

**2013 HEALTH SUMMIT
PRESENTATION AT BUSINESS MEETING BY**

**KOBINA ATTA BAINSON
(LEAD FACILITATOR)
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OUTLINE

- ✘ Holistic assessment of sector
- ✘ Costing of health services
- ✘ National Health Accounts
- ✘ Evaluation of Free Maternal Care
- ✘ Review of Capitation in Ashanti Region
- ✘ Review of CHPS policy
- ✘ Highlights of Speeches
- ✘ Conclusion

HOLISTIC ASSESSMENT SECTOR SCORE

- Outcome is **POSITIVE** with a Sector Score of **+3**
- Interpreted as a highly performing sector

Health Objective	Score 2011	Score 2012
HO 1	+1	0
HO 2	+1	0
HO 3	0	+1
HO 4	+1	+1
HO 5	-1	+1
Sector Score	+2	+3

PROGRESS AND CHALLENGES

1. OPD/capita: 1.17 (double 2006 figure)

2. Supervised delivery:

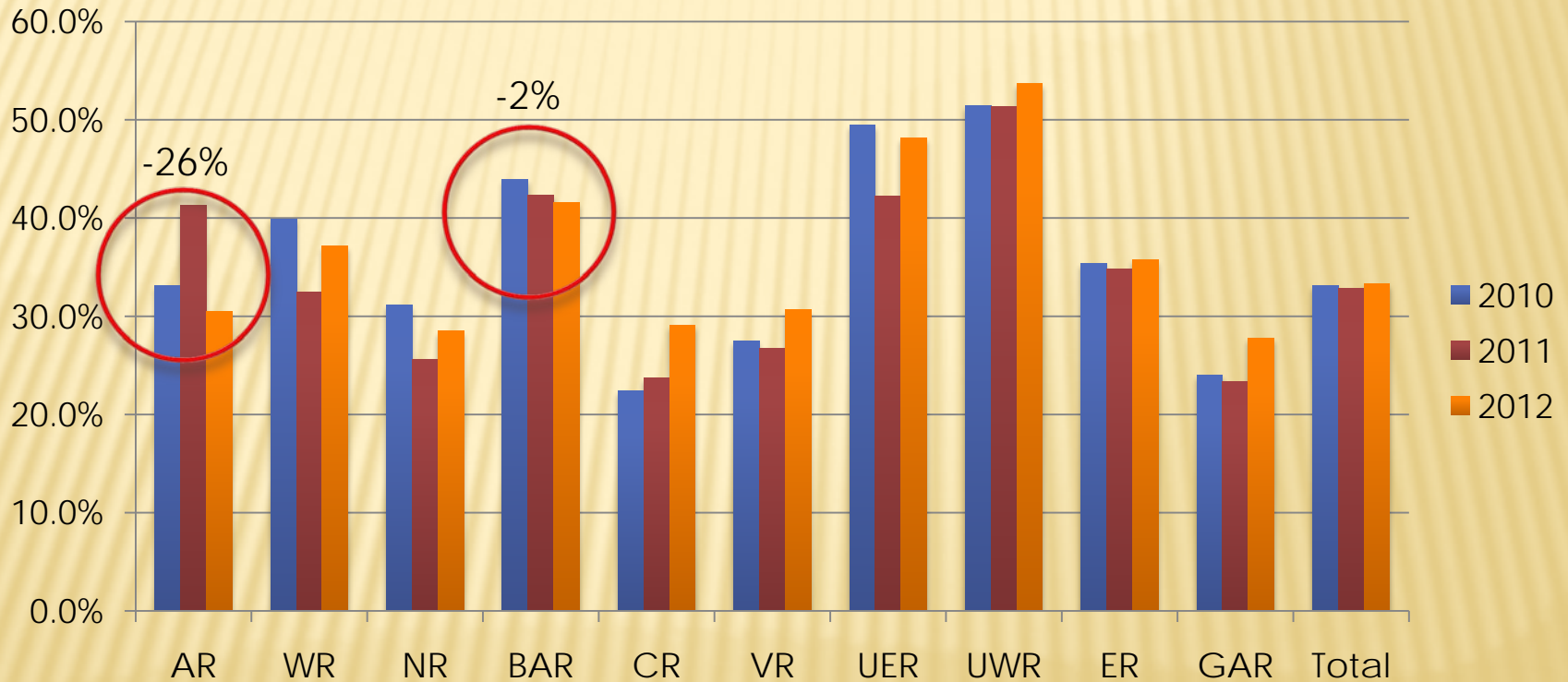
- ✘ national coverage was 58.2%:

- ✘ low coverage in Northern and Volta regions

3. EPI coverage: since 2007 coverage has steadily been close to 90%

HEALTH INSURANCE

+ Slight increase in active members to 34%



HEALTH OBJECTIVE 1 CONT.

