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MANAGEMENT OF PRIMARY HEALTHCARE SIMILARITIES BETWEEN NIGERIA AND GHANA: A SYSTEMATIC REVIEW

[1]Yusuf Yakubu,[2]Salwa Elsanousi, and [2]Magdi Elhadi

[1]School of Health Sciences and Technology, Kaduna Polytechnic, Nigeria
[2]Faculty of Medicine University of Gezira Sudan
Corresponding author: arrigasiyyu@gmail.com; +234803451477

Abstract

Primary healthcare management was a baby of the Alma Ata declaration which was signed by more than one hundred countries around the world. Although the goal of primary healthcare management of ensuring better and accessible primary healthcare services at the doorsteps of every person may be the same, the strategies and capacities to achieve these valuable objectives may be different, this is depending on individual countries strength and capacity. There is therefore the need to identify the similarities in the implementation of primary healthcare among the two countries, with the view to serve as lessons for others to emulate.

It is a qualitative study, in which a semi-structured interview was conducted using the adapted African regional tools for assessing primary healthcare management. In each of the two countries studied, ten experts were interviewed in accordance with the themes as provided, in addition, a desktop review of primary healthcare management was conducted using the Pub med and Google machine to arrive at the conclusion.

The study found similarities in the management of primary healthcare among the two countries. Most significantly were the disease trends, primary healthcare policies and implementation strategies including categories of staff that provides the basics healthcare services at the primary healthcare levels and the level of corruption that has continued to weaken the provision of primary healthcare services in the two countries.

The study revealed that Policies and Implementation strategies in Nigeria and Ghana were encouraging. However, the incidence of corruption has been the key impediment to the better implementation of primary healthcare services in the two countries. Therefore a holistic approach to ending the menace of corruption is necessary if only primary healthcare is to be accessible to the people, particularly at the grassroots.

Keywords: Health trend, policy implementation, rural health, referrals system, monitoring and evaluation

Introduction

The Alma Ata declaration and subsequent conferences that were held on primary healthcare management were meant to develop actions that will enhance accessibility and quality healthcare services and proffer solutions to other emerging challenges.

The concept of primary healthcare as enshrined in the Alma Ata declaration was more comprehensive and different from all other efforts of the past in trying to ensure better health and adequate coverage of primary healthcare services for the people at the grassroots. The Alma Ata Ten points' resolutions have pointed out areas of concern as far as primary healthcare services are concerned. These were indicated in the primary healthcare framework for the implementation of the Ouagadougou Declaration on primary healthcare and health system in Africa. Regional Committee for Africa;(2011)

Nigeria and Ghana have adopted the declaration framework with the view to ensuring better healthcare services in their various countries. However, each country based on its strength and political will may have adopted a similar or variance approach towards achieving its primary healthcare goal with the view to ensuring adequate coverage and accessibility to basic healthcare services, through effective policy formulation and implementation, provision of adequate human resources for primary healthcare and ensuring a better and well-informed monitoring and evaluation mechanism to enhance quality services delivery, build managerial capacities at the local level and increase community participation in planning and implementation of primary healthcare services to achieve sustainable healthcare services in the communities (WHO, 2007)

Many Countries have declared to use their full potentials in the improvement of their healthcare system through the adoption of a primary healthcare system as enshrined in the Alma Atta conference. Therefore the need for peer-reviewing among Nigeria and Ghana in the implementation of primary healthcare concepts as being implemented in the various countries is critical. Relevant health policies and its implementation, provision of adequate manpower based on their needs, logistic management, resources, leadership problems and development of health policies and its implementation, that will make basic primary healthcare accessible and affordable to most families living in the country and thereby reducing the threat of increased maternal and child mortality in such country in addition to structural and institutional weakness including accountability issues and lack of effective Primary healthcare management practices. PHC as a basic healthcare service was designed at the Alma Atta conference to focus more on the people at the grassroots to ensure accessibility, availability, affordability and acceptability of healthcare services among various communities. However, since the declaration at the Alma Atta, many people leaving in the rural areas have to travel a long distance to access basic healthcare services, which sometimes lead to people forgoing their treatment because they cannot afford to pay such high amount of money. (WHO, 2008)

