

**REVIEW OF THE FIVE-YEAR PROGRAMME OF
WORK**

2001 ANNUAL REVIEW

**GUIDELINES FOR THE JOINT HEALTH
PARTNERS REVIEW**

May 2002

INTRODUCTION

▪ Background

The year 2001 marks the concluding year of the implementation of the first Five Year Programme of Work (1997 – 2001) of the health sector. However as part of the preparations for the next Five Year Programme of Work (2002 – 2006) an extensive review was done in the year 2000 leading to in-depth analysis of the performance of the sector during the period. This year's review, although it represents an end term review will thus be organized, as an annual review but opportunity will be taken to assess the sector's performance over the five-year period.

The review will as much as possible assess the progress made during the five years with respect to the five strategic objectives. These are:

1. Increasing access to basic health services
2. Improving quality of care
3. Improving efficiency
4. Improving collaboration and partnership
5. Increasing overall funding to the health sector

The review will take into consideration key developments in the sector particularly with respect to advances made in the implementation of the Ghana Health Service and Teaching Hospitals Act (Act 525) and the development and launching of the Second Five Year Programme of Work.

▪ Objectives of the review

The main objective of the 2001 annual review will be to assess the sector's performance in meeting the targets set for year 2001 and relate this to the overall performance within framework of the five-year programme of work.

Specifically the review will:

1. Assess the overall performance of the health sector during year in advancing the gains made in the previous years.
2. Describe and comment on the performance the five years in the following areas:
 - a. Advances made with respect to the agreed sector-wide indicators.
 - b. Achievement of the sector towards meeting the targets set for the five years.
Namely:
 - i. Increasing life expectancy from 55.7 to 60 years
 - ii. Reducing Infant mortality rate from 66 to 50 per thousand live births
 - iii. Reducing under five mortality rate from 132 to 100 per thousand live births
 - iv. Reducing maternal mortality rate from 214 to 100 per 100,000 live births
 - v. Reducing severe malnutrition in children under five years from 8% to 4%.
 - vi. Reducing fertility rate from 5.5 to 5.0.

- c. Allocating more resources (funds) to the district level and below in the following manner:
 - i. Headquarters share reducing from 28% to 16%
 - ii. Tertiary institutions share reducing from 31% to 19%
 - iii. Regional level share increasing from 17% to 23%
 - iv. District level share increasing from 22% to 42%
- 3. Monitor the performance of key strategies for:
 - a. Increasing geographical and financial access
 - b. Developing human resource for health
 - c. Deepening decentralization
 - d. Improving management systems
 - e. Intersectoral collaboration including engaging the private sector
 - f. Mobilization of fund for the health sector
- 4. Assess the performance of all executing agencies of the Ministry of Health against specified annual targets and the overall five-year period.
- 5. Assess the performance of specific policies aimed at the implementation of the key strategies by executing agencies
- 6. Recommend for discussion and adoption at the partners summit priority action to be taken to enhance performance of the 2002 programme of work.

ORGANISATION AND METHODOLOGY

Key Areas for the Review

The review will cover the following key areas:

- 1. Health service delivery
 - a. Public Health Service
 - b. Institutional Care
- 2. Policy and Institutional Reforms
- 3. Systems Development and Support Services, including:
 - a. Financial Management
 - b. Health infrastructure development (Capital Programme)
 - c. Procurement and supply management
 - d. Other logistics including transport and equipment
 - e. Human resource development
 - f. Health management information system
- 4. Partnership and management arrangements between MOH and Development Partners
- 5. Strategies and progress toward addressing social issues in health care such as:
 - a. Inequities within and between regions
 - b. Poverty reduction.
 - c. Ensuring gender sensitivity in policies and strategies in health care

- d. Ensuring access to basic services by the poor (access to exemption facilities)
- e. Collaborating with other sectors

The review will be made up of three components:

1. Review by Executing agencies

Each executing agency will review their 2001 performance and report with respect to the guidelines in annex one. The Ghana Health Service will in addition provide reports on performance of regions.

2. In-depth review by Directorates of the MOH

This will constitute an internal review of the Ministry of Health and will be put together and a summary prepared.

