

Holistic Assessment of POW 2014

Presentation of the pre-summit draft report

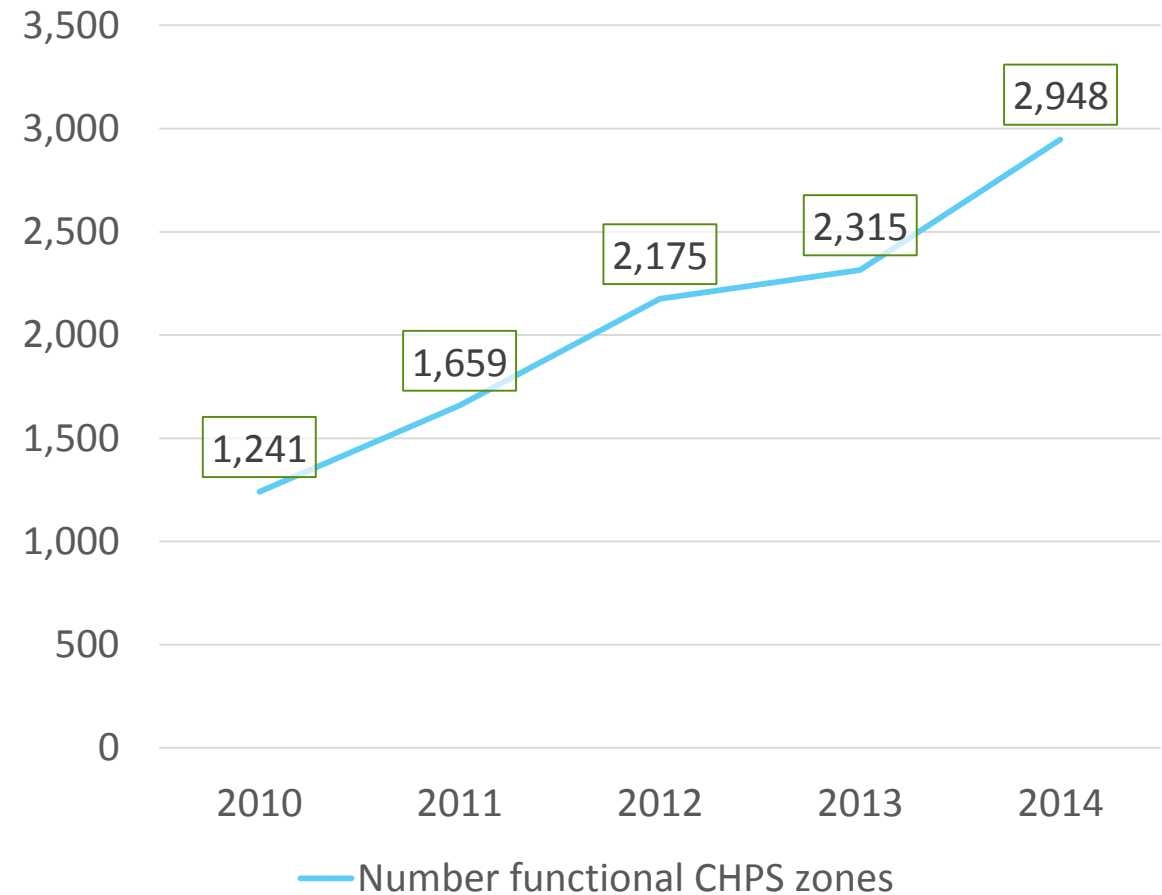
Purpose of the Holistic Assessment

- Assess the trend of sector wide indicators
- Assess the implementation of POW activities and milestones
- Conduct further analysis to “tell the story behind the observed trend”
 - Field trips to interact with main stakeholders
 - Expanded analysis, cross-tabulations of data and sources
 - Consultations with agency heads and MOH directors
- Identify factors that could explain the observations
 - Make recommendations for policy consideration, further analysis and actions

Thematic presentation of indicator trends

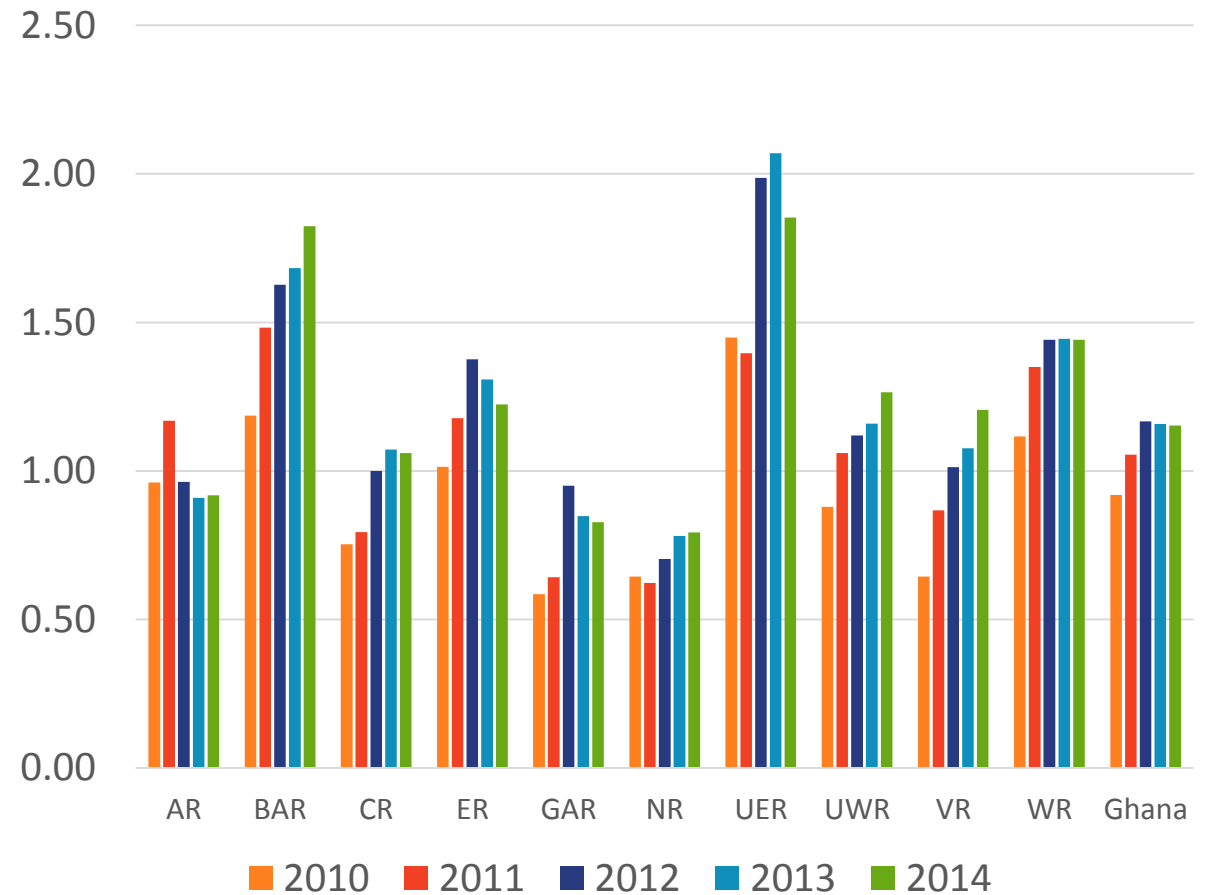
Access to Health Care – CHPS

- The number of functional CHPS zones increased
 - 2013: 2,315
 - 2014: 2,948



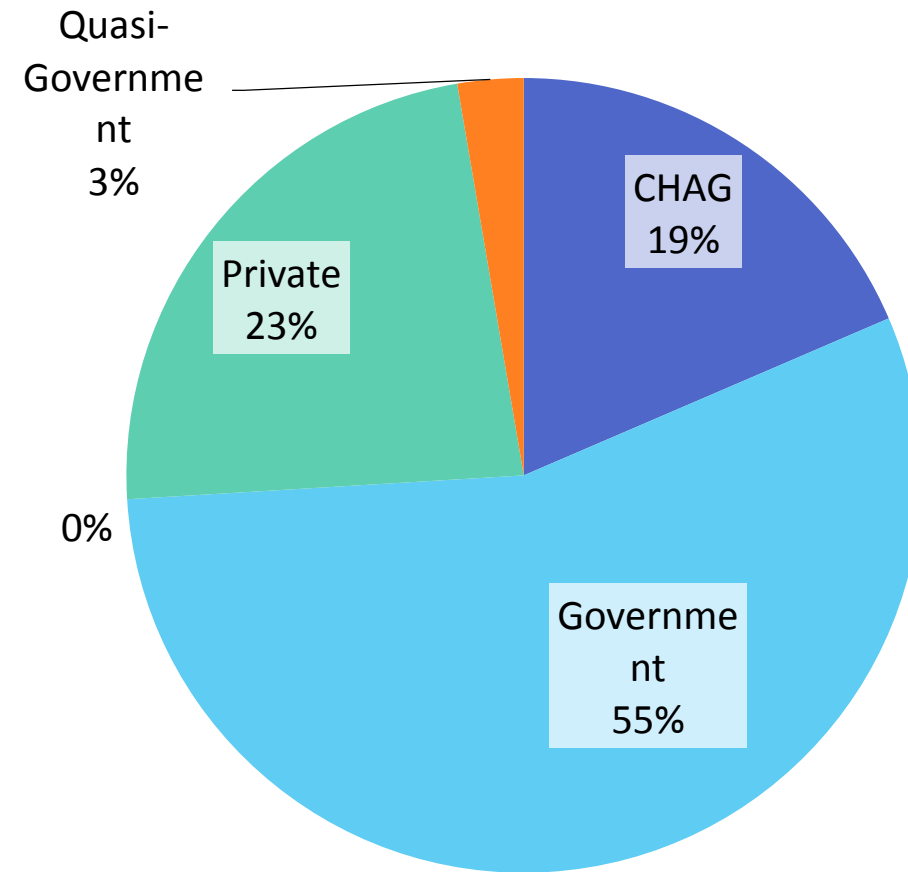
Access to Health Care – OPD

- OPD per capita stable
 - 2013: 1.16
 - 2014: 1.15
- Highest UER: 1.85
- Lowest NR: 0.79



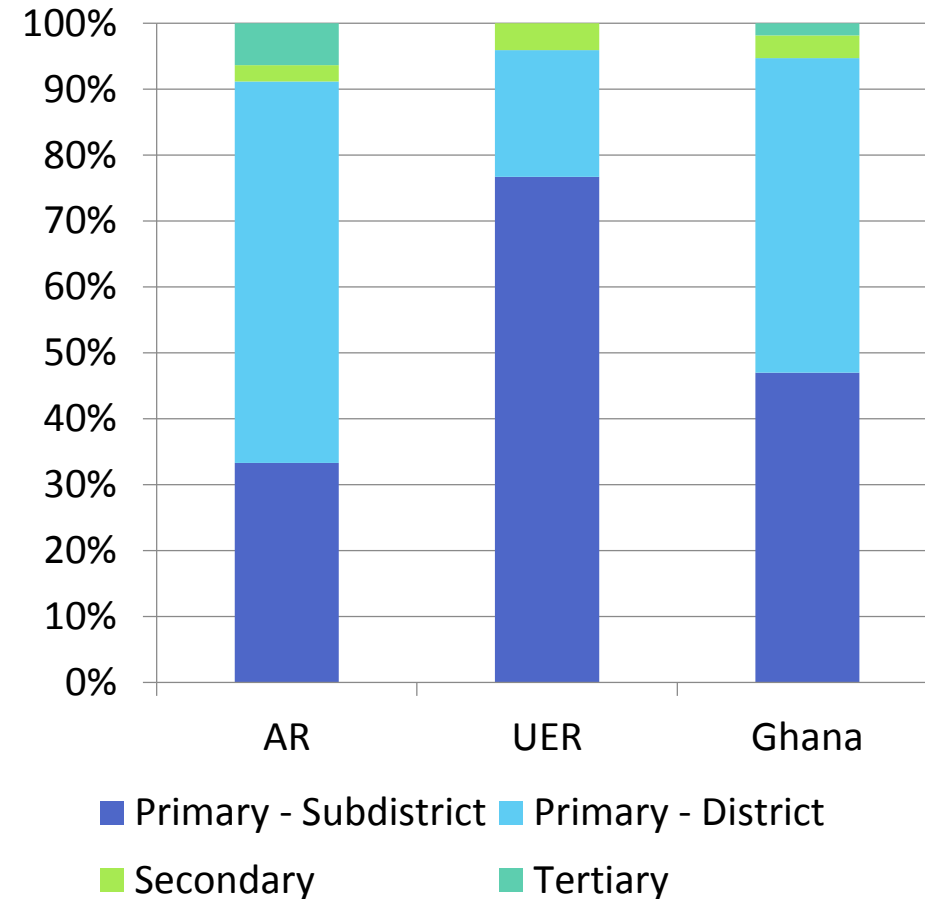
Access to Health Care – OPD

- Largest provider of OPD in 2014 was the government
 - Government: 55%
 - Private: 23%
 - CHAG: 19%
 - Quasi-government: 3%



