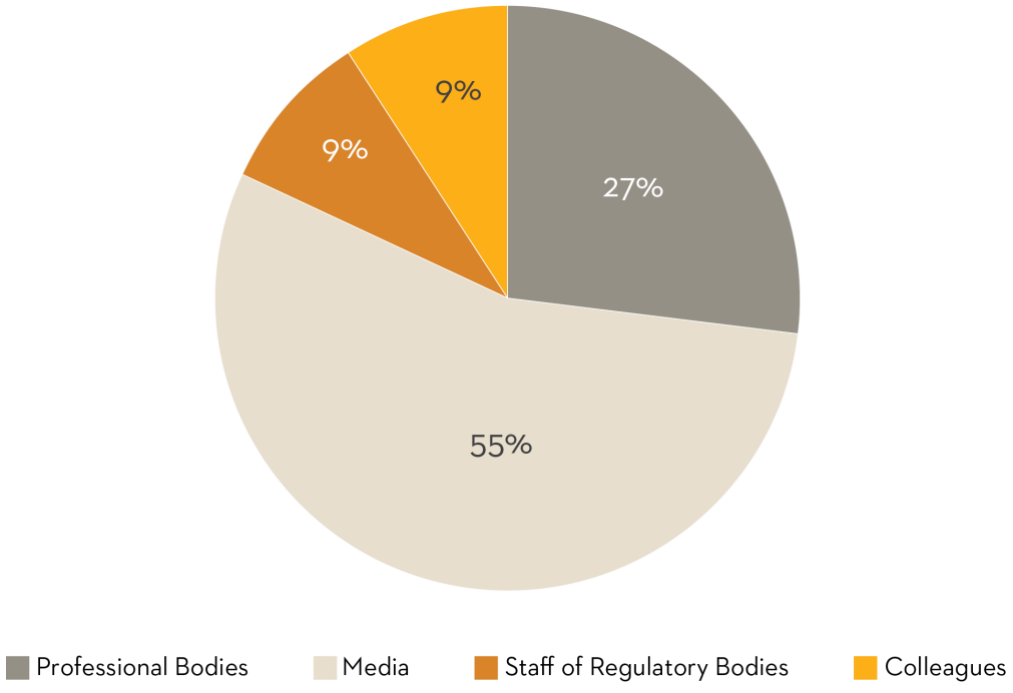
RESPONSES

The results presented here represent responses from the interviews. Interviewees were asked to respond based on experiences with their current facility.

Initial Contact with Regulators

The assessment team sought to identify the source of respondents' initial knowledge about health regulation in Ghana in order to identify the best channels for delivering information to potential providers. Of the 11 interviewees, six (55%) first heard about the National Health Insurance Authority (NHIA) and the Health Facilities Regulatory Agency (HeFRA) from the media, and three (27%) heard about them from professional bodies (Medical and Dental Council and Society of Private Medical and Dental Practitioners). The other interviewees first heard about them from the staff of the regulatory bodies (9%) or from colleagues (9%). This suggests that the media is a more reliable channel for reaching providers with awareness campaigns.

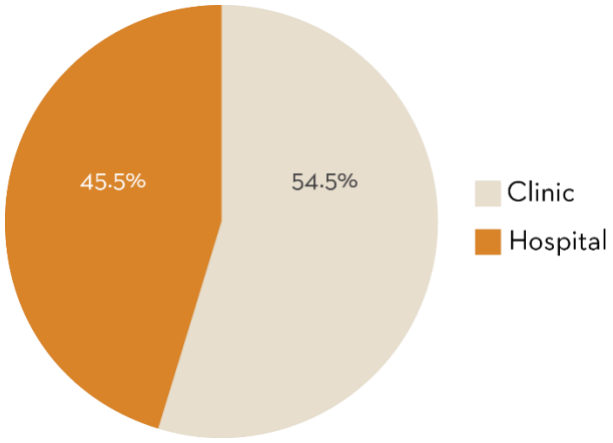
Figure 1. Initial Contact with Regulators



Type of License or Credential Sought

The assessment team sought to establish the type of license or credential that facilities sought. Of the 11 respondents, five (45.5%) said their faclility sought primary hospital status and six (54.5%) said their facility sought clinic status.

