GHANA HEALTH SERVICE

ANNUAL REPORT 2002

BUILDING PARTNERSHIP FOR HEALTH DEVELOPMENT

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STATEMENT FROM THE CHAIRMAN OF THE GHANA HEALTH SERVICE COUNCIL

The year 2002 was one of continuing efforts to assess the mandate and responsibilities of the Ghana Health Service and as would be expected some attention was given to dealing with some residual issues arising out of the implementation of the Ghana Health Service and Teaching Hospitals Act (Act 525). The council also took steps to give visibility to the Service through a series of programmes and activities to enhance the corporate image of the Service at all levels.

Significant progress was made in the consolidation and development of the structure of the Service. Specifically considerable efforts were put in the development of the organizational structure of the Service at all levels paving the way for appointments to be made into functional positions. As a first step appointments to the position of National and Regional Directors were concluded and that of districts and units within directorates were initiated.

Several tools were also developed as a way of improving work ethics and ensuring that the right environment was created for the Service to achieve on its mandate. A Patients' Charter and a Code of Conduct was developed outlining welfare and disciplinary procedures for staff of the Ghana Health Service.

Work on completion of the Legislative Instrument to guide the implementation of the Act (Act 525) is still outstanding, however this has not stopped progress in further enhancing efficiency, quality and professionalism in the Service. The challenge has been the need for adjustments for efficient and effective administration and the need for managers to recognize that as a service there was the need to continue to operate and continue to fine tune systems and processes put in place for the smooth operation of the Service.

The challenges of the coming year will equally be significant particularly as several administrative and operational issues with respect to the mandate of the Service still remain unresolved. Team work, good management, exemplary leadership and the acceptance of responsibility will be the demand that the Ghana Health Service will make of all managers and health workers as we strive to bring health services to the people of Ghana. Our focus will be on consolidating the current gains and ensuring that the Ghana Health Service is well positioned to translate government health policies into clear outcomes thereby contributing to the improvement of the health status of the population

Prof. Francis Nkrumah
Chairman,
Ghana Health Service Council

FROM THE DIRECTOR GENERAL

The Ghana Health Service made considerable progress in asserting itself as the key health service provider in the health sector. This has been in the face of significant challenges presented by the continuing institutional reforms and the implementation of the Ghana Health Service and Teaching Hospitals Act. These challenges included issues related to Human Resource Development and Management, Procurement and management of health logistics and the planning and implementation of the Capital and Investment programme or health care delivery.

Despite these difficulties, the year 2002 provided opportunities for consolidating the vision underlying the establishment of the Ghana Health Service. Consequently the Service maintained its focus on the expansion of health care through the principle of "close to client" service delivery and the improvement of service quality in health facilities. Some progress was made in improving the client provider relationship by empowering patients through information and a public relation strategy as the basis for improving quality. This led to a significant reduction in negative publicity for the sector and helped in further enhancement of the expectation of clients and service users.

The service also made progress in positioning itself for the implementation of key government policies for the health sector. Prominent among them is the introduction of the health insurance scheme and the need to ensure that a minimum standard of care is available in every district. Emphasis was placed on the development of Mutual Health Schemes at the district and sub district level and structures were developed at the regional level to provide technical support for the various schemes while work on the National Health Insurance Bill was in progress.

The overall performance of the service has not been without difficulties. Staff attrition reached a critical level during the year thereby increasing the workload on the few health workers at post and putting the health of the healthcare professional at risk. This not withstanding, the service managed to maintain a service delivery level which helped to contain outbreaks of diseases such as CSM and Cholera and improved the management of other endemic diseases such as malaria.

Quality Assurance continued to be a key strategy - in ensuring that at every level, all the indices of quality healthcare delivery are adhered to.

The coming year will see renewed efforts at further strengthening the Service by completing the internal restructuring and ensuring the implementation of agreed strategies in the area of Human Resource Development, revenue mobilization and strategies for reducing the effects of malnutrition, preventable mental illness and avoidable blindness. Special efforts will be made to address the existing difficult programme areas such as Guinea worm eradication and the control of Tuberculosis

Prof. Agyeman Badu Akosa
Director General,
Ghana Health Service

Our Mandate

To provide and prudently manage comprehensive and accessible health service with special emphasis on primary health care at the regional, district and subdistrict levels in accordance with approved national policies

The Challenge

The health status of Ghanaians has not changed much since independence despite heavy investments in the health sector. Within the last two decades we have embarked on far reaching reforms aimed at creating the necessary environment for reversing this trend. The establishment of the Ghana Health Service is seen as a major strategy for improving service delivery thereby accelerating the improvement of the health status of Ghanaians.

The Vision

The vision of the Ghana Health Service is of a society in which preventable diseases and avoidable deaths are kept to the barest minimum and where every citizen has access to a quality driven, results oriented, close -to-client focused and affordable health service by a well motivated Workforce

The Mission

To work in collaboration with all partners in the health sector to ensure that every individual, household and community is adequately informed about health; and has equitable access to high quality health and related intervention

HIGHLIGHTS OF THE YEAR

- Major activities were undertaken to develop and consolidate corporate image of the Ghana Health Service. These were development of corporate identity, definition of service commitment to the public and steps were taken to launch the service.

- The surveillance system continued to be strengthened leading to improved case detection rates for diseases earmarked for eradication. Public health activities also received increased attention particularly in the development of policy and strategic framework for tackling persistent endemic diseases of public health importance. However during the year there was a downward fluctuation in achievement with respect to some important indices especially in the area of Reproductive and Child Health

- Health facility utilization also showed an upward fluctuation or stagnation during the year after drastic jumps in previous years. Internally Generated Funds on the other hand continued to rise faster than expected. Uptake of exemptions facility remained low.

- Decentralised budget and operational management was further deepened with significant shift in allocations to the district level due to improved management capabilities of the lower level

- New government policies including the abolition of `cash & carry'and the introduction of health insurance received serious attention. The Health Insurance Bill was placed before parliament and as service providers, the GHS initiated work on the framework for implementation. Lessons from the Community based schemes which were piloted in 40 districts were reviewed to inform programme implementation.

- The placement of health workers in communities (CHPS) which was adopted as key strategy for increasing access to basic services continued to be developed with more demarcated zones coming on stream with steps to ensure functionality.

- Human resource management remains a difficult area of work. More doctors and nurses left the service to other countries increasing workload for few aging staff.

Group photograph of senior managers and members of the Council of the Ghana Health Service

OVERVIEW

The year 2002 saw continuing work to consolidate the institutional framework for the establishment of the Ghana Health Service as a central health care delivery organization in the public sector. Work was therefore started on the development of a legislative instrument for the implementation of the Ghana Health Service and Teaching Hospitals Act (Act 525). Other policies and guidelines aimed at strengthening the Service to deliver on its mandate were put in place. These included the health sector response to the Ghana Poverty Reduction Strategy, a review of the exemptions and User Fees policy and the drafting of a new Institutional feeding policy for inpatient care.

An inventory of policies and guidelines already developed and which have implications for the operations of the service was also initiated and steps were taken to identify all Laws governing the delivery of health care in Ghana.

The council continued with the appointments to management position at the regional and district level and the nomination and approval of persons onto the Regional and District Health Councils. This provided opportunity for all Regional Health Councils to be inaugurated during the year.

For the first time in the history of the country a Patients Charter and Code of Ethics for health workers in the Ghana Health Service were developed and to guide the relationship between health worker and patient and to empower patients to demand the best from health workers. These documents constitute essential tools by which the Service will enhance its image and improve client perception of public health services.

Financing health care in Ghana is currently undergoing drastic and far reaching changes with the introduction of Health Insurance. To this end the Ghana Health Service has identified its role in the development of Mutual Health Organizations. A range of activities were outlined during the year to guide regional and district directors in supporting community and district based initiatives.