3. Independent review

This will be in two parts. The independent team of experts who will be assembled jointly by the Ministry and Partners will review all reports presented by the Executing Agencies and other documents assembled by the secretariat. This component will involve an overall strategic review of the sectors performance as reported by the agencies and will focus on assessing trends with respect to the sector-wide indicators, performance with respect to the strategic objectives and implementation of key strategies.

The team will then undertake field visits to assess performance at the district and regional levels. Local counterparts will accompany the teams for these assignments.

The team leader will be responsible for submitting the main sector review report to the Ministry of Health for distribution to major stakeholders and will form the basis for discussions at the summit.

MAIN SUMMIT MEETING

The Main Summit, which will be attended by all stakeholders will discuss the major findings of the review report and therefore it is expected that the leader of the team will be available to present the findings.

TIMING

TIME FRAME	MAIN ACTIVITY
26TH May	Arrival of external reviewers
27th May	Briefing meeting with MoH
27th May to 2nd June	Review of reports and field trips
4th June to 5th June	Finalize report
6th June	Presentation of report to Minister

OUTPUTS

The review of Executing agencies will make available:

- **One Annual report each of the GHS, The Teaching Hospitals, The Food and Drugs Board and the other Regulatory bodies (specify)**
- **10 regional reports of the GHS**
- **In-depth review of the MOH**

Other documents will be made available to the review team. Key among them are:

- The Five Year POW (2002 –2007)
- Common Management Arrangements
- Review and commentary on performance on the sector-wide indicators
- Other policies and guidelines prepared during the year

ANNEX ONE

AREAS FOR INDEPTH REVIEW BY REVIEW TEAM

PUBLIC HEALTH SERVICES

- Operationalising the implementation of the Integrated Disease Surveillance (IDS) strategy, including the strengthening of Community-Based Surveillance systems countrywide
- Assessment of the Surveillance system countrywide and the production of guidelines and protocols for disease surveillance and epidemic control.
- Development of soft ware for quick transfer of all data to national level as part of the overall improvement in information management.

Expanded Programme on Immunization

- Increasing coverage of all antigens to at least 80%
- Reduction of morbidity and mortality of vaccine preventable diseases
- Eradicate polio, eliminate neonatal tetanus, accelerate the control of measles, control yellow fever
- Introduction of hepatitis B vaccine into EPI.

Diseases earmarked for eradication

- Operationalising the strategic plan for the control of Yaws and Buruli ulcer
- Development and operationalising strategic documents for the control of Bilharzia and Filariasis
- Devolution of the Oncho Control Programme and integration into the Integrated Disease Surveillance System.
- Maintain success chalked in Leprosy control using the CBS strategy.

Disease control

- Development of strategy document for the control of non-communicable diseases
- Nutrition education strategy to focus on child feeding and micronutrients
- Consolidate gains in Micro nutrient deficiency control

Reproductive health

- Pilot IMCI in selected regions and provide training on IMCI skills for various categories of health workers, orientation workshops on IMCI, workgroup meetings and materials development.

Health education

- Development and dissemination of health education materials (posters, booklets, leaflets) on HIV/AIDS, Buruli ulcer, Yellow fever, Malaria, long-term family planning methods, IMCI, breastfeeding, polio and nutrition.
- Mass media campaigns and other activities including training for health workers on the use of the Health Education Toolkit (CHESTKIT) and the provision of logistic support for regions.

Occupational health

- Identification and highlighting of occupational health concerns and support for efforts to improve the occupational health concerns of the workforce in Ghana.
- Development of database of locally prevalent occupational health conditions
- Operational research on occupational health matters.