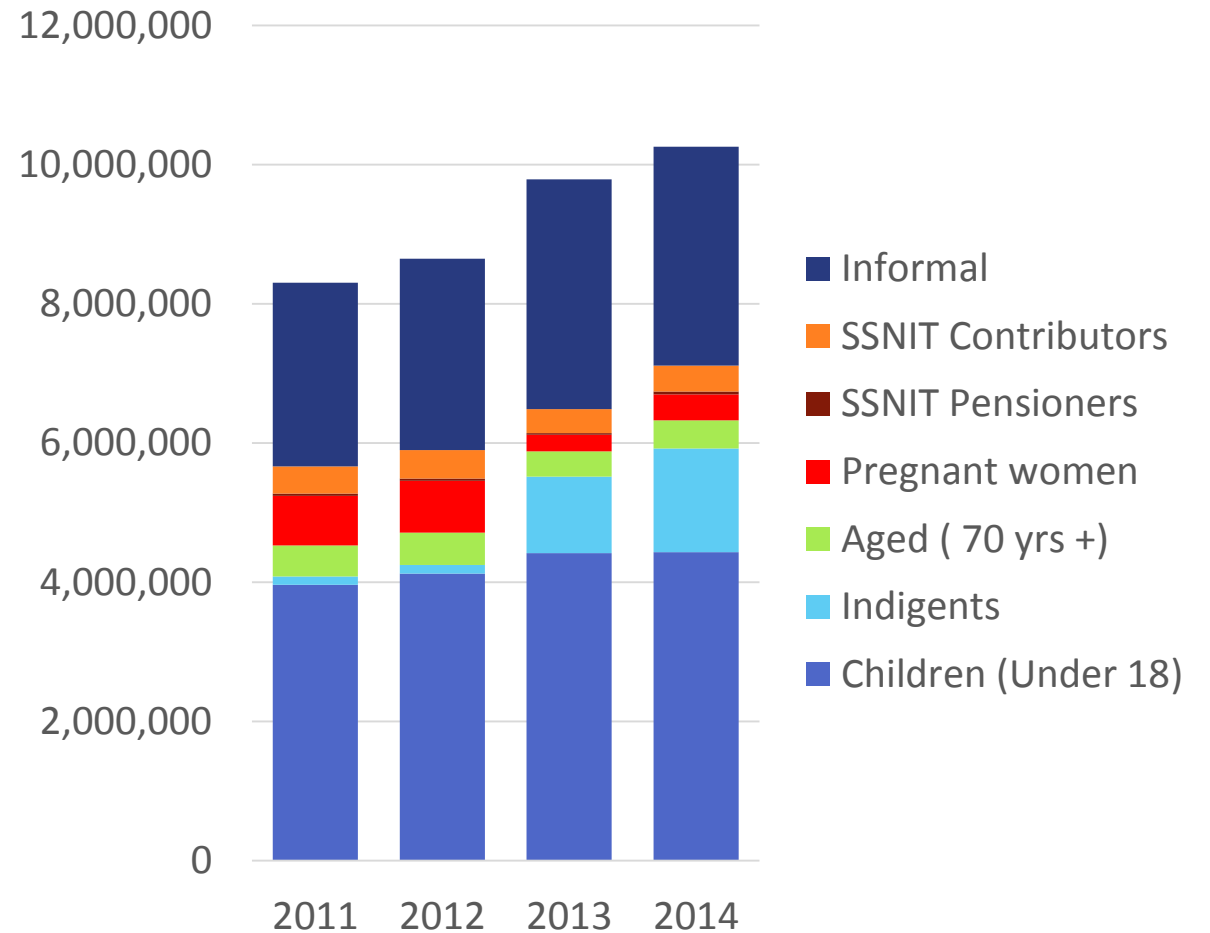
Access to Health Care – OPD

- On average 47% of OPD services were provided by CHPS, subdistrict clinics and health centres
 - UER: 76%
 - AR: 33%
- Primary – Subdistrict includes
 - CHPS, Health Centers, Clinics, Maternity
- Primary – District includes
 - District Hospitals, Hospitals, Polyclinics, Mines' hospitals



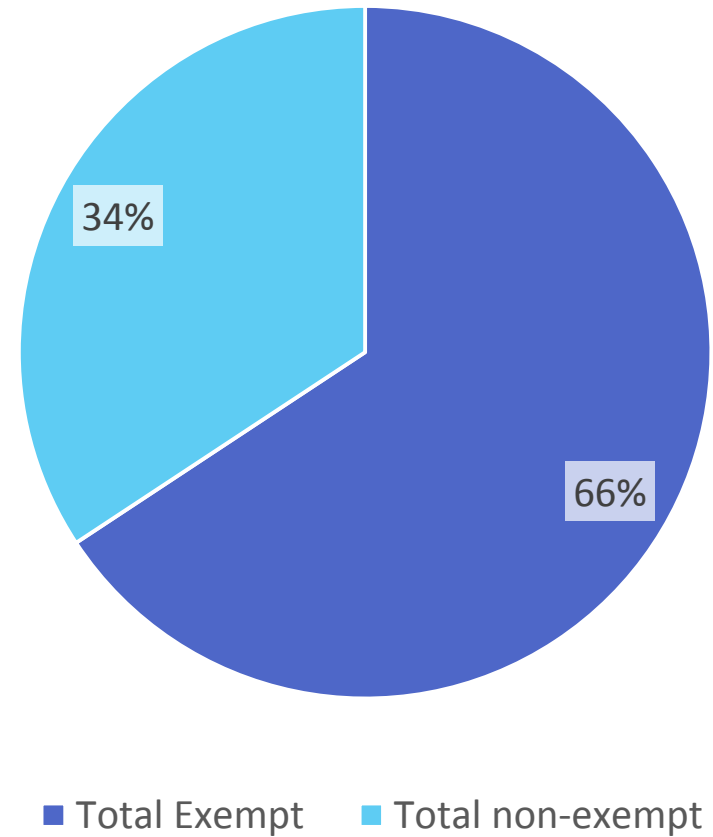
NHIS – Membership

- Active members increased
 - 2013: 9.8 million
 - 2014: 10.3 million
- Coverage increased slightly from 37% to 38%



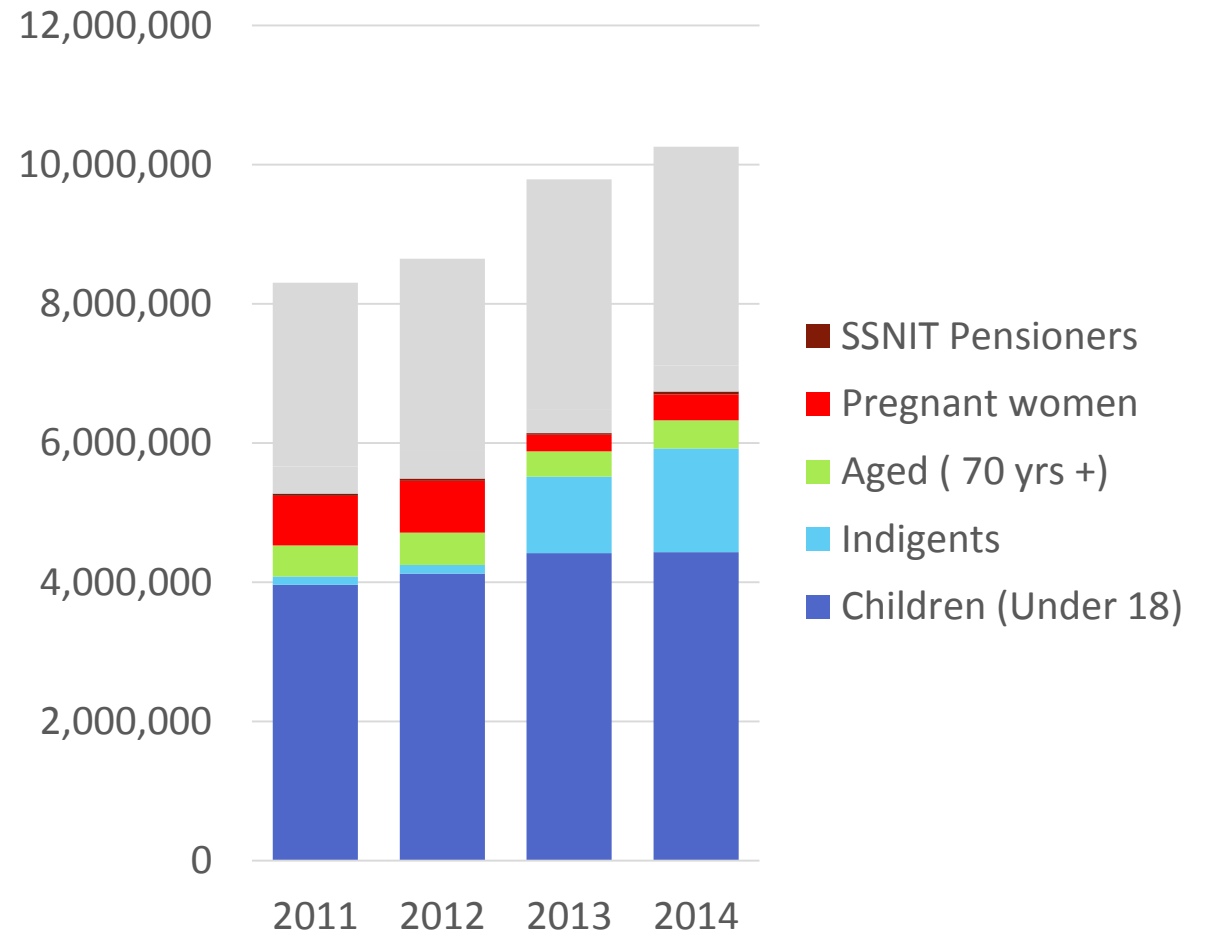
NHIS – Membership

- 66% of all active NHIS members belong to the exempt categories



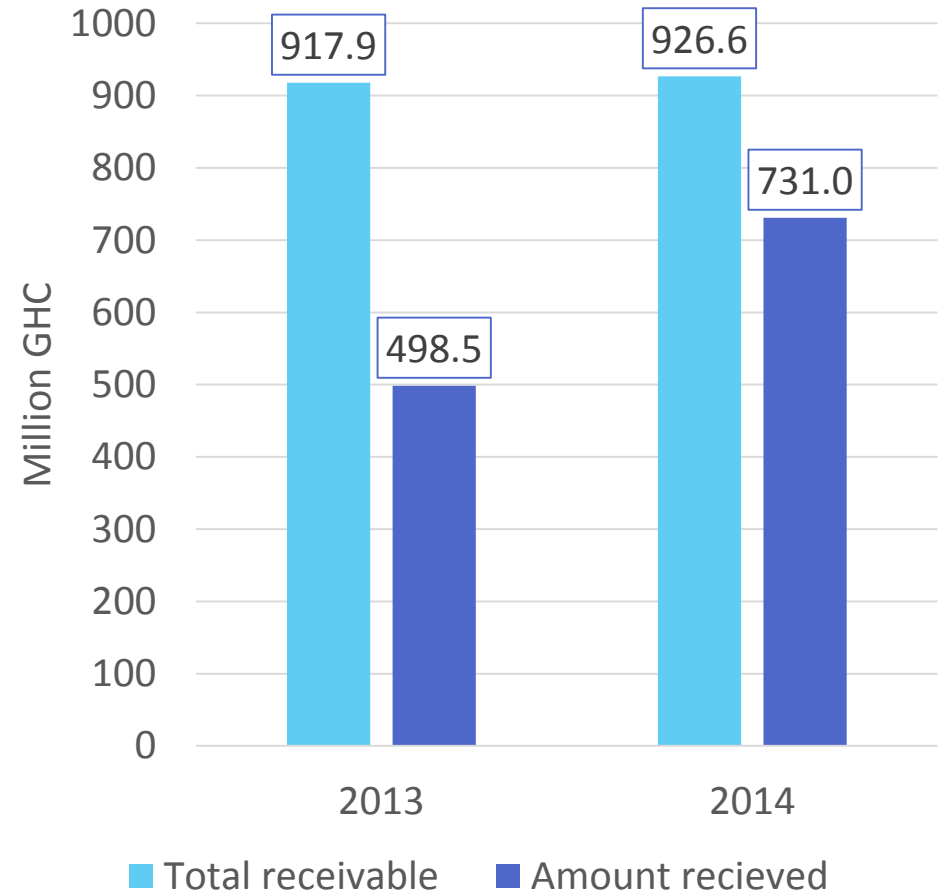
NHIS – Membership

- The registration of pregnant women has reduced but is now picking up (**red bar**)
 - 2011: 712,718
 - 2012: 742,279
 - 2013: 239,481
 - 2014: 373,760



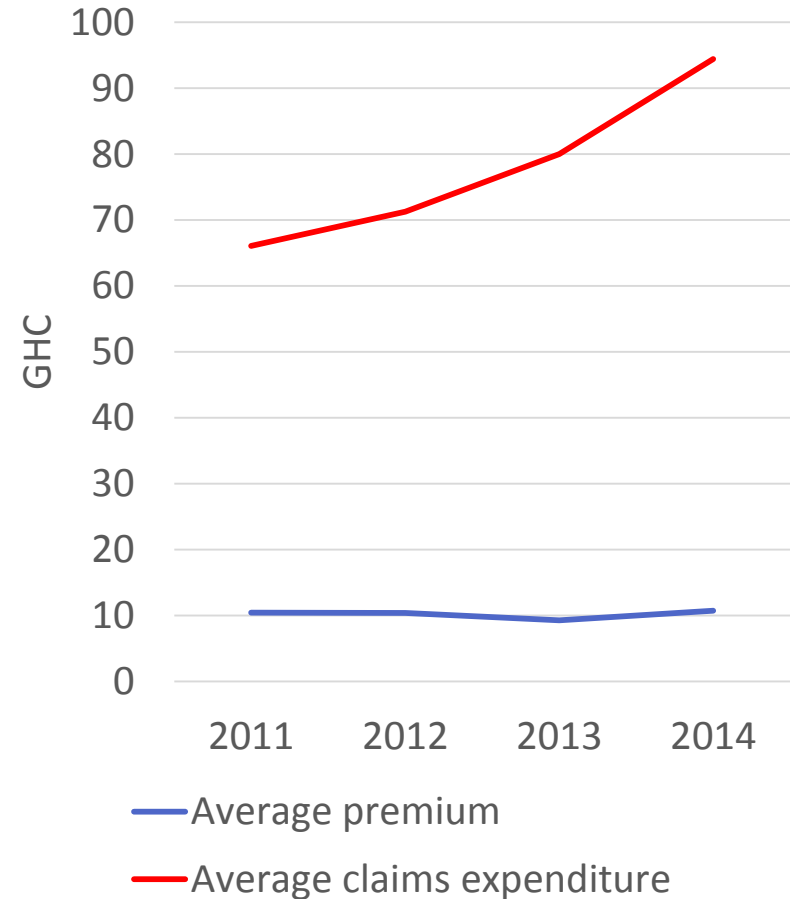
NHIS – Financing

- NHIA received a larger proportion of total receivables
 - 2013: 54%
 - 2014: 79%
- NHIA receive the full amount in due course
 - The remaining amount is paid the following calendar year