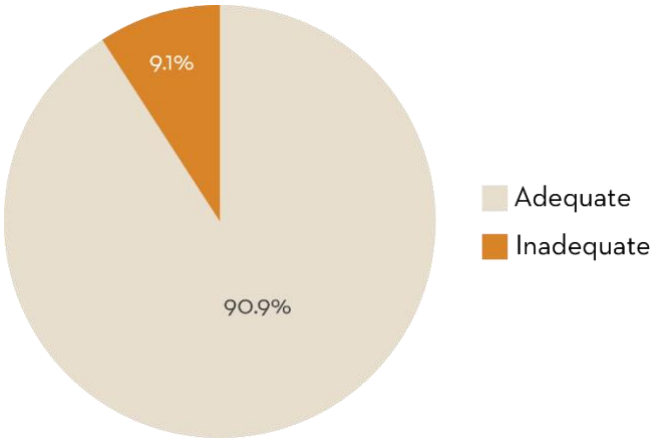
Figure 2. Type of License or Credential Sought



Views on Adequacy of Information from Regulators

The assessment team sought to learn whether facilities received adequate information about the requirements for licensing or credentialing. Of the 11 interviewees, 10 (90.9%) said their facility received adequate information in the form of checklists or booklets from the regulatory bodies to guide them through the registration process; one interviewee (9.1%) said the information received in the initial stage of the process was inadequate.

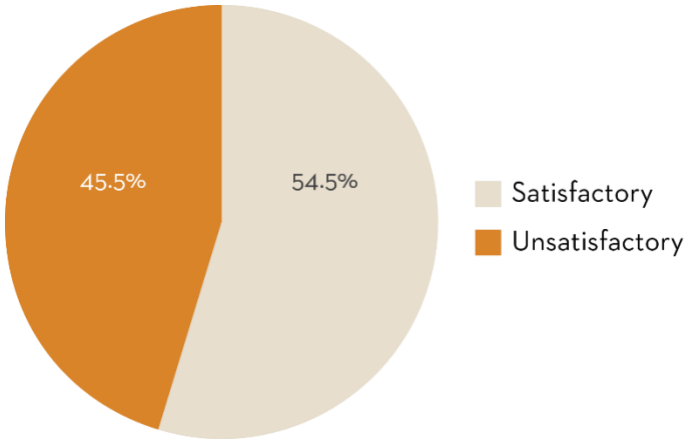
Figure 3. Views on Adequacy of Information from Regulators



Views on Requirements for Licensing/Credentialing

The assessment team sought to understand interviewees' views on the requirements for achieving their facility's desired status so regulators could improve the requirements. Six (54.5%) interviewees said the requirements were satisfactory; the other five (45.5%) said they were not satisfactory because there were too many requirements and they were cumbersome to fulfill. They described the requirements as overbearing and unclear, with additional requirements being added during the registration process, creating further confusion. They believe that regulatory bodies should not enact rules that can demotivate the private sector. Regarding building permits as a HeFRAM requirement, the interviewees said that a letter from an Assembly should be enough to continue the credentialing/licensing process. One interviewee said that regulatory bodies should act as an advocate for the private sector. Interviewees also noted the burden of having to submit the same information to different agencies. They also argued that the population (size) of a catchment area should not be a compelling requirement for credential/license; and that the quality or standard of services provided, regardless of the population size, should be a measure.

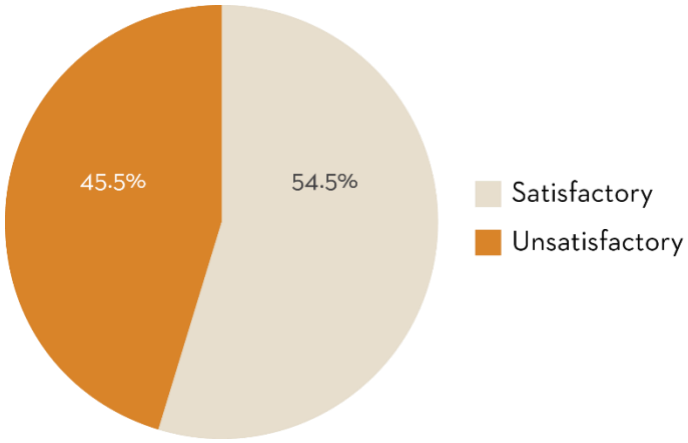
Figure 4. Views on Requirements for Licensing/ Credentialing