Therefore, this study intends to look at similarities in management of primary healthcare between Nigeria and Ghana using the WHO tools for assessing primary healthcare management in Africa as provided in the report on the review of primary healthcare in Africa (2018)

Material and Methods

This is a qualitative study in which a semi-structure interview was conducted using the adopted African regional report review tools for primary healthcare management (2018). The interview guideline contained elaborated questions which were designed to reflect the need for this study and to also guide the conduct of the semi-structured interviews that were framed under themes. Five experienced high-level primary healthcare managers working in the primary healthcare establishments and five experts teaching and researching in the field of primary healthcare in various Universities in Nigeria and Niger were interviewed making a total number of twenty participants. In addition, a desk top review of primary healthcare management for Nigeria and Niger using Pub med and Google machine were made and the data were analyzed.

Results

Health trends in Nigeria:

The findings revealed that Nigeria was faced with healthcare challenges that include the seasonal outbreaks of infectious diseases such as cholera, Lassa fever, gastroenteritis and endemic diseases such as malaria, diarrhoea, HIV/AIDS, yellow fever and other maternal and infant mortality, Poor sanitation, road traffic accidents due to bad road and reckless driving and non Communicable diseases such as protein-energy malnutrition (PEM) lower respiratory tract diseases, cancer, tuberculosis, stroke and hypertension and also a wide spread of inequality of healthcare services between Northern and southern states and among the urban and rural communities.

Health policy

The result found that the Federal ministry of health has the responsibility and powers to make a proposal for healthcare policy formation at the same time vested with responsibilities to set standards, develop strategies for the implementation of primary healthcare activities in the country in consultation with other likeminded Agencies and stakeholders such as states ministry of health, Local Governments health departments and other sister agencies after which such proposal will be forwarded to the council of ministers for adoption and approval.

Several policies and strategies were made to better the implementation of primary healthcare services in the country such as the basic primary healthcare scheme, the primary healthcare policy and strategy, the national healthcare policy and the national health act. Other policies were the primary health under one roof, the national health insurance scheme, the national Midwifery scheme and the community initiative programme and others. The study revealed these policies were not necessarily effectively implemented as Sometimes they were only made for the purpose of funding raising among international donor organizations

Health policies review in Nigeria

The study revealed that the policies could be reviewed based on monitoring and evaluation reports from the federal ministry of health or as a result of the international conventions such as the Alma Atta convention and Abuja declaration. Other reviews were made based on the outcomes of academic conferences and research-based issues and also the activities of pressure groups and International organizations through engagement, advocacy and issuing of threats for sanctions for non-compliance to the policy change usually result in policy review of policies in Nigeria.

Levels of Health care system

The study revealed that Alma Atta declaration of primary healthcare and its subsequent adoption in the country has made Nigeria streamline its healthcare provision into three levels of healthcare services that comprised of tertiary healthcare services, secondary healthcare services and primary healthcare services.

Primary Health Care Management in Nigeria

The study discovered that primary healthcare services were been managed by local government authorities under the leadership of the Chairman, supervisory counsellors for health, primary healthcare coordinators and their assistance. While the implementation is been carried out by Community health extension workers, Environmental health officers, Public health nurses, Midwives and has been supported by religious and traditional leaders as volunteers who provide sensitization and community mobilization which has significantly assisted in reducing some of the barriers that were restraining and resisting the utilization of primary healthcare services in communities in Nigeria.

Urban and Rural Primary Healthcare services

The study also revealed that there were several training health institutions across the country that produces primary healthcare workers in thousands annually. However, the bulk of these healthcare workers were not employed by Government, while those employed by the Government preferred to work in the urban cities instead of rural communities and settlements. There were also no available documents to ascertain the actual available primary healthcare workers in Nigeria due to inadequate records and comprehensive data of primary healthcare workers and their distribution. However, most of the Primary healthcare workers preferred to work in the urban cities neglecting the rural communities and settlements for lack of adequate staff wages and social welfare package, timely promotion and lack of adequate allowances and other incentives. In addition to inadequate working materials and obsolete facilities and structures that were said to have characterized the Nigerian primary healthcare facilities.