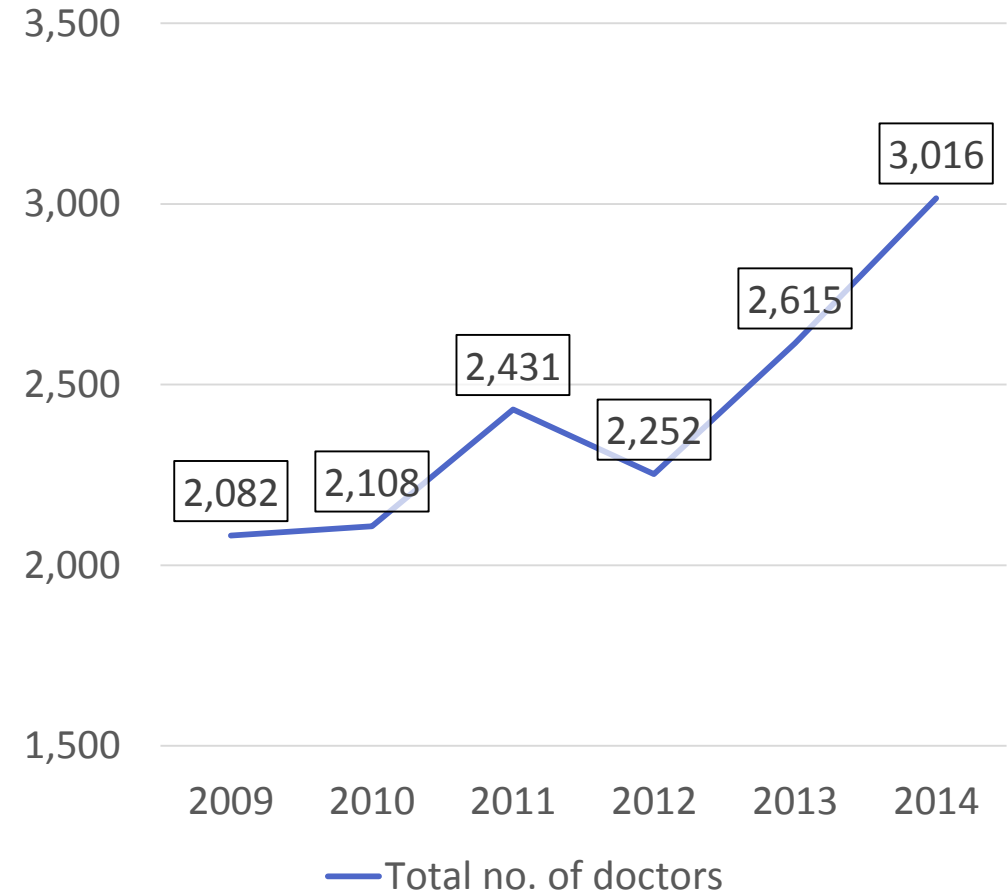
NHIS – Claims

- 76% of total expenditure went into claims
- Expenditure on claims increased by 24%
 - 2013: 783.4 million GHC
 - 2014: 968.5 million GHC
- Average claims expenditure per active member
 - 2013: 80 GHC
 - 2014: 94 GHC
- Average premium is stable at about 11 GHC



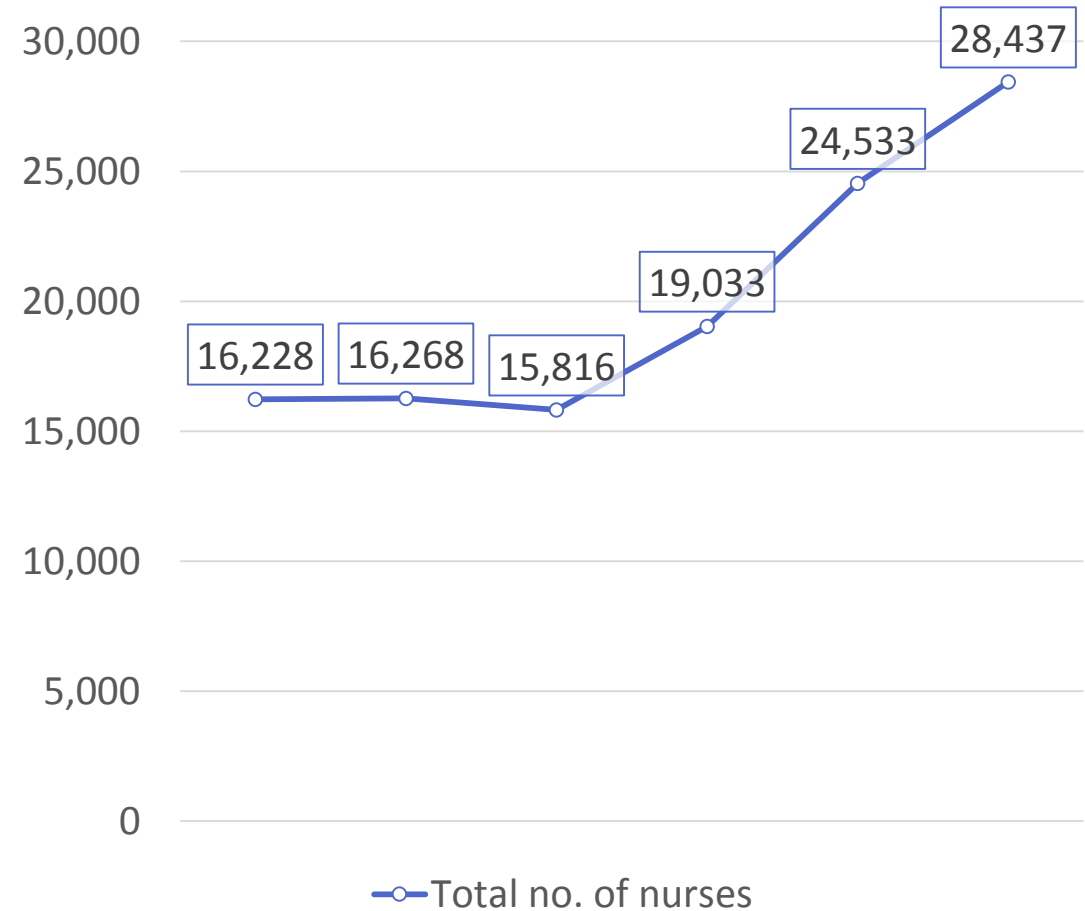
Human Resources – Doctors

- 401 additional doctors employed by MOH in 2014
 - 2013: 2,615
 - 2014: 3,016
- Doctor to population ratio improved
 - 2013: 1 doctor per 10,170 persons
 - 2014: 1 doctor per 9,043 persons



Human Resources – Nurses

- 3,904 additional nurses employed by MOH in 2014
 - 2013: 24,533
 - 2014: 28,437
- Nurse to population ratio improved
 - 2013: 1 nurse per 1,084 persons
 - 2014: 1 nurse per 959 persons



Human Resources – Equality

- Largest inequality is with respect to distribution of doctors
 - Greater Accra: 1 doctor per 2,700 including 549 house officers
 - Greater Accra: 1 doctor per 4,100 excluding 549 house officers
 - Upper West: 1 doctor to 36,000 population

Human Resources – Midwife productivity

- Large regional variations exist in midwife productivity
 - Volta and Ashanti Regions: 110 deliveries per midwife per year
 - Northern Region: 190 deliveries per midwife per year

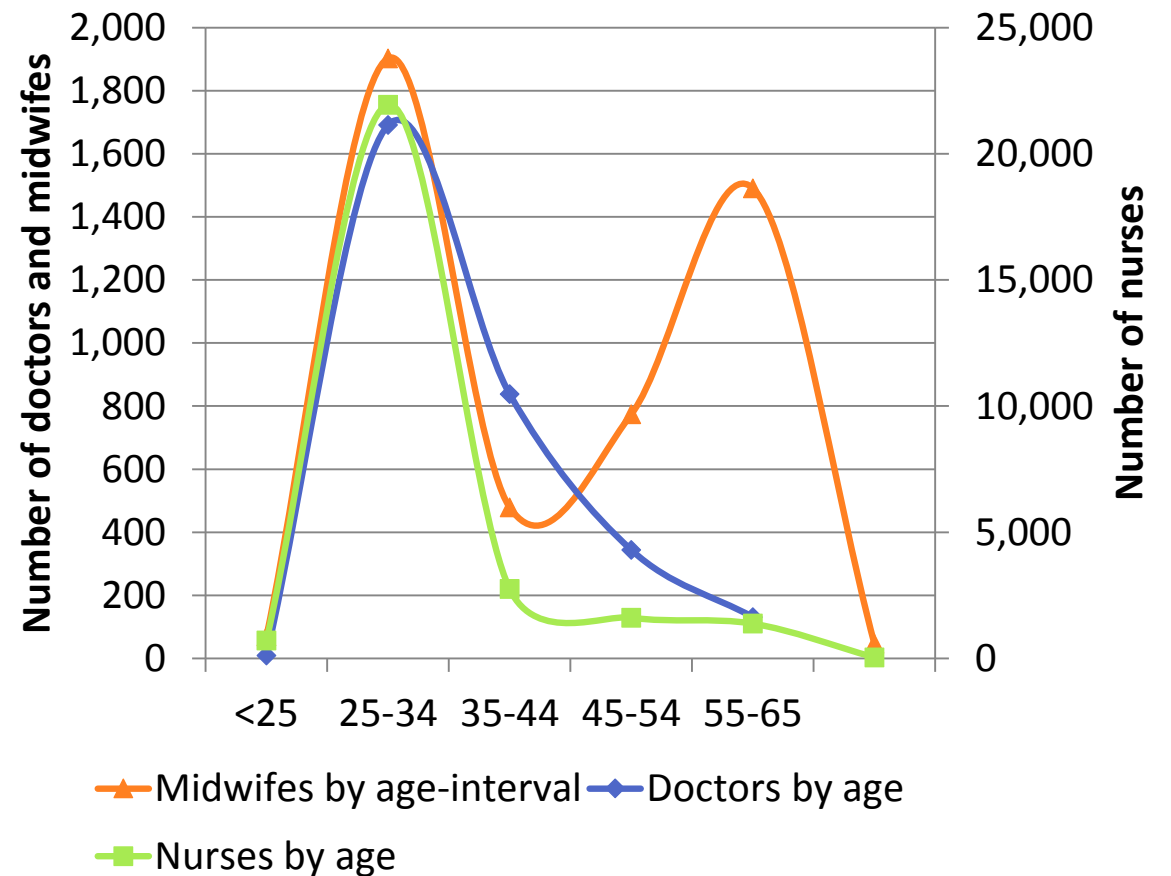
Human Resources – Training of new staff

- A total of 12,491 graduated from training institutions in 2014
 - Post basic health professionals: 3,392
 - Basic health professionals: 9,009
 - Specialist health professionals: 89
- Increase of about 47% over the 2011 figure

BASIC HEALTH PROFESSIONALS	2011	2014
General/Mental Nursing	1,575	2,206
Midwifery (Basic/PB)	472	1,305
Community Health Nursing	1,024	1,739
Health Assistant Clinical (HAC)	2,450	3,096
Allied Health	439	663
TOTAL	5,960	9,009