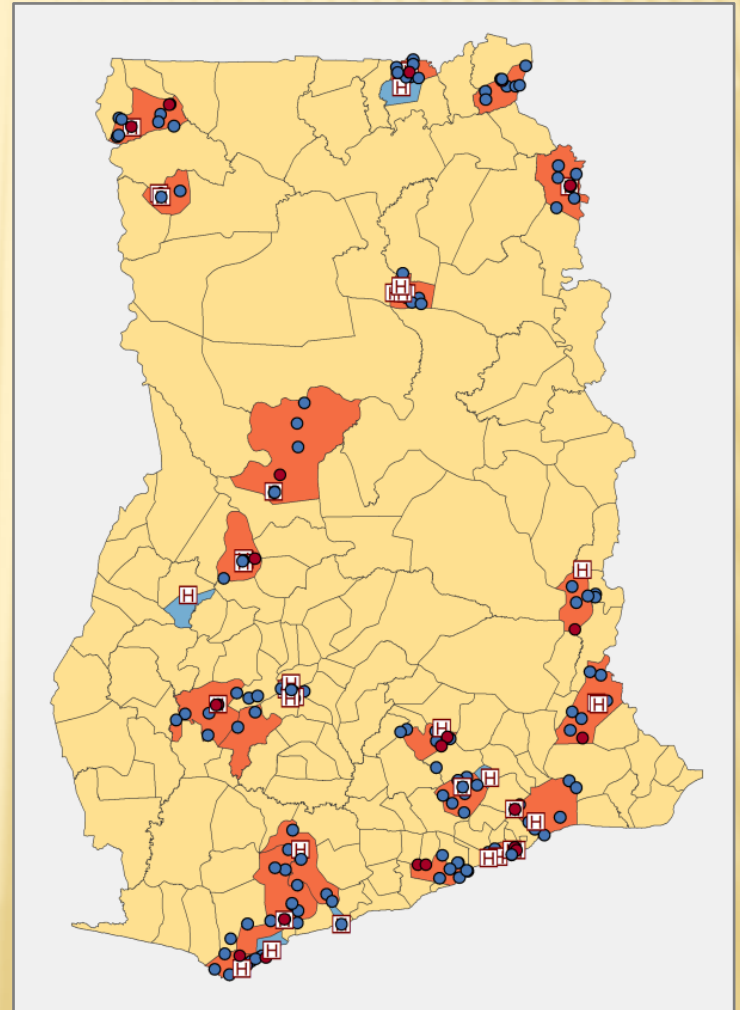
% non-wage GOG recurrent budget allocated to district level and below	50%	46.8%	50.0%	55.3%	50.0%	38.5%
Per capita expenditure on health	26 US\$	28.6	28.0	35.0	30.0	50.7USD
% population living within 8 km of health infrastructure	N/A	-	N/A	-	N/A	N/A