THE ROLE OF THE GHANA HEALTH SERVICE IN PROPOSED NATIONAL HEALTH INSURANCE AND MUTUAL HEALTH ORGANIZATIONS

The Ghana Health Service will focus on preparing its facilities for accreditation within the Health Insurance Scheme. It will also set up Financial Management Systems in health facilities that will smoothen the billing system and make it easy for the insurance claims to be assessed and reimbursements made. As an employer, the Service will develop mechanisms to ensure that all staff and their dependants are adequately covered

The Ghana Health Service at the district level will focus on guiding mutual health organizations in setting up schemes and putting up structures for effective management. The service will thus provide assistance in conducting baseline studies, household enumeration exercises and undertaking Information, Education and Communication Activities. Districts will also facilitate the setting up of systems for registration of social groups, registration of Mutual Health Organisations and schemes and formation of district associations.

The establishment of Regional and District Health Insurance Offices and Secretariat and the training and orientation of Regional and District Technical Teams for health insurance will be undertaken while steps will be taken to strengthen quality assurance and monitoring systems.

- *Malaria constitutes over 44% of all causes of outpatient attendance*
- *Malaria is the highest cause of death in children under five years. It constitutes 25% of all death in children under five years.*
- *It is the main cause of hospital admission for all age groups.*
- *Less than 5% of children under five years use Insecticide Treated Bed Nets.*

Public Health Services focused on strengthening the surveillance system for early detection, reporting and responding to disease outbreaks, including establishment of an integrated disease surveillance and community based surveillance systems. Efforts at controlling Tuberculosis, HIV/AIDS, malaria and other endemic communicable diseases such as trachoma were also intensified. Work on the elimination of neonatal tetanus, leprosy, and eradication of Guinea Worm and Polio were also intensified.

Health promotional activities to support major public health problems and the promotion and advocacy for environmental and occupational health issues were put on the agenda for the year.

At the central level, the focus was on the development of outstanding policies and Strategic Plans to deepen the outcome of public health activities and interventions. These included the development of policies and strategies on major public health interventions such as the control of Shistosomiasis and soil transmitted helminthiasis. Trachoma and anaemia. The prevention of Mother to Child Transmission of HIV/AIDS is also being tackled from a strategic point of view.

Funding public health activities: Global Fund for AIDS, TB and Malaria

The Global Fund was established in January by the G8 and the UN to provide additional and complementary funds to fight HIV/AIDS, Tuberculosis and Malaria. The fund aims at building partnership among all stakeholders and to support massive scaling up of interventions. The Country Coordinating Mechanism for Ghana was established in February 2002. Subsequently a proposal was submitted to the Global Fund secretariat in March for funding to support HIV/AIDS, TB and malaria. The fund sent a formal communication approving funds for HIV/AIDS to the tune of US$4,965,478 over a 2- year period.

Improving Use of Insecticide Treated Materials

Pilot projects in the Northern part of Ghana have demonstrated that, when properly educated, consumers are eager to use ITMs on a regular basis. Many Ghanaians spend significant sums on insect control products with limited impact on malaria, while most families in Ghana spend regularly on treatment of malaria. This justifies the promotion of ITMs. Behavior change, however, is a gradual process. A strategy for multi-channel consumer oriented IEC activities has been developed and is being implemented and it is expected that it will result in improved knowledge, changed attitudes and modified behavior.

During the year there were signs that the distribution of low-cost ITNs had increased, but progress was slower than required. Field observations confirmed the presence of ITNs at district health facilities. However, the quantity of the bed nets distributed through the Ghana Health Service was well below the number required.

INCREASING ACCESS TO HEALTH SERVICES (PROGRAMMES AND ACTIVITIES)

MAIN AREAS OF WORK

- *Scale up implementation of CHPS*
- *Streamline expenditure on exemptions*
- *Improve Specialist outreach services*

Increasing access to health services was approached from two main perspectives. These were increasing geographical access and increasing financial access. The general principle of setting up a close to client service was the primary strategy for increasing geographical access to health services. These took the form of sending services closer to clients through the Community Based Health Planning and Services and the Specialist Out Reach services. Over the last two years, 98 districts have started activities leading to the establishment of functioning zones for the implementation of the Community Based Health Planning and Services programme. These activities cover about 900 zones. However, 20 more zones became functional during the year bringing to 39 the number of zones that are functioning across the country.

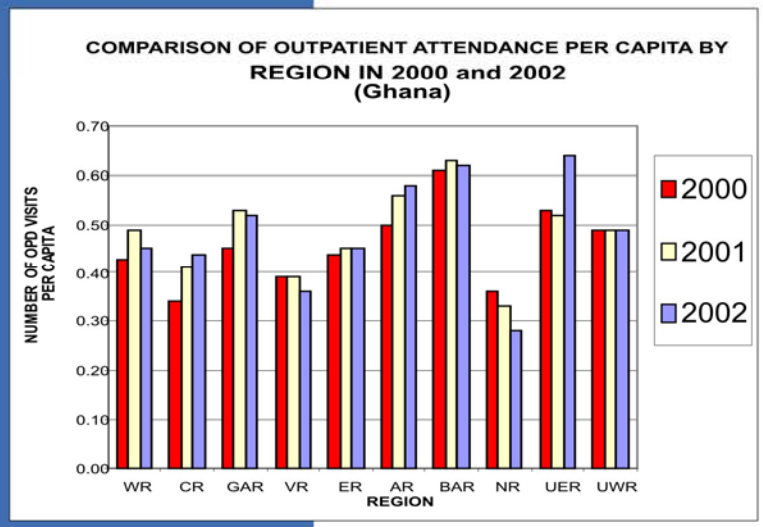
"When I last travelled to my home town, my mother asked me how I handled the health problem I had. I told her that we now have a nurse residing in the community, so I don't need to travel to Nkwanta". (Community woman, Bontibor)

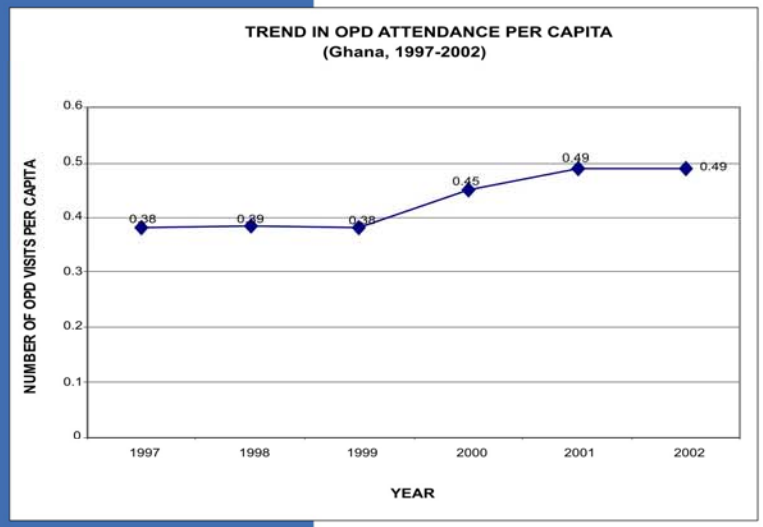
Improving Service Deliveries Through Community-Based Health and Planning Services The Community End Of The 'Close-to-Client' Health System

The Community-Based Health and Planning Services (CHPS) is a *process* of sector-wide health system change and development that aims to provide accessible primary health care to all communities of Ghana. To achieve this, CHPS seeks to enable District Health Management Teams (DHMT's) throughout Ghana to adapt and develop approaches to community health care that are consistent with local traditions, sustainable with available resources, and compatible with prevailing needs. Completed zones are comprised of communities where the following six "milestones" are established: health service work areas have been delineated for primary health care outreach activities community leaders are oriented and involved in the health programme a "Community Health Compound" has been established where a resident nurse provides health services, and Community Health Officers have been selected, trained and relocated to community locations where equipment for transportation has been mobilized and finally where volunteer health organizers have been trained and deployed to support the programme.

