LEARNING & ANALYSIS BRIEF

PharmAccess FOUNDATION

SERVICE DELIVERY OF PUBLIC AND PRIVATE HEALTH FACILITIES IN GHANA

EFFICIENCY OF HEALTH FACILITIES ACCREDITED BY THE NATIONAL HEALTH INSURANCE IN GHANA

This brief illustrates how available resources (human and material) correspond with the number of service outputs in private and public health facilities, and reports on the factors that account for the observed differences in efficiency levels. It also shows the link between quality of care indicators and efficiency of facilities.

Background

Although Ghana is one of the few sub-Saharan African countries recording significant improvements in the health sector, many of the health-related Millennium Development Goals (MDGs) are yet to be reached. As at 2016, the World Bank reports that life expectancy at birth is 61.3 and under-five mortality stands at 62 per 1000 live births. Despite these achievements, limited health resources are a setback in achieving the health-related sustainable development goals. As such, the health system needs to change in terms of efficiency especially at the primary healthcare level where resources are more scarce.

Some reports argue that the inefficient use of limited resources is a major contributing factor to this unfortunate situation. Differences in resource endowments in rural and urban healthcare facilities influence how these limited resources are efficiently used. In this study we attempted to find out the efficiency levels of sampled clinics and health centers in Ghana, and the findings expected to inform policy discussions on possible innovations towards improving efficiency levels without compromising on the quality of care.

Approach to Research Study

The study was conducted in two regions namely; Greater Accra region and the Western region of southern Ghana. Greater Accra Region is predominantly an urban and cosmopolitan area with a population of close to four million people being serviced by 416 National Health Insurance Scheme (NHIS)-accredited healthcare facilities. The Western region is mostly rural with a population of a little over two million people and 438 health facilities accredited by the NHIS. The focus of this study however, was to quantify the efficiency levels of 64 NHIS-accredited private and public primary health facilities in the two regions and determine what factors account for possible differences. This brief explores the association between efficiency and quality of care.
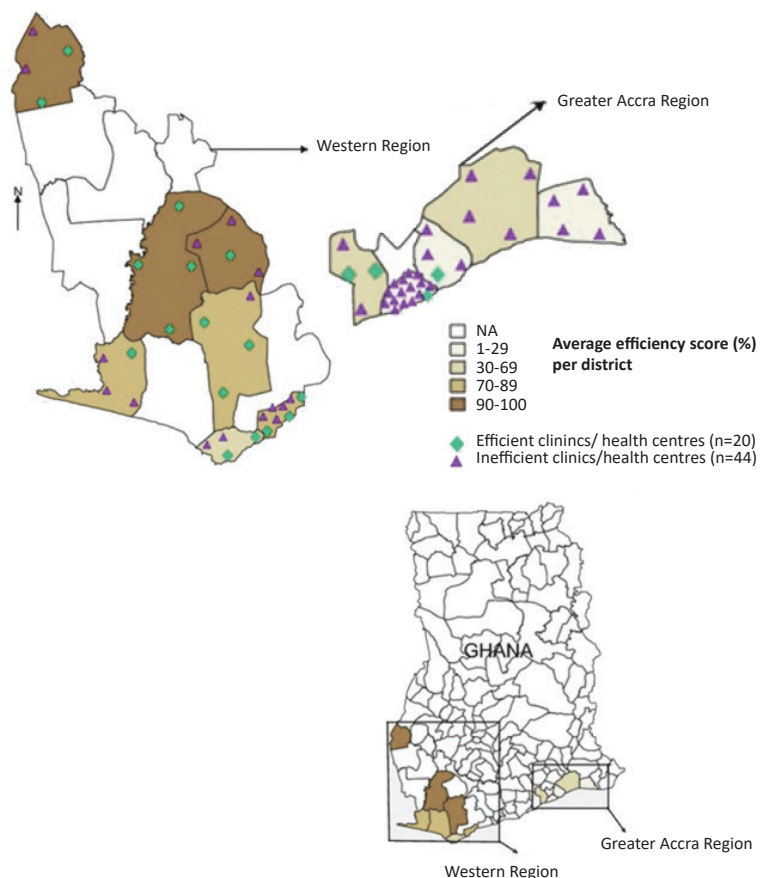
This study collected data on health facility services, activities and assets (human and material) using a Situational Analysis (SA+) tool to estimate efficiency of participating health facilities based on their quality score. The SA+ tool is a component of the SafeCare quality assessment tool kit. In addition to the SA+ tool, delivery of quality care in the sampled health facilities was determined using *SafeCare Essentials* tool (see data analysis section) and secondary data on National Health Insurance Authority accreditation scores. Data from both regions was collected between March and June 2012.