CLINICAL SERVICES

Completion and dissemination of policies, guidelines and protocols:

- **Laboratory services policy**
- **Accidents and Emergency care policy**
- **Hospital development strategy**
- **Quality Assurance Strategy**
- **Mental Health Policy**
- **National Oral Health Policy**
- **Policy On Prosthetics and Orthotics**
- **Policy and guidelines for nurses**
- **Guidelines on Catering services**

Completion of clinical guidelines, standards and protocols:

- **Revision of the Standard Treatment Guidelines**
- **Accident and Emergency Care manual**
- **Quality Assurance manual**
- **Standard list of laboratory reagents and equipment**
- **Revision of the Essential Drug list**
- **Nursing management standards**
- **Laboratory standards for patient care**

Quality assurance

- **Extension of Quality Assurance programme to include more Regional hospitals, District hospitals, Psychiatric hospitals, Teaching hospitals and health centers.**
- **Strengthening Regional clinical care units**
- **Establishment of district clinical care units**
- **Strengthening monitoring and supervision of clinical services at all levels**
- **Dissemination of good clinical practices and QA experiences**

Specialist out reach services

- **Decentralize operation of the Specialist outreach programme**

POLICY AND INSTITUTIONAL DEVELOPMENT

Review of the following policies will be conducted:

- Exemptions policy
- User fees and cost recovery
- Institutional feeding

Increasing access

- Support strategies for increasing access to basic health care
- Defining basic guidelines for replication of Community Based Health Care programme (the Navrongo initiative).
- Support local health financing initiatives

Planning and budgeting

- Improving the planning and budgeting process in the context of MTEF
- Improve capital planning process
- Initiating implementation of hospital strategy

Information management

- *Improvement of information dissemination and information sharing strategies*
- *Improve systems for data collection and analysis in health facilities*
- *Streamline Performance monitoring streamlining and institutionalizing performance hearing and reintroduce contract agreement system with BMCs.*

Private sector involvement

- *Improved contract management capacity*
- Expanding scope of contract agreement to cover more mission facilities and a limited number of private self financing providers
- Improved coordination of NGOs in health
- Improved reporting on health by private sector

Financing and resource allocation

- Refining resource allocation criteria to address health inequities
- Streamlining fund earmarking
- Reviewing, finalizing and documenting government position on health insurance and alternative financing mechanisms.

Research

- **Documenting process of service integration and determining more effective ways of rendering integrated services from a client and provider perspective.**
- **Review of the reform process to feed into the next 5-year programme of work.**

- **Continuing work on health inequalities with a focus on mechanisms for bridging the gaps.**

HUMAN RESOURCE DEVELOPMENT

- Equitable distribution and redistribution of staff by decentralizing Human Resource Management, reviewing and enforcing staffing norms (clinical and public health) and the development of an up to date human resource management information system.
- Retraining staff to expand scope and provide quality care. This will be done through the development of Curricula for training of health staff, development, printing and distribution of relevant culturally acceptable Health Learning Materials to staff and retraining and rotation of district and sub district level staff.
- Operationalising the Structured In-service Training programme (SIST) by identifying, screening and orienting Resource Persons, developing curricula for SIST courses, finalizing Training Information System and development Log Book and monitoring system.

Refurbishment of structures and provision of equipment, Learning Materials to Regional Training/Resource Centers and the mounting of SIST based on regional priorities and POW objectives.

- Reviewing training systems to ensure efficiency by implementing recommendations on Rationalization of Training Institutions, Setting up Accreditation and Certification Board for all Health Training Institution and making all three – year post SSS programmes Diploma Awarding programmes. Provision of equipment, health learning materials and expansion of facilities to allow for increased intake will also be focused on.
- Operationalising incentive/reward schemes and to Motivate Health Workers by developing management systems for Decentralized Reward Management, mapping out various categories of deprived areas available by Region and determining incentive packages by category and implementing Performance Related Reward Systems at all levels.