Views on Professionalism of Regulatory Staff

The assessment team asked interviewees about the professionalism of the staff of the regulatory bodies they encountered. Six (54.5%) interviewees were satisfied with the quality of the staff; five (45.5%) were dissatisfied. The satisfied respondents said staff were professional, as reflected in their communication with providers. Dissatisfied respondents cited poor recordkeeping, including documents going missing and staff requesting the same documents repeatedly. They also noted that staff were disorganized and had no clear definition of roles, and they intimated that the atmosphere of the regulatory bodies is sometimes intimidating. Interviewees alleged that some staff members demanded bribes for providing service. They also questioned the competence of staff in vetting documents (claims), given that they have no clinical background on diagnostic and other health-related issues. Interviewees said the regulatory bodies have only a passive interest in providers, showing up only when they suspect a problem. They said providers are often ambushed by NHIA staff, who generally make monitoring visits without given enough prior notice.

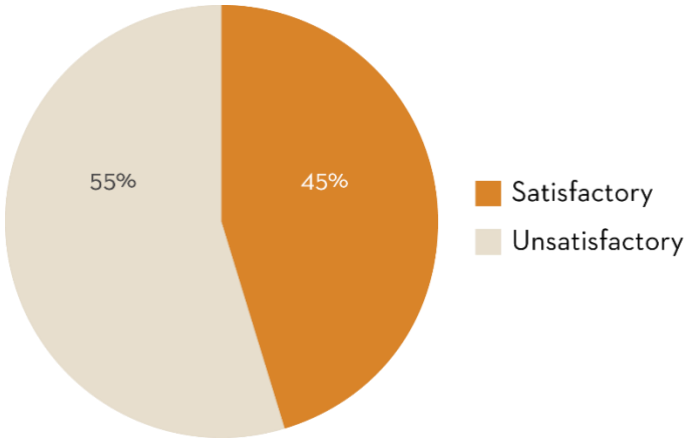
Figure 5. Views on Professionalism of Regulatory Staff



Views on the Registration Process

The assessment team asked interviewees for the views on the registration process. Five (45%) of the respondents said they were satisfied with the process; the other six (55%) said they were dissatisfied. Interviewees described the process as cumbersome, bureaucratic, slow, and poorly communicated. They also said the tools for assessment and purpose of the visits often lacked clarity.

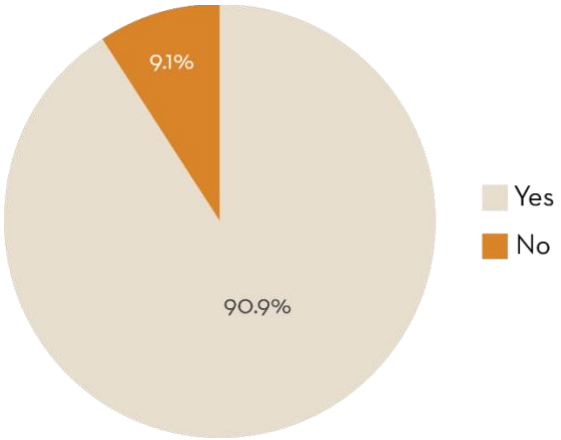
Figure 6. Views on the Registration Process



Views on Health Regulation

This question asked providers whether health regulation is necessary in Ghana. Ten (90.9%) thought that health regulation is necessary in Ghana while one (9.1%) thought that regulation is not necessary, especially in the context of NHIA. The pro-regulation respondents pointed out that regulation is necessary and done all over the world as it protects the interest of patients and the general population. The other 9.1% believed that no one oversees the regulatory bodies, and that this situation makes them a player and a referee at the same time—which shouldn't be the case.