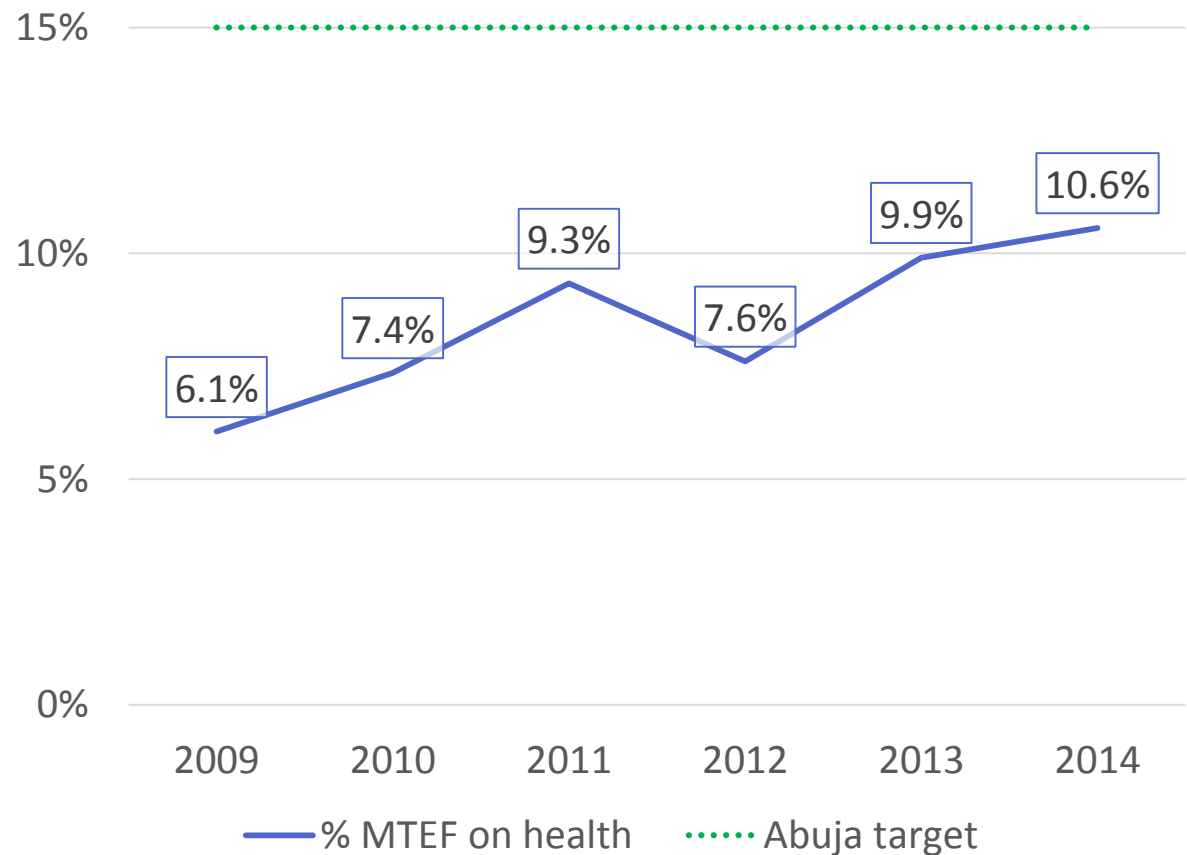
Human Resources – Age Distribution

- Generally young staff group
- Many midwives will soon retire



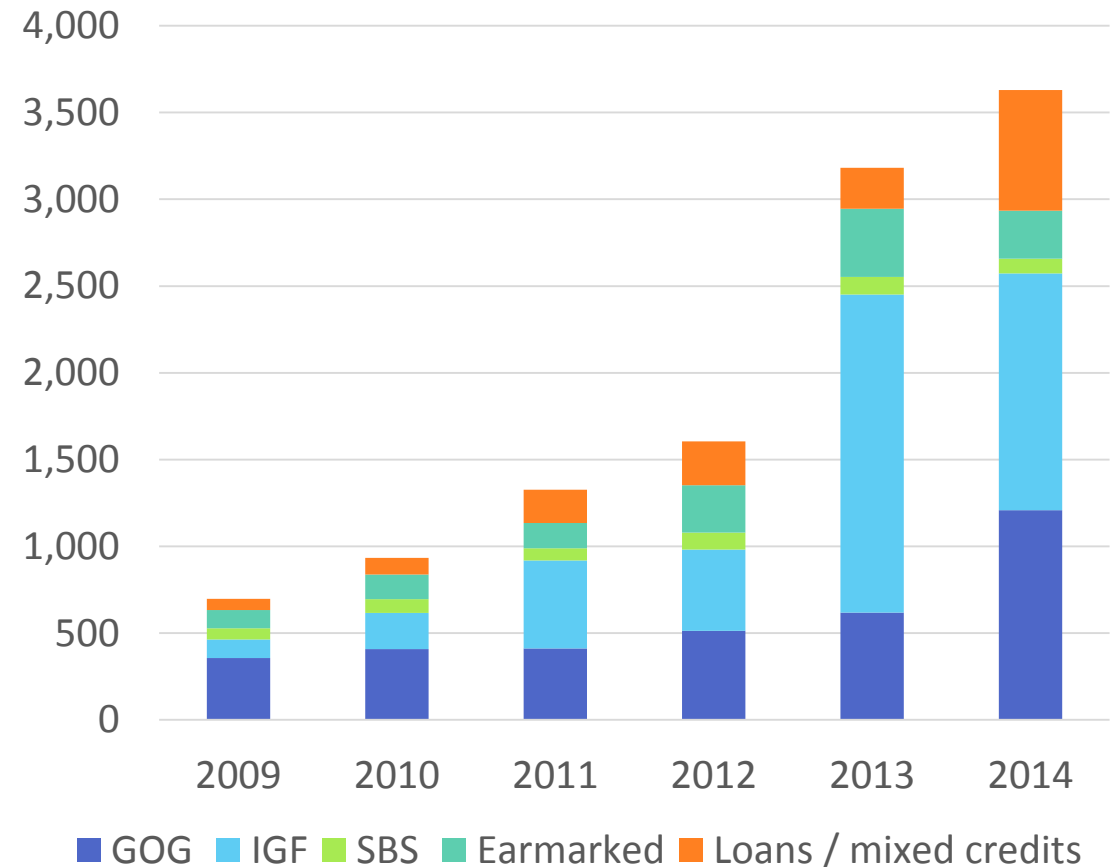
Health Financing

- MTEF allocation to health
 - 2013: 9.9%
 - 2014: 10.6%
- Indicator was recalculated
 - MOH budget from POW
 - Gvt. budget from MOFEP budget statement
- New figures are lower than previous reported



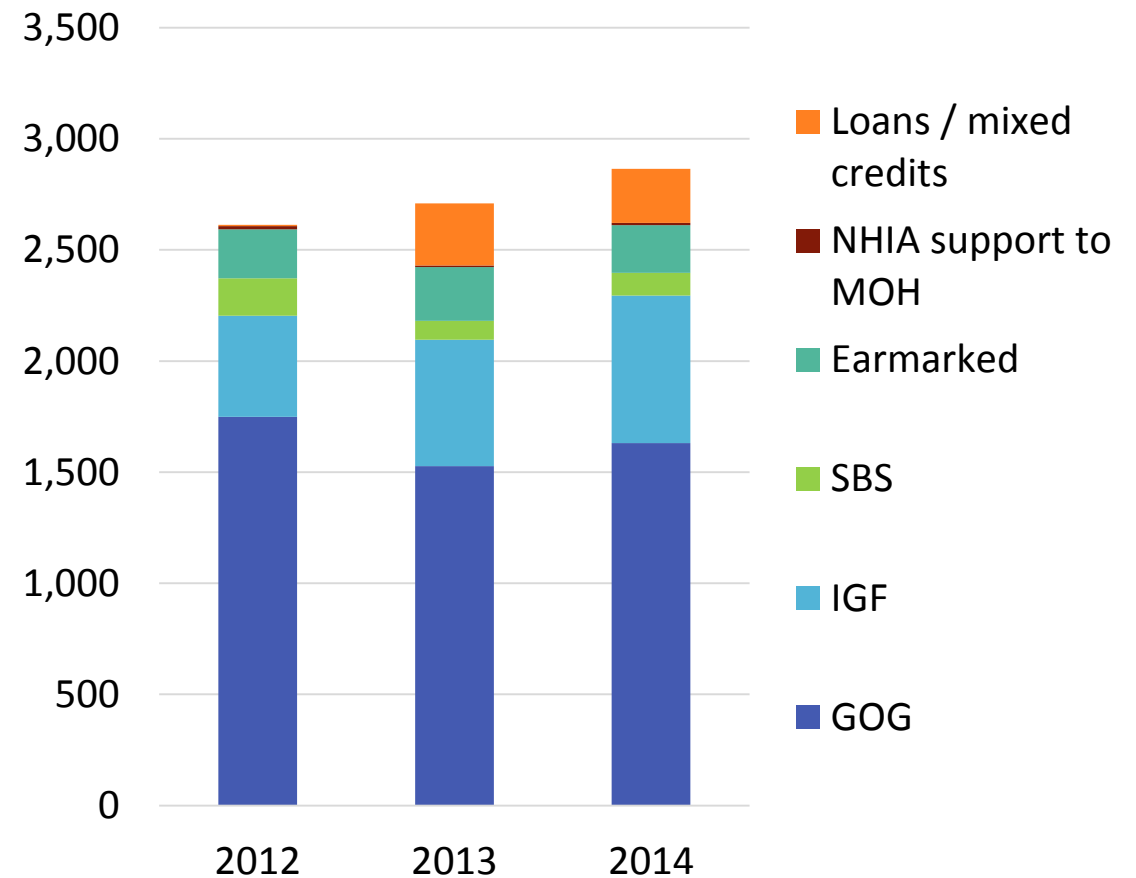
Health Budget

- Health budget increased in nominal terms by 14%
 - 2013: 3,182 million GHC
 - 2014: 3,629 million GHC
- Increase in
 - GOG: 95%
 - Loans and M/C: 193%
- Decrease in
 - IGF: -25%
 - SBS: -15%
 - Earmarked: -30%



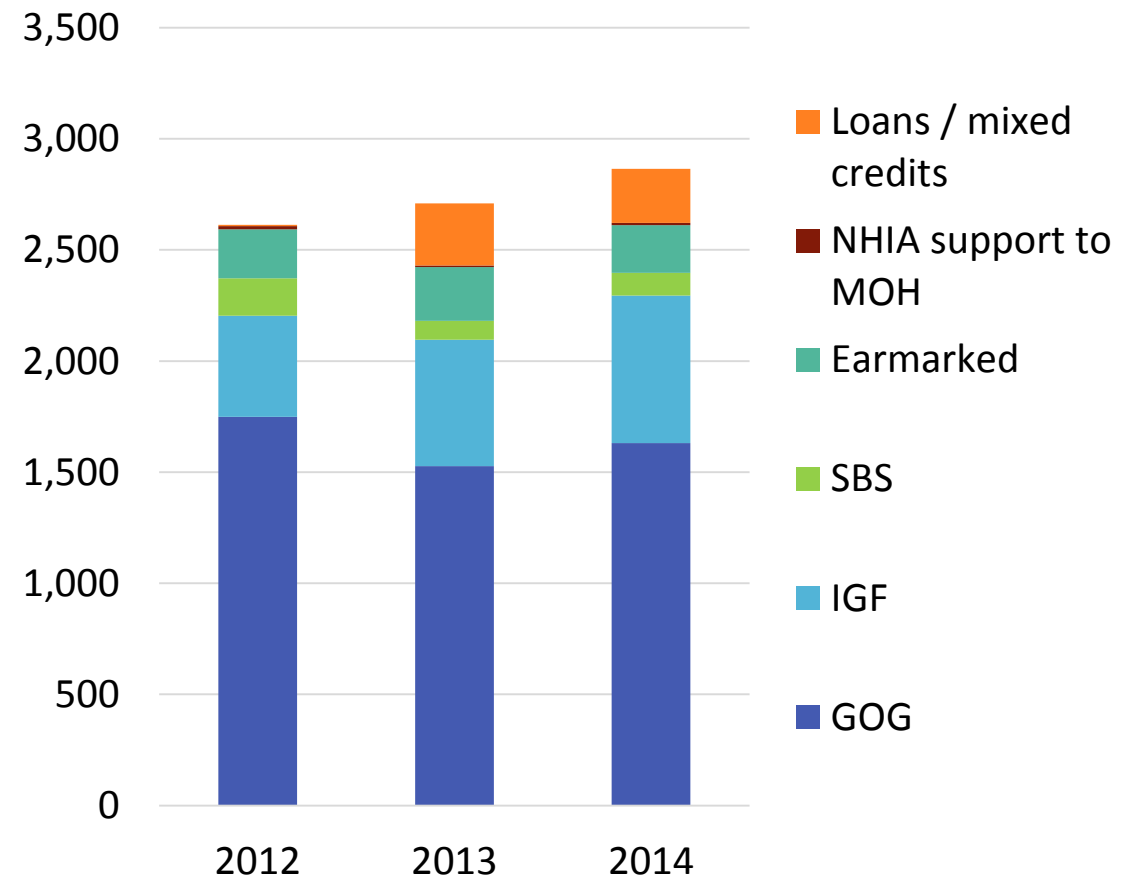
Health Expenditure

- Health expenditure increased in nominal terms by 6%
 - 2013: 2,709 million GHC
 - 2014: 2,866 million GHC



Health Expenditure

- MOH financial report does not include administrative, logistic and operating cost of NHIA
- IGF should be broken into
 - Cash-and-Carry component
 - NHIS component



GOG ACTUAL TOTAL RECEIPTS –EMPLOYEE COMPENSATION,
GOODS AND SERVICES, FIXED ASSETS AND NHIS (GH¢000)

MONTHS	2014
EMPLOYEE COMPENSATION	1,504,582.76
GOODS AND SERVICES:	
1ST QUARTER	5,967.70
2ND QUARTER	3,554.30
3RD QUARTER	12,606.50
4TH QUARTER	93,351.20
SUB TOTAL	115,479.70
ASSETS	10,257.80
NHIA	8,778.30
TOTAL	<u>1,639,098.56</u>

TOTAL RECEIPTS FROM PARTNERS

SOURCE	2014 GHC '000
DUTCH	-
DANIDA	43,994.20
DFID	64,065.40
JICA	6,060.60
EU	-
WORLD BANK	-
GLOBAL FUND	44,136.30
CHINA	615.9
WHO	13,298.10
KOICA	1,352.7
KOFFI	1,599
UNICEF	1,287.60
OTHERS	244,515.60
TOTAL	<u>419,608.90</u>

SUMMARY RECEIPTS

Source	Amount
GOG	<u>1,639,098.56</u>
Partners	<u>419,608.90</u>
Total	2,058,707.46

BUDGET EXECUTION EXPENDITURE REPORT FOR DONOR FUNDS BY AGENCIES -APPENDIX A

AGENCIES	GOODS AND SERVICES GHS	ASSETS- GHS	TOTAL GHS	Percent Execution
MOH HQ	65,783,203.50	12,652,731.89	78,435,935.39	77.4
GHS	13,319,933.26	4,981,282.95	18,301,216.21	18.1
TEACHING HOSPITALS	1,365,150.83	-	1,365,150.83	1.3

BUDGET EXECUTION IN RESPECT OF DONOR FUNDS DETAILS OF EXPENDITURE BY GHANA HEALTH SERVICE IN RESPECT OF BMC'S

BMC'S	GOODS AND SERVICES-GHS	ASSETS-GHS	TOTAL-GHS
GHS-HQ	3,722,652.12	785,842.06	4,508,494.18
REGIONAL HEALTH ADMIN-(RHA)	5,516,775.73	-	5,516,775.73
REGIONAL HOSPITALS-(RHO)	1,186,228.04	-	1,186,228.04
TRAINING INSTITUTIONS	304,273.37	15,281.00	319,554.37
DISTRICT HEALTH ADMIN/SUB DISTRICT GROUP	2,494,582.80	1,534,245.67	4,028,828.47
DISTRICT HOSPITALS	58,706.04	1,142,210.00	1,200,916.04
POLYCLINICS	36,715.16	1,503,704.22	1,540,419.38
TOTAL	<u>13,319,933.26</u>	<u>4,981,282.95</u>	<u>18,301,216.21</u>

BUDGET EXECUTION IN RESPECT OF DONOR FUNDS DETAILS OF EXPENDITURE BY MOH HQ'S IN RESPECT OF SECTOR WIDE ACTIVITIES IN FAVOUR OF BMC'S