Funding of PHC in Nigeria

The study also revealed that Nigeria has never met the 15% benchmark required for the health budget as demanded by the Abuja declaration but even the little available resources were accused of been corruptly diverted for personal use. The complaint of Corruption was said to have blocked the supply of available healthcare services particularly in the hard to reach areas, creating manpower deficits, inadequate facilities and the complete absence of adequate healthcare workers with the basic qualifications to work in the rural communities. The presence of inadequate drugs and hospital facilities could be openly observed. This was because the fund
were been diverted to individual pockets, leaving the patient to purchase drugs in the hands of quacks or unqualified and unregistered pharmacy vendors who may provide them with fake drugs to consume. The study revealed that most primary healthcare facilities were understaffed in some cases with only one or two persons manning facilities with a larger number of patients seeking medical support.

Referral system

Although referral services were usually discussed as the core components for primary healthcare services in Nigeria, in reality, the study revealed that it was not effectively put into practice. Most patients preferred to visit secondary health facilities or tertiary health institutions with health issues that can be handled at the primary healthcare centres. Even when patients were referred from primary healthcare centres, Feedback from the secondary health facilities has always proved difficult because primary healthcare centres are incapacitated to make a meaningful follow-up.

Monitoring and evaluation

There were different mechanisms put in place for monitoring and evaluation of primary healthcare activities at different levels by primary healthcare managers and other primary healthcare workers to support the implementation of primary healthcare activities.

However, the study revealed that Nigeria lacks a centralized data collection system that is been used for the country and data collection were not adequately made and properly managed to guides the policy-making decision.

Ghana

Health Trend

The data reviewed indicated that Ghana has been confronted with various avoidable infectious disease conditions that have to do with a lack of access to essential healthcare services particularly in the hard to reach areas which have been bewildered with infectious diseases such as Malaria, Measles, cholera, HIV/ AIDS, Tuberculosis diarrhoea, hepatitis Schistosomiasis and other non communicable diseases such as diabetes mellitus, Hypertension Lower Respiratory diseases meningitis and Protein-energy malnutrition deficiencies.

The Country Health Policy on Primary Healthcare

The right to health has been enshrined in the Ghana constitution which has created an enabling environment for the development of several primary healthcare policies in the country. The federal ministry of health and its sister agencies were responsible for development policies proposals and strategies for the implementation of primary healthcare services in Ghana.

There were other several primary healthcare policies initiated towards supporting the implementation of primary healthcare as provided in the data such as Ghana shared growth and development II and private health sector development policy. Several policies were made, the participants acknowledged, that there were many Primary healthcare-related policies which were difficult and too numerous to be memorized off the head, they also have the belief that such policies were not adequately disseminated to enable primary healthcare workers themselves to know much about it and that was a problem as the participant believed that many primary healthcare workers themselves do not know most of the policies less to talk about implementing the ideas and strategies embedded in those policies. The participants interviewed were still in doubt whether such numerous healthcare policies previously mentioned such as Ghana Growth and Development Agenda, the strategic framework for health sectors, National health

insurance scheme and private health sector policy has achieved the targeted objective of ensuring accessibility of healthcare services and also closed the healthcare disparity among Ghanaians.

Ghana PHC Policies Formulation

The data gathered through the participants revealed that Ghana usually reviews its policies based on the foreseeing need and circumstances. It was revealed that most policies in Ghana are usually influenced by the International community who usually fund part of the Ghana health programmes including capacity building, immunization programmes and reproductive health programmes, therefore through such funding policy issues were been influenced. Sometimes these policies were made mandatory before funding and support would be made to Ghana. International organisations such as WHO, UNICEF UNDP etc will always insist on their strategy and planning and the country has to queue in to gain the support.

