



The Catholic Health Service: A Pooled Procurement Initiative in a Decentralized, Autonomous System*

G. Buckle¹ and E. Osafo²

¹Catholic Pharmaceutical Service, Ghana

²MSH/SEAM, Ghana

Background

Health institutions of the Catholic Health Service (a not-for-profit health-care system) are estimated to provide 25 to 30 percent of health-care coverage and potentially 40 percent of the pharmaceutical market in Ghana. These independent and autonomous institutions obtain their pharmaceutical requirements from the open market, Catholic drug depots, and government sources.

Because of their independence, autonomy, management structures, and interinstitutional relationships, these Catholic health institutions do not use their collective potential to obtain the benefits of economies of scale and secure high-quality drugs at the best price.

Objective

Through Management Sciences for Health's Strategies for Enhancing Access to Medicines Program, institutions have been assisted to reconceptualize management practices and interinstitutional relationships in the light of approved entrepreneurial and "business" approaches in institutions whose primary mission is charity.

Method

The reconceptualization, achieved through a fully participatory buy-in process, has led to the evolution of relational structures that potentially allow them to increase access to medicines through the following developments—

- Identifying a common need to collaborate
- Committing to a pooled or "recentralized" procurement system
- Estimating common pharmaceutical requirements
- Selecting common suppliers
- Making good-quality pharmaceuticals available at competitive prices through the above processes

Conclusion

The lesson learned through these developments is that through a fully participatory buy-in process, identification and acknowledgment of common needs and benefits, and collaboration, independent institutions are able to establish centralized structures to meet their needs while retaining their autonomy.

* Poster originally displayed at the SEAM Conference 2003.