HEALTH OBJECTIVES

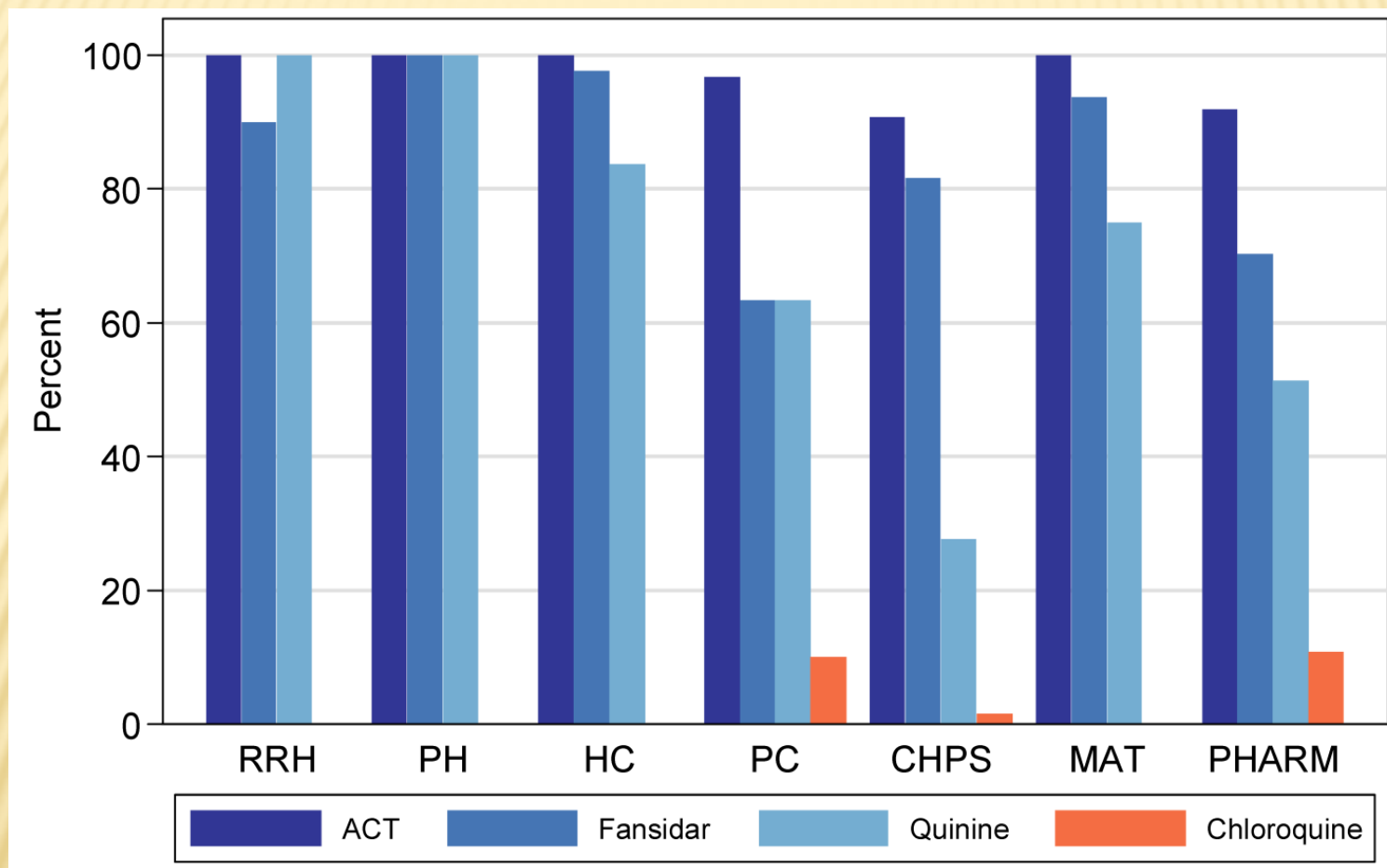
Indicator	2010 Target	2010 Achievement	2011 Target	2011 Achievement	2012 Target	2012 Achievement
% of hospitals assessed for quality assurance and control	70%	-	80.0%	N/A	90.0%	-