Monitoring and Evaluation report from various primary healthcare centres, districts and regions usually played a greater role in policymaking decisions for Government. The academic and professional conferences have effectively contributed to stimulating discussions on primary healthcare and subsequently lead to policy issues

Primary Healthcare Implementation

Ghana Ministry of Health and Ghana health services were responsible for the provision of strategic and policy guidelines for the implementation of healthcare services in Ghana including Primary healthcare services. The data revealed that the Ministry of Health provides the overall policy guidelines for the implementation of all healthcare services in Ghana including primary healthcare services. Aside from primary healthcare services, Ghana health services were directly in control of Community-based health planning and services. There are multiple stakeholders in the implementation of primary healthcare services in Ghana comprising national and international partners such as UNICEF, WHO, UNDP, Alliance for Reproductive Health etc, that either directly or indirectly supports the implementation of major primary healthcare policies and services in Ghana such as immunization programmes, Breastfeeding programmes, free Maternal and Child Healthcare programme. The data revealed that there are three levels of primary healthcare services implementation in the entire districts in Ghana. These include the district level centres, the sub-district levels and community levels.

The major implementers of primary healthcare services in Ghana were the various healthcare professionals employed by Government, religious organizations, private organizations and international non-governmental organizations. Such as the Community Health Nurses, Community Health Workers, Environmental Health officers, Medical laboratory scientists, Medical officers and Community Health volunteers to provide basic healthcare services across Ghana.

Primary Healthcare Resources.

Available data pointed out that Ghana has several institutions owned by Government, private and religious organizations training and producing various categories of health workers. But most of these health workers do not want to work in the rural communities in Ghana. This is as a result of several negative consequences, such as lack of timely promotion, denial of in-services training and lack of career progression, lack of adequate accommodation to leave with their families, while their female counterparts was also suspicious of their husbands cheating them in the event they relocate to the rural community, leaving their husband and children alone. They also complained of a lack of motivation of any kind for those working in the rural communities particularly hard to reach areas. The implication of such unavailability of qualified health workers was that primary healthcare centres and services were left in the hands of quacks and half bake trained health workers who lack adequate and appropriate required skills to handle primary healthcare services in such centres since the qualified ones have disserted them for better jobs that will provide them with better remunerations.

Monitoring and Evaluation

The data explained that there was no single method for monitoring and evaluation of primary healthcare services in Ghana, this is because some of these programmes were been planned founded and carried out by different organizations other than the government institutions. International and national organizations, donor and development partners from various countries and organizations, religious and private organizations have their various goal and objectives and as such every of this organization tends to developed it monitoring and evaluation system differently from the others since there was no any standardized and compulsory monitoring and evaluation tools for Ghana. However, Ghana's health services as an agency were directly in charge of community-based health planning and services and all the primary healthcare services including community health-based planning services activities in Ghana and has developed standardized monitoring and evaluation mechanisms to serves as the national monitoring and evaluation tools. The Ghana data collection system has been improved in recent times in some of the health facilities at the district levels. Data are collected every day at the facilities, analyzed and directly transmitted to district levels through web-based system that was designed for that purpose. The participants observed a peer review system of monitoring and evaluation in most of the primary healthcare centres where issues were critically discussed and suggestions were offered or are referred to the ministry of health for further action and noting.

Discussion

Demography

Nigeria and Ghana were all described as developing economies and also aid dependent countries with inequality in economic status between the north and the south of their countries. Southern Ghana is more promising compare to the North. So also in Nigeria, the South of Nigeria has more economic advantage compare to the North of Nigeria which also translated to human capital development. The two countries were predominantly farmers and oil-producing countries. The Central Intelligence Agency (CIA) word factbook (2020) explain that Ghana was blessed with cocoa for exportation and nascent oil industry and also was included among the oil-producing countries and viable country for farming activities. Nigeria also relied heavily on Oil as its main source for foreign exchange and farming that has potentials for exportation.

Health Trends:

The finding revealed similarities between Nigeria and Ghana on the part of their health trends. The two countries were bewildered with the prevalence of infectious diseases such as Malaria, typhoid fever, Measles, diarrhoea and vomiting, cholera, Lassa fever, kwashiorkor, poor sanitation, Maternal Mortality and other non communicable diseases, such as hypertension, diabetes mellitus and others.