SUPPORT SERVICES

Supplies management

- The transition of CMS into the envisaged autonomous organization
- Mechanisms for pricing of goods
- Establishing appropriate linkages between the procurement system and the storage and distribution system

FINANCIAL MANAGEMENT

- Enforcing the rules and regulations as defined by the FAR, FAD and the ATF
- Strengthening financial management systems particularly at the district level
- Strengthening audit management and procedures
- Intensifying monitoring activities and improving timely reporting

ANNEX TWO

GUIDELINES FOR INTERNAL REVIEW BY EXECUTING AGENCIES

POLICY THRUST

- Discuss the main policy thrust for the year including special initiatives. You may comment on inclusion of principles related to:
 - Specific initiatives on increasing access and addressing health inequalities
 - Gender strategy
 - Poverty alleviation strategies beyond exemptions
 - Human resource strategies
- Provide other information on service and management interest including overall initiatives on:
 - Intersectoral linkages
 - Private sector involvement
 - Decentralization

SYSTEMS AND INFRASTRUCTURE DEVELOPMENT

- Report on appointments availability of requisite management level human resources
- Statement on critical infrastructure development and other capital developments to ensure effective functioning of management.

SERVICE DELIVERY

- Highlight key strategies for increasing access to services provided by the agency.
- The Ghana Health Service shall in addition provide overview of performance with respect to strategies to
 - Deal with the HIV/AIDS threat, using the national HIV/AIDS control strategy
 - Shift from facility-based services through community-based care, focusing on placing nurses in communities
 - Reduce financial barriers to health care by ensuring that no one lacking funds at the time of need is denied essential health care
 - Strengthen malaria control through home-based care of fevers, improved case management and promotion of the use of Insecticide Treatment Materials for children under five and pregnant women
 - Implement the TB dots strategy and its integration in public facilities

- Eradicate Guinea Worm and Trachoma and inter-sectoral initiatives to provide potable water for Guinea worm and trachoma endemic communities
- Improve reproductive, maternal and child health with reports on initiatives to increase the use of modern family planning methods, making emergency obstetric care a key priority and providing integrated management of childhood illnesses as part of a comprehensive service delivery package.
- Enhancing EPI coverage and the introduction of new combination vaccines (Pentavalent DPT-HepB-Hib)
- Strategies on the systems for managing emergencies, accidents, disasters, poisons, and trauma through collaboration with other sectors
- Describe and quantify if possible the involvement of civil society and nongovernmental providers to supply publicly financed services on the basis of comparative advantage
- Report on strategies on the rehabilitation and development of programs to increase access for the disabled, the vulnerable, and the poor.
- Statutory bodies may highlight issues related to review of regulations and laws to enhance service delivery, maintenance of standards

HUMAN RESOURCE DEVELOPMENT

- Describe human resource position with respect to staffing norms and current gaps.
- Highlight key human resource development strategies to ensure
 - Staff retention
 - Equitable distribution
 - Attainment of requisite staffing levels
- Report on in-service and post graduate training programmes
- Brief report on technical assistance during the period and the purpose

PRIVATE SECTOR INVOLVEMENT

- Describe any contract arrangement with the private sector and the expected result of such collaboration. Indicate any financial arrangement involved and the source of funding.
- Outline mechanism for coordination and reporting

OUTLOOK FOR COMING YEAR

- Summary of key challenges
- Indication of priorities for the next year

FINANCIAL MANAGEMENT

- Provide summary of expenditure report. The Ghana Health Service may disaggregate this to regions. Where the exemptions policy apply, total amount spent on exemptions by exemption category should be indicated. Report on alternative arrangements for payment of services may be reported by region.
- Funding support to the private sector should be indicated and where possible specific programme support should be highlighted.
- Provide summary of income and expenditure report

ANNEX THREE

SECTOR INDICATORS FOR MONITORING FIVE-YEAR PROGRAMME OF WORK (1997 – 2001)

1. Percentage Government of Ghana recurrent budget spent on health.
2. Percentage recurrent expenditure by level (item 2-5) from all sources.
3. Proportion of Budget and Management Centers meeting the financial management readiness criteria.
4. Percentage Budget and management centers with quarterly expenditure returns.
5. Proportion of mission hospitals, NGO and private service providers with contract arrangement with the GHS.
6. Development of single set of procurement procedures.
7. Percentage BMCs with 90% to 105% staffing establishment filled.
8. Redesign communicable disease reporting and surveillance system. (Develop community based surveillance system)
9. Outpatient visits per capita
10. Hospital admission rate, average bed occupancy and average length of stay.
11. EPI coverage - DPT3 and Measles
12. Family planning - Couple years protection
13. Family planning - Condom sales per region
14. Percentage children using impregnated bednets
15. Percentage essential drugs stocked at the district level.
16. Medical equipment performance index
17. Average cost per inpatient day
18. Amount spent on exemptions by exemption category.
19. Number of outreach clinics by region
20. Percentage district, regional and teaching hospitals reporting on patients' satisfaction.