COST OF HEALTH SERVICES

- ✘ Used existing data, when possible
- ✘ Supplemented with facility-level survey
- ✘ Compiled detailed information about each facility



AVAILABILITY OF ANTI-MALARIAL DRUGS

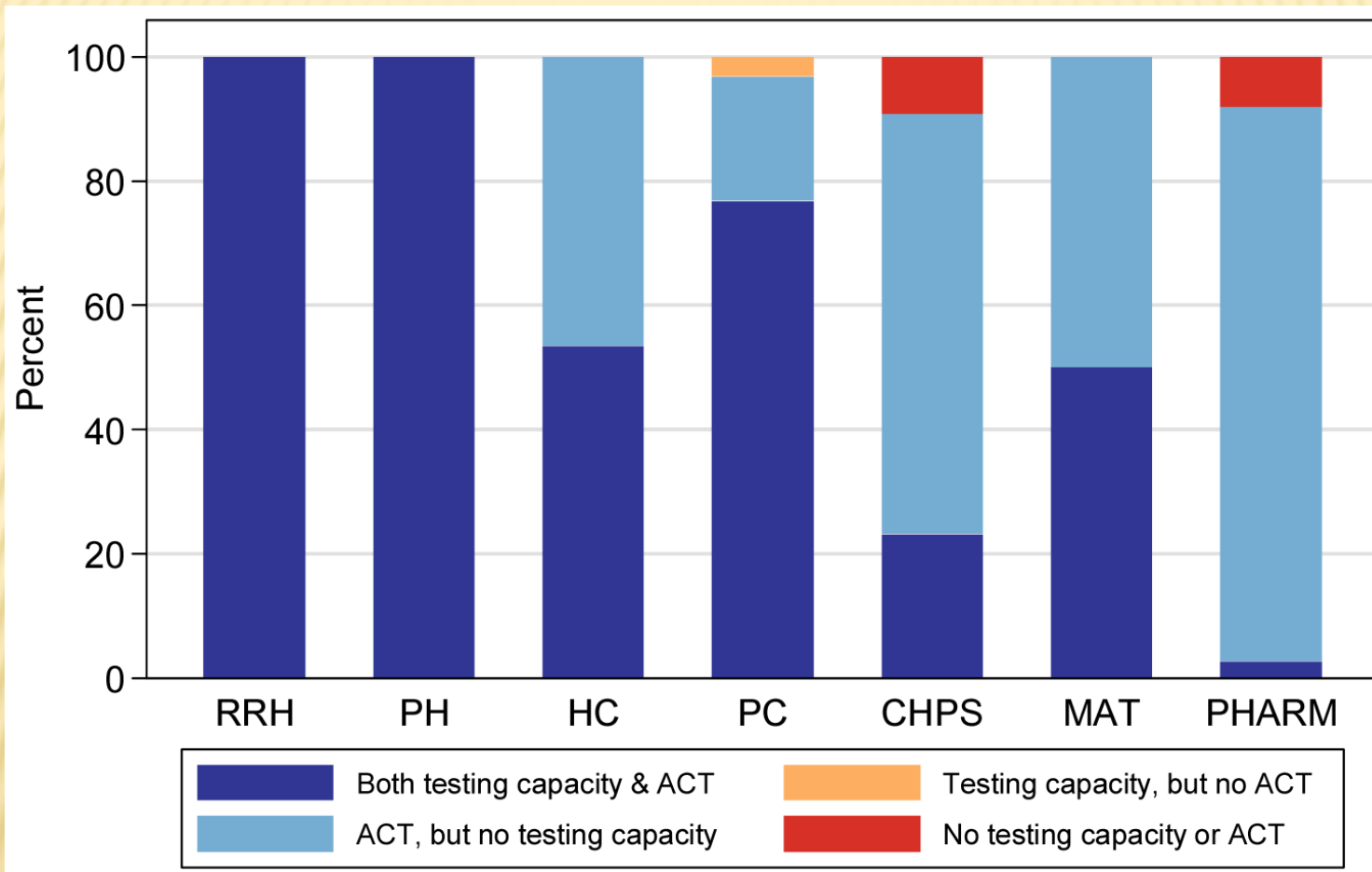