UTILIZATION OF HOSPITAL SERVICES

OUTPATIENT ATTENDANCE



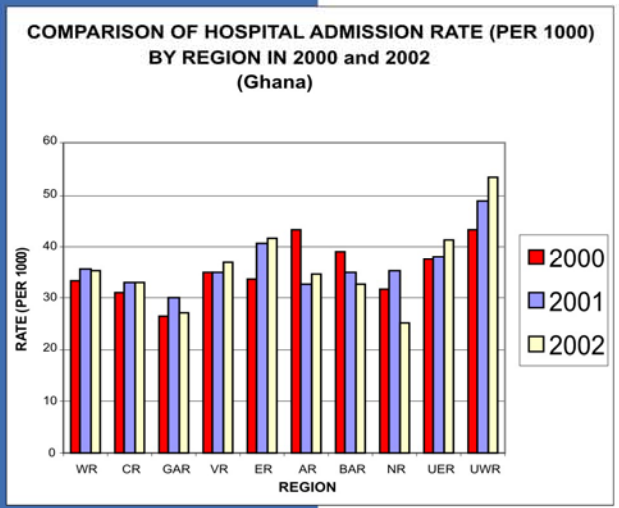


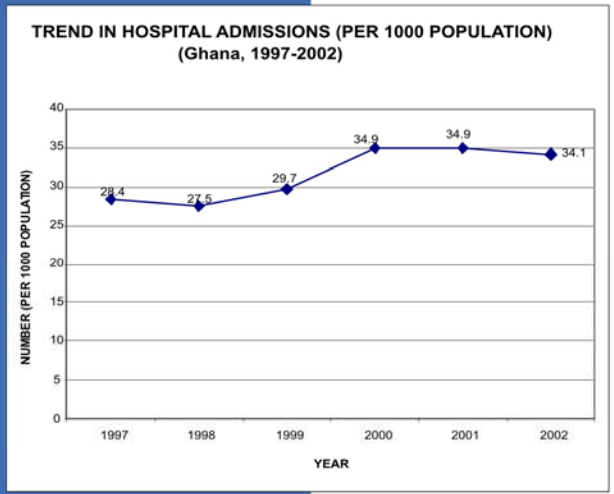
The trend in OPD attendance per capital shows that utilization of public health facilities may again be stagnating. OPD attendance per capital remained at 0.49 in 2002 after two years of consistent sharp increases. During the first programme of work public health facility utilization increased by a total of 44% with the sharpest increase occurring between 1999 and 2000. The current level of performance may be an indication of stagnation, a phenomenon that was observed over a long period of time before and immediately after the inception of the first five-year programme of work. In relative terms the out patient attendance for public health facilities in the Country has remained below the 0.5 mark meaning that only one out of two persons is likely to visit the OPD during the year. A target of 0.55 has been set for the year 2003.

The regional distribution showed that Western, Central, Eastern, Volta and Northern regions remained well below the national average while Greater Accra Ashanti, Brong Ahafo and Upper East regions performed above the national average (figure 2). Upper East Region had the highest per capita attendance of 0.64 while Northern Region had the lowest of 0.28. Volta region continue to register low OPD attendance per capital with a further drop from 0.39 in 2001 to 0.36 in 2002.

A comparison of the performance of the regions shows that the regional distribution did not change much with Northern regions showing significant drop between 2001 and 2002. Upper East Region registered a sharp increase during the period while Upper West and Eastern Regions remained virtually unchanged. The increase in utilization in the Upper East Region may be attributed to the disturbances and resultant state of emergency imposed on the northern region. This may have caused people to move out of the region to seek care in health facilities in the Upper East Region.

HOSPITAL ADMISSIONS





Admissions in public health facilities showed a downward fluctuation from 34.9 per 1000 to 34.1 per 1000 during the year (figure 4). Again this is against the observed trend during the first five years. A plateau was observed between 2000 and 2001 with 2002 following with a drop. However the trend has remained around one person in 30 being likely to be admitted in a year.

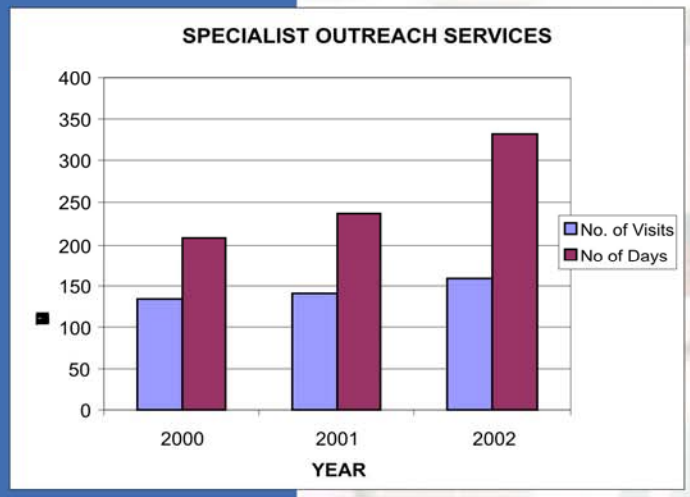
The regional distribution shows Upper West Region with the highest admission rate of 53.4 per 1000 (figure 5). All regions fell under the national average with Northern region registering the lowest admission rate. The low performance of the greater Accra Region may be due to the influence of the large private sector facilities

A review of the three-year period of 2000 to 2002 shows that while hospital admission rates fell in the Ashanti, Brong Ahafo and Northern Regions, there were significant increases in the Eastern, Upper East and Upper West Regions (figure 6). The Central, Greater Accra and Volta Regions however showed some fluctuations over the period.

The Northern Region showed the greatest decline although between 2000 and 2001 there was some improvement. However unlike the OPD attendance there was no direct relationship with the increases in the Upper West Region. On the average one person is admitted for every 14.3 outpatient contact made in the year. Greater Accra (19.0), Ashanti (16.8), Brong Ahafo (19.0) and Upper East (15.5) Regions showed ratios above this average (figure 7). Volta, Upper West, Eastern and Northern Regions are regions where an outpatient contact is most likely to result in admission with Volta and Upper West showing ratios of 9.8 and 9.2 respectively

There has been a consistent gradual improvement with respect to the efficient use of hospital beds across the country. Bed occupancy has increased from an average of 58.9% to 65.5%. A target of 80%, a level that reflects high efficiency, has been set for the second programme of work. This level of performance means that on the average one third of hospital beds are not used during the year. This may give an indication of excess capacity but the reality is that while some facilities have beds lying idle during the year, some other facilities are stretched to the maximum indicating the need for a more rational approach to capital development in the sector.

SPECIALIST OUTREACH SERVICES



Specialist outreach services were organized from the national level and have increased from 134 visits in 2000 to 158 in 2002. Figure 22 shows the trend and the corresponding increase in duration.

The number of days spend on each out reach service have also increased from about 1.6 days to about 2.1 days

Several specialist outreach services were also organized by regions to serve the district and sub district level. Increasingly these outreach services are based on requests made by the districts for support. As this system become strengthened, services to clients will become more and more contained at the district level and will provide opportunity for the referral system to be streamlined.

Emergency services have also been streamlined With the policy of fee free emergency services in all Ghana Health Service facility. Under this arrangement, the first 48 hours which happen to be the most critical under emergency situations will be a period where issues related to hospital fees will not be discussed. Rather attention will be focussed on getting the patient out of danger. To support this efforts have been made to improve the ambulance services in the municipalities and selected health facilities have been provided with ambulances.