The findings collaborated with the study conducted by Faisal et, al (2017) and the Ghana Association of chartered certified accountants (2013) which asserted that communicable diseases such as malaria and Cholera. Tuberculosis meningitis and measles and worm infestation were among some of the burden of the diseases in Nigeria while Ghana also has a high prevalence of communicable diseases such as Malaria, HIV/AIDs, tuberculosis, diarrhoea and other non-communicable diseases such as diabetes, hypertension, cardiovascular disease and other chronic respiratory diseases.

Primary Health Care Policies:

In the formulation of the primary healthcare policies in both countries, the findings revealed that the federal government through the federal ministry of health were responsible for the vested power to set standards, formulate policies for the primary healthcare management, develop strategies and guidelines for the implementation of primary healthcare services in their countries, in consultation with other relevant stakeholders. These findings were in agreement with the provisions in the Nigeria health policy (2016) and Ghana health policy (2007).

Implementation of primary health policies:

The findings showed that Nigeria and Ghana Primary healthcare workers were not adequately made to familiarize themselves with most of the contents of the new-made health policies as it affects their services as the documents were not made available to aid understanding of its contents, concepts and guidelines of its operation and strategic implementation, therefore making it difficult for result-oriented programmes. This finding corresponded to Nwafor-orizu, et, al (2018) which indicated that policies implementation were hindered by inadequate information to the public and other relevant stakeholders, therefore making primary healthcare implementation difficult. In addition, Adetukumbo (2015) also pointed out that leadership problem with lack of prerequisite capacity, political will among the primary healthcare managers has continued to hinder effective policy implementation in their countries.

The study shows similarities among professionals that implement primary healthcare services in the two countries which include the Community healthcare extension workers, Environmental health officers, Midwives, Pharmacy, Technicians, Medical lab assistance and others. This corresponded to the finding made by Uzokhuku (2017) who explained that in Nigeria, the community health extension workers, nurses, midwives, and other categories of healthcare workers were the major healthcare workers that handles primary healthcare services. Similarly, Emarus et, al (2017) also submitted that Nurses, Midwives, Community Health Extension Workers, Community Health Volunteers and Medical officers were the major primary healthcare workers in Ghana.

Corruption tendencies:

The findings in both Nigeria and Ghana have shown similar trends in corruption tendencies, where corruption has become the biggest monster and tragedy that has destroyed not only the primary healthcare sector but all other sectors in the two countries. These findings were in agreement with the study conducted by Uzochuku (2017) describing Nigeria as a highly corrupt nation to an extend that donations made for immunization programmes to safeguard the lives of young children in Nigeria by the global Alliance for vaccines and immunizations (GAVI) was conspicuously and corruptly diverted into individuals' pocket. Similarly, the Ghana annual report of the African Development Bank indicator of the world bank (2010) ranked Ghana health sector as the 2nd most corrupt country among nations where 95% of the resources allocated to Ghana health sector were diverted to individuals pockets. In addition, the ACC (2010) report also indicated that the Ghana National health insurance scheme as an agency was bewildered with corrupt practices and fraud in relation to financing unnecessary services and the dubious acts of inflating payments.

Funding of Primary Health Care services

Finding reveals that Nigeria and Ghana have similar problems as regards funding of primary healthcare services. The two countries had never made adequate budgetary provision for healthcare as required by the Abuja declaration or elsewhere. The report of pilot corruption risk assessment in selected Ministries, Departments and Agencies MDAs in Nigeria in (2015) indicated that lack of appropriate budgetary provision for the primary healthcare services has increased the number of abandoned projects with the varying outcomes. Similarly in Ghana, the Alliance for reproductive health rights (2019) pointed out that Ghana health sector was facing budget decline since 2016.

