

# Holistic Assessment of the Health Sector Performance for 2013

Presented by

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**2014 April Health Summit**

GIMPA Conference Room , 12<sup>th</sup> April 2014

# Outline

- Background
- Purpose of review
- Scope of review
- Methodology
- Findings
- Recommendations/Way forward

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# Background

## Holistic Assessment:

- Structured and transparent methodology
- Performed for the first time in 2008
- Revised Tool is based on indicators and milestones specified in the annual HSMTP 2010-2013
- Dry-run of the HSMTP 2010-2013 indicators
- Initial assessment based on available data and information
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# Purpose of Review

- To assess progress towards the attainment of the health sector objectives of the strategic plan
- Identify areas that need attention and address
- Identify areas of strength and innovations and replicate

# Scope of review

- Health Sector Performance in 2013
  - Holistic Assessment
  - Milestones 2013
  - Agency/Regional Performance
- Recommendations/Way forward

# REVIEW PROCESS

## Annual Health Sector Performance Review

Holistic assessment of the Health Sector Performance

MOH/Agencies Annual Review



MOH Headquarters Annual Review



Regional Annual Review



Districts Annual Review



# Methodology

## ➤ Desk Reviews

- The annual reviews
- DHIMS
- Agencies data
- Regional data

## ➤ Interviews when necessary



# **Analysis of the sector performance focused on the following:**

- HSM TDP 2010-2013 Sector Wide Indicators
- Milestones table in the HSM TDP 2010-2013
- 2013 Annual POW
- 2013 Annual budget and financial reports



# Holistic Assessment Sector Score

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# Holistic Assessment Grading System

Indicators are assigned the value **+1** (coded **green**) if

- Annual target attained regardless of trend, or
- Relative improvement by more than 5%

Indicators are assigned the value **-1** (coded **red**) if

- Below the annual target and deterioration > 5%, or
- No data is available

Indicators are assigned the value **0** (coded **yellow**) if

- Trend within a 5% range, or
- No report from the previous year (for annually measured indicators) or the previous survey (for survey indicators)

# Holistic Assessment Sector Score

- Outcome is **NEUTRAL** with a Sector Score of **0**
- Interpreted as a sector with sustained performance

Health Objective	Score 2012	Score 2013
HO 1	0	+1
HO 2	0	0
HO 3	+1	-1
HO 4	+1	+1
HO 5	+1	-1
<b>Sector Score</b>	<b>+3</b>	<b>0</b>

# Holistic Assessment Sector Score – HO1

**POSITIVE (+4):** Bridge equity gaps in health care and nutrition services and ensure sustainable financing arrangements that protect the poor

Equity: Geography - Services (supervised deliveries)	Target achieved
Equity: Geography - Resources (nurse:population)	Worsening trend
Outpatients attendance per capita (OPD)	Target achieved
Doctor:population ratio	Improving trend
Nurse:population ratio	Improving trend
Milestone: Financing strategy developed	Achieved

# Holistic Assessment Sector Score – HO2

**NEUTRAL (0):** Strengthen governance and improve efficiency and effectiveness in the health system

% total MTEF allocation on health	Target achieved
% non-wage GOG budget to district level and below	Worsening trend
Per capita expenditure on health	Target achieved
Budget execution rate (Item 3 as proxy)	Worsening trend
% of budget allocations disbursed to BMCs by end of year	No information
% of population with valid NHIS membership card	Improving trend
Proportion of claims settled within 12 weeks	No information
% IGF from NHIS	Target achieved
Milestone: Composite planning undertaken in 50% of districts	Not achieved
Milestone: 2 questions included in GDHS on client satisfaction and knowledge of patient charter	Achieved

# Holistic Assessment Sector Score – HO3

**NEGATIVE (-3):** Improve access to quality maternal, neonatal, child and adolescent health services

Family planning acceptor rate	Neutral
% of pregnant women attending at least 4 antenatal visits	Worsening trend
% deliveries attended by a trained health worker	Neutral
Milestone: 90% of district hospitals and 70% of health centres equipped with C/BEEmOC equipment	Not achieved
Milestone: Adolescent health corners established in 30 hospitals	Not achieved

# Holistic Assessment Sector Score – HO4

**POSITIVE (+3):** Intensify and control of communicable and non-communicable diseases and promote a health lifestyle

HIV prevalence among pregnant women 15-24 years	Improving trend
% of children fully immunized by age one - Penta 3	Neutral
HIV+ clients ARV treatment	Improving trend
Incidence of Guinea Worm	Target achieved
TB treatment success rate	Neutral
Milestone: Emergency response strategy for diseases of epidemic potential reviewed	Achieved
Milestone: 50% reduction in Yaws prevalence achieved	Not achieved

# Holistic Assessment Sector Score – HO5

**NEGATIVE (-5):** Strengthen institutional care, including health service delivery

Psychiatric patient treatment and rehabilitation rate	No information
Equity index: Ratio of mental health nurses to population	No information
No. of community psychiatric nurses trained and deployed	No information
% tracer psychotropic drug availability in hospitals	No information
Institutional infant mortality rate	Improving trend
Basket equipment functioning in hospitals	No information
% tracer drugs availability in hospitals	Neutral
% of hospitals assessed for quality assurance and control	No information
Institutional under-five mortality rate	Improving trend
Institutional MMR	Neutral
Milestone: 2 additional half-way homes established for re-integration of former psychiatric patients	Not achieved



# Holistic Assessment of Regions

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# Regional Holistic Assessment

	Total Score	Penta 3	ANC 4+	Skilled delivery	FP acceptor rate	OPD/capita	iMMR	iIMR
Western	3	0	-1	0	1	1	1	1
Upper East	3	0	-1	1	0	1	1	1
Northern	3	1	0	1	0	1	1	-1
Upper West	2	1	1	1	0	1	-1	-1
Brong-Ahafo	1	-1	-1	1	1	1	1	-1
Greater Accra	1	0	0	0	1	-1	0	1
Ashanti	0	0	1	1	1	-1	-1	-1
Central	0	0	-1	0	-1	1	1	0
Volta	0	0	-1	0	0	1	0	0
Eastern	-4	-1	-1	0	-1	1	-1	-1

- Three regions of excellence, Western, Northern and Upper East Region
- Upper East continues previous years' top performance
- Volta Region continues to have below average performance
- In Eastern Region, 7/8 indicators had a neutral or negative trend
- Eastern Region ranked 9<sup>th</sup> in 2011 but first in 2012

# Indicator Trends

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# Indicator Trends – H01

## Equity in skilled deliveries

- Equity worsened slightly to **1:1.56** from 1:1.53 but reached the target of less than 1:1.60
- With 67.5%, Upper East Region continues to champion skilled deliveries
- Lowest performance in Volta Region with 43.4%
- Volta Region consistently lowest performer for 4 years

# Indicator Trends – HO1

## Equity in Nurse:Population ratio

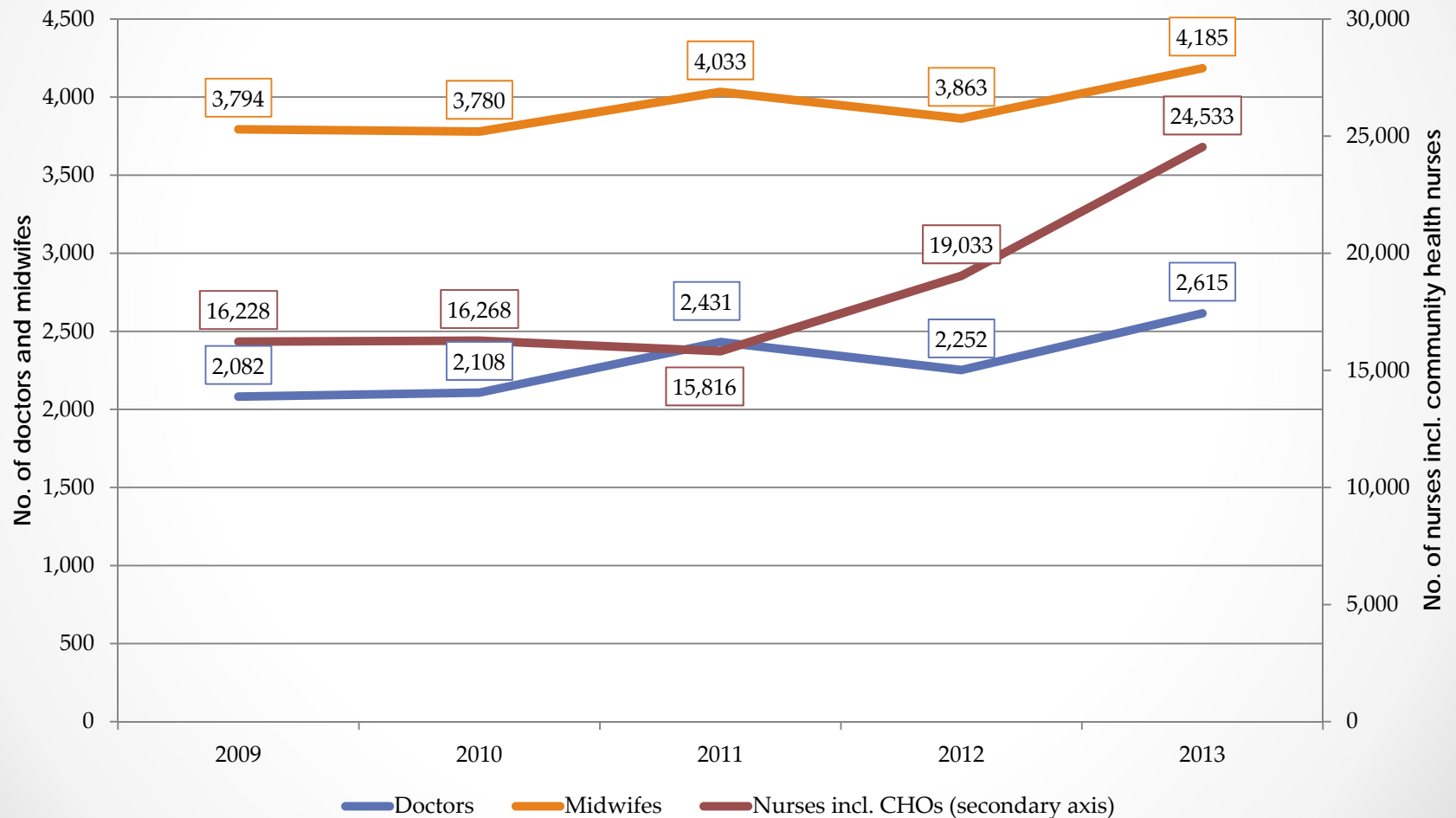
- With 5,500 additional nurses, all regions improved
- Best staffed region improved faster than the least staffed region
- Best staffed was Upper East Region (1 nurse to 715 citizens)
- Least staffed was Northern Region (1 nurse to 1,423 citizens)
- The ratio worsened from 1:1.86 in 2012 to **1:1.99** in 2013