RRH = regional referral hospital
PH = public hospital

HC = health center
PC = private clinic

MAT = maternity clinic
PHARM = pharmacy

CAPACITY TO TEST AND TREAT

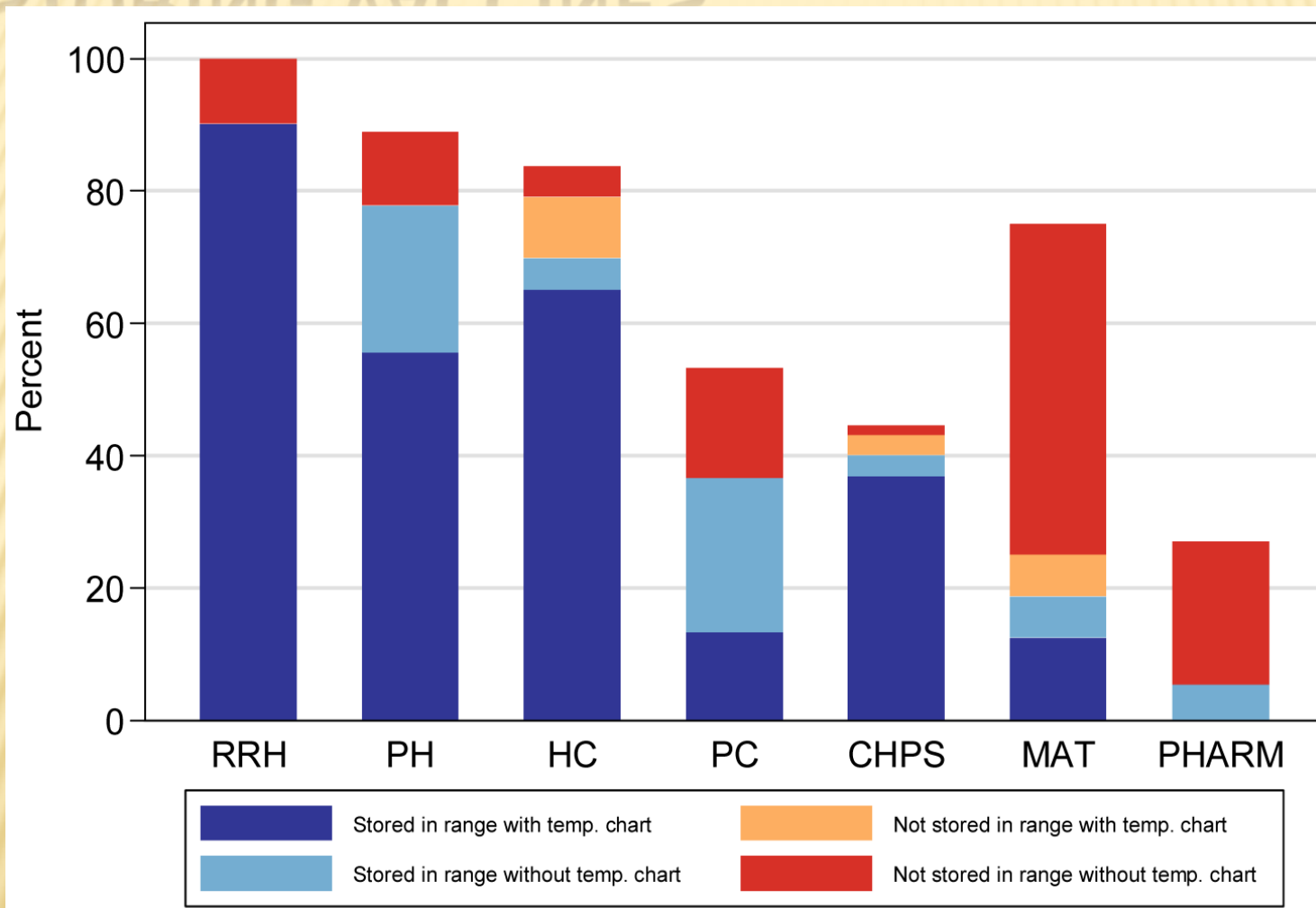


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STORING VACCINES



