

Stakeholder engagement in the pooled procurement program in Ghana

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Abstract

Objective: The article explores stakeholders' engagement before the implementation of the pooled procurement program (PPP) and the challenges encountered by the National Catholic Health Service (NCHS).

Method: The article used a qualitative research approach and a multiple case study design to solicit the views of healthcare service providers and policymakers within the NCHS.

Key findings: The article revealed that the National Catholic Health Secretariat (the secretariat) advocated through the Ghana Catholic Bishops Conference through the bishop responsible for health. Subsequently, the Diocesan Directors, managers, accountants, suppliers and storekeepers of all health facilities were engaged to understand their respective roles before implementing the PPP. The challenges faced came from all institutions that played a crucial role in the smooth running of the PPP. These institutions were the hospitals, suppliers, Food and Drugs Authority (FDA), National Health Insurance Scheme (NHIS) and the secretariat. The findings indicated that some managers in the hospitals were not committed to the program. Whereas, some suppliers purposely weakened the position of some other suppliers after awarding tenders by carrying their commodities directly to the hospitals and reducing the price marginally. The challenge from the NHIS perspective was the payment delays. The FDA was not proactive with post-market surveillance to check substandard commodities in the hospitals. However, in the secretariat, the deficiency was the weak systems to monitor real-time activities of the PPP at the hospitals.

Conclusion: The article suggests that to ensure the right synergies to meet organizational objectives, the NCHS is advised to increasingly focus on identifying and sustaining the PPP by communicating with other stakeholders to achieve their mutual needs. Such a process would allow the more knowledgeable design of resource needs and allocation of scarce resources to their areas of interest.

Keywords: stakeholder engagement; pooled procurement program; Ghana

Introduction

Equitable access to health services is essential. The World Health Organization (WHO) (2020) suggests that fair access to health services ensures accessibility, availability, acceptability, affordability of quality and safe health products for realizing universal health coverage. However, poor-quality care currently serves as a bigger challenge to decreasing mortality than inadequate accessibility to healthcare.^[1] Substandard and falsified (SF) medicines pose a great threat to health systems internationally.^[1]

In sub-Saharan Africa, SF antimalarials contribute to about 72,000–267,000 deaths annually (WHO, 2017). Also, access to essential medicines in developing countries has become inaccessible due to the high mark-up costs that have inflated prices.^[1] For example, the costs of malaria, human immunodeficiency viruses (HIV), tuberculosis (TB) and other essential medicines have been inflated by regional and national distribution costs to the final consumer.^[1] These distribution costs involve port charges, value-added taxes on medicines, importer's margin, import tariffs and high margins in the wholesale and retail elements of the supply chain.^[1]

Also, increased human movement, urbanization and rapid climate change have increased the growth of infectious diseases and caused economic disruptions (WHO, 2020^[2]). For example, the ongoing Covid-19 pandemic has caused immense pressure on food supply chains in a complex network of interactions comprising transport, farming, processing plants, agricultural inputs, trading and more.^[3] Also, it has distorted economic events, causing layoffs, loss of income and worsened economic opportunities.^[2] To tackle pandemics and guarantee quality in healthcare delivery, harnessing all stakeholders and experts to respond to infectious threats and procure the essential medicines required is prudent for an efficient supply system (WHO, 2020^[4]). Through stakeholder engagement and collaboration, a robust medicinal system can be instituted with efficient leadership to govern the procurement processes.

In 2012, the National Catholic Health Service (NCHS) pooled procurement program (PPP) was instituted in Ghana.^[4] The objective of the program was to curb SF medicines and non-medical consumables from their institutions.^[4] The PPP was also instituted to guarantee that all hospital purchased their medicines and non-medicine consumables via the

program. Studies conducted on the activities of the PPP by the NCHS are very few. For instance, studies reviewed focused on the structures and the role of the PPP to determine the quality of medicines procured through the PPP.^[4, 5] Also, Domfeh^[5] explored the efficiency and the challenges of the PPP in the NCHS. The theoretical underpinnings of the above studies were the agency and stakeholder theories, while one article used the Donabedian model. This very article builds on knowledge by relying on the hospitals selected for those studies. The hospitals are Holy Family Hospital, Techiman, Our Lady of Grace, Breman Asikuma, St. Francis Xavier, Assin Fosu and the Directorate of Health, that is, the National Catholic Health Secretariat (the secretariat). However, this article explores how stakeholders were engaged before the establishment of the PPP and the challenges encountered by the NCHS. This article contributes to the existing body of knowledge by serving as a source of reference for researchers and students. Secondly, this article aims to inform policymakers about the importance of stakeholder engagement in the collaborative procurement processes that build trust and ensure members agree on specific objectives.