ANNEX FOUR

MAIN PRIORITY SERVICES AND ACTIVITIES FOR NATIONAL LEVEL BUDGET AND MANAGEMENT CENTERS

1. PUBLIC HEALTH SERVICES

- Strengthening and operationalising structures established in disease surveillance and epidemic preparedness
- Dissemination and implementation of guidelines and strategic plans for:
 - Malaria control
 - and child health
- Development of innovative health education strategies on the priority health programmes in a manner that will market public health services to the general public.

Disease Control

Malaria Control

- Implementation of the five year integrated Malaria plan of action
 - improving disease management at health facility and community levels
 - promoting budget use
 - monitoring of anti malaria drug efficacy
 - establishing database on malaria
- Strengthening of the Programme management unit of the Malaria control programme
- Strengthening intersectoral collaboration for malaria control
- Seek waiver from parliament on the importation of bednets

Tuberculosis

- Achieve nation wide implementation of the revised national TB programme and DOTS strategy with an emphasis on defaulter tracing
- Strengthen Tuberculosis clinics through the provision of provision of logistic support and training for TB management and other TB staff.
- Develop, disseminate and operationalise the use of quality control guidelines
- Expand culture facilities
- Organize refresher courses for Laboratory technicians in clinical and other managerial skills.

HIV/AIDS

- Strengthen tuberculosis and sexually transmitted disease clinics
- Provide training for health workers in STD management counseling and home based care
- Distribute and implement existing guidelines on clinical management and nursing care of AIDS patients.
- Implement recommendations from the review of the national response to HIV/AIDS

Diseases targeted for eradication

Guinea worm

- Foster stronger collaboration with existing multi sectoral agencies, district assemblies and unit committees for greater involvement in the provision of safe drinking water, motorable roads and the provision of other vital amenities pertinent to the prevention and eradication of Guinea Worm
- Intensify surveillance on Guinea worm through the community based surveillance system
- Provide refresher training and support to village volunteers

Polio

- Ensure continuous support from all sectors for the NID programme
- Strengthen mechanisms to improve the national OPV coverage through routine immunizations
- Strengthen mechanisms to improve the national OPV coverage through routine immunizations
- Strengthen the national AEP surveillance system to ensure that the system is sensitive enough to detect a case of poliomyelitis should one occur

Other important disease control programmes

- Finalize, disseminate and operationalise the filariasis control strategy developed in 199.
- Finalize, disseminate and operationalise the national programme strategy on Buruli ulcer
- Establish the extent and burden of Buruli ulcer.

Non-communicable disease control

- Review and disseminate of existing policies and technical guidelines on:
 - Diabetes
 - Hypertension
 - Cancer control
- Train at least 50% of district hospitals in diabetes management.
- Establish a database for Hypertension and other non-communicable diseases.

Disease surveillance

- Complete the national integrated surveillance strategy developed in 1998
- Extend the community based surveillance programme (CBSS) which was piloted in the Northern region in 1998 to the remaining nine regions

Epidemic preparedness

- Operationalise guidelines on epidemic prevention and control prepared in 1998
- Extend the national rapid response team to the regions and strengthened

Expanded programme on immunization

- Operationalisation of all documents on EPI management: EPI policy/technical guidelines, handbook on EPI and National Cholera control policy guidelines.
- Strengthening of collaboration with NGO's and private practitioners; i.e. training programmes, logistic support etc.
- Provision of capacity building for programme staff at national, regional and district levels.
- Conduct of coverage surveys and other research into appropriate EPI messages etc.