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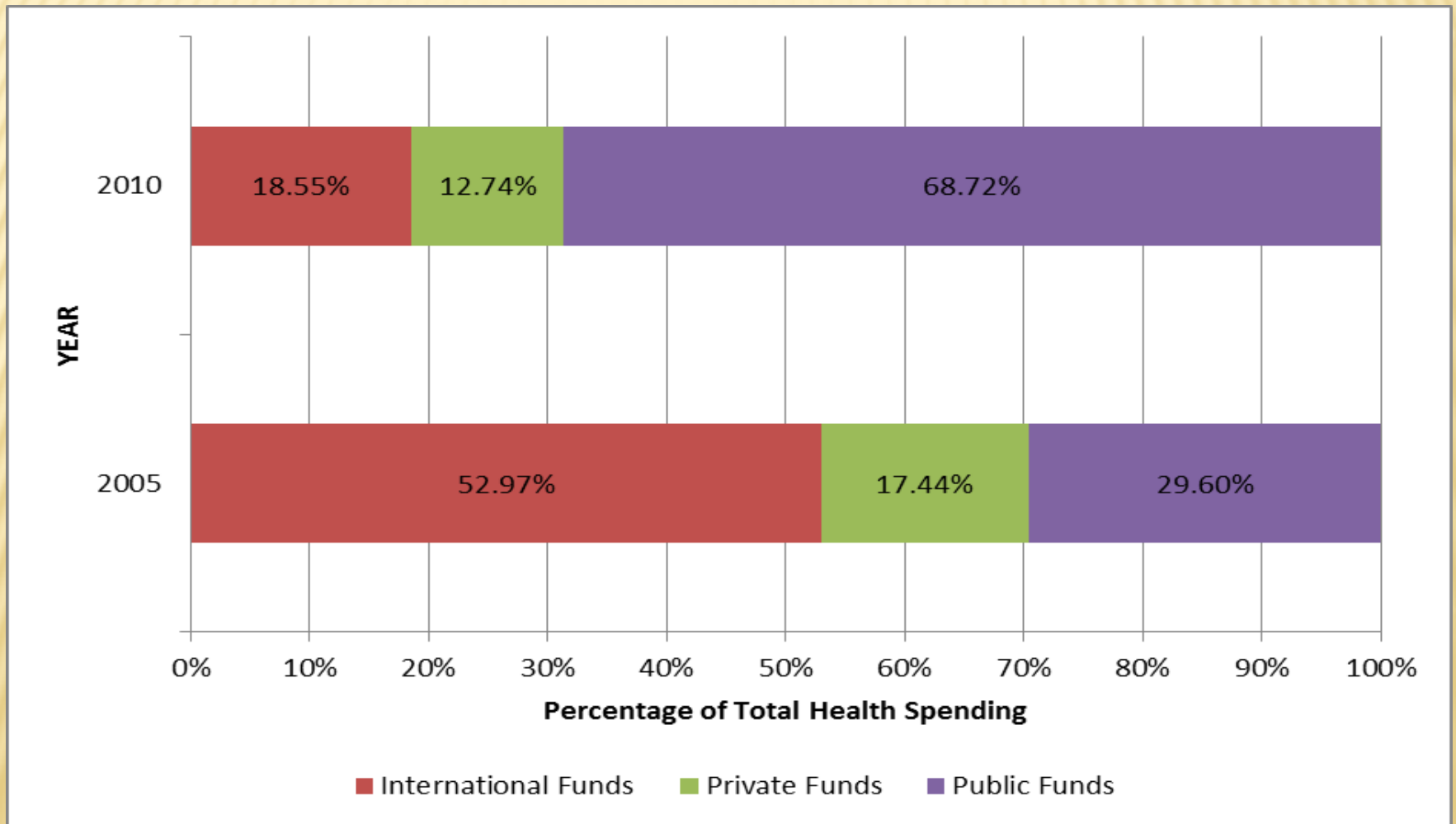
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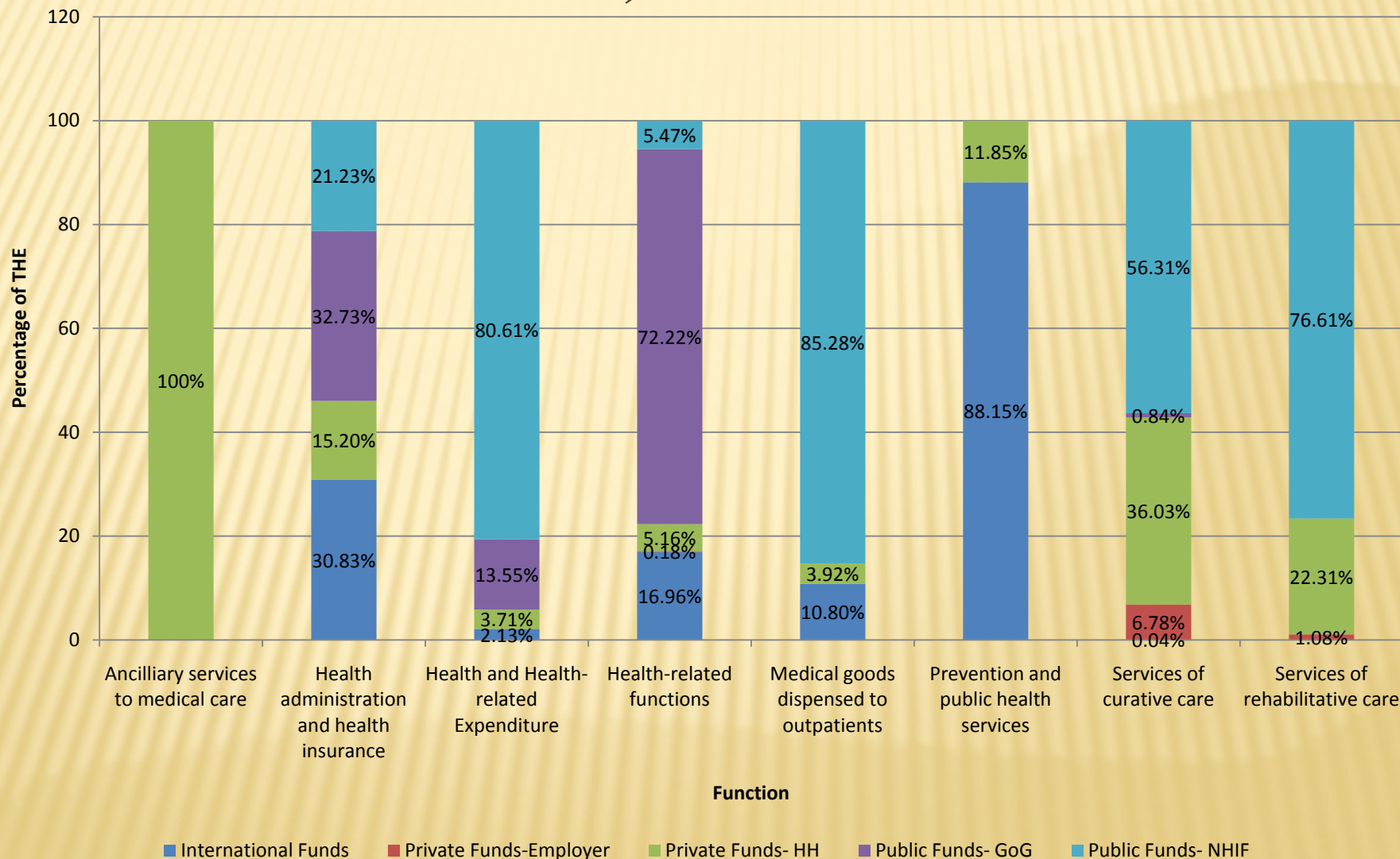
NATIONAL HEALTH ACCOUNT