Figure 7. Views on the Necessity of Regulation

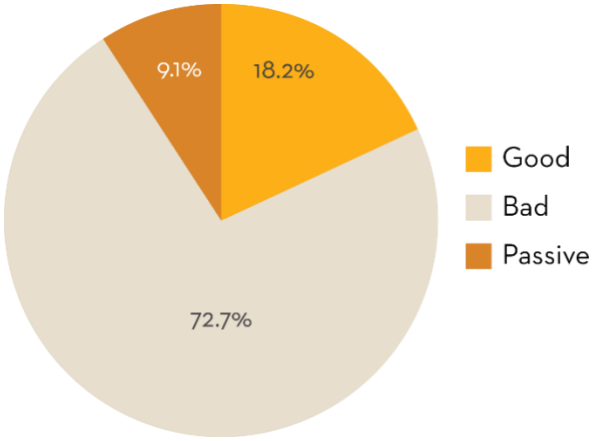


Experiences with Regulatory Bodies

This was to assess the experience providers had with regulatory bodies. Eight (72.7%) respondents had a negative (bad) experience with regulatory bodies, two (18.2%) had a positive experience with regulatory bodies, describing them as good, and one (9.1%) described their experience as passive. Those who had a negative experience described what they went through as hell, stressful, and terrible. They said that there are undue delays in payment of claims in the case of NHIA. They also indicated that there are too many inconsistencies regarding communication during the credentialing/licensing process. One client, "I w*as told one day that some staff pins I submitted were not available, few minutes later, another call came from the Regulatory Body saying the pins were available."*

The reasons given for the good experiences were that regulatory body staff are very supportive and professional on the phone.

Figure 8. Experiences with Regulatory Bodies



Recommendations from Providers

The assessment team asked interviewees for recommendations on improving services from regulatory bodies. Their responses included the following:

- People in private medical practice (physicians and midwives) should be allowed to influence decision-making at health regulatory bodies and should be represented on the board. Their input will make requirements more realistic and relevant to both the private and government sectors.
- Verification of NHIA card holders before care should be universal and compulsory. Also, verification machines are error ridden and should be fixed.
- Regulatory bodies (in the case of HeFRA) should reach out to facilities during the registration process and assigning staff to help them gather requirements. They should not sit back and expect clients to reach out to them; this makes the process slow.
- Regulatory bodies should use technology to handle transactional data, perform clinical auditing (in the case of NHIA), and manage record keeping. This could curtail fraud and loss of documents within the system.
- Regulatory bodies should conduct nationwide media campaigns to inform the general public about their services; the public's knowledge about regulatory bodies is currently low.
- To be more efficient, regulatory bodies should study institutions such as the Energy Commission in Ghana that are more professional and efficient in their service delivery processes.
- The regulatory processes should be less intimidating and more fair. Staff of regulatory bodies should reach out to service providers to help them gather requirements rather than sit back and command.
- Regulatory bodies and the government should pay more attention to the private sector, which provides about 60% of health care to the general population. They should work to improve the fortunes of the private sector if they want to provide a kind of regulation that safeguards clients' interests. The government sector is overstaffed, and its staff are underpaid. Regulatory bodies set rules that affect the private sector based on what is occurring in the government sector. Premiums are also too low, but regulatory bodies expect the private sector to employ a certain number of nurses, which imposes a huge cost to the private sector. This makes it difficult for the private sector to grow. Regulatory bodies should pay attention to these issues.
- At a minimum, the government should shift some of the equipment sent to government agencies over to the private sector, which has a better maintenance culture and will derive more benefits for the populace. In addition, most of the equipment being discarded by the government sector can still be put to use, especially in the private sector.
- Regulatory bodies should allow medical officers who have just completed their internships to do family practice. These doctors have the capacity to provide basic care at the primary level and make referrals to higher-level facilities. This will help the private sector grow.

- Regulatory bodies should request Social Security and National Insurance Trust contribution of doctors in the government sector, which would also help to identify a doctor's location. The responsibility of providing staff documentation should not put on providers.
- Inform clients ahead of time about their license renewal through a text messaging system.
- Regulatory bodies should make the private sector feel that they serve the private sector's interests.
- NHIA should vary tariffs for the private sector because the private sector bears too much financial burden—unlike the public health sector, for which the government bears most of the costs.
- Regulatory bodies should take their work seriously and speed up processes. After inspections, certification should be expedited. Claims (in the case of NHIA) should be paid regularly.

CONCLUSIONS

Health regulation is generally viewed as necessary in Ghana because it provides standards for operation that are aimed at benefiting the general populace. However, regulatory bodies have a responsibility to provide facilities with better processes for regulation; the current form of regulation is questioned by some health care providers. Regulatory bodies should engage health care providers more often to better understand their concerns so they can develop solutions together.