IMPROVING QUALITY OF CARE

MAIN AREAS OF WORK

- *Institutionalize quality of care activities*
- *Initiate Hospital management Reforms*
- *Empower patients to seek quality care*
- *Improve work environment*
- *Improve availability of essential commodities*

Progress made on quality of care indicators

- *Quality Assurance teams are fully functioning in all hospitals.*
- *Infection control systems and procedures in place in hospitals and clinics.*
- *Availability of Essential Drugs improved in health facilities. While the Central Medical Stores performed at 50% to 60% availability almost all health facilities maintained levels of 95% and over.*
- *Rational drug use improved in public health facilities with prescription items reducing from an average of 4.7 items per prescription to under 3.5 items.*

Quality of care in health institutions remained a central focus of the Institutional Care Division. During the year several initiatives were carried out with Hospital Superintendents to develop programmes for improving management of hospitals. As part of this process steps were initiated to enable heads of health institutions especially hospitals, to reposition them selves in the sector development programmes. To guide this process further the organizational structure of the Regional Health Administration was reviewed to include a Clinical Care Unit to oversee hospital management reforms at the regional level.

A large part of quality has to do with patients' perception and how facilities are poised to address patients' concerns. During the year patient information desks in health facilities were strengthened to enable better implementation of the Patients Charter. This charter recognizes the patients basic rights and responsibilities in the health care delivery process and gives scope for them the scope to demand the best of care from health providers

The Code of Ethics defines the general moral principles and rules of behaviour for all personnel in the Service and provides the framework for effective and humane patient health worker relationship in the delivery of health care

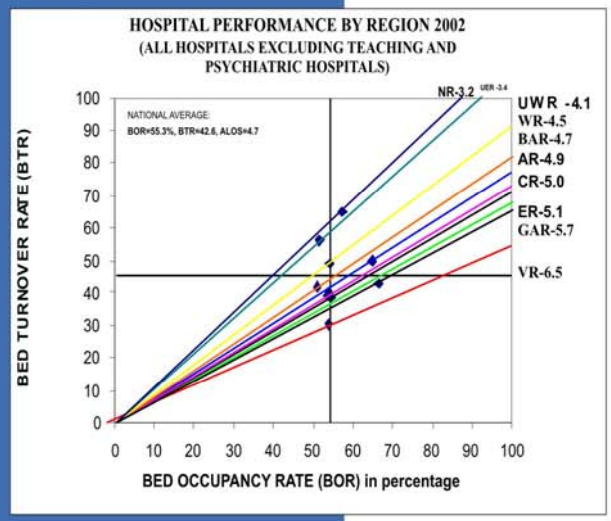
Quality of care was also ensured through efforts to improve the competencies of providers and to create better working conditions to enable them give off their best. In this regard the implementation of the Essential Drugs policy was further strengthened particularly at the health facility level where significant local decision making in ensuring availability of essential commodities for health care delivery were made.

Work on improving the health infrastructure continued with complete rewiring of selected health facilities to pave the way for installation of new equipment. Construction of Physiotherapy Units in some regional and district hospitals with proceeded with support from the Dutch Government. These projects were executed with management and monitoring support from the Estate Management Unit which received capacity building support from DANIDA and the Ghana Institute of Engineers.

IMPROVING EFFICIENCY

MAIN AREAS OF WORK

- *Improve performance of health facilities*
- *Improve implementation of priority health interventions*
- *Improve human resource for health*

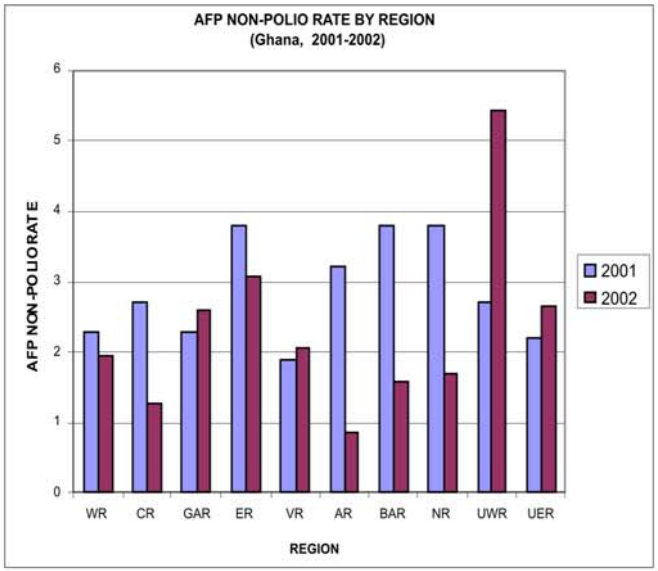


The overall performance of hospitals relative to the national average has improved slightly. Hospitals in the regions show some variation in performance with Brong Ahafo and the Northern Regions showing higher than average bed occupancy and bed turnover rates while the Volta region made improvements in occupancy but not much in turn over between 2001 and 2002

The performance of the regional hospitals have also remain relatively similar to that of 2001 although in the year 2002 there was a closer convergence around the national average showing that while those who performed less in the previous year improved, the high performing regions did relatively less than the previous year. Greater Accra, Volta and Northern regions remain outliers. In the case of the northern region this may be due to the lack of expansion of the health infrastructure giving high utilization rates to the existing facilities

District hospitals have a much more similar lengths of stay and bed turn over rates. This indicates their fairly similar case mix. Upper East, Northern showed higher bed turn over rates with near average bed occupancy while the Volta region, due to the presence of an orthopaedic Facility

There were some mixed results in the performance of the service with respect to priority health interventions. AFP non polio rate dropped from 2.8 in 2001 to 1.9 in 2002 with the Upper West Region reporting the highest rate and apart from the Northern, Greater Accra and Volta regions all other regions declined.



CONTROL OF HIV/AIDS

MAIN AREAS OF WORK

- *More emphasis on promoting behavioural change among youth. Basically abstention and practice of safe sex.*
- *Improve capacity for management of people living with aids.*
- *Prevention of Mother to Child Transmission*

HIV seroprevalence in the reproductive age group increased from 3.6% in 2000 to 3.8% in 2001. Among the 15 years to 19 years age group the prevalence was 2.3% while the 20 to 24 year age group had a prevalence of 3.8%. Between the ages of 25 and 29 the seroprevalence was 4.5% and it drops to 4.0% between the ages of 30 and 34.m The prevalence among the 35 to 39 year age group was 3.4%.

Guidelines on management of Persons Living With HIV/AIDS

During the first half of the year, the guidelines for the management of persons living with HIV/AIDS were finalized. The two specific documents were:

Guidelines on Anti-Retroviral Therapy

Guidelines on the Management of Opportunistic Infections

These documents have since been used in the training of clinicians. The first of a series of training sessions was held in June for thirty clinicians from all over the country. This was to equip them to be able to provide comprehensive care for persons living with HIV/AIDS.

Launching of START Programme

As Ghana prepared to provide comprehensive care for persons living with HIV/AIDS there was the need to put in place a mechanism to effectively provide this service. In collaboration with Family Health International (FHI), a pilot project Support Treatment and Anti Retroviral Therapy (START) was launched in March in the Manya Krobo District. The project, which will eventually provide anti retroviral drugs has begun with provision of Voluntary Counselling and Testing (VCT) and community sensitisation towards a smooth take off of drug therapy. Lessons learnt from this will be applied to other parts of the country.