The article consists of an introduction with literature and a conceptual summary of the topic under discussion. The methods are presented next. The fourth part discusses the main findings of this study. The fifth part contains the discussion. The conclusion including implications of the study to theory, management and direction for future research is presented in the last section.

Methods

This article used a qualitative research approach and a multiple case study design to address the research problem. In applied policies such as stakeholder engagement in the PPP, a qualitative approach explored these complex activities practised by healthcare service providers and policymakers.^[6] The paper relied on the four cases, three hospitals and the Secretariat to have an in-depth understanding of the PPP from diverse viewpoints. For instance, the secretariat gave a detailed explanation of stakeholders' engagement in the PPP. However, the payment delays were a general concern of all stakeholders. The cases are Holy Family Hospital, Techiman, Our Lady of Grace, Breman Asikuma, St. Francis Xavier, Assin Fosu and the secretariat.

A purposive sampling technique allowed the researcher to select cases that answered the research questions. Therefore, this study builds on Domfeh's (2020^[6]) article that explored the physical structures and the role of the PPP in the quality improvement of medicines in the NCHS. The respondents were sampled through the process of convenience sampling techniques. Therefore, the supply officer, procurement manager, pharmacist-in-charge, supply manager, principal procurement manager, program manager, chief biostatistics officer and Director of health were provided with questionnaires in the different hospitals and the secretariat. The respondents selected are top- and middle-level managers who should have adequate knowledge and consideration was given to the interviewees' understanding and participation in the PPP^[5].

The primary data were gathered through open questionnaires with the supply officer, procurement manager, pharmacist-in-charge, supply manager, principal procurement manager, program manager, chief biostatistics officer

Table 1 Summary table of sample

Institution	Profession	Number
Hospitals	Chief Biostatistics Officer	2
	Pharmacist-in-charge	5
	Principal Procurement Manager	1
	Procurement Manager	2
	Supply Manager	1
	Supply Officer	1
The Secretariat	Director of Health	1
	Program's manager	2
Total		15

and directors of health. This article used open questionnaires to gather data from selected respondents in the hospitals and the secretariat. Due to the adherence to the Covid-19 protocols, open questionnaires were sent to respondents through emails (see Table 1). Responses from the hospitals received were 12 as information from them becoming repetitive. Three national officers of the PPP cleared all doubts the researcher had in mind. Therefore, saturation was realized when the researcher was convinced that adequate information has been given. Sampling ended on the 15th respondent when all doubts were cleared. The data gathering took 3 months for all respondents to respond to the questionnaires.

The qualitative data from the questionnaires were coded and analysed using a thematic content analysis approach. The typographical errors noticed were corrected and included in the analysis. The questionnaires were then coded into themes in line with the research purposes. Data analysis is the reduction of raw data into a meaningful story.^[7] So, the data were reduced to make sense of them. The analytical processes started during the data collection stage.^[8] Framework analysis guided the analysis. As a result, the data were analysed by organizing the data, summarizing and categorizing them.

The article made sure that responses from respondents were accurately recorded. Permission was sought from all the heads of institutions to ensure that the paper was only for academic purposes. So, matters of confidentiality, anonymity, informed consent, compensation and full disclosure were all indicated to respondents.

Results

This sector discusses the key findings in line with the objectives of the article which are twofold, stakeholder engagement before the implementation of the PPP and the challenges threatening the implementation of the PPP. Key findings are discussed in themes.

Awareness and advantages of the PPP

Generally, respondents gave sufficient information about the PPP and hospitals' responsibility for purchasing their medicines from the list of suppliers provided by the secretariat.