# Indicator Trends – HO1

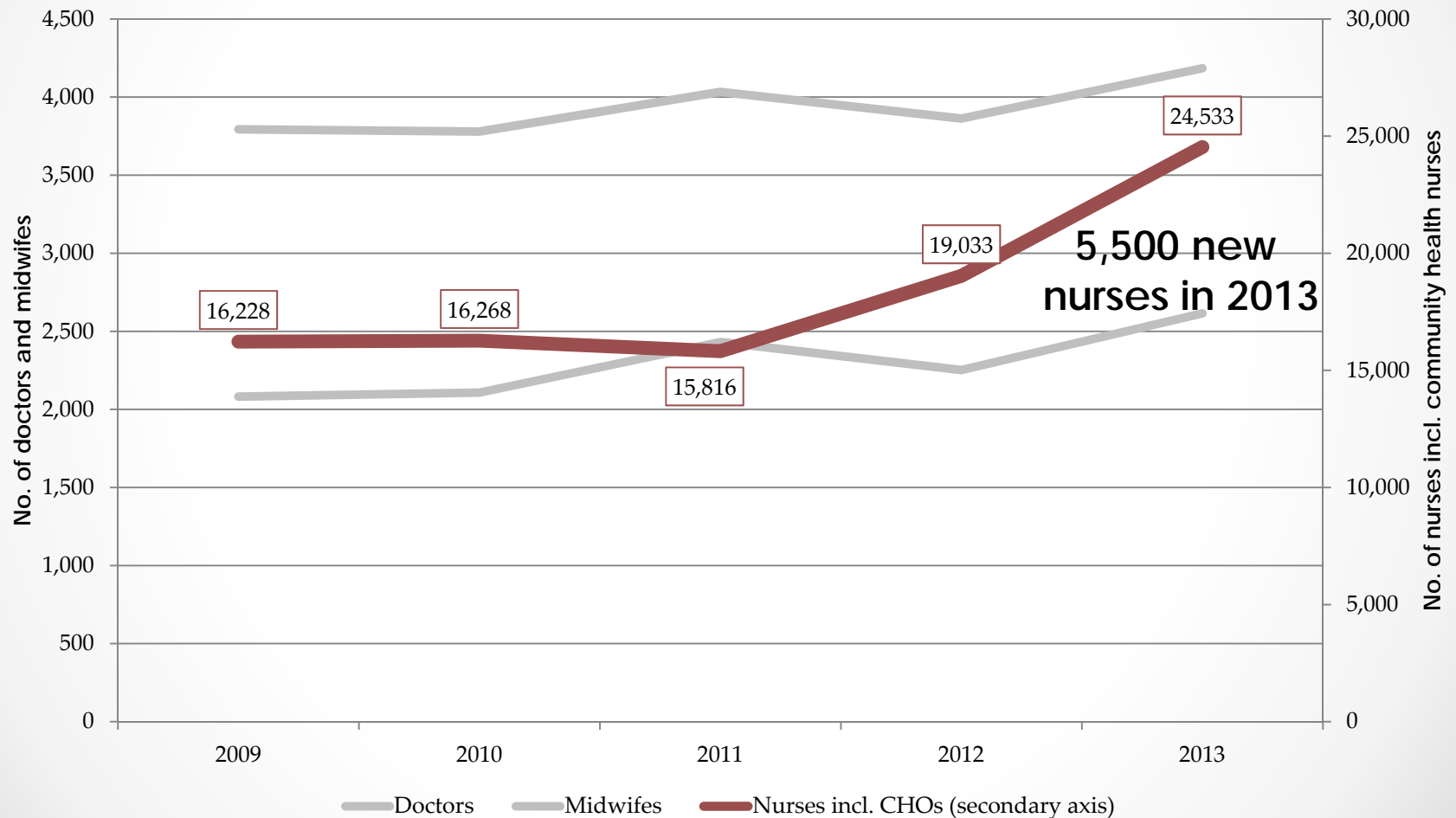
## Human Resources for Health

- Nurse:Population improved from 1:1,362 to **1:1,084**
  - WHO target is 1:1,000
  - HSMTDP target for 2013 is 1:800
- No. of doctors increased from 2,252 to **2,615**
- No. of midwives increased from 3,863 to **4,185**

# Trend: Doctors, Nurses and midwife population



# Trend: Doctors, Nurses and midwife population

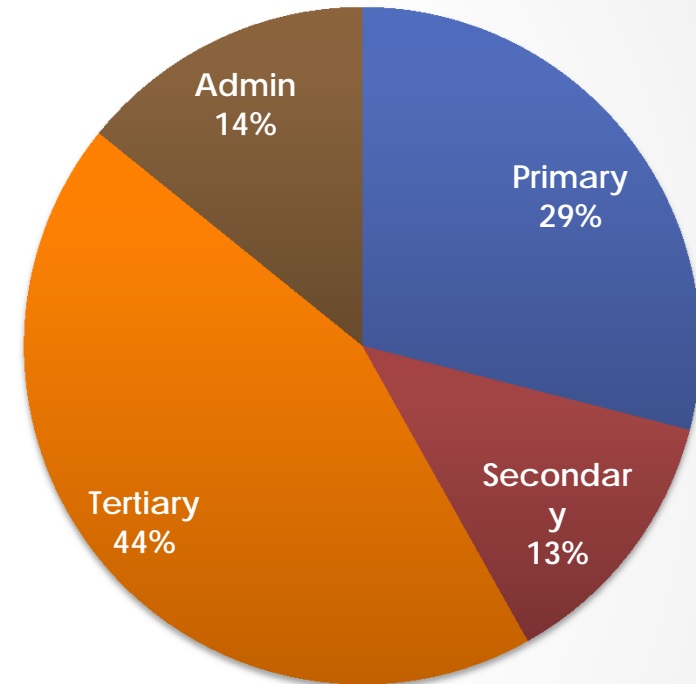




# Human Resources for health

Greater Accra has the largest number of doctors on public payroll

- 53% of all doctors in GAR
- 664 (48%) doctors in GAR are fully qualified
- 719 (52%) are house officers



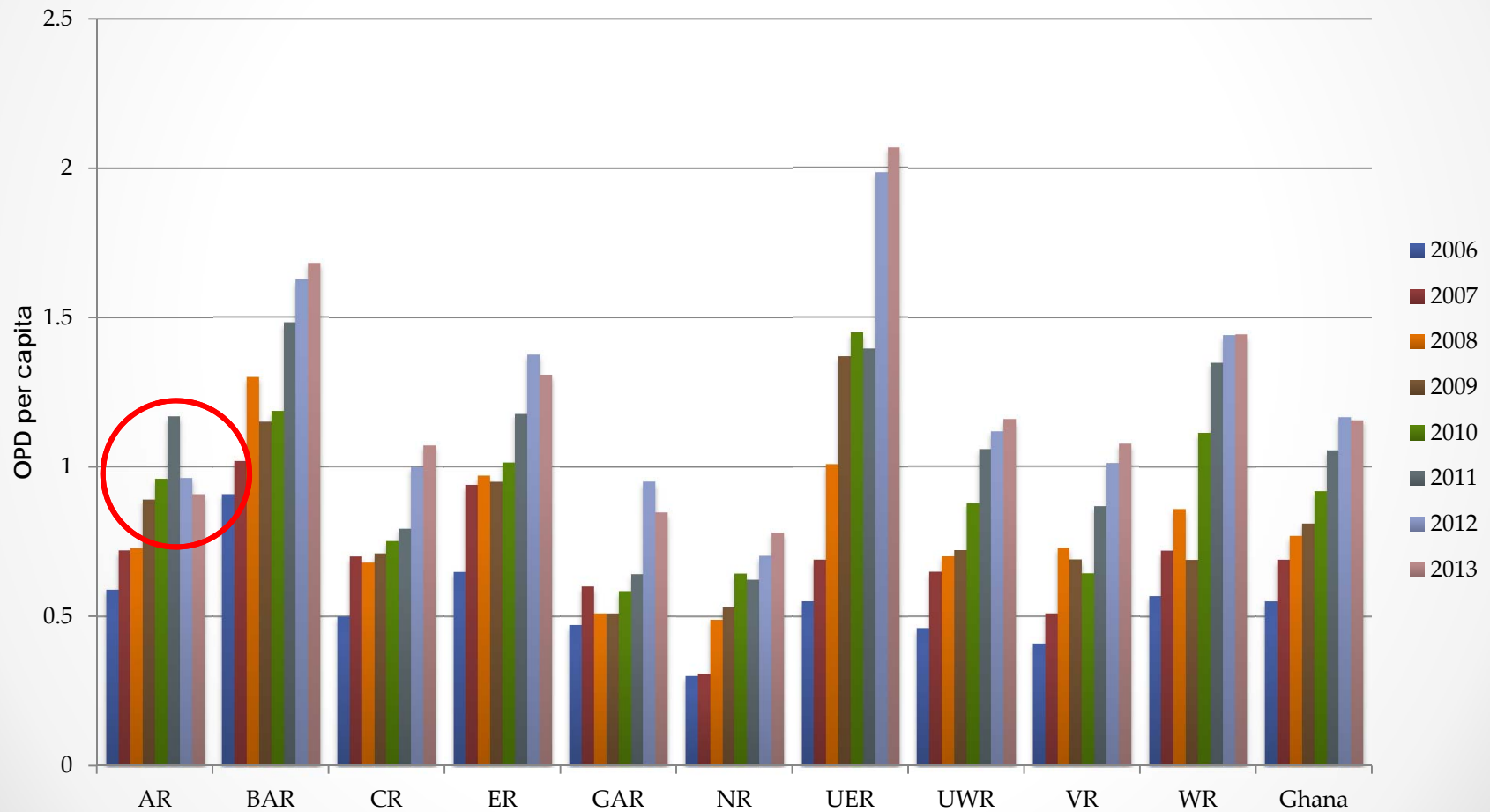
Distribution of 664 qualified doctor in GAR by administrative level

# Indicator Trends – H01

## Access to Health Services

- OPD per capita was **1.16**
- Slightly lower than 1.17 in 2012
- **82%** of total outpatients seen were NHIS cardholders
- OPD per capita still lowest in Northern Region with 0.8 visits per capita
- OPD continues to drop in Ashanti Region.
  - Trend coincides with introduction of capitation
  - Reduction in inappropriate utilization?
  - Reduction in access on account of the capitation?

# OPD per capita 2006-2013



# Indicator Trends – HO2

## Financial performance

- Allocation to health was **15.2%** of total government MTEF
- Per capita expenditure on health fell from \$50.7 in 2012 to **\$41.2** in 2013
  - Single Spine Salary arrears paid in 2012 inflating 2012 figure
- **55%** of budget for goods and services disbursed
- **282%** of budget for compensation disbursed

# Indicator Trends – HO2

## Financial Performance

- Donor contribution to the sector increased by 28.7% from 266 to 342 million GHC
- IGF contribution to sector increased by 28.7% from 442 to 569 million GHC
- GOG contribution dropped by 13.1% from 1,759 to 1,521 million GHC
- GOG and IGF contributed 79.9% to the overall budget.
  - Represents a drop from 88.4%
- Donor contribution to over all increased from 10.7% to 12.6%

# Budget Execution by Source Of Fund

SOURCE OF FUND	BUDGET (GHC million)	DISBURSED (GHC million)	EXECUTION (%)
GOG	508.98	1,530.72	301
IGF	1,831.40	921.64	50
DONOR	194.46	325.95	168
ABFA	29.90	-	-
SIP	46.84	12.14	26
<b>TOTAL</b>	<b>2,611.59</b>	<b>2,790.46</b>	<b>107</b>

# Gross Revenue Distribution by Source

Source of Funds	2013		2012	
	GHC million	%	GHC million	%
GOG	1,521.0	56.0	1,750.0	70.6
IGF	569.2	20.9	442.3	17.8
Program - Donor	252.3	9.3	156.8	6.3
Budget Support	90.1	3.3	109.2	4.4
NHIA	6.3	0.2	15.1	0.6
F/Credits	279.0	10.3	6.4	0.3
<b>TOTAL</b>	<b>2,718.0</b>	<b>100</b>	<b>2,479.83</b>	<b>100.00</b>

# Expenditure

	GOG	IGF	SBS	MOH PROG	NHIA	F/CRED	TOTAL GHC million	%
Employee Comp.	1,518.5	34.8	0.0		0.0	0.0	1,553.3	57
Goods and Services	4.7	523.7	63.9	242.5	6.9	0.0	841.7	31
Assets	3.5	10.9	21.0	0.0	0.0	279.0	314.4	12
<b>TOTAL</b>	1,526.7	569.41	84.89	242.5	6.9	279.0	2,709.4	100