Levels of Health Service delivery

The two countries have three levels of healthcare services comprising primary level, secondary facilities and tertiary health institutions. However, the study revealed people both Countries preferred to visit secondary or tertiary healthcare services instead of primary healthcare centres on the assumption that primary health centres were not effective and lack adequate manpower and material resources to handle patients. The findings were in agreement with Francis et, al (2019) which indicated that about 60 – 90 % of the patient usually bye-pass primary healthcare facilities to other levels of healthcare services to obtained healthcare services with the assumption that primary healthcare services lack adequate

qualified manpower and facilities and were constructed by Government only to services the poor people. This finding was in agreement with the statement made by Bill Gates who described Nigeria primary healthcare centres and facilities as one of the most dangerous places in the world someone could give birth (online Guardian newspaper online, 2018).

Urban and Rural dichotomy

Nigeria and Ghana primary healthcare workers preferred to work in urban cities instead of the rural communities. They believed that working in the cities provide more opportunities for quick promotion, educational advancement and other fringe benefits in addition to leaving with their families. This finding collaborated with Nkomazana etal (2015) which indicated that unclear policies, poor infrastructures such as schools for staff children, inadequate incentives and low salaries wages, limited opportunities for career and continue staff development were categorized as factors encouraging migration to both urban cities and abroad in most of the African countries including Nigeria and Ghana.

Referral System

The referral system has not been effectively implemented in the two countries, as findings revealed that it lacks an adequate follow-up mechanism. Many primary healthcare centres do not care to make follow-ups to know what happen to their referred clients and at the same time, the secondary facilities may not care to report back their findings to the referred centre. The system is therefore characterized by a lack of feedback and follow-ups. These findings were similar to the study conducted by Asuke et, al (2016) which revealed that series of factors were connected with the failure of effective implementation of referral system in Nigeria such as shortage of human and material resources, training and retraining to aid effective use of referral system in collaboration with weakening healthcare facilities. In the same vain Padmore and David (2017) also stated that the Ghanaian healthcare system has been weak as regards to referral system and has been bewildered with many challenges such as the ignorance of the patient to distinguish between health problems that can be treated or handle at the primary healthcare Centres and those that required secondary or tertiary healthcare intervention.

Primary healthcare services

The study has revealed similarities in the major services been rendered in primary healthcare centres in the two countries. These services include routine immunizations, treatment of common ailments, maternal and child healthcare services, control of communicable diseases nutritional services, healthcare counselling and health education programmes. These findings corresponded with the study conducted by Maxwell et al, (2017) which explained that primary healthcare centres conduct mainly curative services for the treatment of minor ailment, disease prevention, maternal and child healthcare and referral services.

International donations

The study reveals similarities as regards foreign donors to Nigeria and Ghana. Both Countries have been benefiting from international organizations through the provision of human and material resources supports, capacity training and provision of drugs and other supplies. In addition, many of the primary healthcare policies in Nigeria and Ghana were been influenced by foreign donor organizations. The finding corresponded with Alenoghena etal (2017) who listed some international organizations such as UNICEF, USAID, UNDP, GAVI and others as organizations known to be supporting both Nigeria and Ghana in the implementation of primary healthcare services delivery.

Conclusion

In each of the countries studied, primary healthcare activities were identified and compared. It has shown strategic methodology towards the advancement of primary healthcare management in the two countries. However, the sustainability of primary healthcare Services may depend on the role of strategic implementation not only the planning. However, the incidence of corruption in Nigeria and Ghana has been the key impediments to effective implementation of primary healthcare services

delivery, which, therefore, requires a quick and holistic approach to ensuring effective services delivery and accessibility to primary healthcare services.

Recommendations

Based on the above findings, the researchers wish to make the following recommendations;

- Primary healthcare workers should be made to familiarize themselves with any new developments and policies that are made for primary healthcare services
- Primary healthcare workers should be encouraged to work in rural communities through the provision of adequate incentives, promotion and continuous staff development and in-service training
- A mechanism should be put in place to control the incidence of corruption among management and primary healthcare workers
- Funding should be made available for better productivity and affordable healthcare services at the grassroots
- Nigeria and Ghana should diversify additional means of funding their primary healthcare services to reduce dependence on foreign and international donor organizations

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