These responses from respondents were explanatory:

“Our role as a health facility in the pooled procurement program is to facilitate the procurement of medical consumables (drug and non-drug) from awarded PPP

suppliers and also provides up-to-date quarterly reports on consumption patterns of various consumables under the pooled procurement program.” (R6, Male, Supply Officer)

Another affirmed:

“We place orders based on the framework agreement to suppliers. We pay suppliers for items delivered. We also send reports to the PPP for decision making.” (R3, Male, Pharmacist-in-charge)

While at the secretariat, respondents gave the following responses:

“Profit maximization through economies of scale, improved transparency, improved accountability, improved delivery; because most of the suppliers deliver goods/medicines to our facilities or nearby our facilities, some suppliers supply because of the goodwill with the NCHS. Less stressful and less time-consuming.” (R2, Male, Procurement Manager)

Others intimated:

“The PPP facilitates the smooth flow of medical consumables (drug and non-drug) from the upstream to the downstream. It creates a competitive platform for the hospital to get the best medical consumables from suppliers in terms of quality, price, payment terms, brand, etc. It also offers capability-training programs for its members on how to strengthen and bridge various gaps within the supply chain network.” (R6, Male, Supply Officer)

“PPP offers good discounts from the bulk purchases of commodities. Guarantee stable prices over the periods of the contract. Ensures the commodities supplied meet minimum quality standards. Offers opportunity for supply organizations to expand their operations.” (R9, Male, Program Manager)

Stakeholder engagement of the PPP

The general response from the hospitals concerning the implementation of the PPP was not inspiring. Generally, respondents were deficient in the establishment of the PPP. These responses were given:

“The facility was engaged through a stakeholder forum to discuss the modalities of the program and how is going address various challenges within the supply chain network in the various catholic health facilities.” (R6, Male, Supply Officer)

Another intimated:

“We were briefed by a circular about the program sent to health facilities. Health service administrators, supply chain officers, Accountants, nurse managers, and procurement officers in the institution were briefed on the circular.” (R3, Male, Pharmacist-in-charge)

But, at the secretariat, a respondent summarized the activities that took place before the PPP implementation.

“Advocacy to the Ghana Catholic Bishop Conference (GCBC) through the Bishop responsible for health. This

was made to make the approval process smooth. Then it was followed by a presentation of the program to the full house of the GCBC and approval was given. The managers of the facilities (hospitals and clinics) have been engaged two consecutive years before the start of the program and the design was explained thoroughly. Supporting documentation and reporting responsibilities were all explained at those annual engagements. Finally, the Diocesan Directors who supervise the facilities were engaged to understand their respective roles. Apart from the managers, accountants, suppliers, and storekeepers were engaged three times in seminars to help them appreciate their roles for smooth implementation. This group is supported when officers from the secretariat also visit on monitoring to get their books in order and the storage environment.” (R13, Male, Director)

Challenges of the PPP

The challenges found in the NCHS comprised all stakeholders involved in the PPP. These stakeholders are the hospitals, the National Health Insurance Scheme (NHIS), suppliers, Food and Drugs Authority (FDA) and the secretariat. The challenges found are summarized in the following responses:

From the hospitals perspective:

“Interest of managers in purchases for personal gain makes commitment less optimal. Improper planning or poor stock management practices makes facilities get out of stock and forced to purchase from unapproved sources under emergency purchasing. Most facilities have poor physical facilities for effective storage. Hospitals fail to reimburse the PPP secretariat in the right amounts after NHIS pays. Some facilities pay cash for items on the program that should not be so. Where facilities purchase from unaccredited suppliers for commodities, they find it difficult to separate the invoices from those under the program.” (R13, Male, Director)

Another respondent intimated:

“. The supply chain can be greatly affected if the suppliers fail the system.” (R9, Male, Program’s Manager)

Challenges from suppliers’ perspective:

“Some suppliers undercut others after awarding tenders by carrying commodities directly to the facilities and reducing the price slightly and supply, making the suppliers who won the bids unable to sell off their stocks as planned. Others too underrate the scale of the supplies under the contract and experience stockouts through improper planning or stock management. Some suppliers engage in ceilings such that if facilities owe them to a point, irrespective of time; or where the owing crosses a certain number of months, supplies cease until payments are made. Some suppliers are also unable to separate invoices supplied under the PPP and those outside so in computing owing by facilities, they lump them all together which is not right because it conflicts with the contract terms. A few suppliers can send commodities to the doorsteps of facilities as expected. Some send through public transport or get the

facilities to pick up when they are in Kumasi or Accra.”
(R13, Male, Director)

