HFRA: a structured approach from Ghana

Safe Care Conference, Mombasa, Kenya

Nathaniel Otoo, Acting Deputy Chief Executive (Operations)

September, 2013
Historical perspective

- Christian missionaries introduced western medicine to the Gold Coast in the 19th century
- Missionaries were the sole medical providers until after WWI
- After WWI the Colonial Government started to expand western style medical facilities
- After independence government accelerated the set-up of medical facilities to assure healthcare to the entire population
Historical perspective (2)

- Private healthcare provision was a key part of government’s strategy to expand availability of health services to the population
- Growth of private health service provision catalyzed health facility regulation
Evolution of health facility regulation

• 1958, Private Hospitals & Maternity Homes Act passed to regulate establishment, inspection & control of private hospitals & maternity homes

• 1961, Pharmacy & Drugs Act passed to regulate registration of pharmacists, licensing of pharmacy premises & registration of drugs

• 1992, Food & Drugs Board Act passed to regulate manufacture, supply and sale of food and drugs

• After passage of the Food & Drugs Board Act, Pharmacy Act of 1994 was restricted to registration of pharmacists, distribution of pharmacies & licensing of pharmacy premises
## Health facility type & ownership (2009)

<table>
<thead>
<tr>
<th>Region</th>
<th>Teaching Hospitals</th>
<th>Regional Hospitals</th>
<th>Psychiatric Hospitals</th>
<th>HOSPITALS</th>
<th>POLY CLINIC</th>
<th>HEALTH CENTRE AND CLINICS</th>
<th>MATER RITY HOMES</th>
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<td>10</td>
<td>96</td>
<td>156</td>
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*Source: Ghana Health Service, 2010*
Gaps in health facility regulation

- Health facility regulation was applied only to private sector, public sector facilities were mainly self regulated
- No defined framework for regulating some categories of health facilities such as medical imaging, diagnostic and other allied healthcare facilities
- Highly fragmented regulatory regime for health facilities led to gaps in coordination
Medical equipment in Ghana inaccurate – GSB
By Lawrence Markwei

The accuracy of most medical equipment and devices in use at health research centres and hospitals countrywide cannot be trusted.
Private hospitals in Ghana

Friday Jul 5, 2013 – Posted by Dr. Joseph Boateng

This week let’s talk specifically about private hospitals and other private medical institutions. In previous topics, we have mentioned private hospitals in our discussions as part of other issues. Ceedoo, Fambondi, Jay, Chief and others have emphasized that an increased role and prominence of private hospitals should be a major component of the health delivery system in Ghana. I personally agree, strongly, with these ideas. The question is: what kind or kinds of private hospitals or medical institutions are we talking about? For private medical institutions to be of benefit to the health delivery system in Ghana, and meet the needs of the system in the way that we have been discussing, they must have certain characteristics. I believe that private hospitals and medical institutions, be they laboratories or radiology facilities in Ghana, must be of the highest quality. By highest quality, I am not saying they should have the same sophisticated equipment as we have in developed economies. What I am saying is that, if they say they have a CT scan, then, the reports of the CT scanning should be accurate and of the highest standard so that patients are not given wrong diagnoses based on poor results. The same should go for laboratory and ultrasound results. There seems to be a proliferation of stand-alone laboratories and ultrasound facilities in Ghana. How reliable are the results coming out of these stand-alone institutions? How qualified are the technicians? Are patients paying for quality? Are patients being harmed by poor results? Why are technicians directly telling patients what they think is wrong before their reports get to the doctor? Who is checking the quality of these facilities? Who has oversight responsibilities? And how are these responsibilities discharged? Where does an aggrieved patient go to seek redress?
New perspective introduced by NHIS

- Accreditation emerged as a new mechanism for regulating health facilities operating under the NHIS
- NHIS started with blanket accreditation for public facilities and ad-hoc accreditation for private facilities
- Development of accreditation standards and tools started 2006
- Refining of NHIS accreditation standards & tools started in 2008 with technical collaboration from Pharmacess
- Full scale NHIIS accreditation started in 2009 and soon became an important tool for quality assurance in the health sector
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<th>TYPES</th>
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Summary of NHIS accredited facilities 2009-2012 (2)

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<th>GRADES</th>
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<td>GRADE D</td>
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Catalyst for HFRA development

- Healthcare quality taking central stage in the mid 2000s

- Gaps in health facility regulation confirmed by difficulties faced in NHIS accreditation system especially in respect of imaging & diagnostic facilities

- Need for regulatory regime to keep pace with health sector development

- Desire for a health facility regulatory regime that covered private as well as public facilities
HFRA development process

• Multi-stakeholder approach adopted for development legislative proposals

• Deep engagement of the parliamentary committee on health leading to speedy passage of the Health Institutions and Facilities Act in 2011 which established HFRA

• Simultaneous development of a complementary legislations (Allied Health Professions Bill)

• Multi-stakeholder involvement in operationalization of the Act
Key features of HFRA

- Restricted to allopathic medicine facilities
- Provides decentralized governance structure with a multi-stakeholder focus
- Provides for licensing, inspection, standards for personnel & equipment, monitoring, quality assurance, certification & accreditation & maintenance of professional standards
- Applies to all levels of facilities providing hospital & clinical care, pharmacies, diagnostic and imaging facilities and facilities providing other allied health services
Key features of HFRA (2)

- Makes it mandatory for facilities to furnish the agency with health services data
- Provides sanctions for non-compliance
- Transitional provision for existing facilities to renew their current licences upon expiry
- 5-year transition period for Pharmacy Council to transfer facility licensing operations
HFRA facility licensing requirements

- Planning approval
- Clearance from environmental protection agency
- Plans for disposal of medical waste
- Copies of professional certificates of facility owners and key staff and evidence of 5 or more years of experience
- Good conduct of owners and key staff
- Description of services to be provided
- List of equipment to be used
- Evidence of financial capacity
- Ghanaian professional partner in the case of non-citizens
- Applicable fees
- Other requirements
Status of implementation of HFRA

- Draft Institutional Framework developed
- Draft Legislative Instrument developed
- Recommendations for selection of Board completed
- Preparations for staff recruitment completed
- Search for office accommodation ongoing
Legal framework for accreditation

• The Act provided minimal details on how the accreditation function was to be carried out

• In the process of developing the Legislative Instrument, the consensus was that accreditation should be a voluntary process

• There was also a consensus that the Agency should register and regulate accrediting bodies to conduct accreditation rather than carry out accreditation by itself
Features of draft HFRA Legislative Instrument

• Joint Consultative Committee
• Stakeholder Consultative Committee
• General provisions on equipment
• General provisions on safety
• General provisions on sanitation
• General provisions on infection control
• General provisions on prevention of the spread of infectious diseases
Features of draft HFRA Legislative Instrument (2)

- Management of patients with infectious diseases
- Liability insurance
- Records and registers to be kept at a facility
- Patient register and case records
- Additional records to be kept on new born babies
- Additional records to be kept on children
Features of draft HFRA Legislative Instrument (3)

• Record of procedures
• Data to be submitted to the designated authorities
• Guidelines for accreditation
• Appeal against adverse accreditation decision
• Accreditation quality control and corrective action notice
Next Steps

- Promulgate Legislative Instrument
- Adopt Institutional framework
- Develop manuals
- Set up headquarters and zonal offices
- Appoint board & engage staff
- Undertake stakeholder sensitization
- Build information systems
Regulation kills jobs!

Deregulation kills jobholders!
Thank you