- ✘ National Health Accounts (NHA) is an internationally recognized framework that **measures and tracks total health care expenditures** in a country, thereby providing a systematic and comprehensive method for **monitoring resource flows** in a country's health system.
- ✘ Current study compared expenditures in 2005 and 2010,

TOTAL HEALTH EXPENDITURE BREAKDOWN BY FINANCING SOURCE, 2005 AND 2010



Allocation of Health Funds from Financing Sources to Functions, 2010

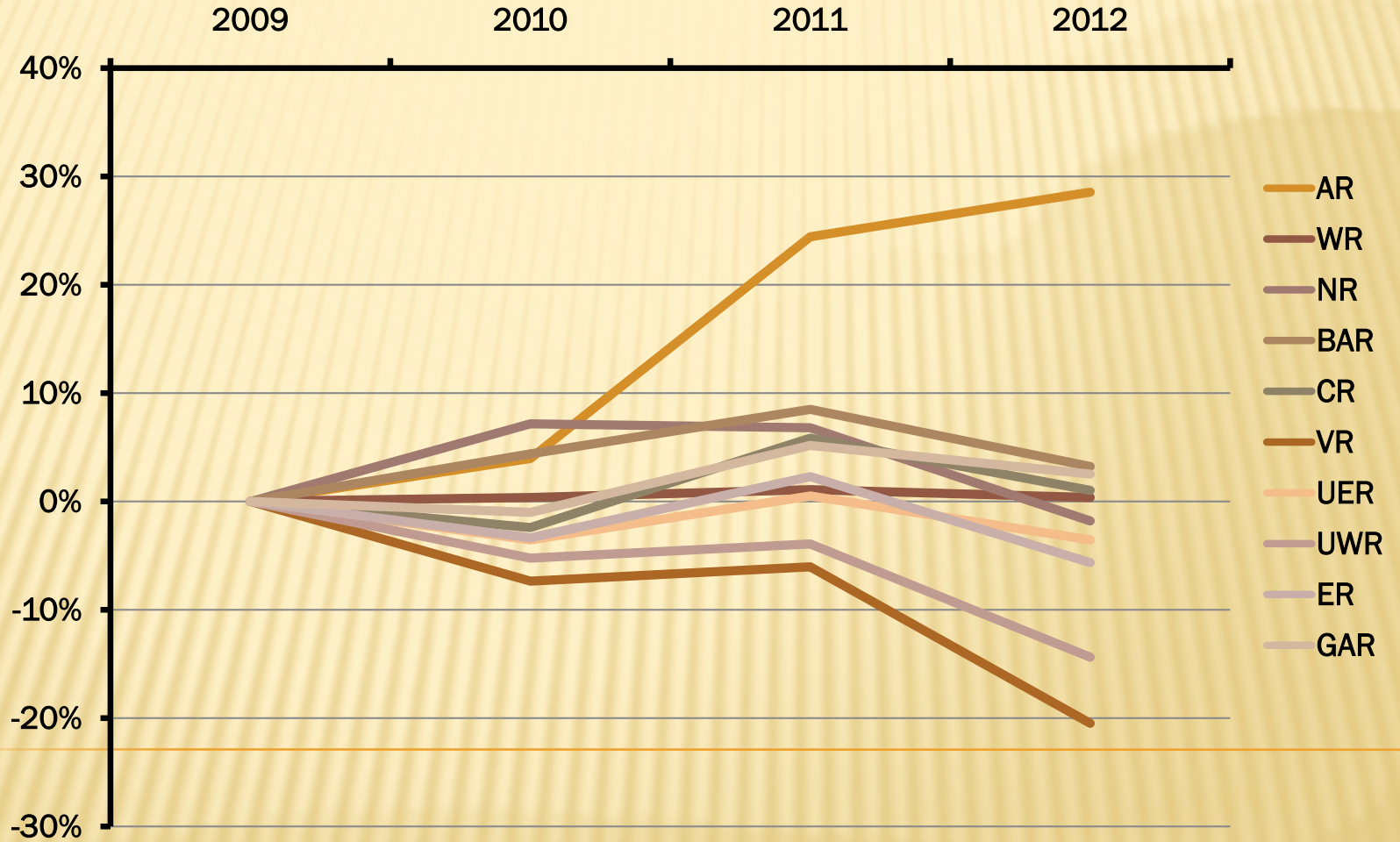


RECOMMENDATIONS

- ✘ Institutionalize the NHA
- ✘ Build technical capacity locally for resource tracking
- ✘ Need for data disaggregation in the public sector to inform NHA and provide better analysis of the result

EVALUATION OF FREE MATERNAL CARE

- ✘ Increase in number of facility-based deliveries by two thirds between 2007 (300,000) and 2011 (500,000); removed financial barrier
- ✘ Decreasing trend in the institutional maternal mortality ratio (GHS data/100,000 live births (230 in 2007 to 170 in 2011)
- ✘ Quality of care issues; inadequate human resources, equipment and infrastructure