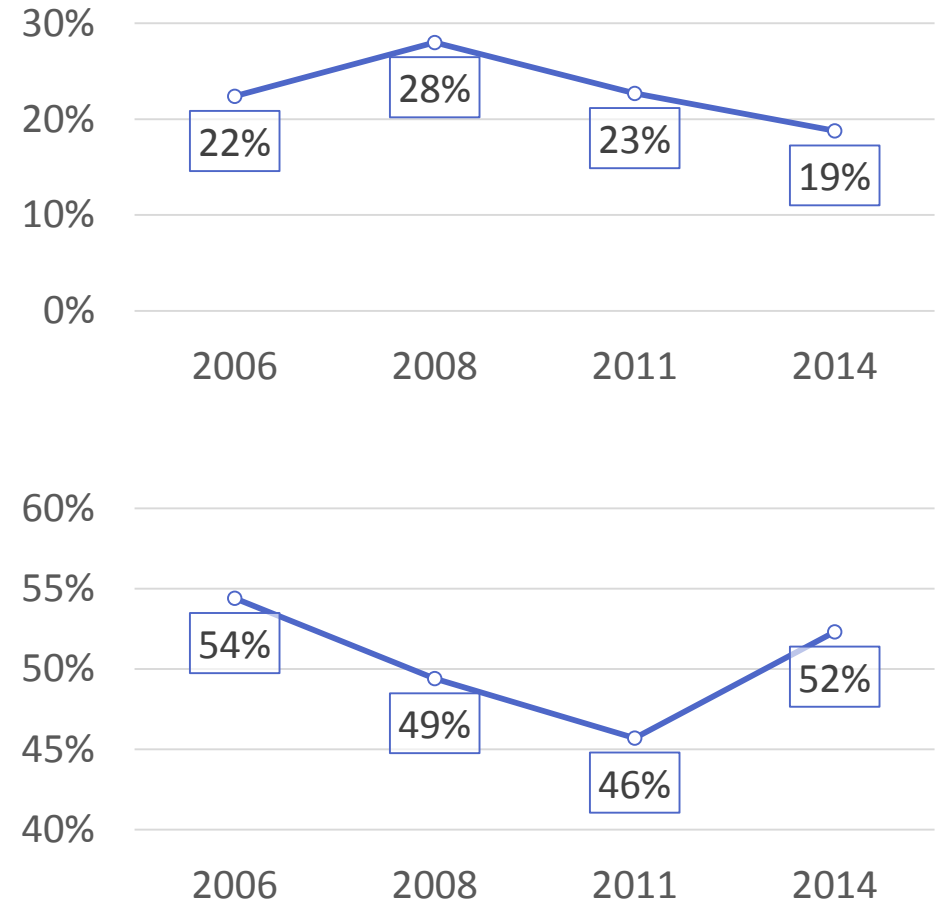
BMC'S	SECTORWIDE ALLOCATIONS	Percentage
MOH HQ'S	19,232,465.53	24.5
GHS-HQ	2,579,700.89	3.3
REGIONAL HEALTH ADMIN-(RHA)	3,370,133.49	4.3
REGIONAL HOSPITALS-(RHO)	12,672,887.29	16.2
DISTRICT HEALTH ADMINISTRATION	4,493,511.32	5.7
SUB DISTRICT HOSPITALS	20,288,206.59	25.9
PSYCHIATRIC HOSPITALS	2,239,188.30	2.9
TEACHING HOSIPALS	3,658,443.78	4.7

Loans and credits for capital investments

- Total expenditure from loans and mixed credits presented in the capital investment report is about **545 million GHC** disbursed for capital projects and equipment.
 - These are commitment for which some payments have not been done
- In the MOH financial report expenditure from loans and mixed credits on capital investments was about **245 million GHC**.
 - These are expenditures for which payments have been affected
- Efforts must be made to reconcile these figures

Child Health – Nutrition

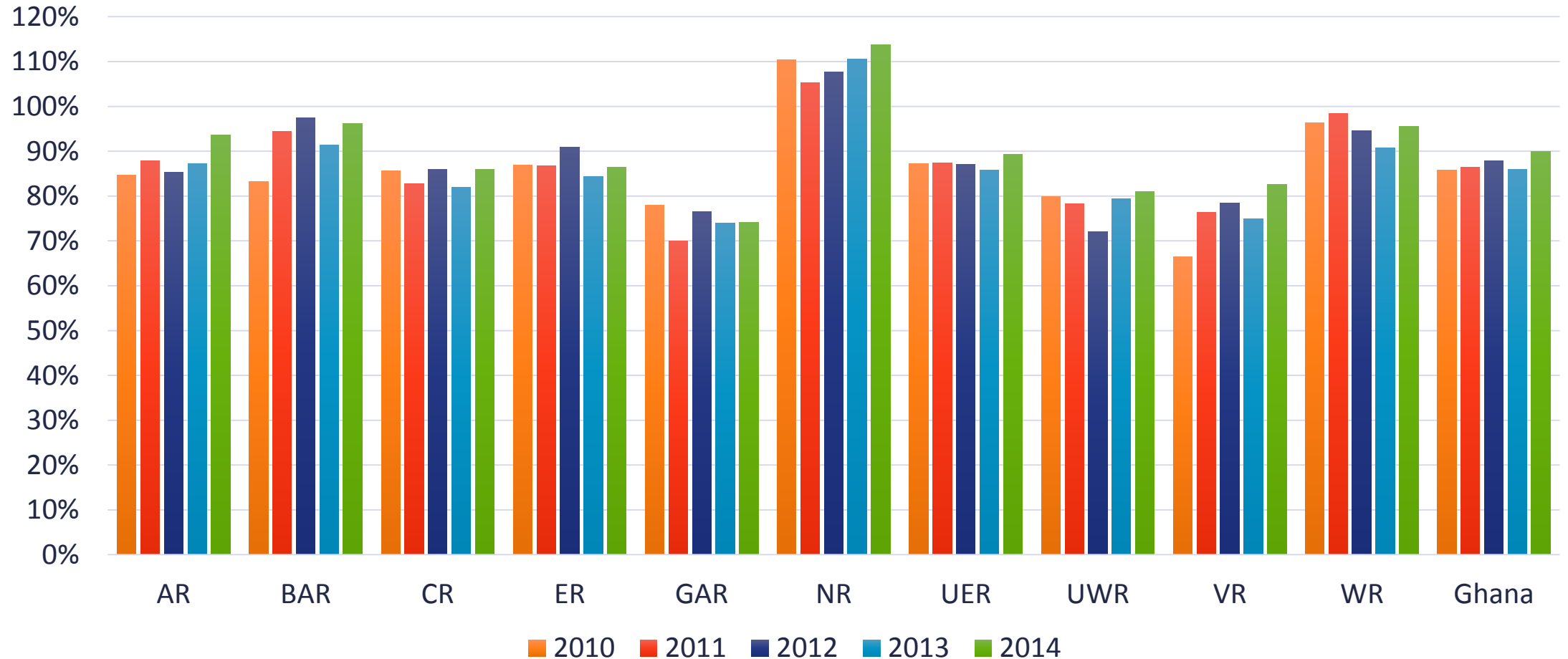
- Children chronically malnourished (stunted) is improving
 - 2008 DHS: 28%
 - 2011 MICS: 23%
 - 2014 DHS: 19%
- Exclusive breastfeeding is improving
 - 2008 DHS: 49%
 - 2011 MICS: 46%
 - 2014 DHS: 52%



Child Health – EPI

- EPI coverage (Penta3 as proxy) has fluctuated between 85% and 90% over the past five years
 - 2013: 86%
 - 2014: 90%
- Difficult to meet herd immunity of 90%
- The national coverage in the routine health information system corresponds well with the survey result of 2014
 - Routine: 90%
 - 2014 DHS: 89%
- Ghana continues to observe measles
 - 121 confirmed measles cases in 2014

Child Health – EPI

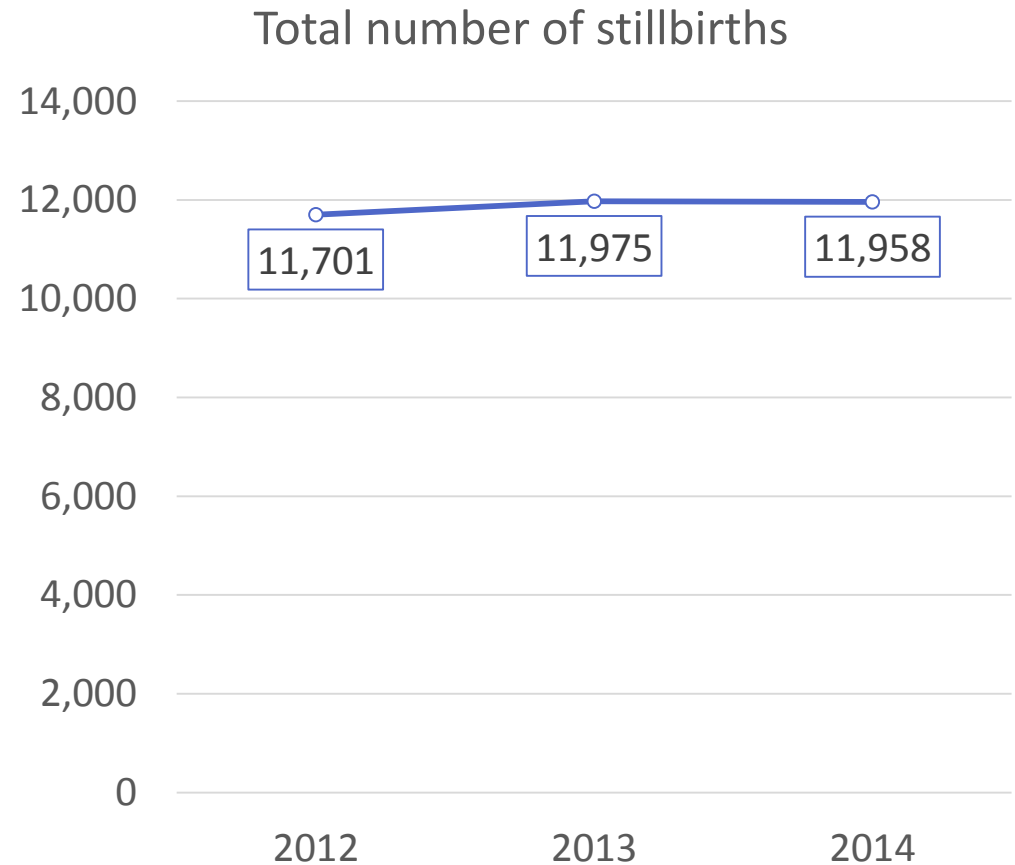


Child Health – Malaria

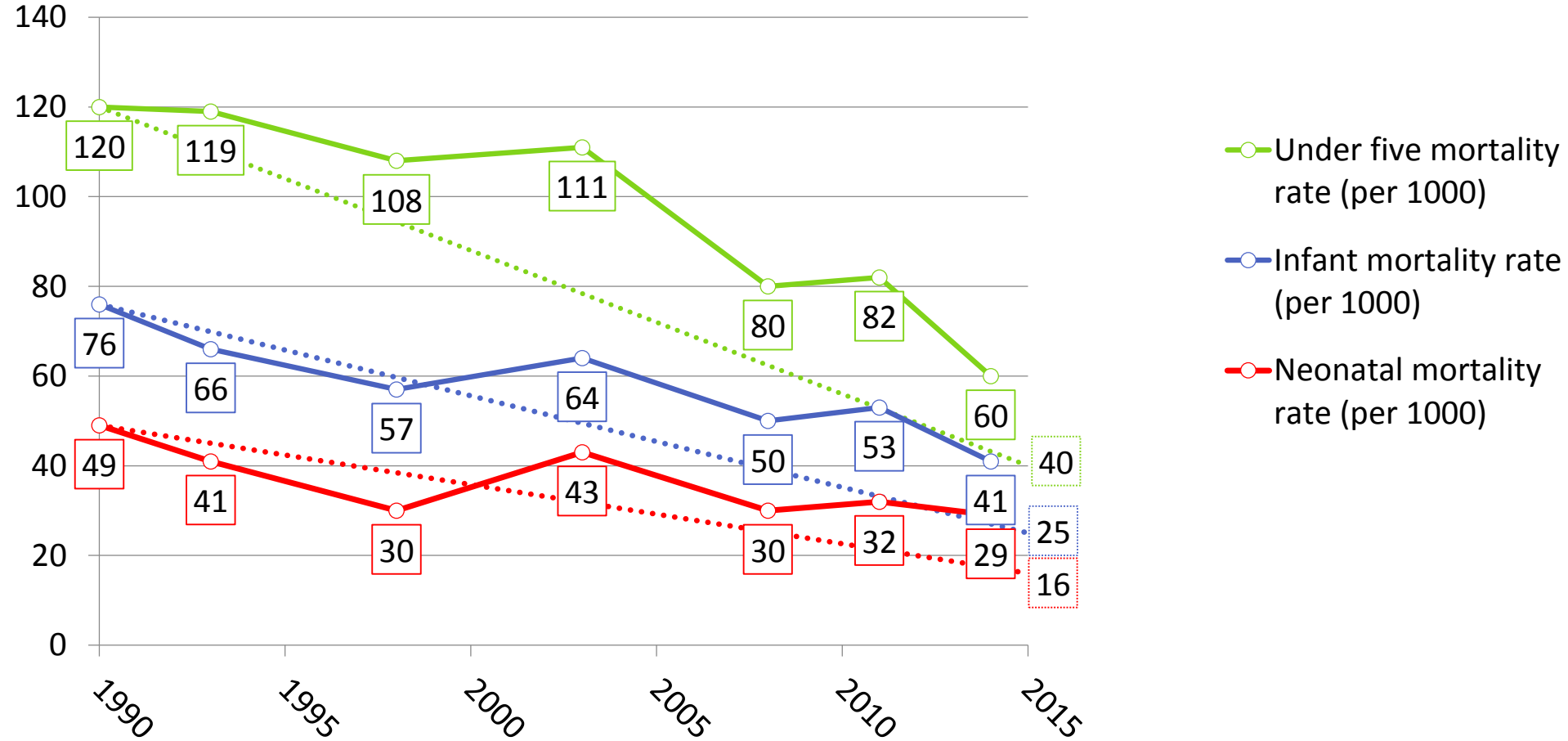
- Malaria case fatality dropped by over 20%
 - 2013: 0.67 deaths per 100 admissions
 - 2014: 0.53 deaths per 100 admissions
- The highest case fatality was observed in
 - Central Region: 1.38 deaths per 100 admissions
 - Northern Regions 1.06 deaths per 100 admissions
- More children slept under an LLIN the previous night
 - 2008 DHS: 28%
 - 2011 MICS: 42%
 - 2014 DHS: 47%

Child Health – Still Births

- About 12,000 fetuses died before birth in Ghana in 2014
 - About 41% were intrapartum stillbirths
 - Remaining 59% showed signs of maceration indicating antepartum death
- Can to a large extent be prevented by high quality antenatal care and safe delivery practices