# Indicator Trends – HO2

## National Health Insurance

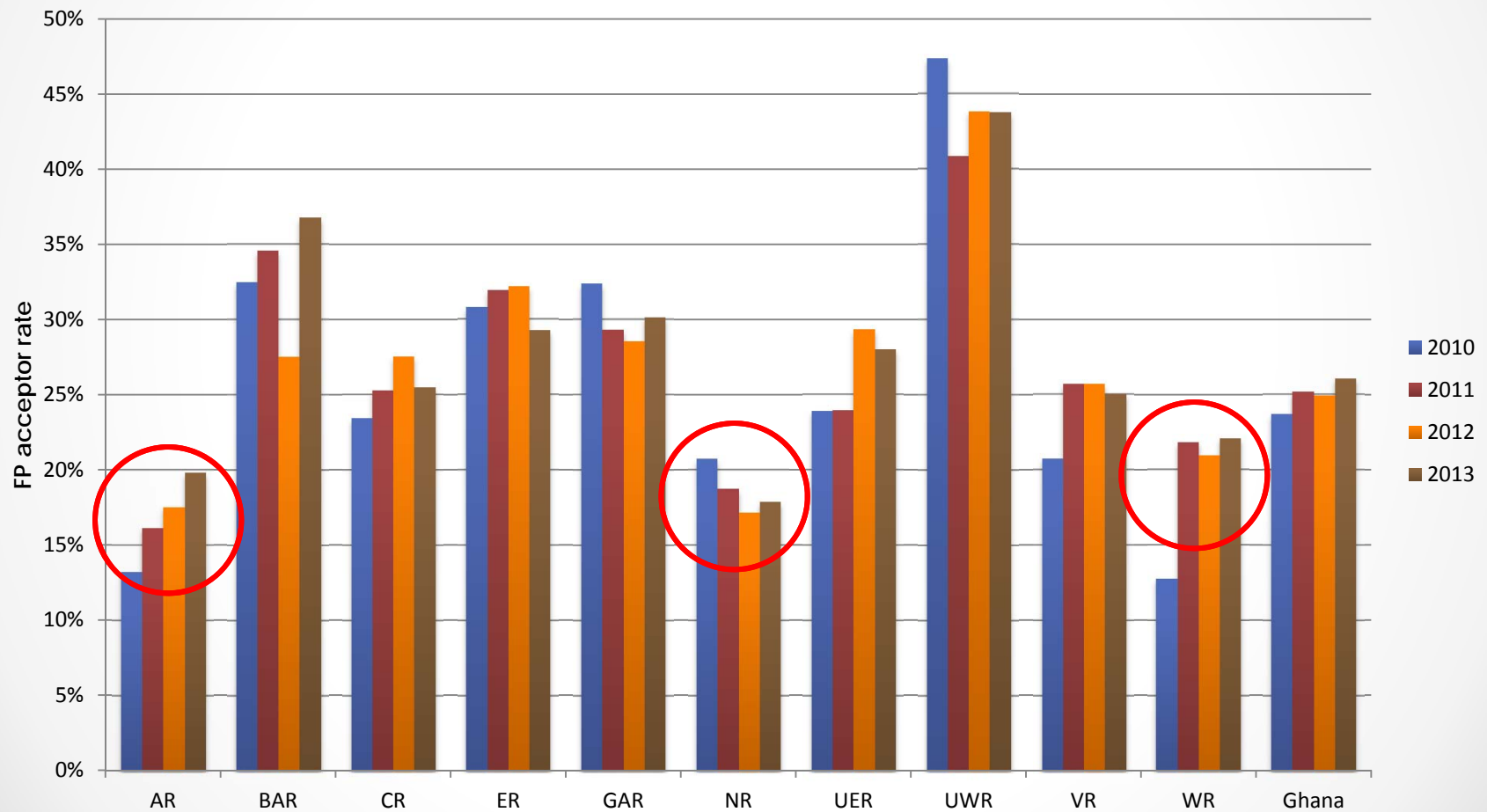
- Active membership increased by 10% to 36.8%
- Poor and indigent increased from 393,453 to 1,124,438
- Proportion of IGF from NHIS was 81.9%
  - Could this be
    - Frivolous use of services by NHIS members (moral hazard), i.e. few insured patients consuming a lot of health service?
    - High NHIS membership rate among those in need of services, i.e. persons only register when they fall sick and refrain from renewing membership the following year if they are cured (adverse selection)?
    - Policy of free enrolment of the poor, pregnant and children, who are expected to have higher need for health services (risk selection)?
    - Fraud?

# Indicator Trends – HO3

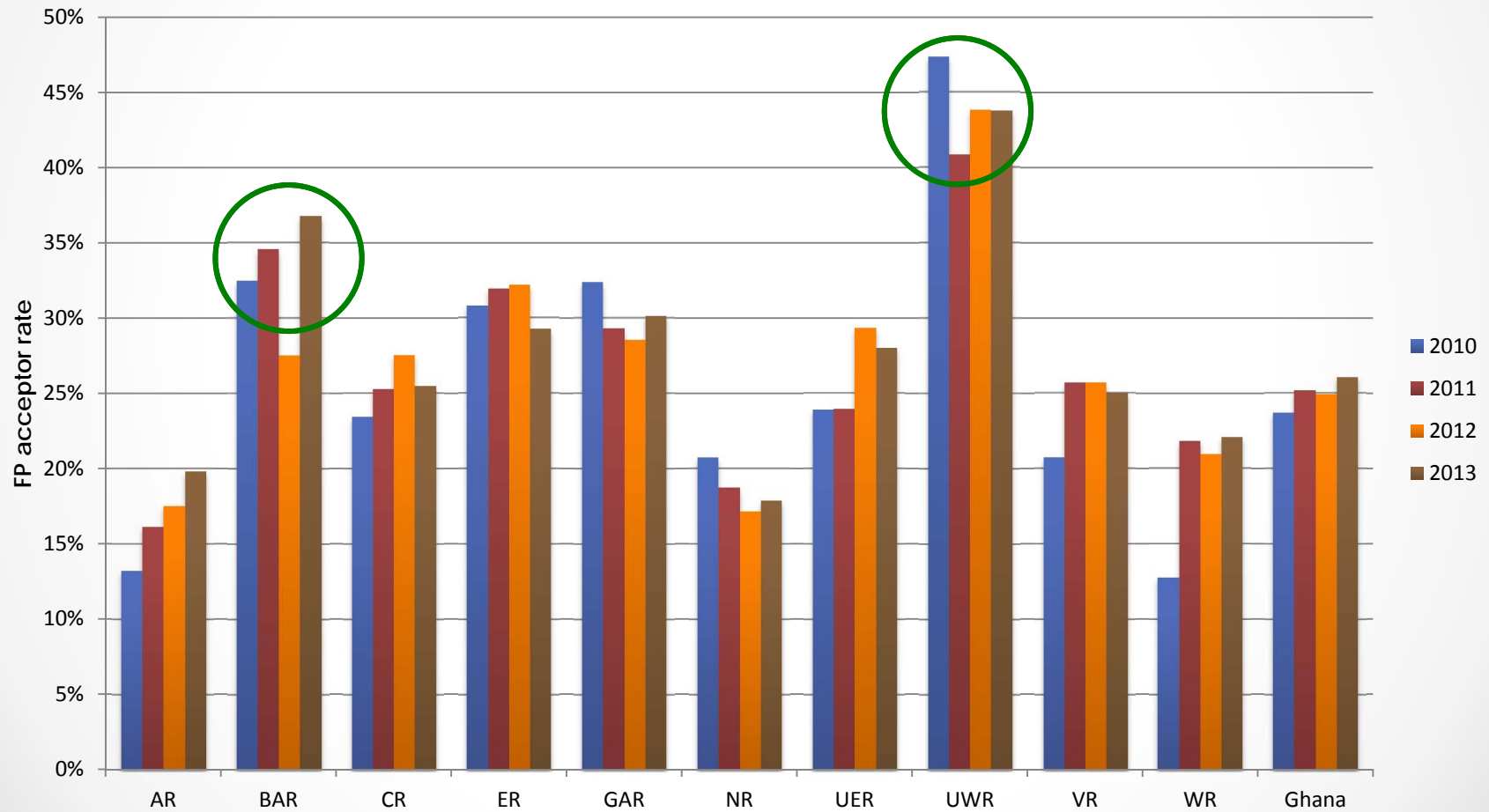
## Family planning

- FP acceptor rate increased from 24.9% in 2012 to **26.1%** in 2013
- Large regional variances. NR 17.9%, UWR 43.8%