Challenges from NHIS’ perspective:

“Delays paying providers for services rendered are greatly affecting the program, and it is the reason why most institutions are unable to pay suppliers on time. Delays in reimbursement make suppliers lose the value of their commodities due to the lag time between when they purchase to supply and when they get paid given the unstable dollar rate. Some unilateral policies of the NHIS are inimical to the PPP. For example, the reduction in tariffs to take retrospective effect mid-year affected the PPP contract with suppliers that year.” (R13, Male, Director)

Challenges from FDAs’ perspective:

“The FDA is not proactive with post-market surveillance to check for counterfeit commodities in the system. It, therefore, costs the program to test these medicines using its minilab or even at the FDA. FDA charges if the commodity is not substandard.” (R13, Male, Director)

Challenges from the secretariat’s perspective:

“The PPP secretariat has weak systems to monitor real-time activities at the facilities. Monitoring is done periodically so most institutions are not covered over many years, sometimes more than three years.” (R13, Male, Director)

Discussion

Generally, respondents showed immense knowledge of the PPP and were mindful of their duties and the advantages related to the program. The article reveals the advantages related to the PPP. These comprised profit maximization through economies of scale, improved transparency, moderate pricing, shorter lead time, quality drugs and reduced transportation costs. These findings are validated by other scholars^[9] and Merzk and Greese, 2012^[10-14]. Also, the PPP achieved improved accountability, availability, accessibility and quality of essential medicines.^[7, 15, 16]

Domfeh^[4] asserts that there was stakeholder engagement among the secretariat, Ghana Catholic Bishop Conference (GCBC), hospital employees, community members, regulatory agencies and the government before implementing the PPP. The anticipation was that all hospital staff work in concord to achieve the organizational objectives of the NCHS. It is noteworthy that stakeholders are engaged to find the solution to various concerns and challenges that arise before initiating the program.^[17, 18] The engagement also provides the avenue for setting the objective, and barriers, and focusing on the vision for all stakeholders. Therefore, the stakeholders’ engagement aids in defining the purposes, advantages and challenges linked with cooperating in a PPP.

Also, the stakeholders’ engagement aids stakeholders share knowledge that increases the ownership of the PPP by all institutions. For example,^[19] provide that stakeholder engagement assists in improving innovation, reducing conflict and expediting collaboration among members. The engagement of stakeholders also improves general decision-making that

promotes equity and builds on social capital. Again, such engagement provides a common forum for stakeholders to learn, reflect and communicate efficiently with each other.

As the initiator of the PPP, the secretariat provided detailed accounts of the engagement before implementing the PPP. However, the respondents at the hospitals showed flimsy knowledge of stakeholder engagement before the PPP establishment. This dichotomy in views could be the inadequate consultation that took place. Stakeholder engagement is a needed step in building an efficient PPP.^[17] The life force of PPP is collaborating with people from diverse backgrounds and organizations to form an umbrella body to ensure efficiency in the medicine supply network. To ensure that the strategic advantages reach the intended recipients, stakeholders need to be engaged in the early stages of the program.^[20, 21] As such initiative achieves active participation, long-term sustainability, leverage of the program and efficiency of the social intervention.

The challenges faced came from all institutions that played a crucial role in the smooth running of the PPP. These institutions were the hospitals, suppliers, FDA and NCHS. The findings indicated that some managers in the hospitals were not committed to the program. Thus, some hospitals were not patronizing the suppliers listed under the PPP. Also, the findings showed that improper planning led to stockouts that forced some hospitals to procure from unapproved sources under emergency purchasing. Some hospitals failed to reimburse the PPP secretariat right amounts after NHIS paid, while others paid cash for items procured on the PPP. The article reveals that where some hospitals purchased from unaccredited suppliers, it was difficult to separate the invoices from those under the PPP.