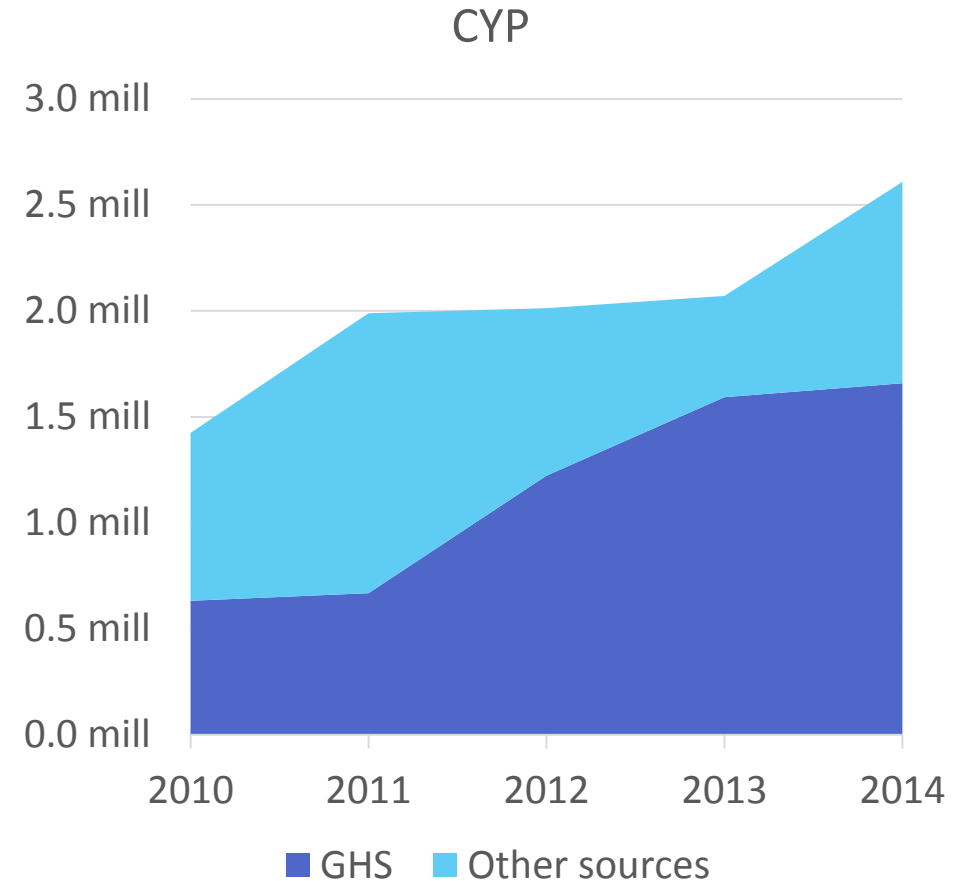


Child Health – Mortality



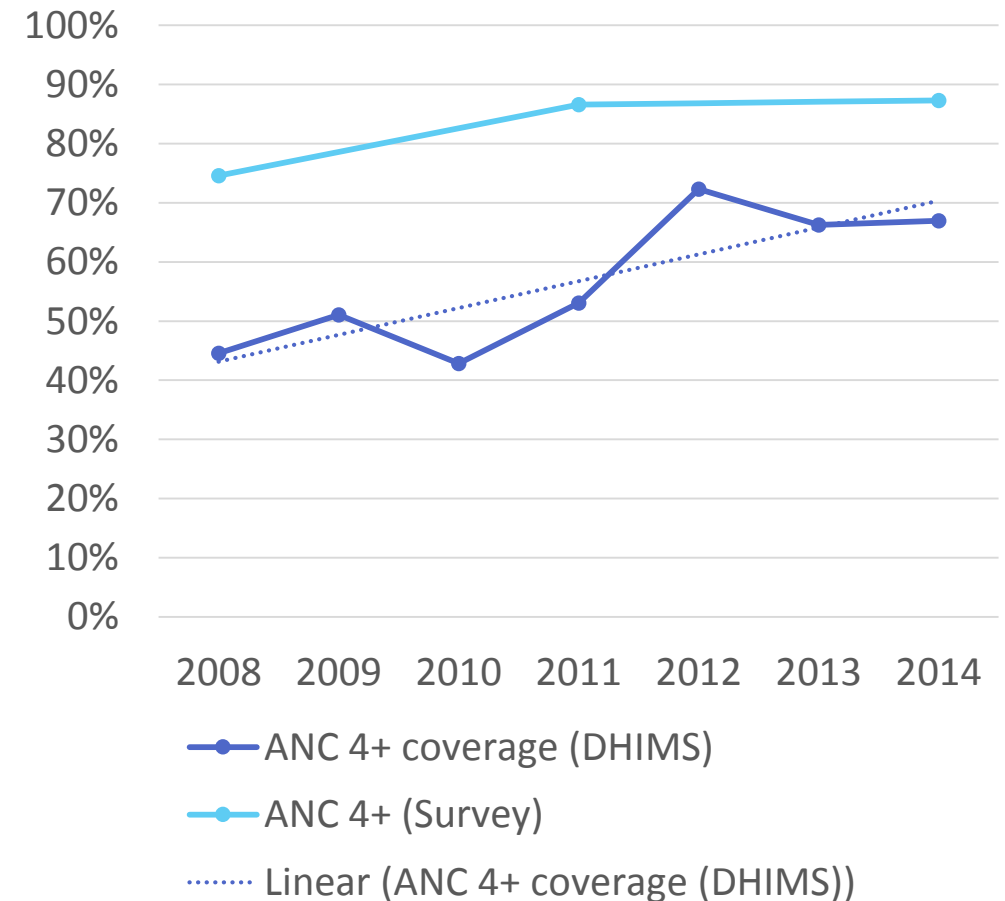
Reproductive Health – FP

- Unmet need for family planning improved since 2008 but is lower than 2011
 - 2008 DHS: 35%
 - 2011 MICS: 26%
 - 2014 DHS: 30%
- Contraceptive prevalence rate for any modern method improved since 2008 but is stable since 2011
 - 2008 DHS: 17%
 - 2011 MICS: 23%
 - 2014 DHS: 22%
- CYP increased
 - 2013: 2.1 million
 - 2014: 2.6 million



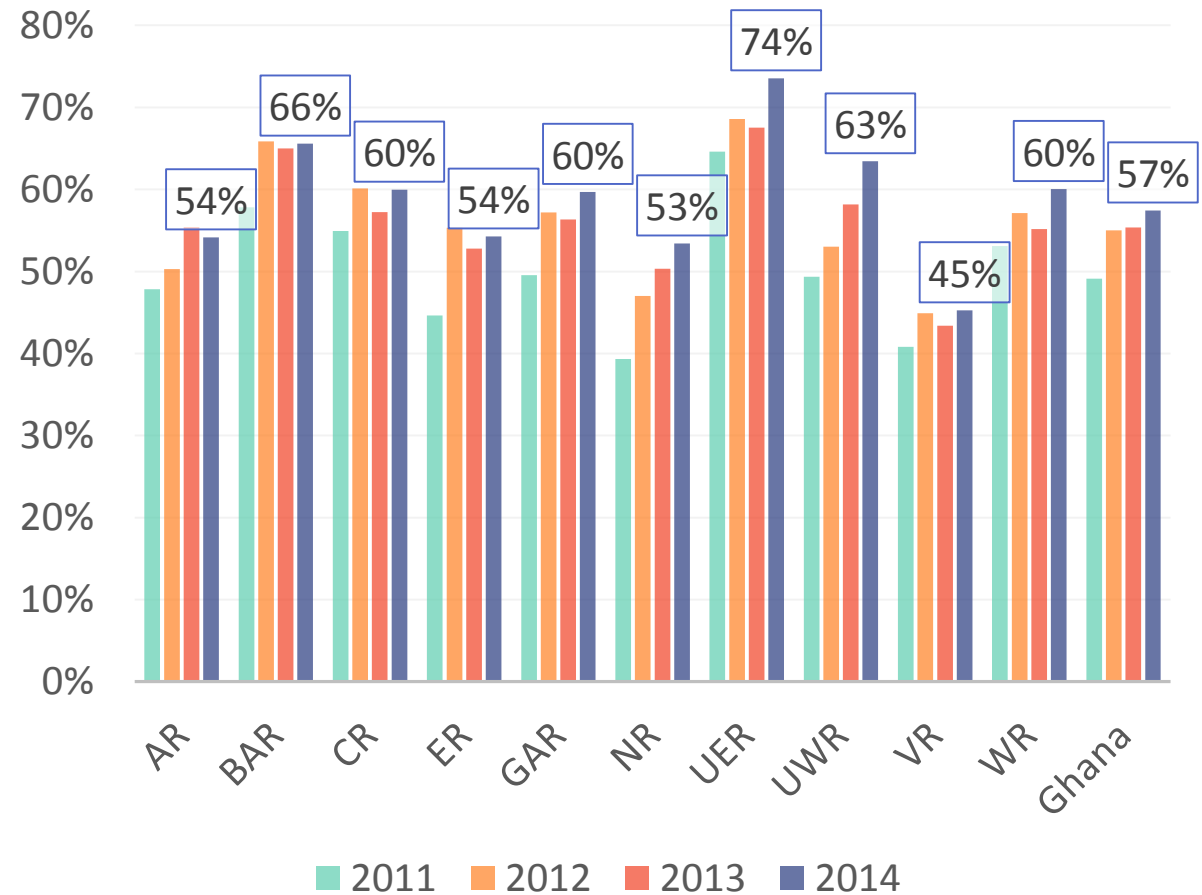
Reproductive Health – ANC

- ANC 4+ stagnated
 - 2013: 66%
 - 2014: 67%
- Some challenges with data quality
- Surveys of ANC 4+ shows higher coverage than DHIMS
 - 2008 DHS: 75%
 - 2011 MICS: 87%
 - 2014 DHS: 87%



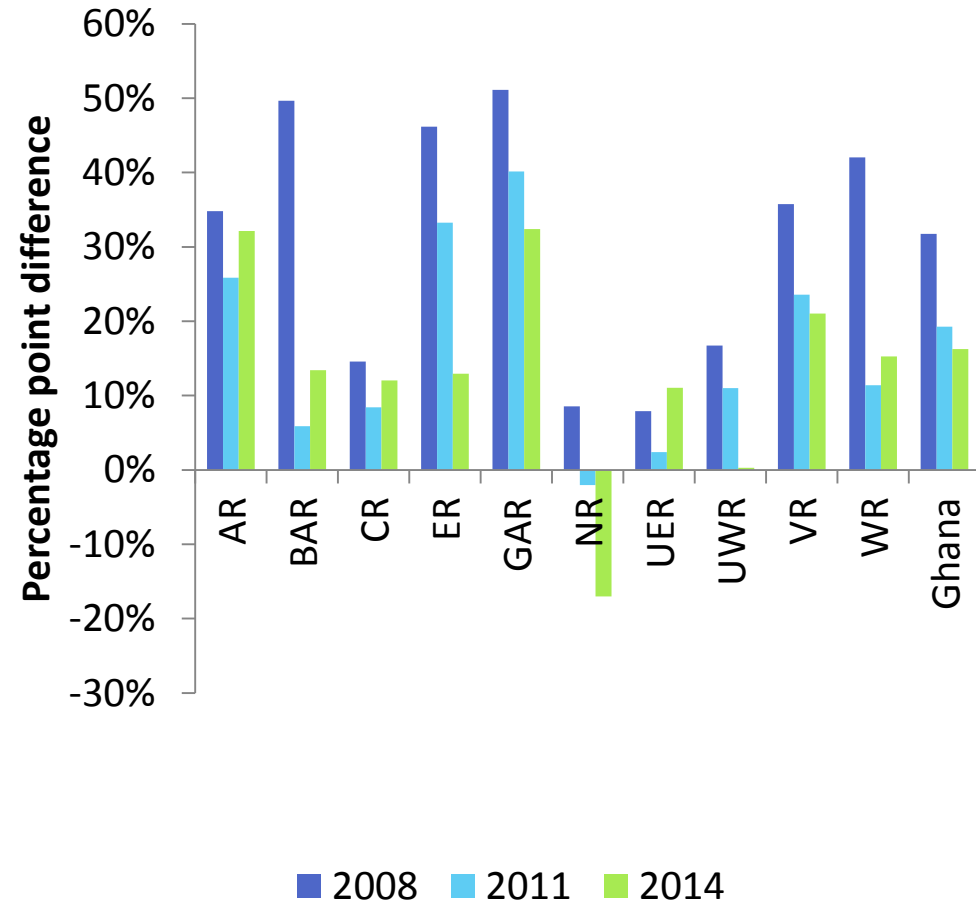
Reproductive Health – Supervised deliveries

- Supervised delivery coverage increased slightly
 - 2013: 55%
 - 2014: 57%
- Best performance
 - Upper East Region: 74%
- Poorest performance
 - Volta Region: 45%



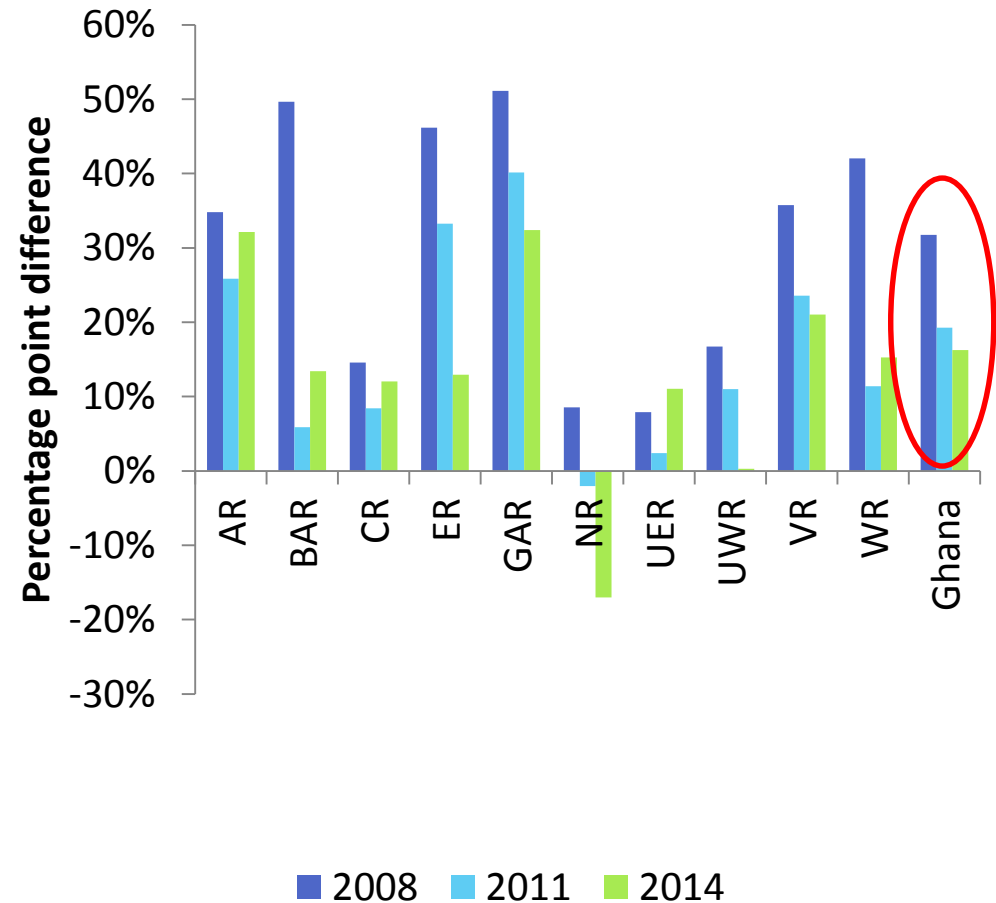
Reproductive Health – Data gap analysis

- Differences between routine and survey data for supervised deliveries
 - Routine 57.3%
 - Survey 73.7%