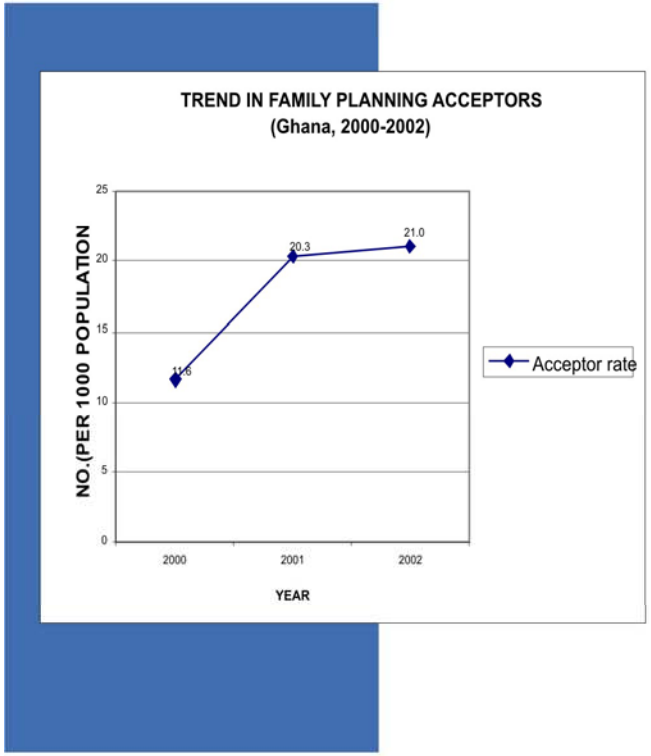
Prevention of Mother To Child Transmission of HIV.

During The latter part of 2001 a programme to reduce the transmission of HIV from mothers to their children was commenced in the Manya Krobo District. In the course of the first half of 2002 mothers who had tested positive for HIV received drug treatment during labour and the same drug given to their babies after birth. This regimen has been shown to reduce the probability of maternal transmission of infection to unborn babies. Boehringer Ingelheim, a pharmaceutical company, has provided drugs for the programme. As at the close o May 49 mother - baby pairs had received treatment. Out of a total 1313 who were tested 163 were eligible.

REPRODUCTIVE AND CHILD HEALTH

MAIN AREAS OF WORK

- *Safe motherhood*
- *Family planning*
- *Child health*
- *School health*
- *Adolescent health*



Family Planning

Family planning activities focused on IEC activities, micro planning and steps were taken to ensure availability of commodities. Major challenges still remain particularly with respect to refusal of male clients to be registered and ineffective counselling due to heavy workload. The FP Acceptor rate increased slightly from 20.3% to 21.0% for the period with Upper West and Brong Ahafo recording the highest of 33.40% and 34.4% respectively and Western recording the lowest of 11.4%

Safe Motherhood

Although safe motherhood activities were stepped up during the year almost all the safe motherhood indicators showed a 5% to 10% downward fluctuation as compared to the year 2001. Average visits recorded at Antenatal clinics showed an improvement from 2.3 visits to 2.6. Supervised deliveries also showed a slight upward fluctuation of 1.3% during the year.
Training of practising midwives and TBAs in clinical skills and IEC was conducted during the period. In-service training on the use of pantographs and training of health providers in lactation management was undertaken.

School Health

During the year out of a total number of 29,693 schools with a student population of 2,533,147, over 40% were examined under the School Health Programme. The major challenges still facing the programme is the shortage of health personnel and inadequate logistics to carry out School Health Services. There is the need to strengthen co-ordination between the Ghana Education Service and the Ghana Health service and to reactivate School Health Management Teams that are inactive.

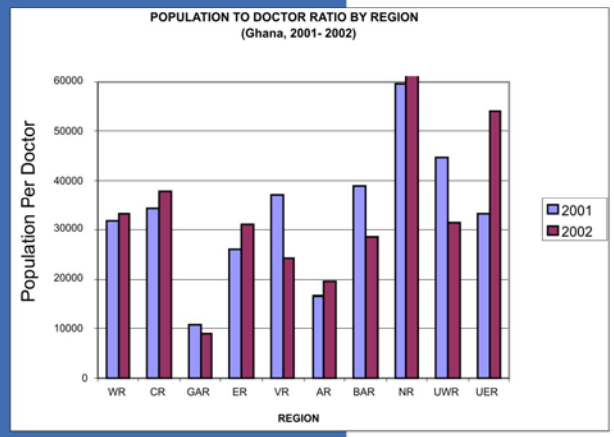
Integrated Management of Childhood Illness

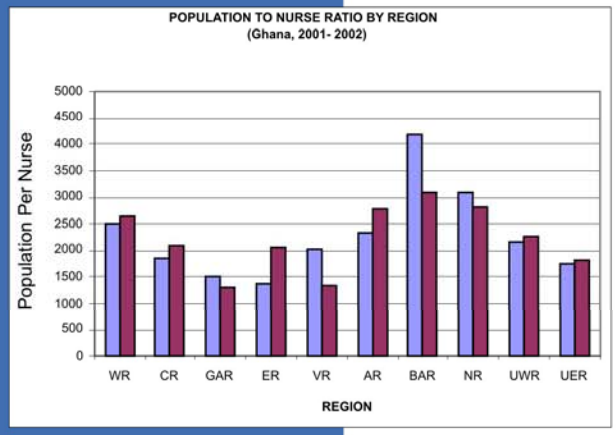
A lot of awareness has been created on Integrated Management of Childhood Illness (IMCI) activities. Almost all the regions are Implementing some IMCI activities even though training has not been extended to most of them. A new "Road to health" cards containing more IMCI records was introduced during the year.

HUMAN RESOURCE FOR HEALTH

HUMAN RESOURCE CHALLENGES

- *High Attrition of staff and Acute Shortage of Trained Health Professionals*
- *Maldistribution of Staff by level of Service and location*
- *Poor Conditions of Service*
- *Over-centralized and Cumbersome Human Resource Management*



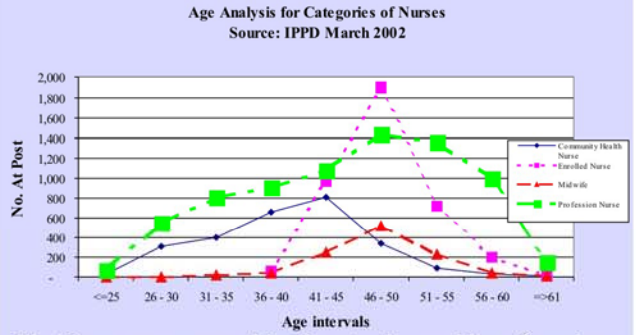


The human resource position in the Ghana Health Service can best be described as precarious. There is a large exodus of trained personnel out of the country leaving increasing work load on the limited and aging staff. To deal with this problem a Human Resource Strategy Document was developed during the year outlining various initiatives for curbing the exodus and improving conditions of service for the existing staff. The policy of decentralized human resource management was also given a boost by the recruitment of regional human resource managers at the regional level. Intake into training institutions were increased during the year and a policy of at least one community Health Nurses Training School in each region was adopted.

Doctor population Ratio at the national level improved slightly in 2002 from 1 doctor to 22,811 people in 2001 to 1 doctor to 22,193 people in 2002. The total number of doctors increased by 48 during the year. The regional distribution indicate that the situation improved in the Volta, Brong Ahafo and Upper West Regions while it worsened significantly in the Upper East region. All other regions excerpt greater Accra also showed a worsened doctor population ratio although to a lesser degree than UER.

The nurse population ratio on the other hand worsened at the national level from 1 nurse to 2,043 people to 1 nurse to 2080 people (figure 21). In total 524 nurses entered the system while 435 left with as much as 183 vacating their posts or on leave without pay. The system thus made a net gain of only 89 nurses in 2002 which did not correspond to the increase in Population.

The regional distribution showed that apart from the Greater Accra, Volta, Brong Ahafo and the Northern region that showed a positive improvement in the numbers with respect to the growth of the population, all other regions actually reduced in the numbers per population



The Human resource problem is not only a problem of numbers. The majority of existing staff are aging fast with the average age of some key professionals between 46 years and 50 years. The adjacent chart illustrates. While all professions are affected the problem is more acute among the various categories of nurses with the Enrolled nurses gradually being phased out. This has informed the decision to revamp the training of lower cadre of nursing staff for the CHPS programme.