Concerning suppliers, some deliberately weakened the position of some other suppliers after awarding tenders by carrying their commodities directly to the hospitals and reducing the price slightly. This situation made those suppliers who won the tenders unable to sell off their stocks as planned. Again, some suppliers underestimated the scale of the supplies under the contract and experienced stockouts through poor stock management. Also, some suppliers practised price ceilings, whereby hospital supplies ceased until payments. The price ceilings by the suppliers stopped a price from increasing above a specific threshold. The competencies of suppliers were a concern. The findings showed that some suppliers could not manage invoices supplied under the PPP. That situation led to conflict with the contract terms. Again, the findings showed that few suppliers could send their commodities to various hospitals. That showed suppliers were not adequately resourceful in meeting all the needs of the PPP.

The challenge from the NHIS perspective was the payment delays. Which has been revealed by other scholars^[22] and Domfeh, 2020.^[5] These delays led to suppliers losing the value of their commodities due to exchange rate fluctuations between the cedis and the dollar rate. Also, the NHIS unilateral policy of reducing tariffs retrospectively affected suppliers immensely since the consultation was not comprehensive. That led to suppliers incurring additional costs.

Also, the findings revealed that the FDA was not proactive with post-market surveillance to check substandard commodities in the hospitals. This situation was costly since the PPP incurred additional costs to test these medicines using its minilab. Additionally, the FDA charged the program where the commodity was not substandard. This situation

could discourage some managers from testing suspicious commodities.

However, in the secretariat, the shortcoming was the weak systems to monitor real-time activities at the hospitals. Periodic monitoring was not sufficient to ensure practitioners were abiding by the rules and regulations of the PPP.

Applicability of the stakeholder theory

The stakeholder theory is suitable for this paper since engaging the right stakeholders is essential to build trust and rapport for the PPP implementation. Therefore, finding the main stakeholders via stakeholder mapping, informing stakeholders of the possibility to develop a program and defining objectives, advantages and principal concerns for co-operation are essential steps in establishing the PPP.^[12] Also, creating the strategies and plans for the PPP and technical working groups should be based on key stakeholders' advice.^[12] Whereas creating a decision-making process and building consensus for the PPP.

Conclusion

This article explored stakeholders' engagement before implementing the PPP and the challenges faced by the NCHS. The article confirmed the advantages of the PPP revealed by other scholars (Domfeh, 2020^[4]). They included profit maximization through economies of scale, improved transparency, shorter lead time, quality drugs and reduced transportation costs.

Generally, respondents supplied adequate information regarding the PPP and hospitals' obligation to buy their medications from the secretariat's list of vendors. The findings indicate that health facilities understood their responsibilities in assisting awarded PPP suppliers in facilitating the procurement of medical consumables (drugs and non-drugs) and in providing up-to-date quarterly reports on consumption trends of various consumables under the PPP. The findings point to better openness, accountability and delivery through the PPP and profit maximization through economies of scale.

The findings indicate that the secretariat advocated through the GCBC by the bishop is responsible for health. To facilitate the approval process, this was done. The program was then presented to the GCBC's entire membership, and approval was provided after that. Supporting documentation and reporting responsibilities were all explained at those annual engagements. Finally, the Diocesan Directors who supervise the facilities were engaged to understand their respective roles. Apart from the managers, accountants, suppliers and storekeepers were engaged three times in seminars to help them appreciate their roles for smooth implementation.

The findings indicate that improper planning or poor stock management practices made facilities get out of stock and forced them to purchase from unapproved sources under emergency purchasing. The article revealed that the NHIS delays in paying providers for services rendered were affecting the program, which is why most institutions were unable to pay suppliers on time. Most facilities have poor physical facilities for storage and failed to reimburse the PPP secretariat in the right amounts after the NHIS payment. Some facilities pay cash for items on the program that should not be so. The results show that the FDA was not proactive with post-market surveillance to check for counterfeit commodities

in the system. The PPP secretariat had weak systems to monitor real-time activities at the facilities.

Implications for research and practice

The article suggests that to ensure the right synergies to meet organizational objectives, the NCHS is advised to increasingly focus on identifying and sustaining the PPP by communicating with other stakeholders to achieve their mutual needs. Such a process would allow the more knowledgeable design of resource needs and allocation of scarce resources to their areas of interest.

To management, the paper suggests that the challenges revealed should be effectively communicated and deliberated on by them to find solutions to these shortcomings.

Future research should study the challenges of suppliers in the PPP. As that would ensure policymakers recognize their difficulties and the way forward.

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Conflict of Interest

None declared.

Data Sharing/Availability Statement

The data will be made available upon grant.

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