# Family planning



# Family planning

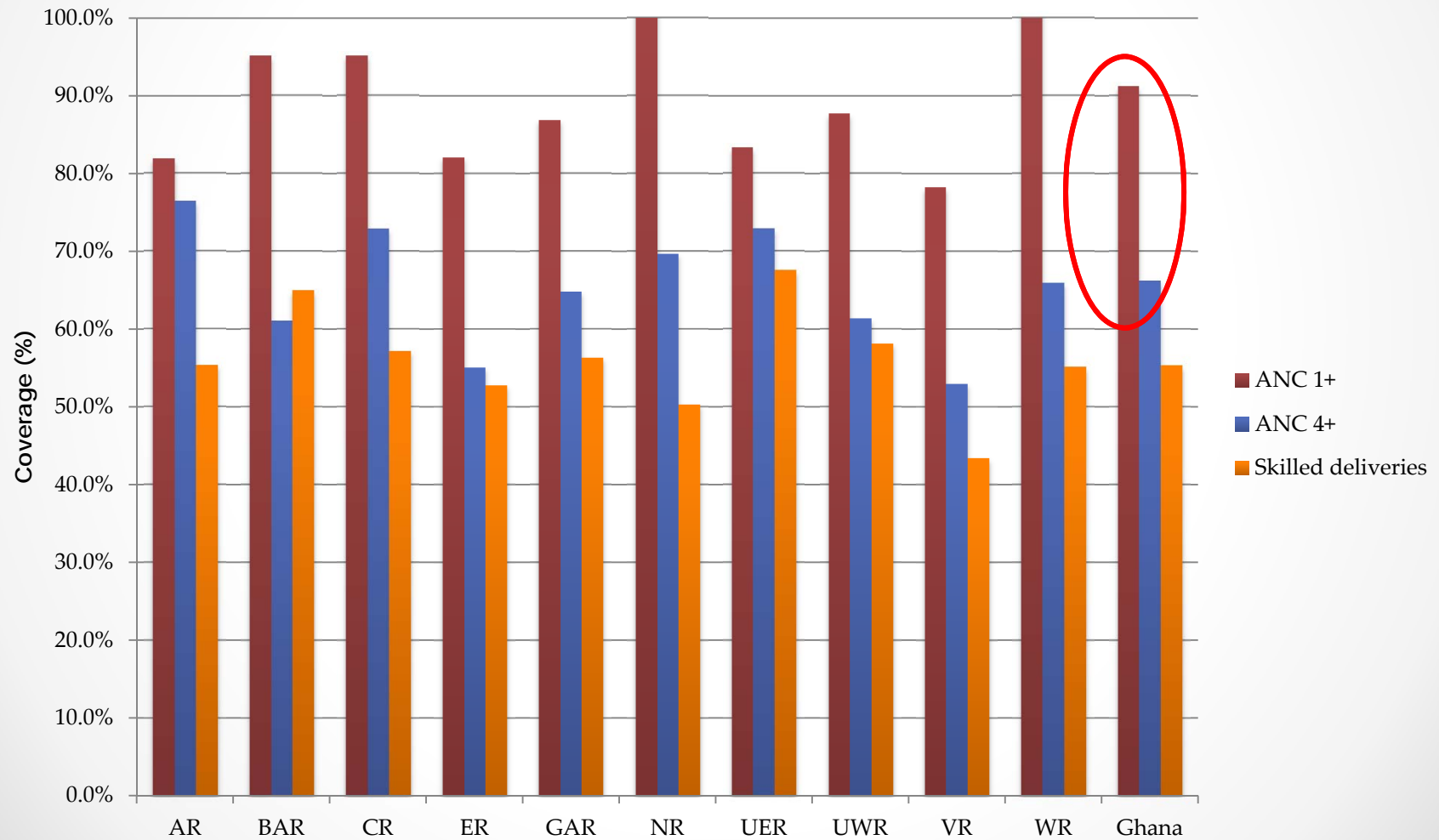


# Indicator Trends – HO3

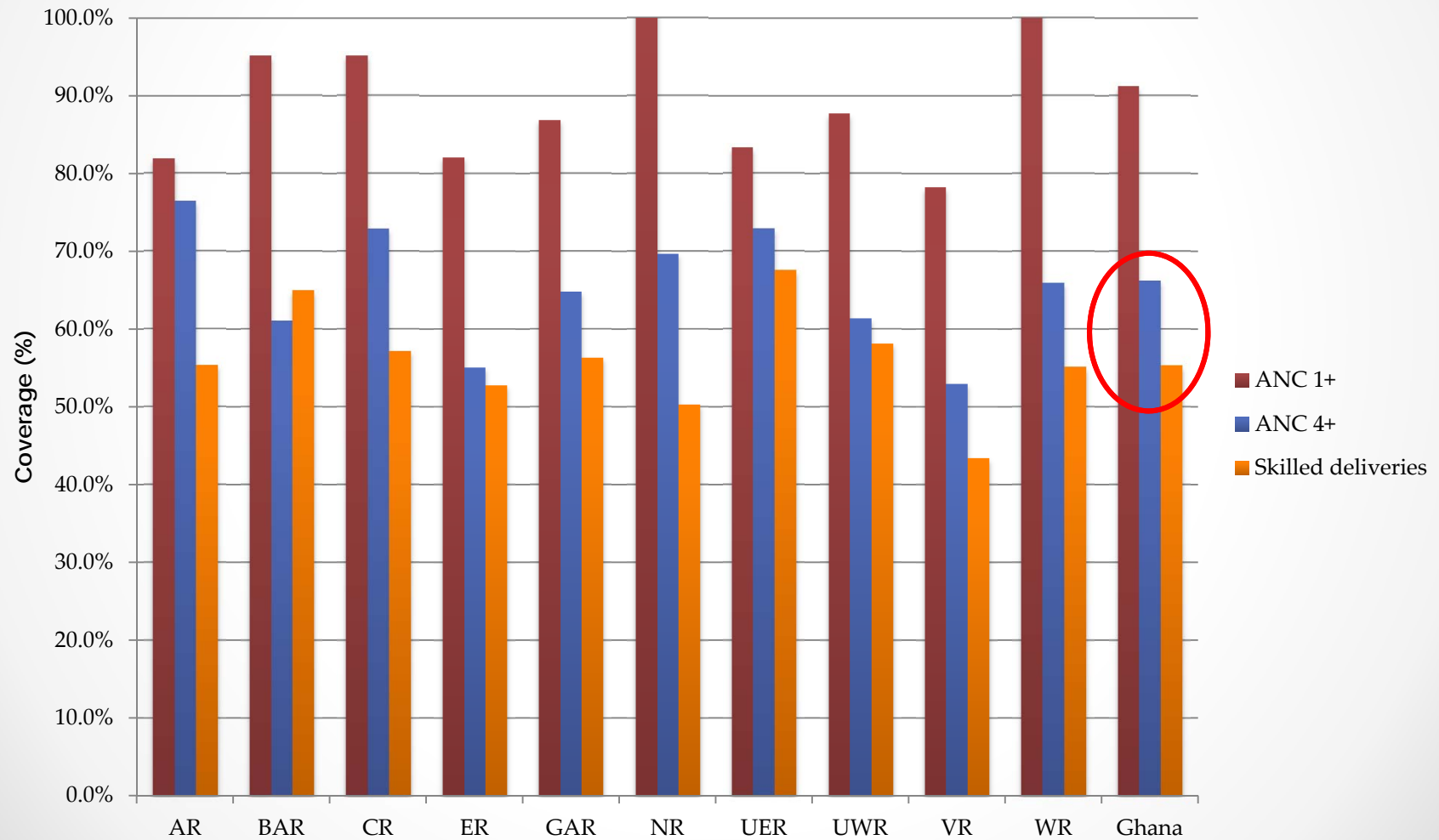
## Maternal Health – ANC 4+

- Dropped across all regions except Ashanti and Upper West Regions
- National average dropped from 72.3% to 66.3%

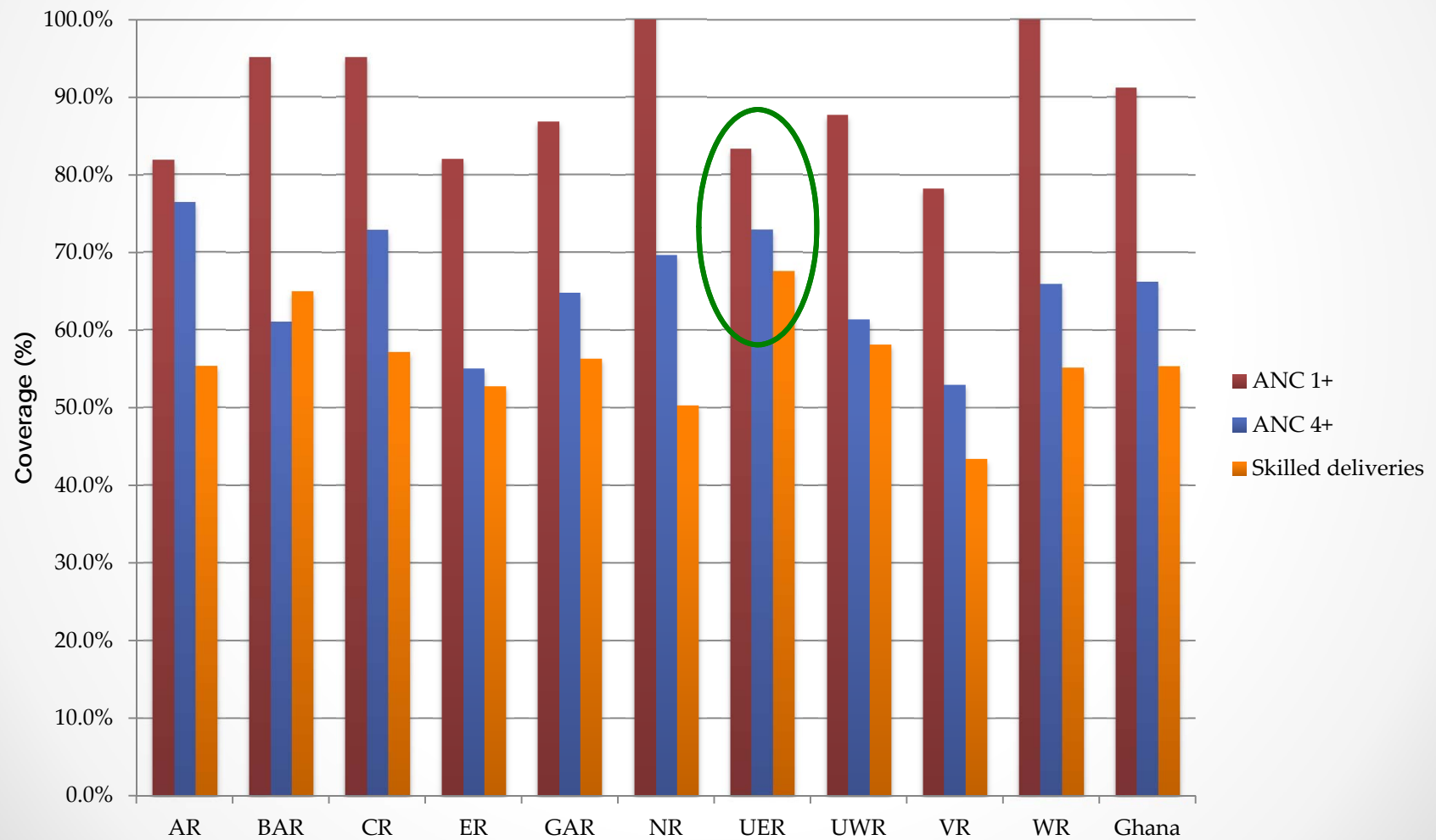
# Antenatal Care



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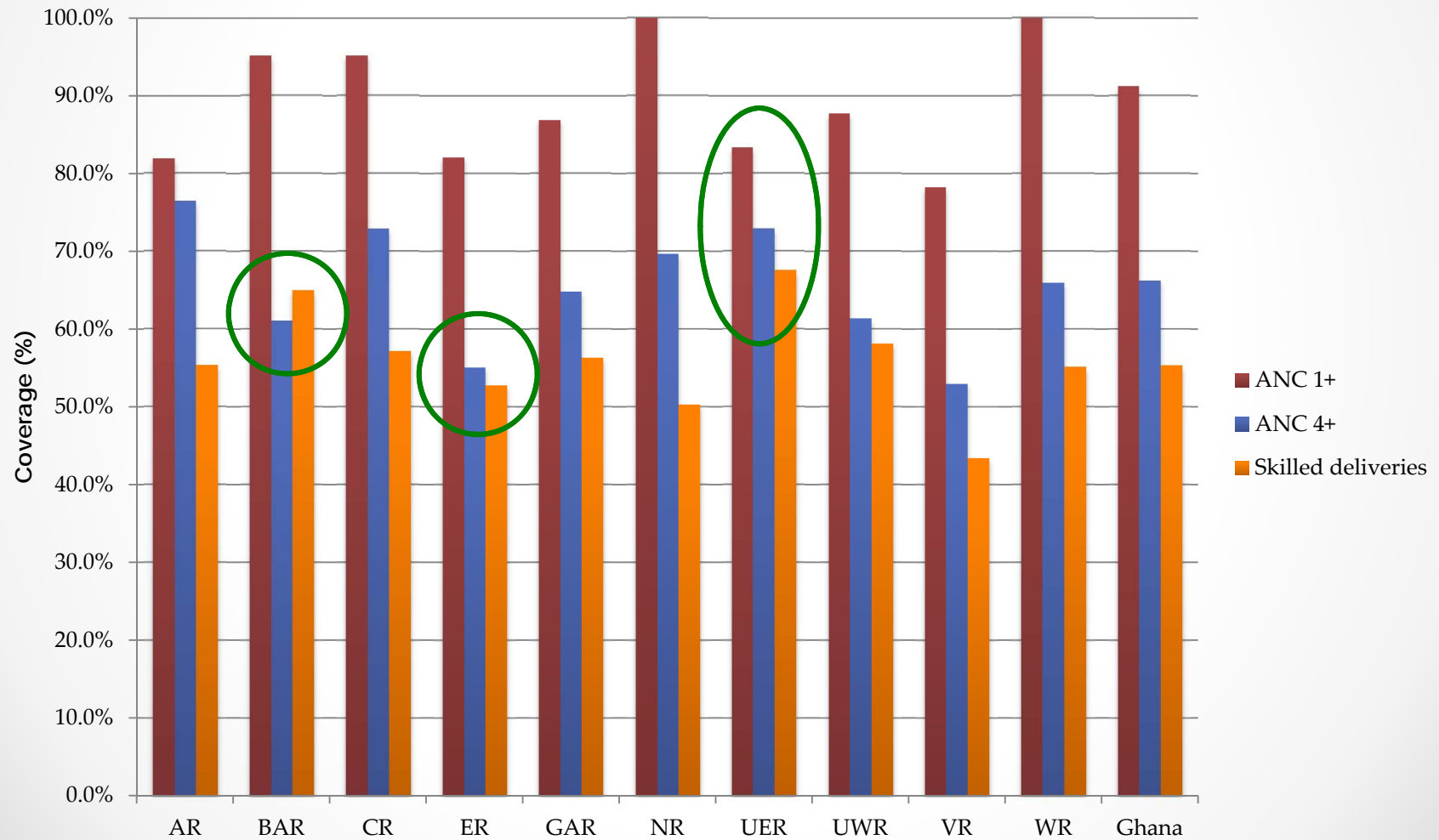


# Antenatal Care





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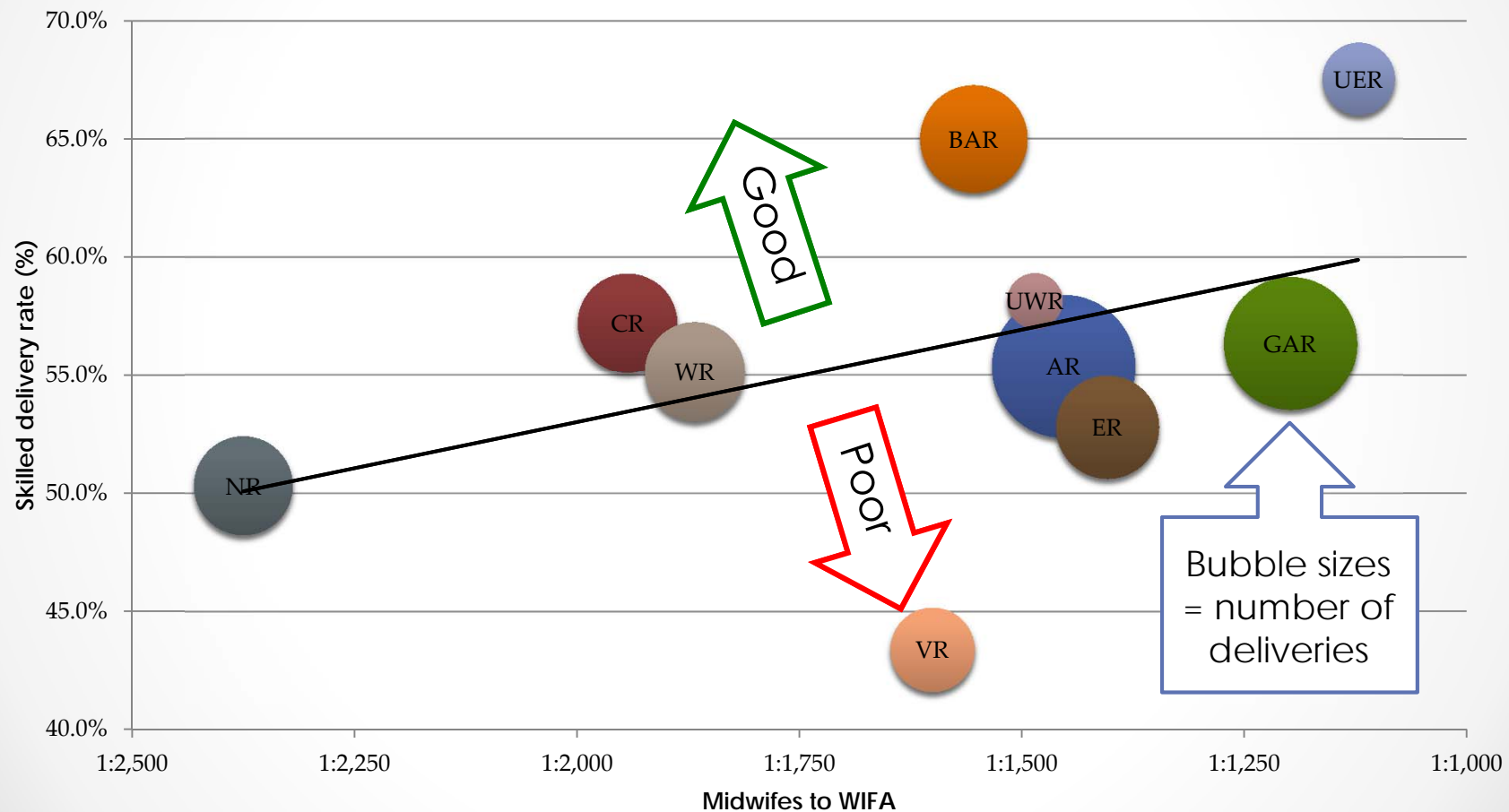