Reproductive health

- Training of regional teams in emergency obstetric care
- Dissemination of reproductive health service policy and standards.
- Step up the promotion of long term family planning methods
- Ensuring the implementation of the revised contraceptive price policy and promotion of male involvement at all levels.
- Finalize, disseminate and operationalise the implementation of the integrated management of child health initiative.
- Embark on refresher training on school health for health workers and strengthen collaboration with the Ministry of Education and other stakeholders.
- Conduct a rapid needs assessment at all health facilities and implement the national adolescent reproductive health programme strategy.

Nutrition

- Develop and implement detailed nutrition education strategy (I.E. &C) on infant/child feeding and micro nutrients (iodine, vitamin A, Iron).
- Develop and operationalise guidelines and policies on micro-nutrient supplementation (vitamin A & Iron)
- Develop and implement a community based growth promotion programme in selected districts.
- Continue the development of nutrition advocacy materials in 3 additional regions and advocacy workshops/seminars in at least 10 districts.
- Continue retraining and monitoring of agencies involved in salt iodation programme.

Health promotion

- Review existing strategies and develop new health promotion programmes to market the division to the general public.

Eye Care

- Continue activities on trachoma screening
- Integrate Primary Eye Care and cataract surgery into Primary Health Care

Occupational Health

- Establish a system for monitoring surveillance on work related diseases and injuries.
- Develop in-service training programme to increase awareness of Occupational issues among primary health workers.
- Develop guidelines on how to identify and manage occupational related diseases
- Set standards for accreditation of organizations providing training in Occupational health and safety to industries.

2. CLINICAL CARE

- Clarify the roles and responsibilities of the BMCs at national, regional and district level responsible for guiding and monitoring clinical care.
- Develop, disseminate and operationalise Hospitals' Development policy to guide the establishment of new hospitals, their functions and scope of work
- Update the Quality Assurance policy/strategy
- Build consensus on and disseminate the following documents:
 - Policy on Laboratory Services
 - Guidelines on the Treatment of Malaria
 - Nurses Management Standards
 - Quality Assurance for Hospitals and Sub-districts

User Friendly Systems

- Establish Public Relations Units to satisfy client information needs in the large health facilities
- Develop and put in use Patient Service Standards

Clinical Monitoring Support & Supervision

- Form clinical monitoring and supervisory teams at all levels of the health Care system
- Improve feedback and reporting on monitoring and supervisory activities.

4. HEALTH FINANCING

- Review the National Health Insurance Scheme in the context of an overall health financing strategy
- Adopt and implement policy guideline on health insurance and a strategy on health financing which was developed and discussed in 1998

5. INTERSECTORAL LINKAGES

- Work with relevant sectors and agencies to develop appropriate programmes on:
 - The environment
 - Gender issues and poverty alleviation
 - Occupational health
 - School health

- Population issues

Private sector

- Strengthen Private sector coordination unit
- Expand service agreement with mission hospitals
- Complete tender documents for private for profit practitioners to set up in under served areas and to support reproductive health
- Initiate steps to capture data on facility utilization and health statistics
- Define and agree on a definitive strategy for Collaboration with Non Governmental Organizations

6. MONITORING THE PROGRAMME OF WORK

- Continue monitoring and supervision visits to all regions
- Put in place system for the review of sector Wide indicators
- Strengthen the Center for Health Information Management
- Improve the medical records management system in the health sector

TEACHING HOSPITALS

- Reorganization to streamline management within the various units of the hospitals
- Ensure productive co-existence between the Medical Schools and the hospitals.
- Provide information to the public about services and charges
- Establish Public relations units to project a positive image for the teaching hospitals.

SPECIALIZED INSTITUTIONS

- Clarify role of specialized institutions within the health delivery system, including their relationship with the Teaching Hospital Boards and arrangements for monitoring and regulation
- Accord full BMC status and allocate budget and ensure that financial reporting is adhered to.
- Explore cost reduction strategies, cost recovery and alternative sources of funding;

Policy Planning Monitoring and Evaluation

- Review the implementation of exemptions policy and poverty alleviation.
- Provide support to BMCs to conduct operational research
- Develop appropriate capacity for capital planning

Human Resource Development

- Operationalise policy guidelines and operational guidelines on personnel management and in-service training.