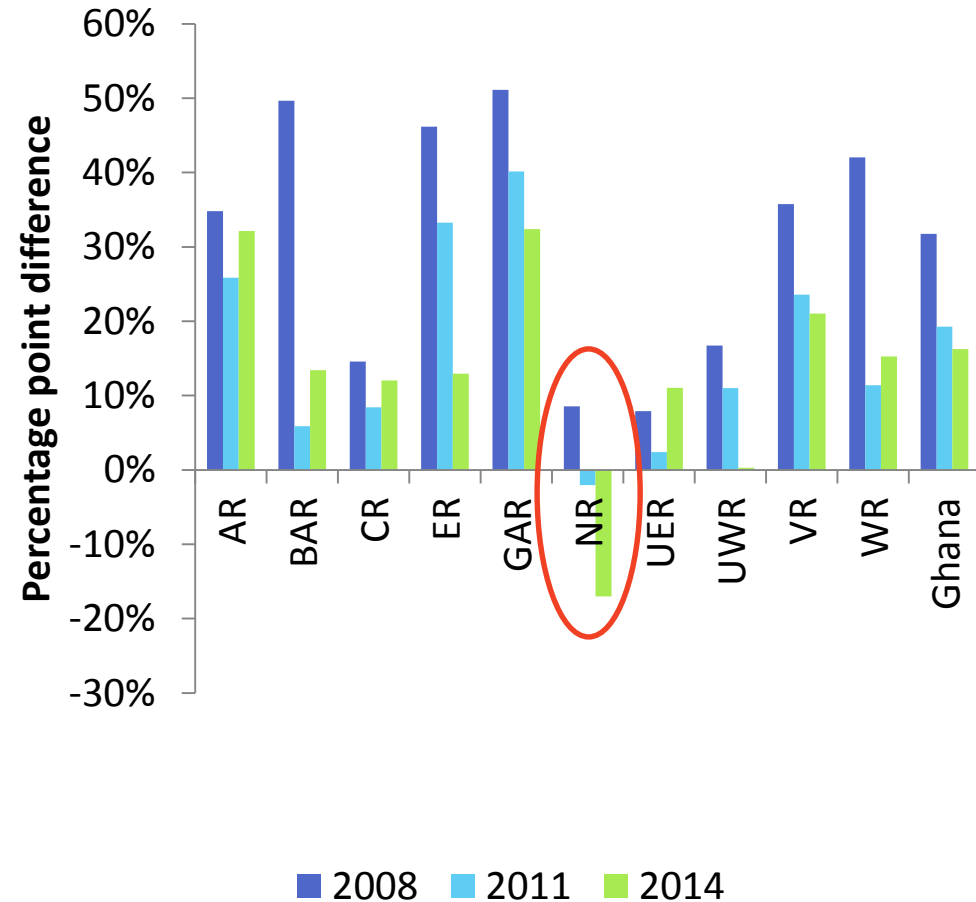
Reproductive Health – Data gap analysis

- Differences between routine and survey data for supervised deliveries
 - Routine 57.3%
 - Survey 73.7%
- Reporting gap is closing



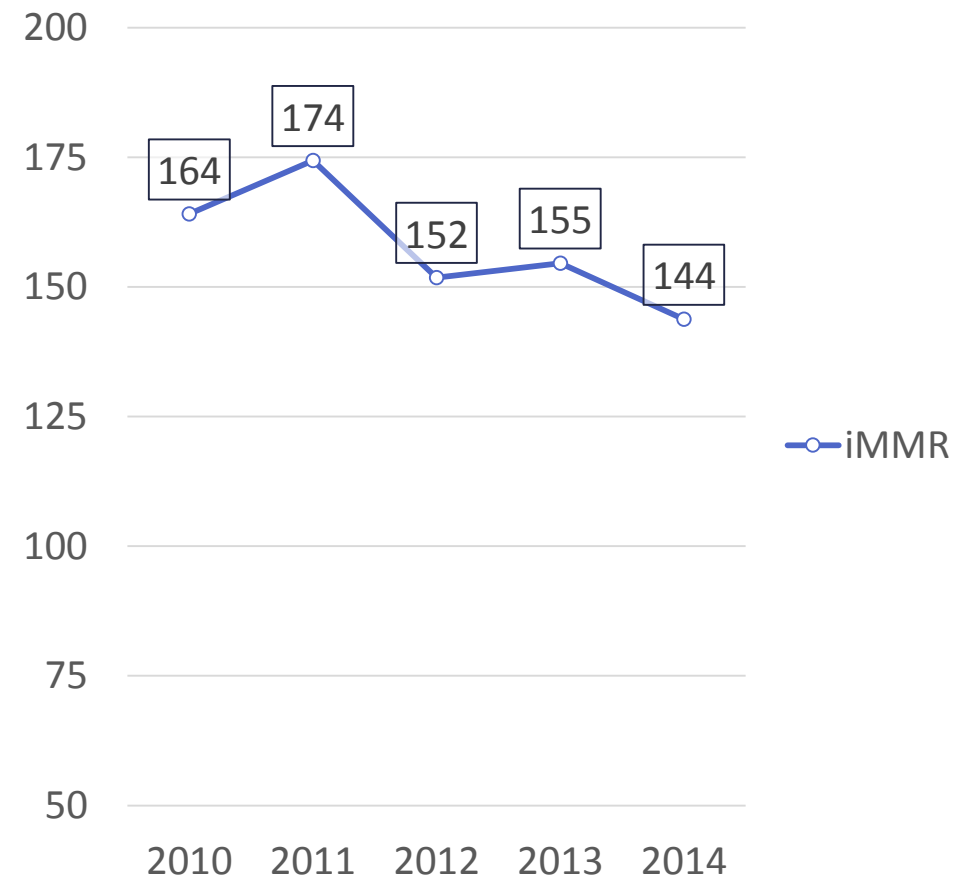
Reproductive Health – Data gap analysis

- Differences between routine and survey data for supervised deliveries
 - Routine 57.3%
 - Survey 73.7%
- Reporting gap is closing
- Northern Region recorded higher performance in DHIMS than survey
 - Challenges with population size



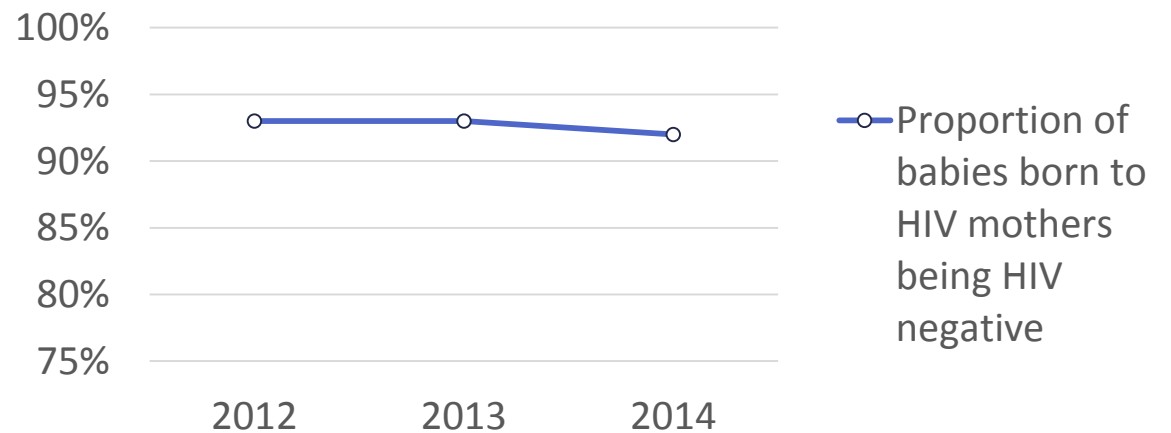
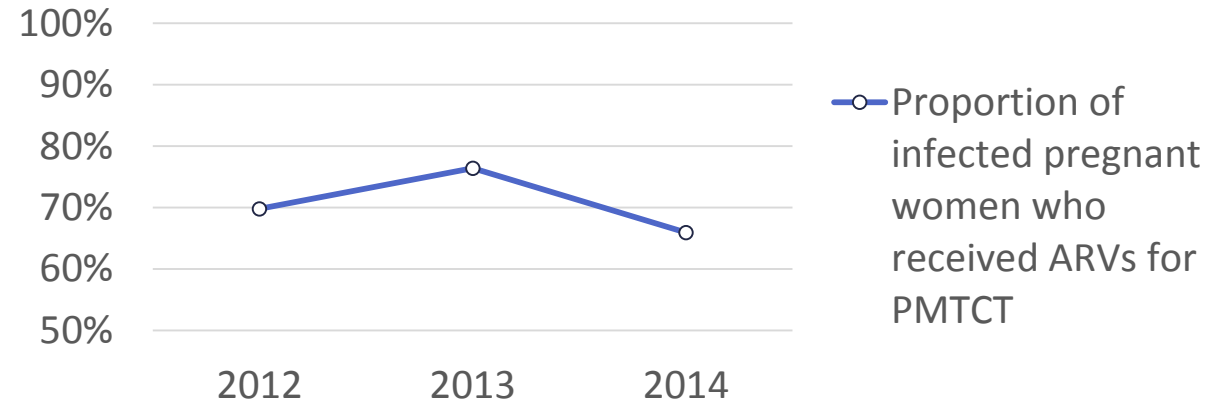
Reproductive Health – Maternal Mortality

- Institutional maternal mortality dropped
 - 2013: 155 deaths per 100,000 live births
 - 2014: 144 deaths per 100,000 live births
- Large regional variations in iMMR
 - Greater Accra Region: 185
 - Volta Region: 179
 - Easter Region: 176



Reproductive Health – HIV/AIDS

- PMTCT declined
 - 2013: 76% (9,508 cases)
 - 2014: 66% (12,583 cases)
- Proportion of babies born to HIV mothers being HIV negative plateaued
 - 2013: 93%
 - 2014: 92%



Tuberculosis

- TB treatment success rate increased slightly
 - 2013: 86%
 - 2014: 87%
- National TB prevalence survey was completed in 2014
 - Preliminary findings indicate a correction of the national TB prevalence from 71 to 264 persons with TB per 100,000 Ghanaians.
- The NTP is concerned with
 - Inadequate screening and missed opportunities for identifying presumed TB cases
 - Sub-optimal diagnostic test
 - New initiatives to scale up mobile X-ray vans and improve TB-diagnostics with GeneXpert machines.

Ebola

- In March 2014, WHO officially declared Ebola Virus Disease (EVD) outbreak in the three worst affected countries
 - Guinea, Liberia, and Sierra Leone
- Ghana identified as high risk for a potential EVD outbreak
- EVD surveillance yielded 131 suspected cases, which were thoroughly investigated with no confirmed case of EVD
- Structures and measures were put in place to respond to potential EVD outbreak
 - Planning and Coordination
 - Surveillance, Situation Monitoring and Assessment
 - Case Management
 - Social Mobilization and Risk Communication
 - Logistics, Security and Financial Resources.