# Indicator Trends – HO3

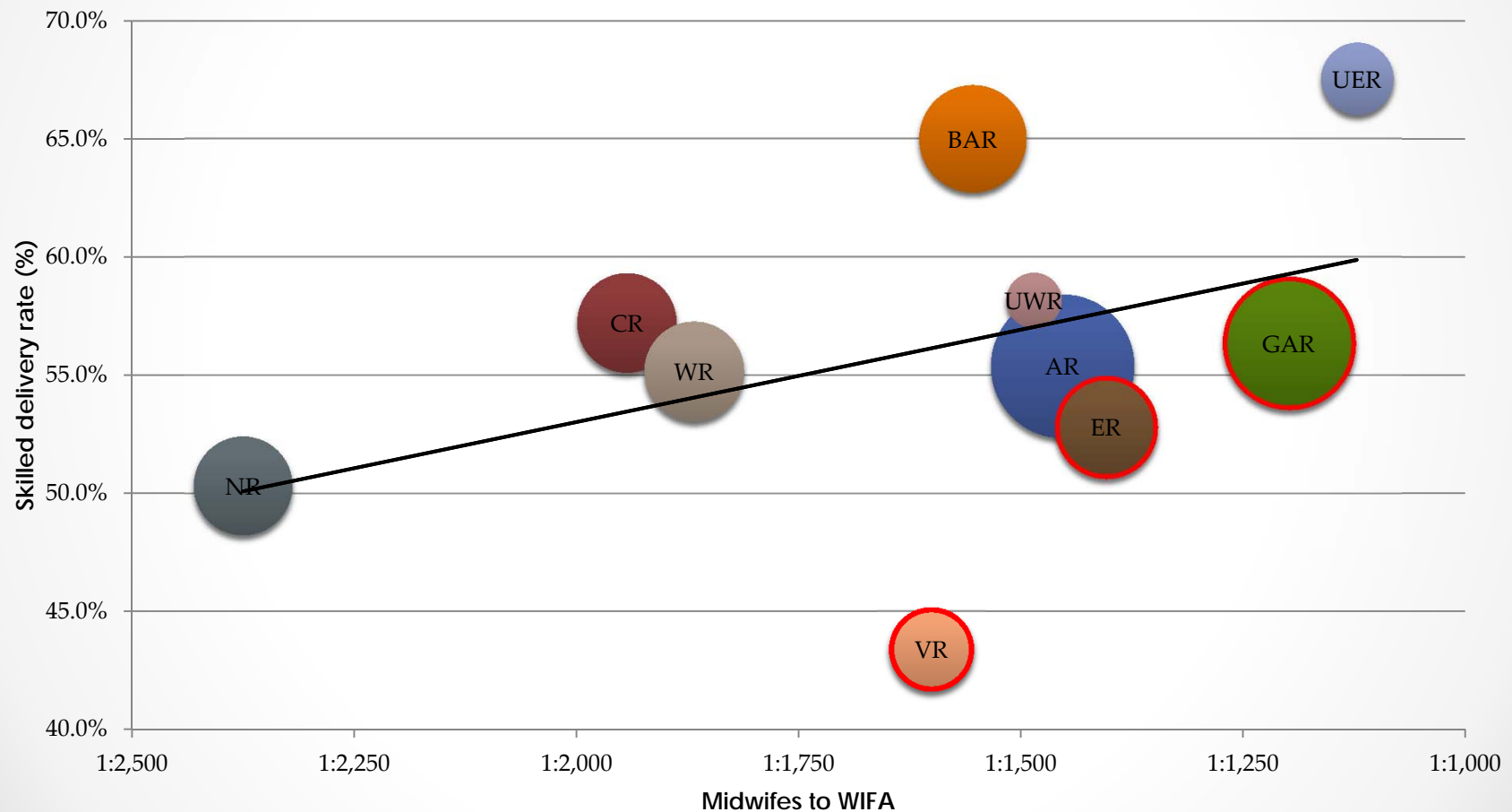
## Maternal Health – Skilled deliveries

- Skilled delivery was recalculated for 2012 due to double counting of deliveries in tertiary facilities
- Dropped to **55.3%** from 55.0%
- Number of midwives increased in 2013

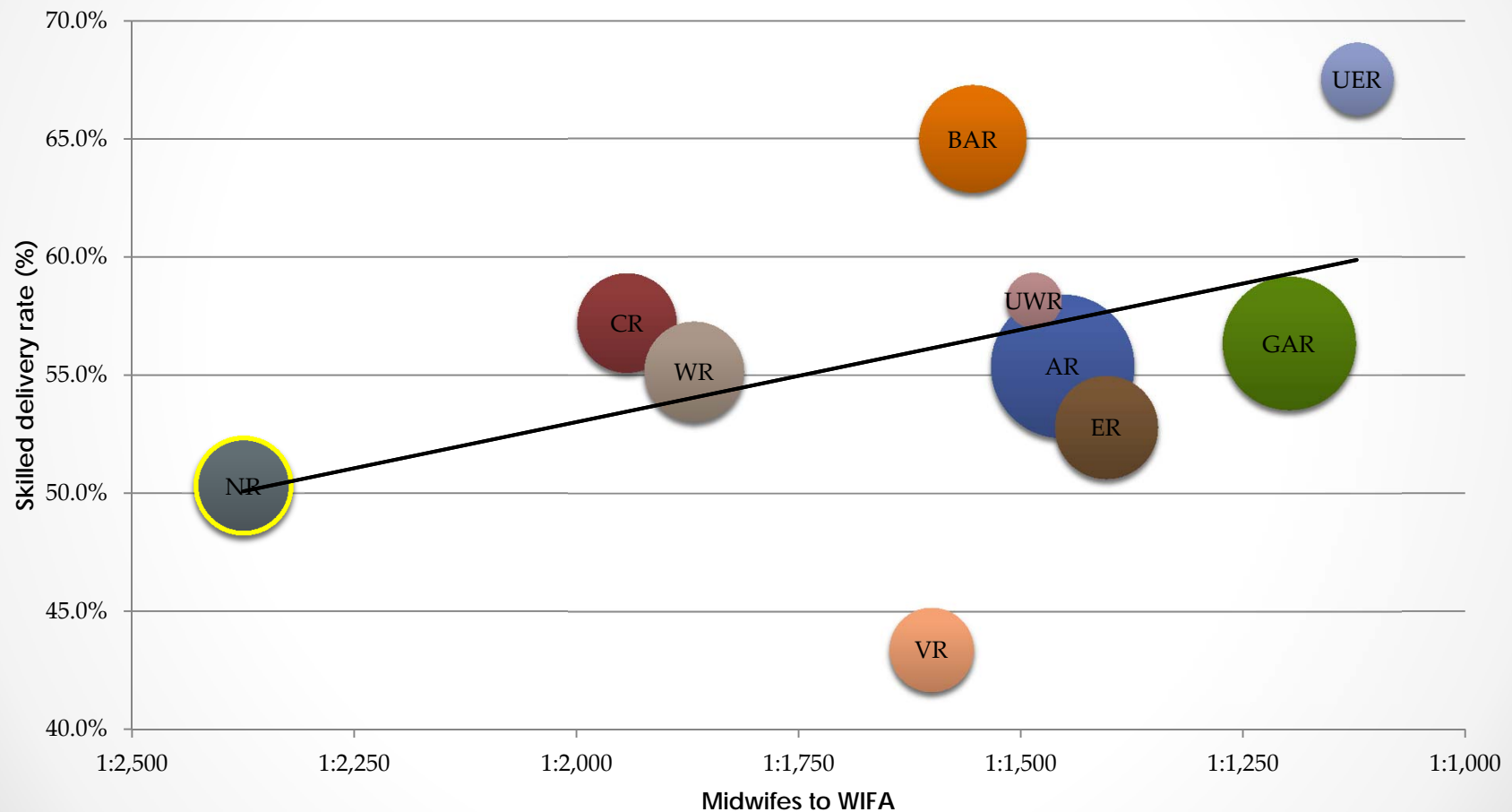
# Midwife staff strength and skilled delivery



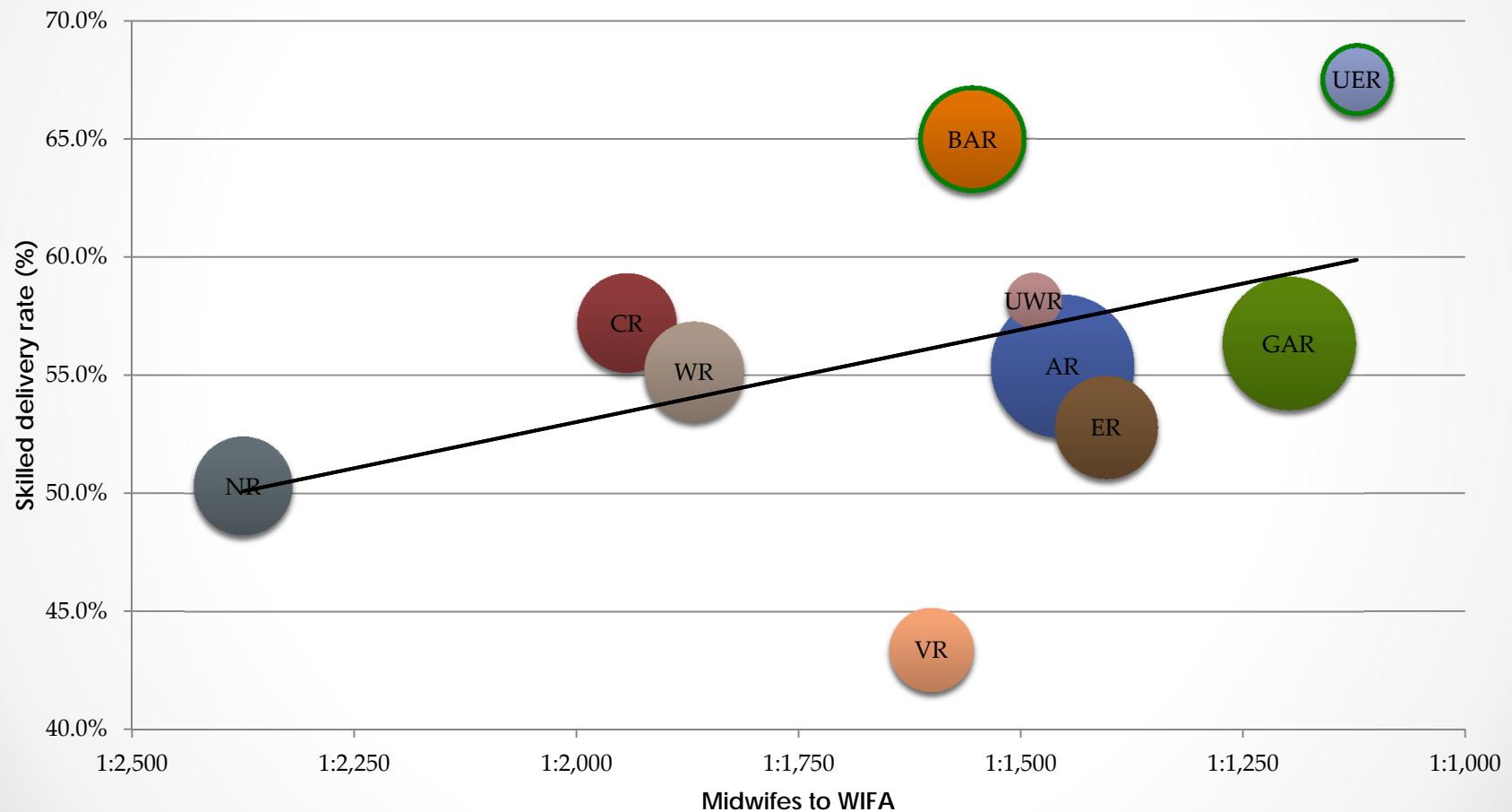
# Midwife staff strength and skilled delivery