ASHANTI REGION

High institutional Maternal Mortality Rates were reported by districts and the call for strategies to achieve drastic reduction was made. A third of maternal death from the region was reported from the Kumasi metropolis alone indicating that high MMR should not be seen as a rural phenomenon.

CENTRAL REGION

As part of the regional human resource development strategy award system has been instituted in the region for Initiatives, Best performing Districts and Staff. For 2002 Initiative award went to a district nurse who tried to bring commercial sex workers together to form an association and helps in organizing health programmes for them

UPPER EAST REGION

Intensive surveillance and response activities were undertaken to prevent, control and contain outbreaks from epidemic prone diseases. Data collection, collation, analysis and interpretation was rigorously pursued. Case-based investigations using the adapted IDSR forms were introduced and used. Imminent outbreaks were therefore contained

As expected cases of CSM were seen during the season. Three focal outbreaks in three sub-districts were recorded in 2002. These subdistricts even though in three different districts (Sumbrungu in Bolgatanga district, Kessena Nankana East in Kessena Nankana District and Zoko in Bongo district) are geographically contiguous. These focal outbreaks were effectively contained.

UPPER WEST REGION

Serious shortage of staff were recorded in the region. Out of 28 doctors in clinical practice in UWR, 17 belong to the Cuban brigade. Lawra hospital has a well equipped modern theatre facilities but does not have a doctor or an anaesthetist at present. The region registered the highest deterioration of the doctor population ration between 2001 and 2002.

BRONG AHAFO REGION

Staff attrition seem to involve all categories. During the year, many districts reported that significant numbers of their CHOs left for further studies just after they had been trained. In the Nkoranza District for instance, out of 11 CHOs trained, 4 had already left for further studies. Performance has generally dropped as compared to 2001 and reasons assigned include high attrition of key staff including in some cases the District EPI coordinators. After 14 years of its establishment, the Nkoranza community based social insurance scheme is now self sustaining. The lessons learnt have been translated into strategies for other districts.

EASTERN REGION

In collaboration with Family Health International, USAID, UNICEF and the communities of Manya and Yilo Krobo, the Support treatment and Antiretroviral therapy, ("START") Pr-oject is running as a pilot scheme. The project package inclu-de: Voluntary counselling and testing Prevention of mother to child transmission Anti-retroviral therapy Home Based Care

The region has creatively developed and facilitated a variety of alternative Health Care Financing Strategies. It is a multi-system approach that explores and harnesses all types of traditional solidarity mechanisms to help develop pre-paid systems ranging from credit facilities to health insurance through mutual health organizations (MHOs).

NORTHERN REGION

Vigorous intersectoral action for the control of guinea worm was embarked on. The Regional Health Administration worked with the Ghana Water Company, the Community Water and Sanitation Agency, health partners and the District Assemblies in the guinea worm eradication drive. As a result the World Vision International and UNICEF jointly sponsored the supply of portable water to Savelugu. The Ghana Red Cross Society also collaborated with the Regional Health Administration to recruit and train over 3000 female volunteers for the guinea worm eradication programme while the Information Services Department and the Department for Community Development promoted information, education and communication activities

VOLTA REGION

Human Resource for Health presented significant challenges during the year posing a threat to service delivery in the region. The year saw nearly 50% of health professionals leaving the service for further training, transfer or for other reasons leading to increasing dependence on volunteers for health service delivery. The lack of capacity to adequately motivate such volunteers also raises problems of sustainability in the near future. This no doubt presents serious challenges in service expansion and improvements in quality.

GREATER ACCRA REGION

A periodic presumptive treatment study was started for Commercial Sex workers. The base-line data revealed a reduction in the prevalence of *Neisseria gonorrhoea* (10.7%) and reduction in the prevalence of *chlamydia trachomatis* (2%) a total of 316 sex workers from all areas in Accra were screened and followed up over a ten-month period. A study was undertaken to identify STI in the clients of commercial Sex worker. This is to address the impact of the 'bridging population' on the transmission of STI in the region. Preliminary results showed higher prevalence of STI including HIV among the clients of sex workers than the general population and an even higher prevalence among the 'boyfriends' of the Sex workers.

IMPROVING COLLABORATION

MAIN AREAS OF WORK

- ***Improve scope for working with the Local Government Structure at the district level,***
- ***Institutionalize working relations with NGOs and CSOs.***
- ***Bring on board other MDAs to promote health.***

Partnership for health development remains a central theme guiding the implementation of all activities at the district level. This is due to the increasing recognition of the benefits of inter sectoral action for health. In particular steps were taken to improve the working relationship and interaction with the Local Government system at the district level. The implications of the proposed Local Government Service Bill on the organization and functions of the Ghana Health Service at the district level was extensively examined during the year leading to a review of the guidelines for working with decentralized agencies at the district level. These guidelines cover the planning and implementation of health programmes at he district level, the role of the various stakeholders in monitoring performance and identifying priority areas and the mobilization of resources for health care delivery. It also recognizes the central role of the District Assemblies particularly in monitoring and resource mobilization especially for pro poor activities.

New approaches to working with Non Governmental and Civil Society Organizations (CSO's) were also explored and a dialogue on framework for engaging such organizations at the district level was initiated. Steps were taken to strengthen the role of communities and CSOs to improve access, quality care and to protect client rights. The operationalization of the Strategic Initiative Fund which was conceived as a way of engaging the private sector and funding other initiatives was delayed due to work that still needs to be done on its administration and management.

Several activities were also undertaken to improve public perception and involvement in health. A monthly Health Walk has been instituted in all regions and this is currently enjoying patronage from people from all walks of life.

FINANCING HEALTH SERVICES

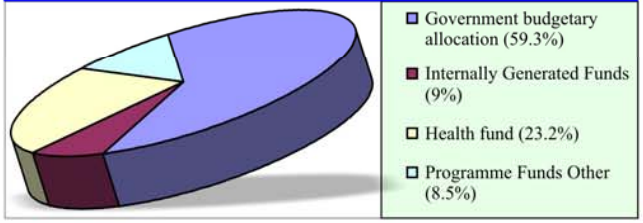
MAIN AREAS OF WORK

- *Introduce Prepaid and social health insurance schemes to replace "cash and carry"*
- *Improve the implementation of the exemption policy*
- *Improve financial management*
- *Increase financial resources from multilateral and bilateral sources*

SUMMARY OF FINANCIAL STATEMENT

RESOURCE USED	2002	2001
REVENUE		
Government budgetary allocation	490.2	265.3
Internally Generated Funds	74.5	60.3
Health fund	191.7	151.1
Programme Funds Other	70.4	148.1
TOTAL	**826.8**	**624.8**
EXPENDITURE		
Government budgetary allocation	462.5	308.9
Internally Generated Funds	124.5	87.1
Health fund	79.7	86.1
Programme Funds Other	64.3	57.5
TOTAL	**731**	**539.6**

REVENUE FOR 2002



The National Health Insurance Scheme

Work on the introduction of a health insurance policy continued during the year with completion of the policy framework for alternative financing schemes in Ghana. A the drafting of a National Health Insurance Bill was initiated and it is expected to be put before parliament in the coming year. The Bill proposes the creation of a health fund using 2.5% Social Security Contributions for the formal sector. Another 2.5% surcharge on goods and services for health in under discussion and awaiting cabinet approval. This, when approved will generate about ¢500 billion for the health sector as seed funding for the scheme.

The Ghana Health Service is increasingly assuming center stage in the development of the Health Insurance Scheme and during the year work on the sensitization process continued. An accreditation survey was initiated and will form the basis for reorganizing the referral system and the distribution of specialists in the service.

