

Louis Nortey Interview
November 2011

Barbara O'Hanlon: Hello. My name is Barbara O'Hanlon. And welcome to the Network for Africa interview series. Network for Africa is a community of practice composed of African public sector leaders of health and private health sector champions. The purpose for Network for Africa is to bring together these two actors and discuss how they can better work together to address many of the health challenges confronting their country, and, most importantly, to identify strategies and mechanisms in which the government can leverage private sector expertise, and together, these two sectors can tackle these problems.

The interview series helps create an opportunity for Network for Africa members to share their experiences in key areas linked to private sector engagement. Today we're starting the series discussions on innovative methods to organize the diverse range of private health sector actors so that they can better represent private sector interests with the government in policy dialogue and planning. Today I have the pleasure of introducing and speaking with Mr. Louis Nortey who is the chairman of the Private Health Sector Alliance of Ghana, or as they say, PHSAG. Good morning, Louis. How are you in Accra?

Louis Nortey: It's a good afternoon here.

BOH: So true. So true. Louis, to start the conversation, could you please introduce yourself, and then we'll start with some of the questions that you and I have discussed.

LN: Okay. I am the acting president of the Private Health Sector Alliance of Ghana, PHSAG for short.

BOH: So let's start from the beginning, Louis. Can you explain why PHSAG was created and to serve what purpose?

LN: In 2009, the World Bank, IFC, in conjunction with the Minister of Health carried out a private health sector – carried out an assessment of the private health sector to find out their contribution of the – in health care delivery in the country. One of the findings was that they found the private health sector very fragmented and it's very difficult to engage the private health sector.

BOH: Right.

LN: Yeah, so the study recommended that the Minister of Health should find a way to bring all the private health sector providers together in one platform so that they can engage the national health dialogues.

BOH: Okay.

LN: So that was the – so immediately after the presentation of their results, all the private health sector providers who were present were brought together to dialogue together and find out how they can address this issue. So then we decided to put together the Private Health Sector Alliance of Ghana, which is supposed to be a platform for all the private health sector providers.

BOH: Great. So can you explain some of the key activities of your organization?

LN: Well, currently, the project involves the organization of the private health sector providers. You realize that Ghana has ten regions. Ghana is divided into ten political regions. And PHSAG is trying to organize the various practitioners in all the regions. We have started with Greater Accra, and we are trying to form regional groups of PHSAG in all these areas so at the end of the day we can have a national association for PHSAG.

BOH: I see. So you're still in the process of setting up the structure for PHSAG. Can you tell me what's been the government's response so far to the creation of PHSAG, and have they played a role either in helping or possibly not helping the development of PHSAG.

LN: Interestingly, the initiative came from the Minister of Health.

Louis Nortey Interview
November 2011

BOH: That is interesting, yes.

LN: Exactly. So when the whole thing started, PHSAG had no formal structure. So we were using the private sector unit of the Minister of Health. We were using the secretarial services there until PHSAG also got some funding through the Ministry of Health to set up its own secretariat. So we got some money –

BOH: So that's – yeah. Go ahead, please.

LN: We got some money from the Rockefeller Foundation through the Ministry of Health.

BOH: Okay.

LN: And that is all we have used to do the organization for PHSAG up to today.

BOH: Okay. So, clearly, that's a unique model, because in many of the other African countries it's solely initiated by the private sector, and so often has times trying to get close to the public sector, but it was the public sector in Ghana who had the vision to work with the private sector to get itself organized.

LN: Yes, Barbara, for a long time the ministry has been complaining that they find the private health sector fragmented.

BOH: Yes.

LN: And it's difficult for them to engage the national health dialogue. So it has been a concern for them for a long time.

BOH: So, Louis, can you tell me what have been a couple of the achievements to date just in the short period that PHSAG has been organizing itself?

LN: Like I said earlier on, what PHSAG has been doing generally is organization.

BOH: Right.

LN: So what we did initially was to identify – first, we tried to identify all the stakeholder groups, and when we made overtures to them.

BOH: Uh-huh.

LN: Some of them responded positively, some objected to the whole idea.

BOH: Right.

LN: So we are still in the – there are so many groups we have identified, but we have been able to bring on BOHard just aBOHut 15.

BOH: Okay.

LN: So the idea is that we're going to go ahead with the low-lying fruits, they call it, we want to march along with them. And unless we organize ourselves and we start making inroads, then we can tackle the difficult ones. Another thing, too, that we have, like I said, we now have a secretariat.

BOH: Yes.