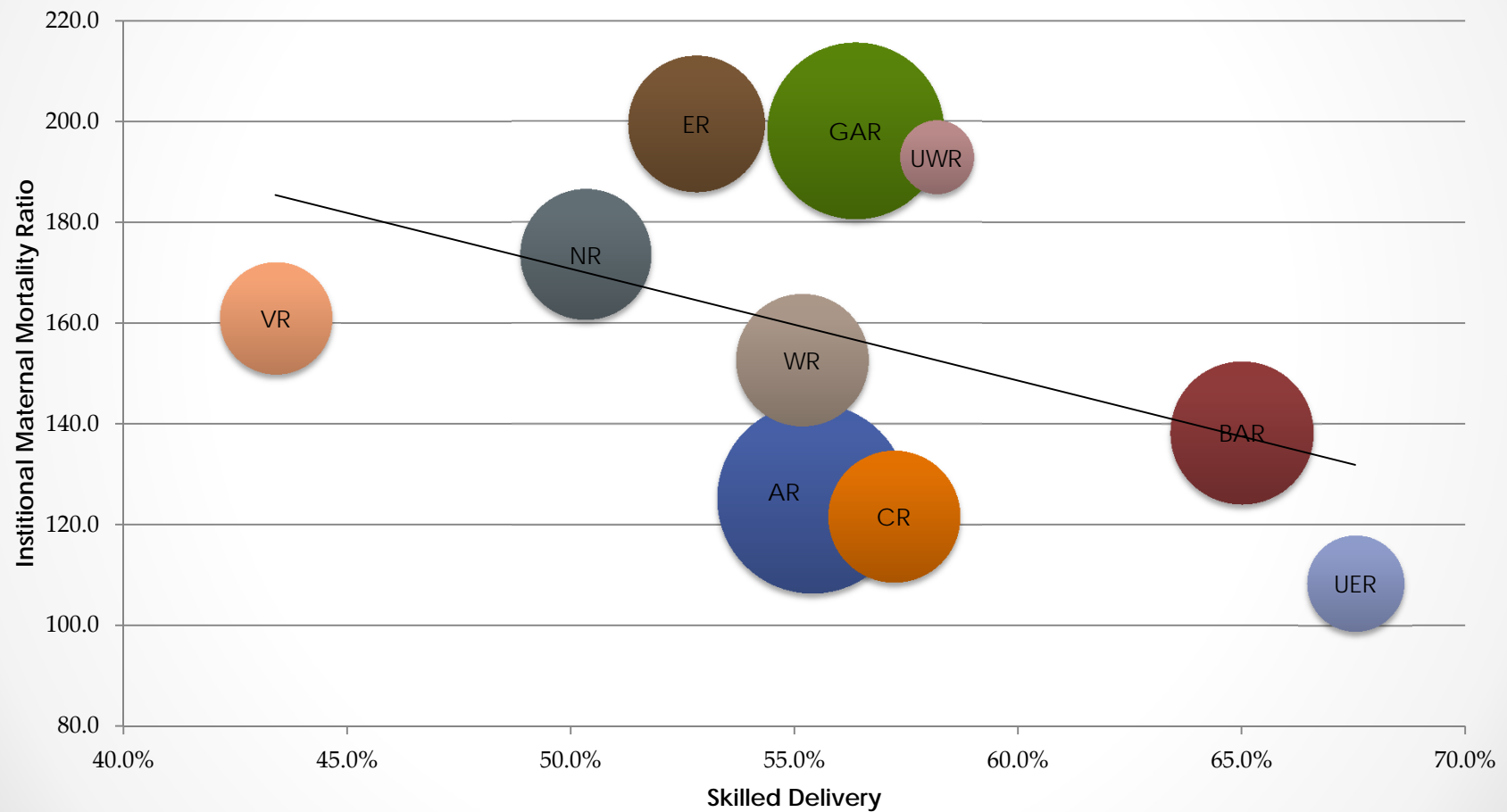
# Midwife staff strength and skilled delivery



# Midwife staff strength and skilled delivery



# Relation between skilled delivery and iMMR



# Conclusion – HO3

- Family planning acceptor rate is stagnating
- Antenatal Care coverage (4+) is worsening
- Skilled Delivery coverage is stagnating despite increasing number of midwives

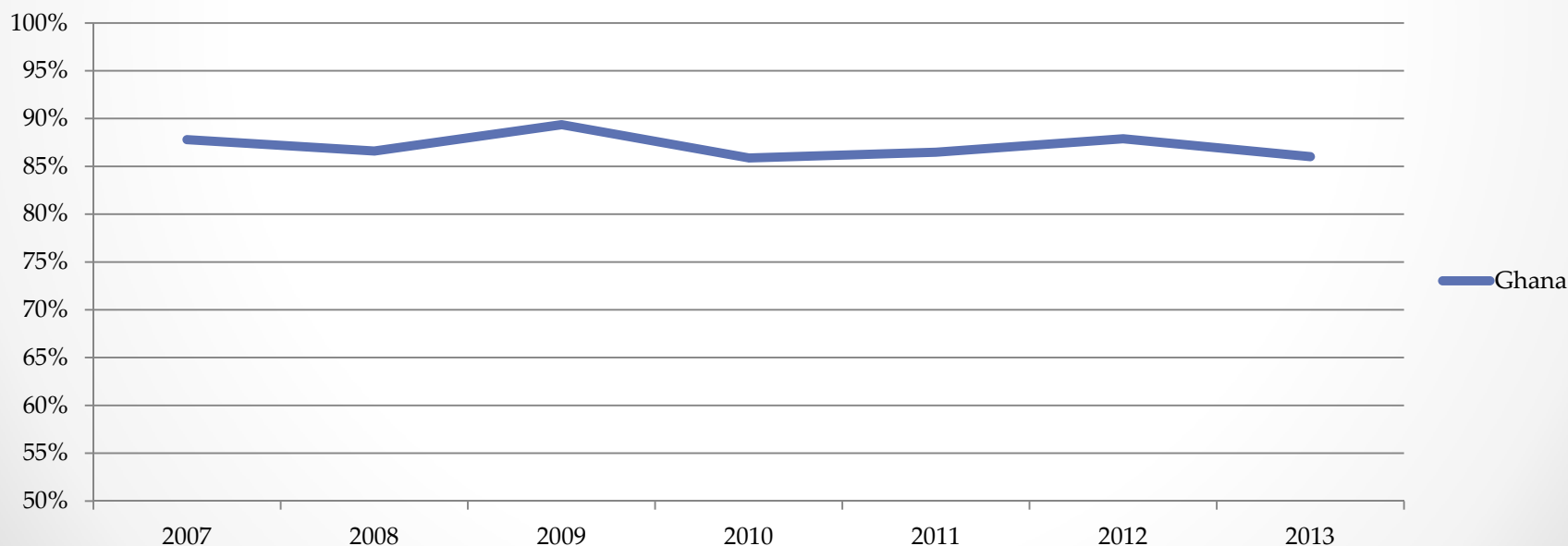


# Indicator Trends – HO4

- EPI

- Since 2007 coverage has steadily been between 85% and 90%
- Routine coverage of Penta 3 in 2012 was **86.0%**
- Introduction of new Measles/Rubella vaccine

**Penta 3 coverage 2007-2013**

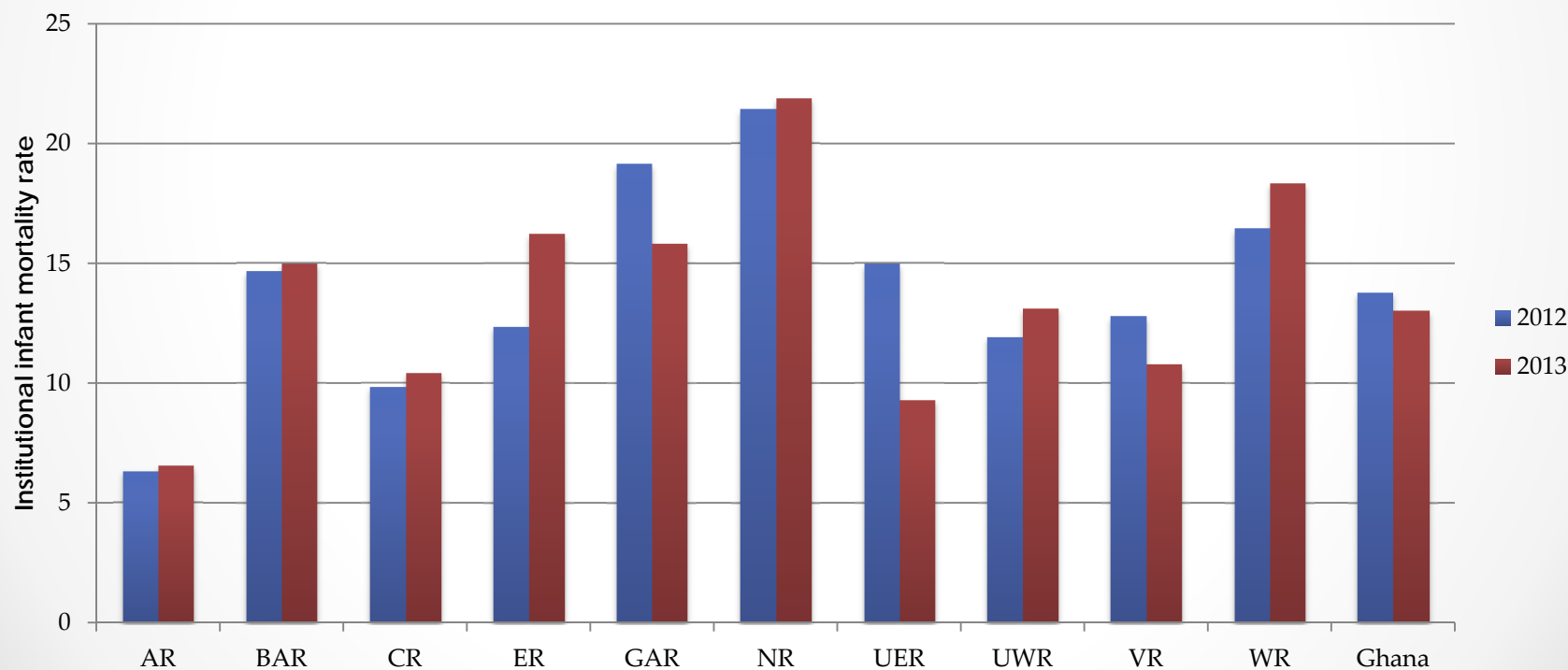


# Indicator Trends – HO4

- HIV
  - HIV prevalence among pregnant women (15-24 years) dropped to 1.2%
  - ARV therapy increased by 8% to 75,762 patients
  - Voluntary testing and counselling fell below target and reduced by almost 20% for adults
- TB
  - Treatment success rate improved slightly 86.2% (above WHO target of 85%)
- Guinea Worm
  - No cases detected in 2013
  - Ghana plans for certification as Guinea Worm Free Country