A Technical Advisory Team was set up to advice on the role of the GHS in the implementation of the National Health Insurance Programme. The committee examined areas of the design of the scheme, the law and legislative instrument and provided input in the discussions on health insurance

Financing And Financial Management

There was a general decrease in the flow of funds to regions during the year with some regions receiving just about 50% of regular budget. There was also an overall deficit funding of exemptions much of which was eventually passed on to the Regional and Central Medical Stores. Under the GPRS, the deprived regions received extra budgetary allocations under the HIPC initiative through the District Assemblies Common Fund. These were channelled into the development of Community Health Nurses Training Schools and the establishment of CHPS compounds.

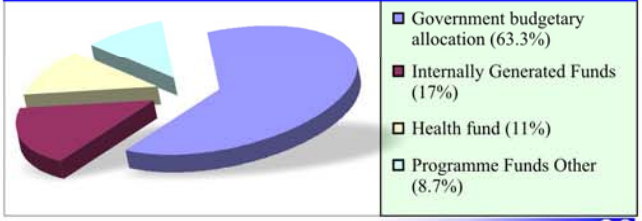
To improve financial management in the service a manual on Financial Management for Non Finance officers was developed. Training was organized selected Non Finance Managers with the collaboration of the Ghana Institute for Management and Public Administration.

The internal audit systems continued to be strengthened and a preventive audit mechanism was instituted during the year. A review of a series of audits indicated several short comings related to non adherence to laid down regulations and protocols. Steps were taken to redress these issues.

Exemptions Policy

Work on improving the uptake of services under the exemptions policy focussed on clarification of the cost of services under the scheme. A costing exercise was conducted during the year to identify the cost components of institutional care delivery and to define a framework for costing services in future.

EXPENDITURE FOR 2002 BY SOURCE



OUTLOOK FOR THE COMING YEAR

The Ghana Health Service will continue to confront the challenges presented by the implementation of Act 525. in particular steps will be taken to reinforce the corporate identity of the Ghana Health Service and reposition management for increased commitment to the mandate of the service. In this regard the Legislative Instrument will be completed and the structure of the Service will continue to undergo refinement and appointments will be made to ensure that the full complement of management staff is put in place during the year.

The human resource situation will be critically examined and steps taken to mitigate the effects of the mass exodus of skilled staff. Staff motivation will receive increased attention through the implementation of the proposed incentive scheme. Avenues for resource mobilization will be explored further to ensure that adequate provisions are made for the scheme.

A review of skill mix for health care delivery will be conducted and special efforts will be put into the Enrolled/Certified Nurse programme in every region. The auxiliary training programme and the post training placement strategies will be streamlined. Existing professional roles will be reviewed and cadres with requisite skills will be given additional responsibilities.

Increased attention will be given to activities that will improve service delivery across all levels. Performance audits will be institutionalised to enable a proper understanding of the current levels of performance and provide the framework for improving service delivery. Special initiatives on malnutrition, preventable mental illness and avoidable blindness will be embarked on and regions and districts will be supported to plan for and implement programmes in this direction.

Hospital management reforms will be initiated to ensure improved performance of hospitals at the regional and district level. Contracting of services involving the private and mission facilities will be employed in the context of collaboration to improve service coverage.

MEMBERS OF THE GHS COUNCIL

Chairman:
Prof. Francis K. Nkrumah

Council Members:

Mr. G.P. Ansah
Director, Ministry of Local Government and Rural Development, Accra

Mr. S.E.K. Anipa
Ministry of finance

Mr. John G. Akoto
Health Services Workers Union,
T.U.C

Mrs. Emma Helen Banga
(Department of Health Science, University of Cape Coast)
Ghana Registered Nursing Association

SR. Mary Ann Tregoning
(Diocesan Health Office, Sunyani
Christian Health Association of Ghana

Mr. Kenneth O. Danso

Mr. C.A. Atiemo
Chief Director, Ministry of Education

Mrs. Joyce Addo-Atuah

Lt/Col. E.A. Atiemo Bampo

Prof. A. B. Akosa
Director-General, Ghana Health Service

Mr. Mohamed S. Cofie (Secretary)

MEMBERSHIP OF COMMITTEES UNDER THE COUNCIL

Appointments And Promotions Committee

Chairman:
Mrs. Joyce Addo-Atua

Council Member

Members: Mrs. Emma H. Banga

Council Member

Mr. John G. Akoto
Council Member

Dr. Ken Sagoe
Director, Human Resources Development,
Ghana Health Service

Dr. E.K. Sory
Regional Director of Health Services
Central Region

Mr. Mohammed S. Cofie
Secretary, Ghana health Service Council

Mr. Morlo E. Annor
Chief Personnel Officer,
Ghana Health Service (Secretary)

Audit Committee

Chairman:
Mrs. Emma Banga

Members:Prof. A. B. Akosa
Director-General, Ghana Health Service

Mr. C.K. Eleblu
Director, Internal Audit

Mr. Ibrahim Issah
Deputy Chief Health Services Administrator,
Sunyani

Miss Grace Adzroe
Director of Accounts (Audit & (Investigation)
Office of the Controller & Accountant General

Mr. Raphael Ammisah Hope (Secretary)

Disciplinary And Welfare Committee

Chairman:
Sister Mary Ann Tregoning,
Council Member

Members:
Mr. Clarence Kuwornu,
Attorney-General's Dept.

Mr. John G. Akoto,
Council Member

Mr. Mohammed S. Cofie,
Secretary, Ghana Health Service Council
(Co-opted Member)

Finance And Budget Committee

Chairman:
Mr. S.E.K. Anipa,
Council Member

Members:
Mr. Michael Gyekye-Mensah
(Private Accountant)

Mr. S. Boateng,

Mr Alex Nartey,
Director, Finance Division,
Ghana Health Service

Dr. Frank Nyonator,
Director PPM&E,
Ghana Health Service

Dr. Ibrahim Mohammed
Regional Director,
Western Region
Ghana Health Services

DIRECTORS OF THE GHANA HEALTH SERVICE

Director General	-	Prof Agyeman Badu Akosa
Deputy Director General	-	Dr. Sam. Adjei
Director, Public Health	-	Dr. George Amofa
Director, Institutional Care	-	Dr. T.N. Awuah-Siaw
Director, Human Resource	-	Dr. Ken Sagoe
Director, Health Administration	-	Mrs. Victoria Dako
Director, Stores Supply and Drug Mgt	-	Mr. Samuel Boateng
Director, Policy Planning Mon. & Eva.	-	Dr Frank Nyonator
Director, Finance	-	Mr. Alex Nartey

Regional Directors

Greater Accra	-	Dr. Kofi Adadey
Central	-	Dr. Elias Sory
Western	-	Dr. Ibrahim Mohammed
Eastern	-	Dr. Aaron Ofei
Ashanti	-	Dr. Ebenezer Appiah-Denkyira
Brong Ahafo	-	Dr. Kofi Asare
Northern	-	Dr. Sylvester Anemena
Upper West	-	Dr. Francis Banka
Upper East	-	Dr. Erasmus Agongo
Volta	-	Dr. McDamien Dedzo (Acting)

GHANA HEALTH SERVICE FACILITIES

DISTRICT	REGIONAL HOSPITAL	DISTRICT AND OTHER HOSPITALS	POLYCLINICS	HEALTH CENTRES AND CLINICS	TOTAL	TOTAL NUMBER OF HEALTH FACILITIES (Including Private)	PROPORTION OF HEALTH FACILITIES UNDER GHS (%)
WESTERN	1	10	2	87	100	199	50.3
CENTRAL	1	6	0	48	55	118	46.6
GREATER ACCRA	1	6	8	35	50	284	17.6
VOLTA	1	10	1	202	214	238	89.9
EASTERN	1	11	0	57	69	139	49.6
ASHANTI	0	22	0	138	160	241	66.4
BRONG AHAFO	1	5	0	106	112	160	70.0
NORTHERN	1	6	0	95	102	133	76.7
UPPER EAST	1	2	0	46	49	59	83.1
UPPER WEST	1	3	0	47	51	70	72.9
TOTAL	**9**	**81**	**11**	**861**	**962**	**1641**	**58.6**