Louis Nortey Interview
November 2011

LN: PHSAG has a secretariat. And then, out of our meetings, we have also formed a technical group, a technical committee within PHSAG to handle crosscutting issues. One of the things we have identified affecting all the private health sector providers has to do with the National Health Insurance.

BOH: Absolutely. The hottest topic in Africa itself.

LN: Yes. So the technical group is dealing with issues concerning National Health Insurance issues, which is affecting all the private health sector providers. So we are putting together a paper and making a formal presentation to the National Health Insurance Authority through the Ministry of Health. Secondly, through our engagement with the national health dialogues, a lot of the development partners and some interested groups have identified and look, this is a group that they can use as a vehicle to get to the private health sector. So a lot of them are coming to us; DFID, SP Social Marketing Group, I don't know whether you've heard aBOHut them.

BOH: Yes, I have.

LN: Yes, they have also come to us, a lot of them. GIZ has also come to us and they are roping us into their programs so that we can bring on BOHard the private health sector. We are also doing a lot of advocacy on behalf of the private health sector and telling the Ministry of Health that they should not only look at the public health sector, but they should also give due attention to the private health sector.

BOH: The private sector, right. Excellent. So, in just a short period of time you've been able to actually change how the rules of the game are being played in the health sector.

LN: To a very large extent. In fact, to the extent that there's the recognition anything they want to do with the private sector, they know where to go, and it makes life easier for them.

BOH: Right.

LN: Yes. It's like a one-stop shop kind of concept. They come to us, they tell us what is happening, and then we just float it, and everyBOHdy hears aBOHut it. Just this morning we have been informed aBOHut the Health Summit.

BOH: Yes.

LN: Which is coming on this month. So the information came to us this morning and I floated to all the groups. So within just a day or two all the private health sector associations are aware of this health summit, the issues that are going to be addressed, and then we all go together with one voice.

BOH: So that's the power of collaBOHration and coordination, isn't it?

LN: Exactly.

BOH: Great. So, Louis, in closing, I'd like you to reflect a little bit on PHSAG recent experience. And if you were able to start over again, what would you do differently, either something a good practice or a positive outcome that you would want to share with the other Network of Africa members to say if you're going to create an organization like PHSAG this I highly recommend you have to do, or something that was not so good, a pitfall that you would advise the other Network for Africa to avoid.

LN: What I – if I'm going to go over again, what I would do is to get a strong secretariat to start this kind of initiative.

BOH: Ah, to start with that structure first.

LN: A strong secretariat, you see, because the professional groups, they're in resistance already, they are doing their own thing. But this is a case where we're trying to bring them together. So you need to

Louis Nortey Interview
November 2011

convince the people the need for this kind of structure. You only need a strong secretariat to be able to do this. And luckily I had the private sector unit of the Minister of Health to assist me to do this, but they were just providing the secretarial services. If there are any other things to be done, I am doing it alone. So you can imagine the battle. A lot of the groups, I had to travel to them. So a strong secretariat to start with is – a strong secretariat, well-resourced, that is what I would suggest.

BOH: Okay. Any other lesson, then, or little nugget of experience?

LN: Oh, yes, the challenges, like I'm saying, there's a lot of – it's a private sector issue, so there's a lot of competition, a lot of competition. So people are suspicious, why is government trying to – why is government sector trying to organize a private sector, what are they up to? Is there anything which is hidden that they want to throw up later? So there's a lot of suspicion. But as we engage them and we bring them into the national health dialogues, they tend to appreciate.

BOH: Great. Okay. Well, Louis, I want to thank you so much for your time, as well as sharing PHSAG's experience with the Network for Africa members. I believe that a lot of the other countries, as you know from our Mombasa experience, are actually considering trying to structure the private sector because, as you started out with saying, indeed, many Ministries of Health are frustrated because the private sector is so fragmented. And when you're talking aBOHut partnerships, it's hard to partner with someBOHdy when they're not organized. So I think your lessons learned will really resonate with some of the other African countries and our other members who are interested in developing an organization like PHSAG.

BOH: I would also like to encourage the Network for Africa members to look for the next two interviews on this topic. I'll be hosting a similar interview with Mr. Walter Ookok who is the Chairman of the Kenyan Health Federation. And in a subsequent interview with Dr. Samuel Ogillo who is the Director of the Association of the Private Health Facilities, Tanzania.

BOH: So, Louis, thank you again. And in closing I'd like to say I'm Barbara O'Hanlon, the Technical Director and Manager of the Network of Africa. Louis and I will be signing off now. And I would like to encourage you all to stay in touch by visiting the Network for Africa website frequently on recent news, on what's happening with the private health sector in Africa. Thank you. Thank you, Louis.

LN: Thank you.