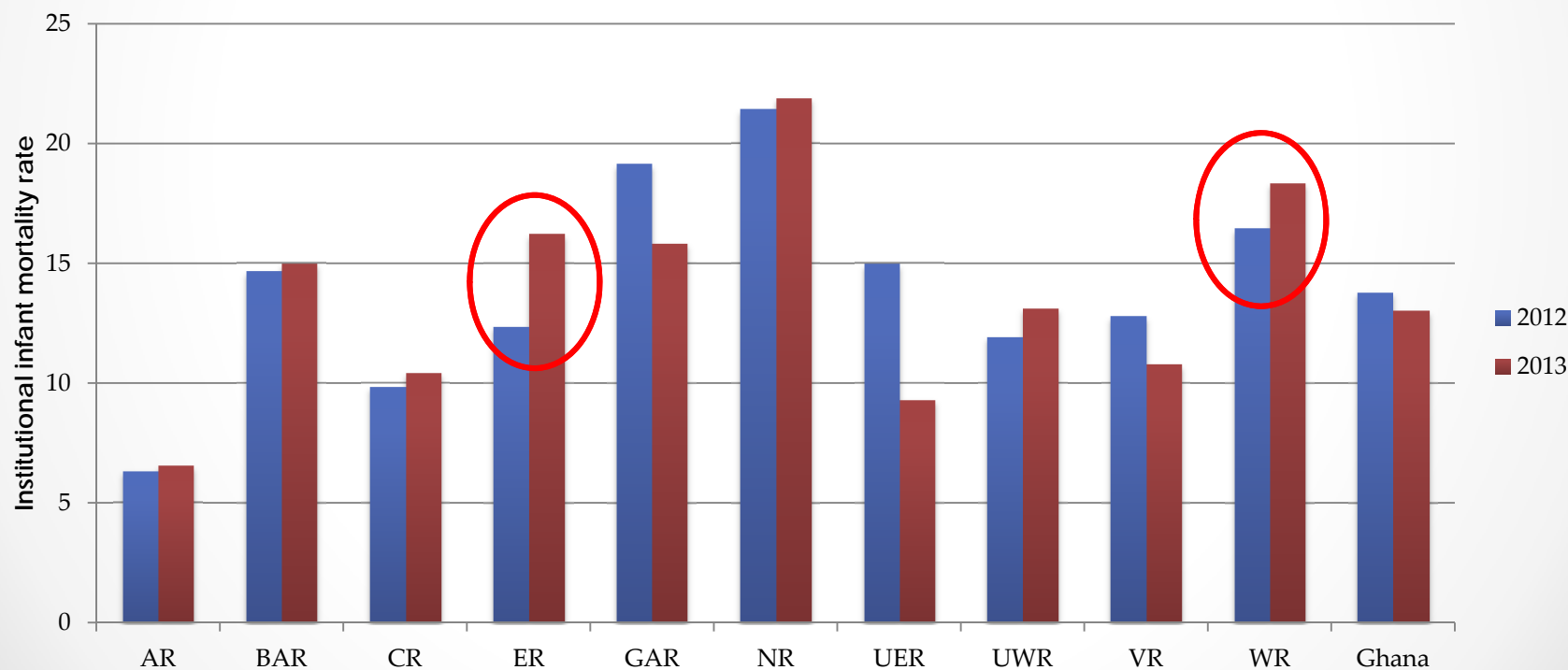
# Indicator Trends – HO5

- Institutional child and under-five mortality
  - Indicators recalculated for previous years due to improved data-source (DHIMS II)



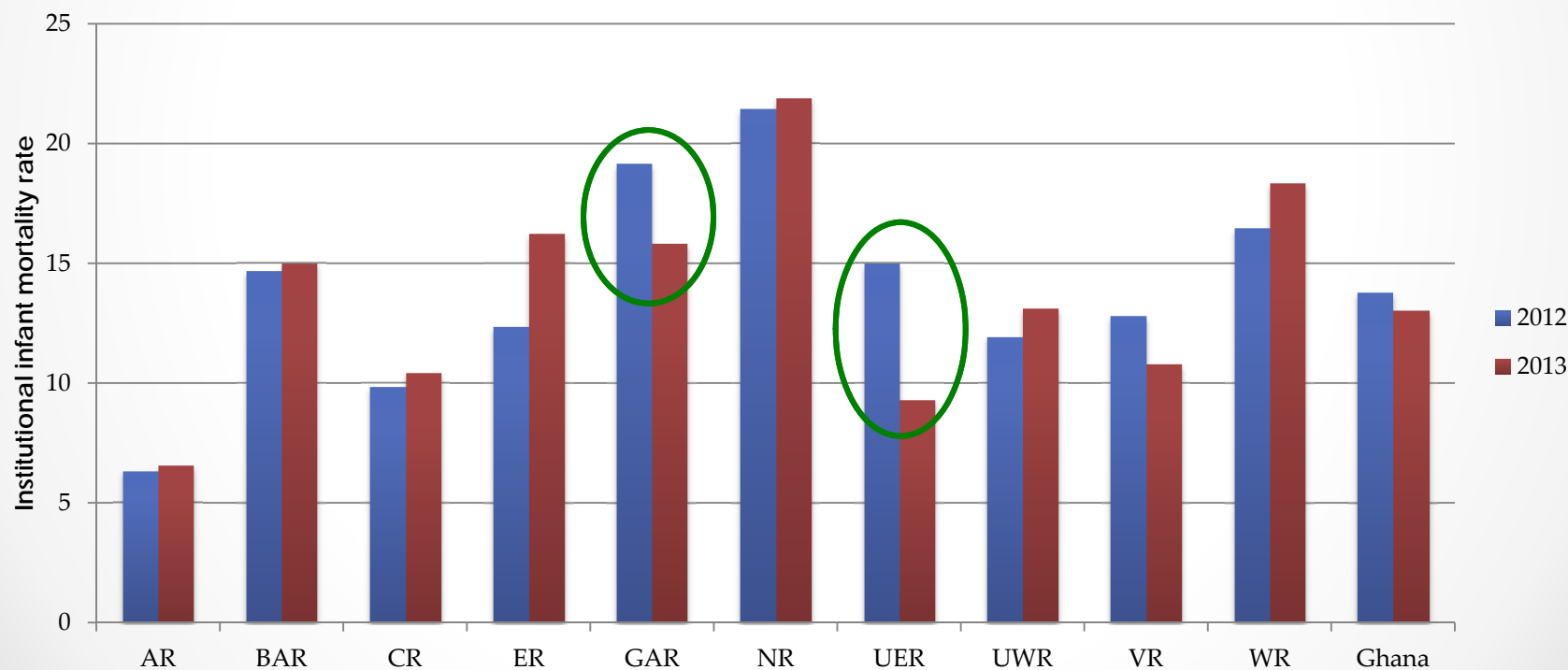
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# Indicator Trends – HO5

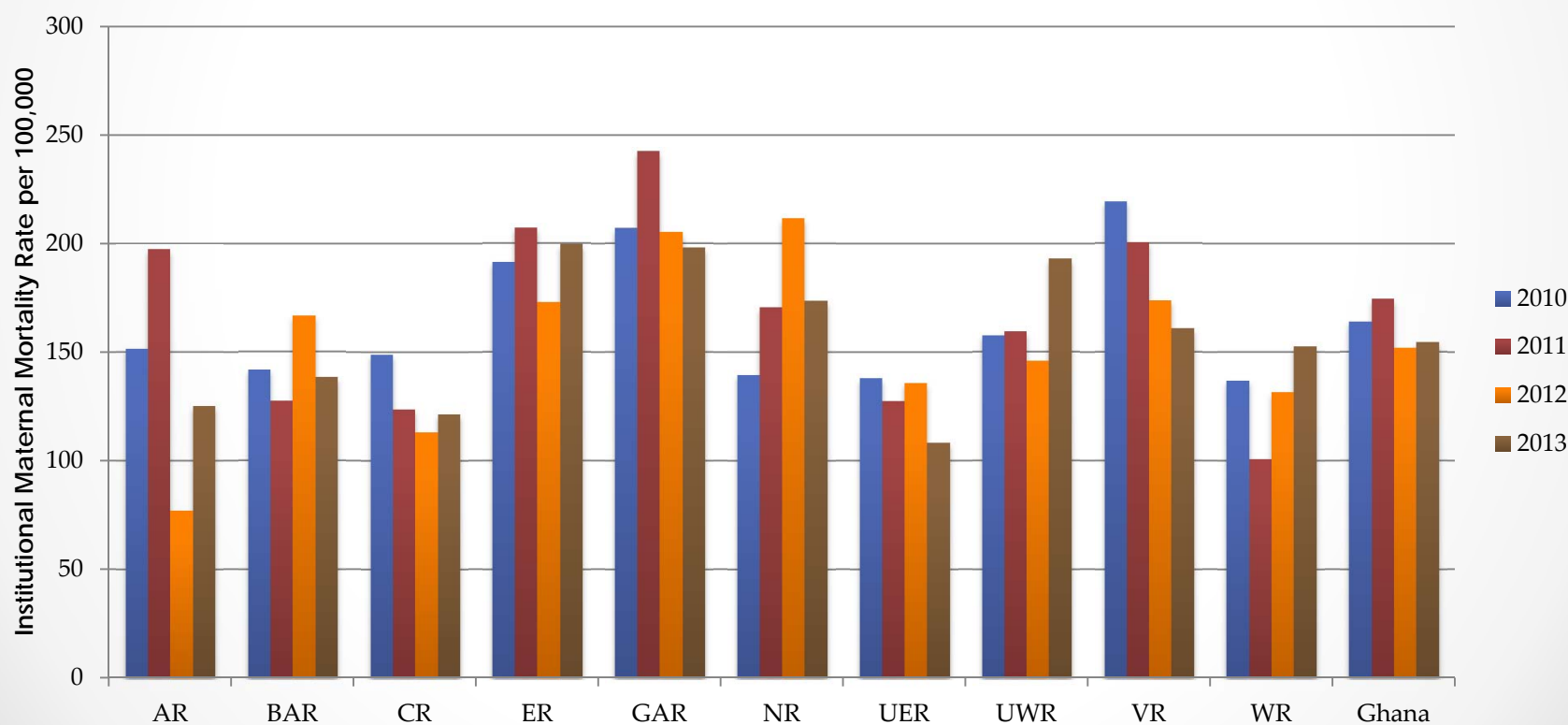
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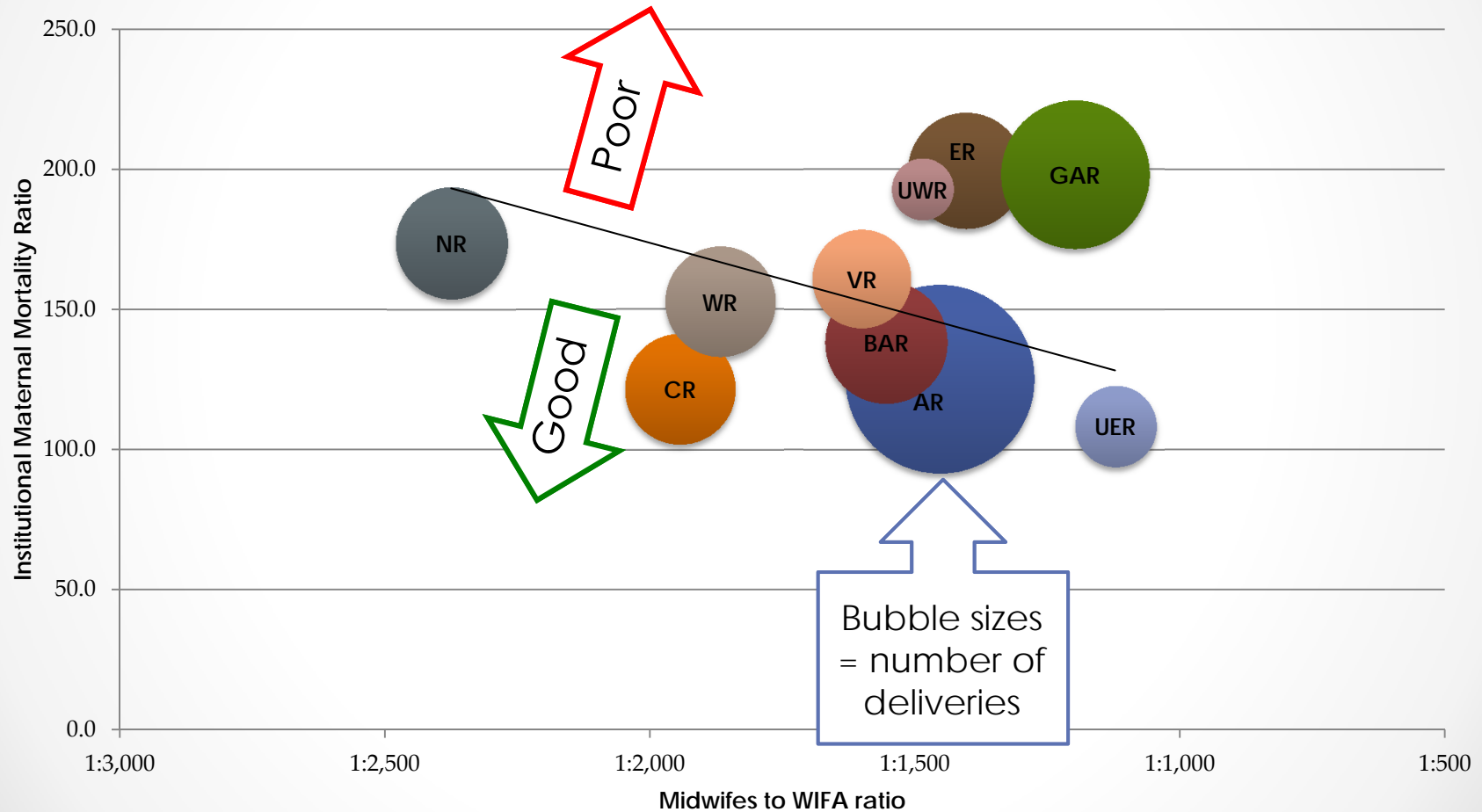
# Indicator Trends – HO5