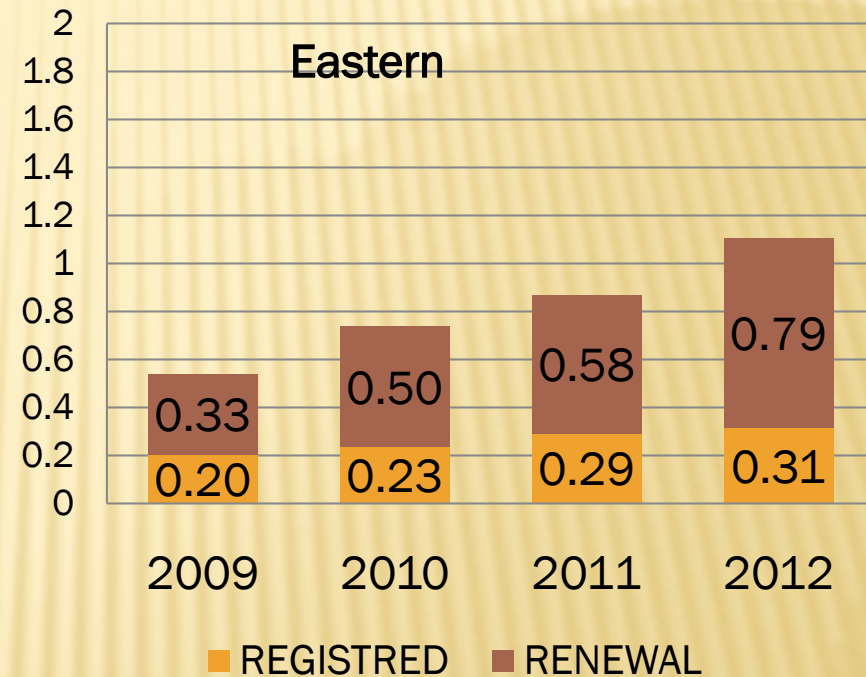
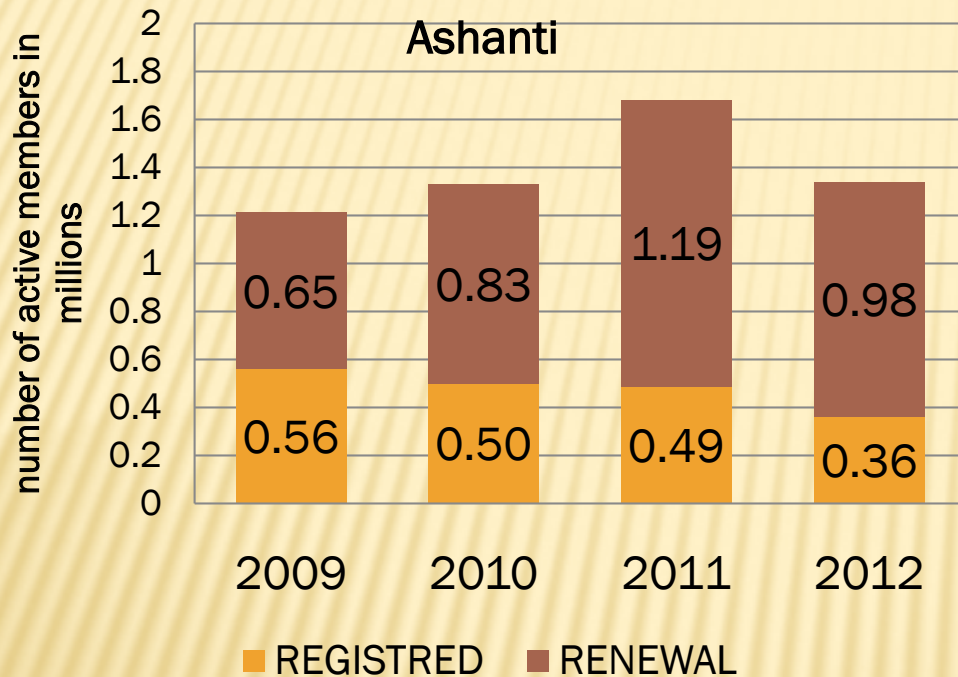


Percentage changes in midwife population since 2009

EVALUATION OF FREE MATERNAL SERVICES

- ✘ Sustainability: linked to NHIS
- ✘ Availability of blood products and ambulance

REVIEW OF CAPITATION PROJECT IN ASHANTI REGION – ANNUAL MEMBERSHIP



- In 2012, both renewal and registration as shrunk in Ashanti region

EFFECT AND RECOMMENDATIONS

- ✘ Effect: Reduction of outpatient attendance in health centres and CHPS zones in districts with hospital.
- ✘ **Recommendations:** 1. Take gradual approach: enroll clients into preferred primary provider (PPP) first
- ✘ 2. Maintain focused and persistent communication
- ✘ 3. Build goodwill across political divide, media and identifiable interest groups

REVIEW OF CHPS POLICY

- CHPS zones have increased but less functional. The national context has changed.
- What are the implications of the NHIS on CHPS?
- What are implications of decentralization on CHPS?
- How do we retain CHOs and volunteers?
- How do we improve managerial accountability?

RECOMMENDATIONS

- ✘ Reorient managers and providers on the concept
- ✘ Strengthen supervision
- ✘ Improve community participation and ownership
- ✘ Have a broader dialogue to discuss the future of CHPS in the light of the changing context

HIGHLIGHTS OF SPEECHES

- ✘ To optimize the use of IT we need to identify strategic use of IT e.g. for health alerts
- ✘ To achieve health objectives the Ministry ought to work with other ministries to establish an inter-ministerial committee
- ✘ To reduce incidence of fake medicines we need to strengthen local manufacture
- ✘ Need to consider intangible elements of health care e.g. customer care and staff attitudes

HIGHLIGHTS OF SPEECHES

- ✘ Need to address the urban menace by supporting the implementation of the recently developed urban policy
- ✘ Explore new financing opportunities in health through public-private partnerships

CONCLUSION

- ✘ According to holistic assessment sector has performed better but significant inequities remain
- ✘ As Ghana transitions from low to high middle-income status external inflows will reduce
- ✘ Ballooning wage bill threatens investments in services, infrastructure and equipment
- ✘ Need to develop innovative ways to raise additional revenue e.g. Private sector
- ✘ Greater efforts to reduce inequalities and improve efficiency.