KEY COUNTRY FACTS

27.4 M
population

37%
population covered by National Health Insurance Scheme (2016)

3728
health facilities accredited by National Health Insurance Authority (2009-2013)

35%
active SafeCare clinics

Data according to World Bank and PharmAccess (2016)

Ghana

Figure 1 **Efficiency levels in sampled districts and regions. Source: Alhassan et al. Cost Effectiveness and Resource Allocation, 2015. (pp. 8). DOI 10.1186/s12962-015-0050-z.**

Western Region

Greater Accra Region

N

- NA
- 1-29
- 30-69
- 70-89
- 90-100

Average efficiency score (%) per district

- ◆ Efficient clinincs/ health centres (n=20)
- ▲ Inefficient clinics/health centres (n=44)

GHANA

Greater Accra Region

Western Region

Appropriate tests were used to determine the efficiency levels of the sampled health facilities and the associations between quality healthcare indicators. Efficiency levels were determined using available human/material health resources (inputs) and total service delivery (outputs) in each of the health facilities. This means that minimal resources (inputs) were used to attain desired optimal results (outputs).

Findings

The study found that 20 (31.2%) of the 64 health facilities were deemed to have attained 100% optimal efficiency compared to their counterparts. Out of these 20 facilities that were efficient, 10 were public/government facilities, 8 were private-for-profit facilities and 2 were private-not-for-profit/mission facilities (see Figures 1 and 2). Additionally, 4 (20%) were located in Greater Accra (predominantly urban) and the remaining 16 (80%) facilities were located in Western region (predominantly rural). Clinics and health centers located in rural areas were found to be more efficient in their operations than those located in urban areas. There was no significant association between efficiency levels and quality of health service in the same health facilities.

TAKE HOME MESSAGES

- Healthcare facilities in rural areas deliver more health services to clients using their limited resources than their counterparts in urban areas

- It is however, not established whether or not health facilities operating more efficiently also render good quality care or vice versa.

- Resource poor settings in Africa have an opportunity to benefit from the growing number of private health facilities, if the latter are adequately incorporated into the health system.
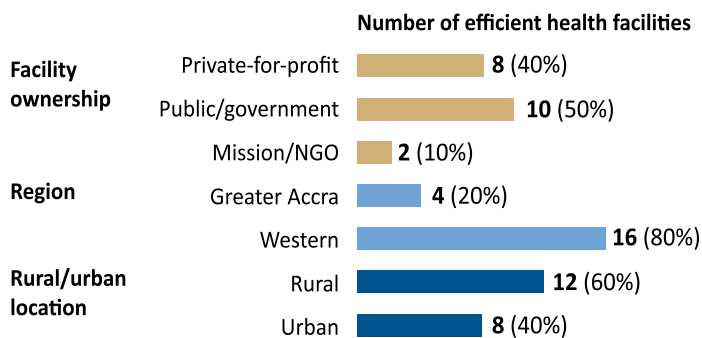
Lessons learned

- **The lower number of efficient health facilities in urban areas suggests there is potential waste of health resources in many urban-based health facilities than those located in rural areas.**

- **Governments need to take advantage of the increasing private sector participation in health to deliver services in places where public facilities are overwhelmed by the workload. Private sector participation in health increases physical accessibility and reduces monopoly by public sector especially in areas where public sector providers are the sole sources of healthcare.**

- **Increased commitment to equal resource allocation and distribution based on need analysis could help reduce waste and improve efficiency**

- **Building capacity of healthcare providers through trainings could help promote efficient use of available health resources without reducing quality standards.**

Category of facilities sampled

Input and output variables	Private Clinics (n=38)	Public Clinics (n=26)
Input resources	**Mean (Average)**	**Mean (Average)**
1. Number of clinical staff	14	19
2. Number of support staff	8	7
3. Number of beds	12	8
4. Number of wards	2	1
5. Number of consulting rooms	2	1
Output services (per month)		
1. Number of deliveries	9	19
2. Number of OPD visits	1,047	958
3. Number of ANC/PNC visits	317	798
4. Number of FP and RCH visits	56	429

OPD - Out patient department, **ANC/PNC** - Antenatal and Postnatal Care, **FP** - Family Planning, **RCH** - Reproductive and Child Health

Figure 2 **Number of efficient health facilities distributed by region, ownership and rural-urban location. Source: Alhassan et al. Cost Effectiveness and Resource Allocation, 2015. (pp. 8). DOI 10.1186/s12962-015-0050-z.**

Number of efficient health facilities

Facility ownership
- Private-for-profit: **8** (40%)
- Public/government: **10** (50%)
- Mission/NGO: **2** (10%)

Region
- Greater Accra: **4** (20%)
- Western: **16** (80%)

Rural/urban location
- Rural: **12** (60%)
- Urban: **8** (40%)

ARTICLE TITLE & AUTHORS

Efficiency of private and public primary health facilities accredited by the National Health Insurance Authority in Ghana
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