- Institutional Maternal Mortality

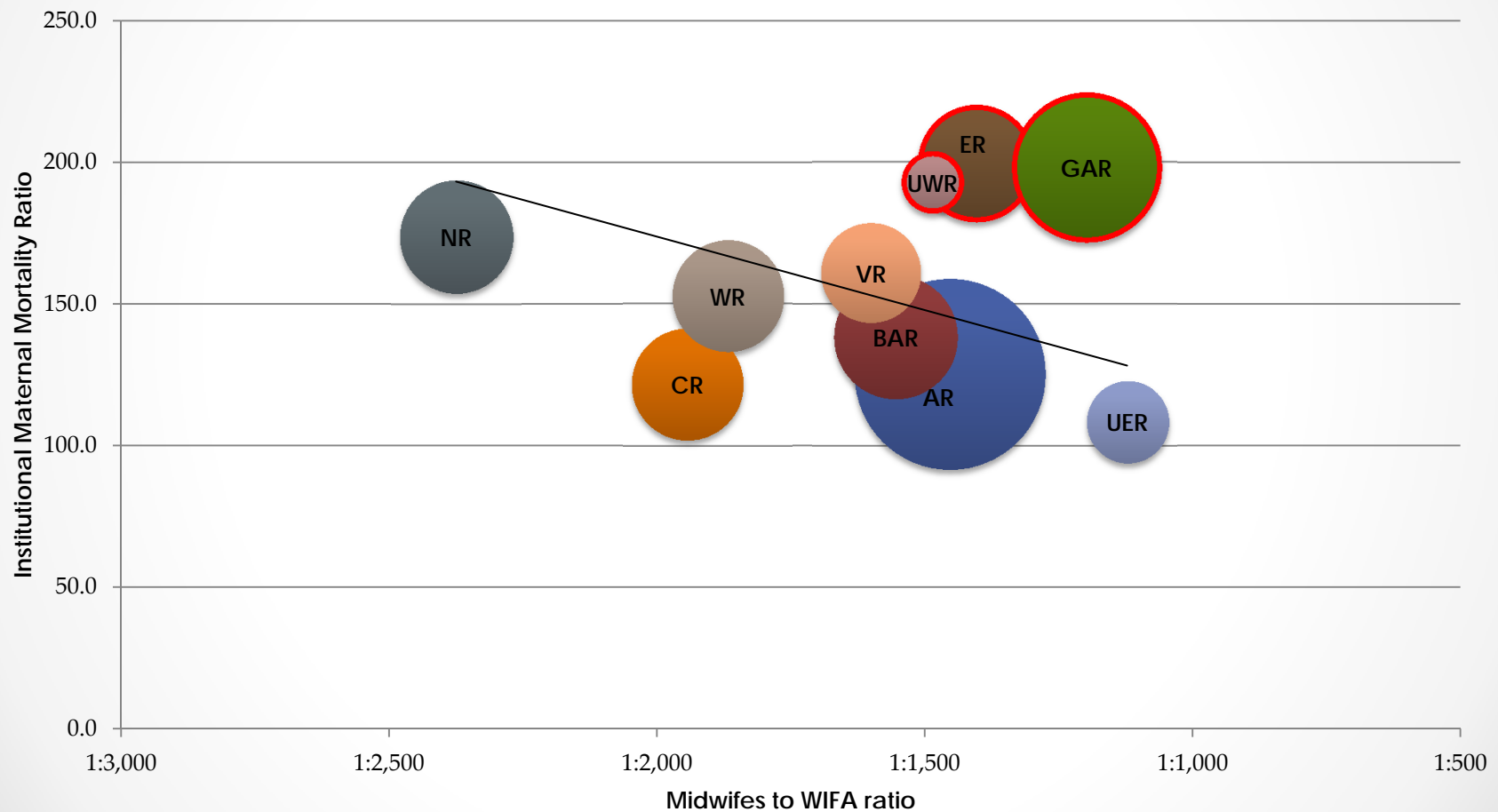
- Slight increase from 153 to 155 per 100,000 institutional deliveries



# Institutional Maternal Mortality & midwives

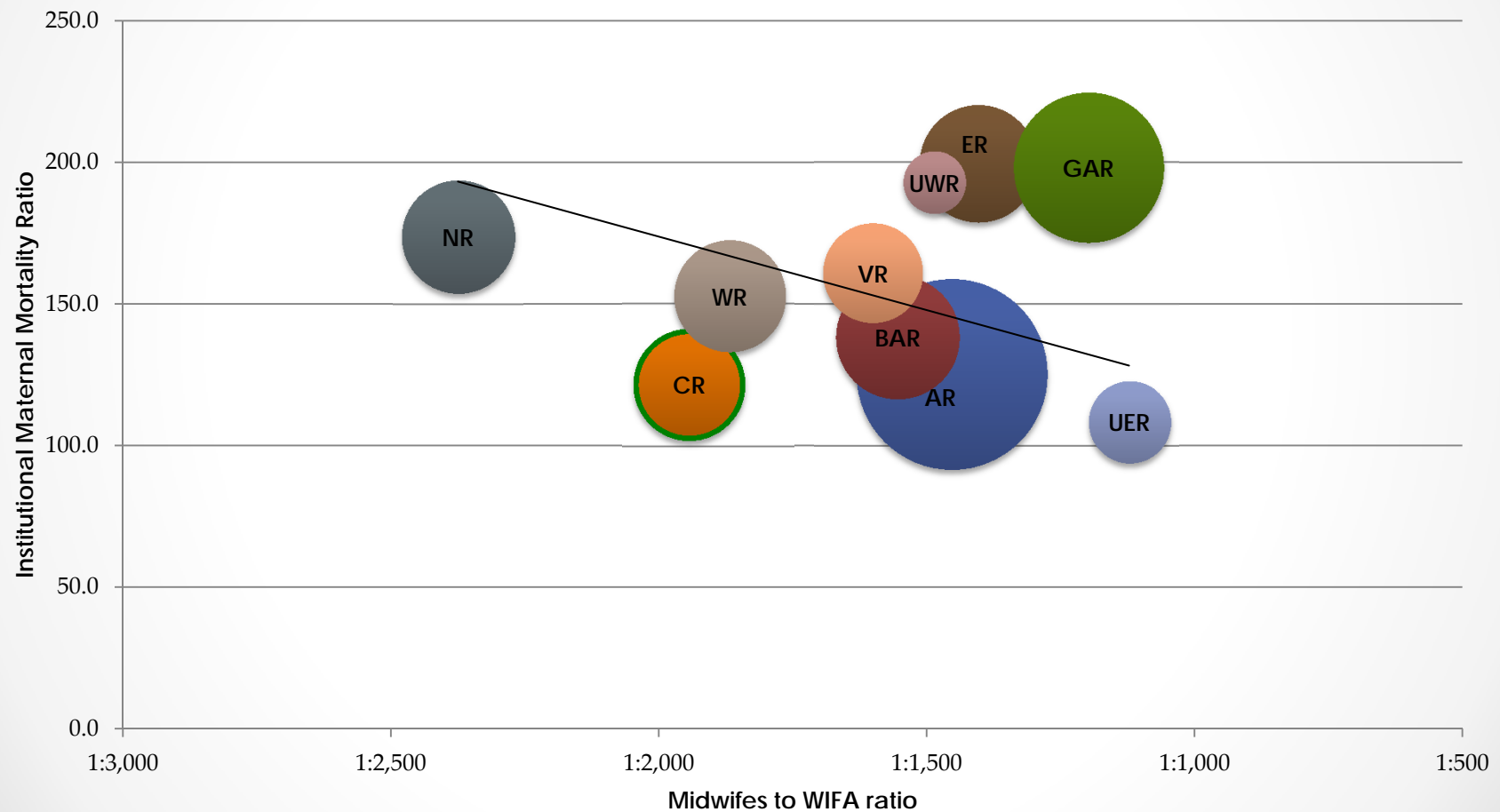


# Institutional Maternal Mortality & midwives





# Institutional Maternal Mortality & midwives



# Implementation status of the POW 2013

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# Health Objective 1

- Strengthen district health system with a particular emphasis on primary health care
  - The CHPS policy has been revised. A strategic plan has also been developed to implement the policy
- Increase availability and efficiency in human resource for health
  - Staffing norms tools have been developed and tested
  - Human resource deployment plan will be based on the staffing and is yet to be completed

# Health Objective 2

- Strengthen the regulatory and inter-sector collaboration for governing the health sector
  - The processes for developing most of the L.I.s were initiated at the latter part of 2013
- Strengthen DHMTs and orient the district health Directorates to operate in accordance with LI 1961
  - Out-dated because of the consultative work on decentralization
  - Will be considered by a team of legislative drafters who will consider a new institutional framework for the sector
  - The decentralization process has been initiated. A proposed institutional framework has been submitted to the inter-ministerial coordinating committee

# Health Objective 3

- Access to safe blood for expectant mothers and new-borns
  - Southern Area Blood Centre nearly operational by December 2013
  - Procurement process for Central Area Blood Centre to commence early 2014
  - Process of procurement for some equipment for blood donor services activities was done for Northern Area Blood Centre
  - Cold storage equipment to be procured under the MAF

# Health Objective 4

- Improve upon prevention, detection and case management of communicable diseases
  - Uptake of home management of malaria is very low
  - Uptake was only 9% of the stated target of approximately 1,700,000 malaria cases planned to be treated at community level
  - About 26,000 Community Based Agents (CBAs) were trained countrywide
  - Only 7,800 CBAs and 500 supervisors are active
- Improve prevention, detection and management of non-communicable diseases
  - About 35.7% of public hospitals in the country have functional hypertension and diabetes clinics
  - 2.7% of hospitals have units for cervical cancer screening

# Health Objective 5

- Mental Health
  - 300 Community Psychiatric nurses trained
- Quality assurance and improvement systems
  - Quality Assurance manual reviewed
  - Quality Assurance and Safety book was developed
  - Health managers from three regions – Western, Central and Greater Accra were trained as trainers
  - 283 health providers were trained on customer care and quality assurance
  - Integrated support supervision checklist developed
    - Integrated support supervision by HQ to two regions
  - Peer review of hospitals has been reintroduced

# CONCLUSION



# Conclusion – HO1

- Equity has not improved significantly since 2012
- Large Human Resource increases 5,500 additional nurses
  - Good deployment strategy is now more important than ever before
- OPD per capita stabilised at 1.16 visits per year

# Conclusion – HO2

- Vying of GOG funds from goods and services to pay salaries
- Funds left for public health services and administration is minimal
- NHIS membership continues to increase
- LEAP beneficiaries increased by almost 200%

# Conclusion – HO4

- Stagnating EPI coverage over the past 6 years
- ARV treatment increasing but testing and counselling is reducing
- TB treatment success rate above WHO target
- The Stop Transmission of Guinea Worm exercise on track
  - Relatively fewer persons aware of rewards

# Conclusion – H05

- Institutional Maternal Mortality ratio stabilised at just over 150 deaths per 100,000 institutional live births
- Central Region is performing well despite relatively few midwives
- Upper West, Greater Accra and Eastern Regions are performing poor despite relatively large number of midwives
- National Institutional Under-five Mortality dropped slightly despite significant worsening in Eastern and Western Regions

THANK YOU