BED UTILIZATION IN GHS FACILITIES

REGIONS	NUMBER OF BEDS	TOTAL ADMIS-SIONS	DISCHA-RGES	DEATHS	TOTAL PATIENT DAYS	PERCEN-TAGE BED OCCUP-ANCY	AVERAGE LENGTH OF STAY	TURN OVER PER BED	AVERAGE DAILY OCCUP-ANCY	TURN OVER INTERVAL	DEATH RATE
WESTERN	1,018	42,274	39,703	2,343	174,294	46.9	4.1	41.3	477.5	4.7	5.6
CENTRAL	932	34,668	32,107	2,054	162,880	47.9	4.8	36.7	446.2	5.2	6.0
GREATER ACCRA	512	22,570	20,939	984	124,248	66.5	5.7	42.8	340.4	2.9	4.5
VOLTA	1,114	35,636	35,691	1,922	211,907	52.1	5.6	33.8	580.6	5.2	5.1
EASTERN	1,289	54,174	50,835	3,143	225,583	47.9	4.2	41.9	618.0	4.5	5.8
ASHANTI	783	41,925	39,132	1,223	163,195	57.1	4.0	51.5	447.1	3.0	3.0
BRONG AHAFO	350	23,156	21,550	1,051	74,402	58.2	3.3	64.6	203.8	2.4	4.7
NORTHERN	340	28,297	26,036	1,021	79,748	64.3	2.9	79.6	218.5	1.6	3.8
UPPER EAST	405	20,122	18,739	1,134	77,113	52.2	3.9	49.1	211.3	3.6	5.7
UPPER WEST	309	18,846	17,828	696	71,746	63.6	3.9	59.9	196.6	2.2	3.8
NATIONAL	**7,052**	**321,668**	**302,560**	**15,571**	**1,365,116**	**53.0**	**4.3**	**45.1**	**3740.0**	**3.8**	**4.9**

CASES SEEN AT THE OUTPATIENTS' DEPARTMENTS IN GHANA HEALTH SERVICE FACILITIES IN 2002

DISEASE	MALE	FEM.	TOTAL	%
Malaria	1,393,132	1,629,822	3,022,954	43.48
Other Acute Respiratory Infection	247,106	266,795	513,901	7.39
Skin Diseases and Ulcers	150,802	154,818	305,620	4.40
Diarrhoeal Diseases	139,444	144,952	284,396	4.09
Hypertension	74,471	120,786	195,257	2.81
Acute Eye Infection	89,633	91,934	181,567	2.61
Pregnancy & Related Complications	-	177,414	177,414	2.55
Home/Occupational Accidents	93,288	73,410	166,698	2.40
Rheumatism & Joint Pains	66,507	76,994	143,501	2.06
Anaemia	63,905	72,911	136,816	1.97
Intestinal Worms Infestation	62,217	68,663	130,880	1.88
Gynaecological disorders	-	100,130	100,130	1.44
Pneumonia	37,744	37,997	75,741	1.09
Acute Ear Infection	34,257	38,431	72,688	1.05
Road Traffic Accident	37,018	29,632	66,650	0.96
Dental Caries	23,270	26,732	50,002	0.72
Chicken Pox	17,105	17,669	34,774	0.50
Typhoid Fever	14,131	16,183	30,314	0.44
Malaria in Pregnancy	0	28,972	28,972	0.42
Other Oral Conditions	13,110	15,824	28,934	0.42
Diabetes Mellitus	11,085	14,326	25,411	0.37
Cholera	10,977	12,420	23,397	0.34
PUO	10,133	11,360	21,493	0.31

DISEASE	MALE	FEM.	TOTAL	%
Malnutrition	8,389	9,056	17,445	0.25
Other Cardiac Diseases	6,796	9,934	16,730	0.24
Measles	7,620	7,332	14,952	0.22
Asthma	6,105	7,495	13,600	0.20
Human Bite	7,216	5,545	12,761	0.18
Vaginal Discharge	-	12,810	12,810	0.18
Dog Bite	6,705	5,132	11,837	0.17
Acute Psychosis	5,485	6,150	11,635	0.17
Cataract	5,005	5,881	10,886	0.16
Gonorrhoea	5,097	5,378	10,475	0.15
Urethral Discharge	1,312	8,591	9,903	0.14
Sickle Cell Disease	4,402	4,434	8,836	0.13
Infectious Hepatitis	4,835	3,590	8,425	0.12
Schistosomiasis (Bilhazia)	5,407	2,453	7,860	0.11
Snake Bite	4,352	3,133	7,485	0.11
Tuberculosis	4,307	2,869	7,176	0.10
HIV/AIDS	3,013	4,070	7,083	0.10
Yaws	3,324	2,306	5,630	0.08
Epilepsy	2,952	2,556	5,508	0.08
Mumps	2,089	2,098	4,187	0.06
Onchocerciasis	1,891	2,065	3,956	0.06
Neurosis	1,423	1,814	3,237	0.05
Other Nutritional Diseases	1,185	1,428	2,613	0.04

CASES SEEN AT THE OUTPATIENTS' DEPARTMENTS IN GHANA HEALTH SERVICE FACILITIES IN 2002

DISEASE	MALE	FEM.	TOTAL	%
Substance Abuse	1,533	825	2,358	0.03
Other Meningitis	611	510	1,121	0.02
CSM	567	410	977	0.01
Genital Ulcer Disease	61	829	890	0.01
Guinea Worm disease	353	259	612	0.01
Pertussis (Whooping Cough)	309	266	575	0.01
Leprosy	251	294	545	0.01
Buruli Ulcer	237	247	484	0.01
Anaemia in Pregnancy	0	341	341	0.00
Tetanus	161	61	222	0.00
Neonatal Tetanus	39	46	85	0.00
Diphtheria	19	30	49	0.00
Yellow Fever	18	21	39	0.00
AFP(Polio)	-	-	-	0.00
All Other Diseases	**418,836**	**492,665**	**911,501**	**13.11**
TOTAL NEW CASES	**3,111,196**	**3,841,099**	**6,952,295**	**100.00**

GHANA HEALTH SERVICE HUMAN RESOURCE FOR HEALTH 2002

REGION	DOCTORS	DENTAL SURGEONS	PROFE-SSIONAL NURSES	MID-WIVES	AUXILL-IARY NURSES	PHARM-ACISTS	OTHERS	TOTAL
Western	58	4	353	180	419	15	1,293	2,322
Central	41	3	345	165	443	10	1,375	2,382
Greater Accra	179	8	1,333	581	1,073	26	1,635	4,835
Volta	54	1	305	288	517	21	1,813	2,999
Eastern	85	5	647	271	969	18	2,135	4,130
Ashanti	79	3	410	110	357	30	1,843	2,832
Brong Ahafo	64	3	221	184	398	12	1,317	2,199
Northern	27	1	287	158	394	9	975	1,851
Upper East	29	1	202	86	210	6	335	869
Upper West	10	–	189	138	140	5	747	1,230
Headquarters	35	2	32	–	–	10	465	544
TOTAL	**661**	**31**	**4,324**	**2161**	**4920**	**162**	**13,933**	**26,193**

For enquiries and further information about the Ghana Health Service please contact

The Director,
Policy Planning Monitoring and Evaluation Division
Private Post Bag
Ministries Post Office
Accra

E-mail:
frank.nyonator@ghsmail.org
nyonator@africaonline.com.gh.

Tel: (Office) 233-21-684272

or visit our website:
www.ghanahealthservice.org

Fax: (233-21) 684274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