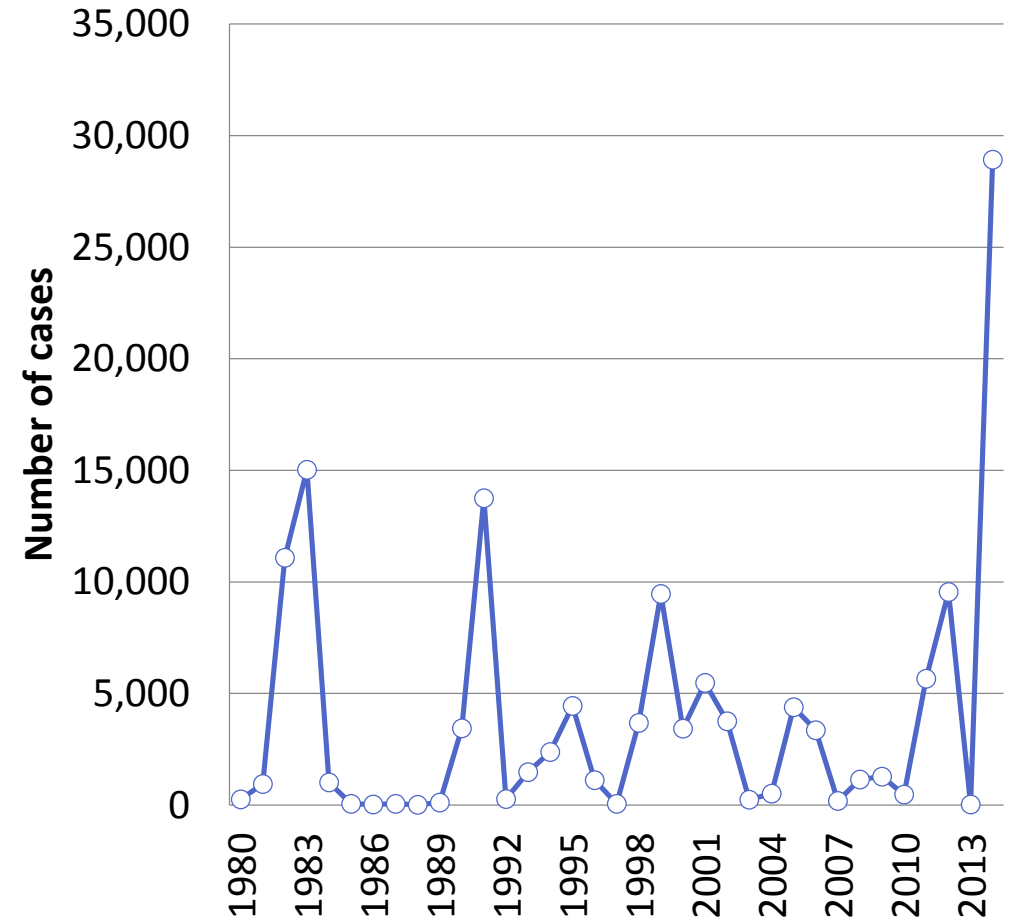
Ebola

Key Activities

- Trainings/Workshop
- Acquisition of logistics
- Simulation exercises
- Monitoring Visits
- Assessments
- Screening at points of entry

Cholera

- Ghana recorded its worse cholera outbreak
 - 28,922 cases and 243 deaths as of 4 January 2015
 - Case fatality rate of 0.8%
 - Involved all the 10 regions and 60% of the districts (130 out of 216) in Ghana



Regional Assessment

	AR	BAR	CR	ER	GAR	NR	UER	UWR	VR	WR
TOTAL SCORE	3	9	5	6	7	8	10	8	7	7
OPD per capita	0	1	0	1	0	0	1	1	1	1
All Cause Mortality	1	1	1	1	1	1	1	1	1	1
U5 CFR Malara	1	1	-1	1	1	0	1	1	1	1
CYP	-1	1	1	-1	1	1	1	0	1	0
iNMR	1	-1	1	1	1	1	1	1	1	-1
iMMR	1	1	1	1	1	1	1	1	-1	0
EPI	1	1	0	0	0	1	1	0	1	1
ANC 4+	-1	1	-1	0	1	1	1	0	0	1
Skilled delivery	0	1	1	0	1	1	1	1	0	1
Still birth rate	-1	1	1	1	-1	0	0	1	1	1
PNC within 48h	1	1	1	1	1	1	1	1	1	1

Northern Region

- Routine health information shows good performance
- Surveys show poor performance
- Evidence of underestimated population figures for
 - Expected pregnancies
 - Children under 1 year
 - WIFA
- Kumbugu District
 - National estimated population: 48,217
 - District estimate: 57,019 (+18%)
 - Head count by volunteers: 98,398 (+104%)
- Underestimated population leads to overestimated performance in DHIMS

Northern Region

Survey results for Northern Region

- Skilled delivery rate is the worst in Ghana and worsening:
 - *2011 MICS: 37.3% (survey result for Ghana: 68.4%)*
 - *2014 DHS: 36.4% (survey result for Ghana: 73.7%)*
- ANC 4+ rate is the worst in Ghana and worsening:
 - *2011 MICS: 75.1% (survey result for Ghana: 86.6%)*
 - *2014 DHS: 73.0% (survey result for Ghana: 87.3%)*
- Malnutrition is the worst in Ghana and improving
 - *2011 MICS: 37.4% (survey result for Ghana: 22.7%)*
 - *2014 DHS: 33.1% (survey result for Ghana: 18.8%)*

Implementation of POW 2014 planned activities

POW Activities

- There were 65 planned operations in 2014 with over 120 main outputs
- Difficult to maintain focus and set priorities
- Difficult to finance all activities
- Inadequate continuous monitoring during year
- Recommendations
 - Prioritise and reduce number of main outputs and make them more strategic
 - Indicate responsible agency for each operation
 - Identify one or two most critical operations for each Health Objective and raise them to become milestones
 - Strengthen system for continuous monitoring of POW implementation during the year

Programme: Management and Administration

- MOH sponsored 24 directors and deputy directors for training in leadership and management
- Performance contract signed with all heads of agencies.
 - A consultant was contracted to oversee implementation of agreements
 - Consultant has submitted report on the extent of implementation of agreement.

Programme: Management and Administration

- MOH policy to allocate 0.8% of total sector budget to support research at all levels
 - No fund allocation
- Revision of ICT policy is on hold.
 - Issues paper to be shared for comments by stakeholders

Programme: Management and Administration

- Biometric registration of NHIS members expanded to six regions.
- Coverage for the poor and vulnerable rose by from 1.26 Million to 1.46 million.
- The supply Chain Master plan was completed
 - Steering committee formed to oversee the implementation of the plan.

Programme: Service Delivery

- HPV immunisation was conducted in 13 pilot districts.
 - Three rounds of immunisation conducted
 - Coverage was 94%, 90% and 77% in first, second and third rounds respectively

Programme: Tertiary Services

- A total of 6 ambulance stations were established.
- Two teaching Hospitals initiated specialist outreach services
 - KATH formed a team that made about 26 teams visits to various health facilities
 - TTH established two Neonatal Intensive Care Units (NICUs) centres in two districts in Northern Region

Holistic Assessment Tool

Revision of the Holistic Assessment tool

Why revise the tool?

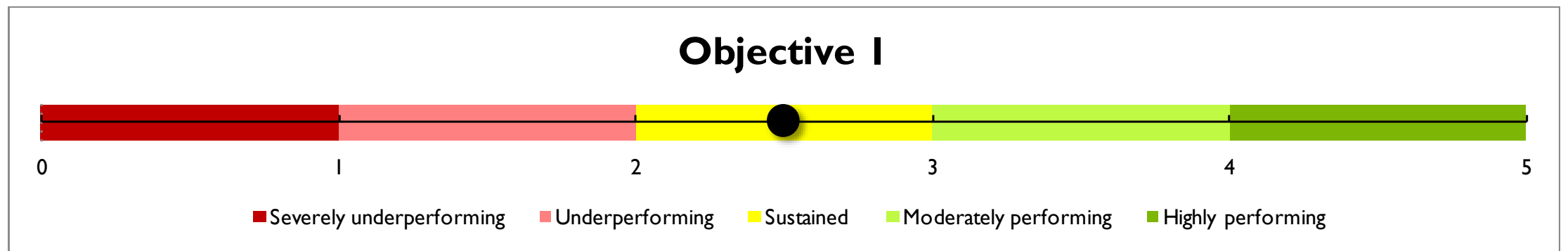
- Concern that the holistic assessment was not a true reflection of sector performance
- The analysis was skewed towards performance of selected service providers
- The analysis was skewed towards primary health care
- The assessment was not significantly influencing policy or strengthening sector management

What was revised?

- Revised indicator framework for HSMTDP II
 - More clinical indicators
 - More agency indicators
 - Better balance between primary and secondary level indicators
- Weighted objectives and indicators
 - For analysis to reflect importance of individual indicators and objectives
 - Weighting was done by expert group based on WHO health system goals
- More weight to milestones
 - Milestones were assigned 25% of total weight for each objective
 - Assigning more importance to implementation of policy
- Five colour codes instead of three

New holistic assessment scoring and colour codes

- Ranges from 0 (worst score) to 5 (best score)
 - Severely underperforming: 0 to <1
 - Underperforming: 1 to <2
 - Stagnant: 2 to <3
 - Moderately performing: 3 to <4
 - Highly performing: 4 to 5



Outcome of the Holistic Assessment of 2014

Objective I



Bridge the equity gaps in geographical access to health services

Performance: Stagnant

Good performance:

- Large increase in CHPS
- Improved equity for doctors and nurses

Sustained performance:

- Stagnant equity in supervised deliveries
- Stagnant OPD

Underperformance:

- Milestones not achieved (686 new CHPS, Capital Investment Plan developed)

Objective 2



Ensure sustainable financing for health care delivery and financial protection for the poor

Performance: Highly performing

Good performance:

- Increased MTEF allocation to health
- Increased budget execution for good and services
- More indigents covered under NHIS exemptions
- Milestone completed: Health Financing Strategy implementation plan

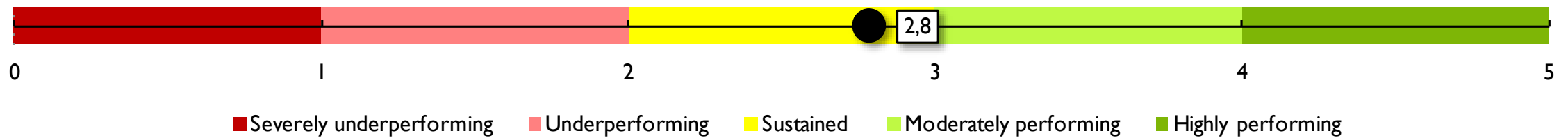
Sustained performance:

- Stagnation in NHIS coverage and proportional claims payment

Underperformance:

- Sustained per capita expenditure in GHC but reduction in USD per capita expenditure on health

Objective 3



Improve efficiency in governance and management of the health system

Performance: Sustained performance

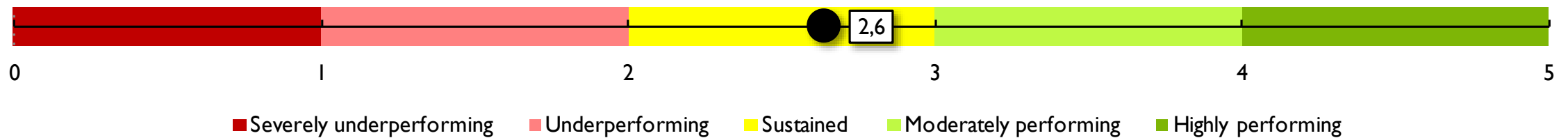
Good performance:

- Doctor, Nurse and Midwife staff strength improving
- Increase in proportion of NHIA receivables released to the scheme
- Increased GOG spending on goods and services / assets

Underperformance:

- No information on claims settled within 12 weeks
- No budget allocation for research
- Milestone: Implementation plan for decentralization not developed

Objective 4



Improve quality of health services delivery including mental health services

Performance: Sustained performance

Good performance:

- Reduced all cause mortality rate
- Reduced under-5 malaria case fatality rate

Sustained performance:

- Baseline established for the number of public hospitals providing traditional and mental health services

Underperformance:

- No scale up of hospital emergency teams
- Milestone: Hospital strategy not reviewed

Objective 5



Enhance national capacity for the attainment of the health related MDGs and sustain the gains

Performance: Moderately performing

Good performance:

- Improved neonatal, infant and child mortality
- Improved child nutrition and breast feeding
- Improved PNC

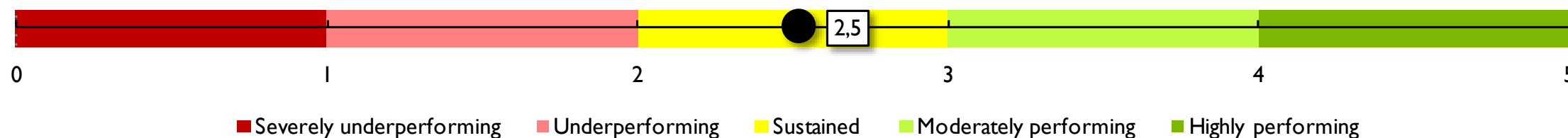
Sustained performance:

- Supervised delivery rate
- Unmet need for family planning worsening but CYP improving
- Prevention/elimination of mother to child transmission of HIV

Underperformance:

- HIV sentinel survey results not yet ready
- Milestone: Road map for reducing institutional mortality not developed

Objective 6



Intensify prevention and control of non-communicable and other communicable diseases

Performance: Sustained performance

Good performance:

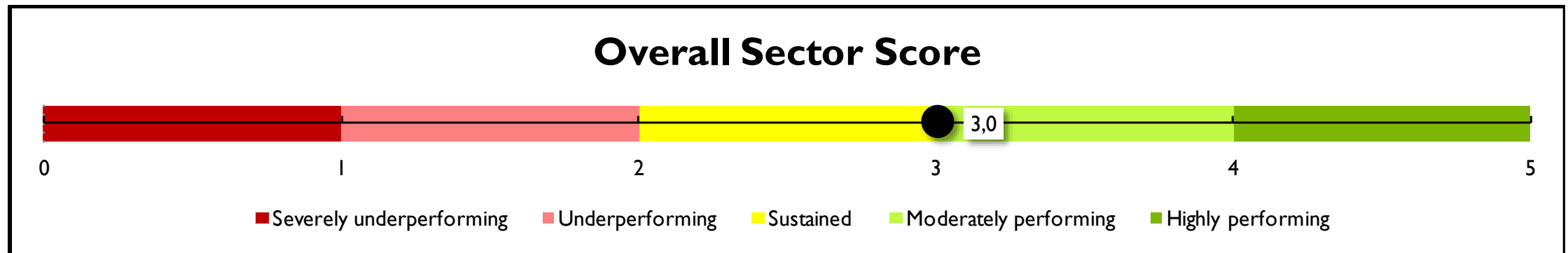
- Non-AFP polio rate exceed target
- Non communicable disease policy and strategy finalized

Underperformance:

- Incomplete information about number of cancer deaths

Outcome of Holistic Assessment Tool

The holistic assessment of 2014 showed a **moderately performing sector** with an overall sector score of **3.0**



Recommendations by the review
team

Recommendations by the review team

- NHIA should develop tools to continuously monitor per capita utilisation of OPD and reduction in frivolous use.
- Effort should be made to reconcile figures for capital expenditure for loans and mixed credits in the capital investment report and financial report.
- The reason for the observed reduction in pregnant women's exemption is not clear and should be further analysed to understand this declining trend.
- GHS should assess productivity of midwives and identify reasons for productivity variances between regions.

Recommendations by the review team

- The ministry should estimate the medium to long term midwife needs, and align the production to this need, so that the sector does not train too many midwives.
- Training of health professionals from all cadres should be aligned to need
- The ministry should establish a working ratio regarding how much is spent on compensation, investment and goods and service and work towards achievement of such a target.

Recommendations by the review team

- All cause mortality trend in Upper East Region should be followed closely in 2015.
- All stillbirths should be audited at regional and teaching hospital level in order to identify the underlying reasons and address these.
- Population figures for Northern Region should be adjusted, so the routine health information system will be provide a better reflection of performance in this region.
- Northern Region should receive special attention and support in order to improve health outcomes in the region