PAUSE….GET IT RIGHT…MOVE ON

Review of Ghana Health Sector 2005 Programme of Work

MAIN SECTOR REVIEW REPORT
FINAL DRAFT

Ministry of Health
Government of the Republic of Ghana
April 2006

Preface

This final stage in the review of the 2005 Programme of Work followed and relied upon a number of activities carried out in the first quarter of 2006: BMC reviews and performance hearings; agency and partner reviews; a technical review; and key programme and area reviews on - capital investment, tuberculosis, exemptions policy, `common management arrangements', and the burden of disease.

The following reports were not available to the main review team, or were only available in draft or overhead presentation form:

- BMC reviews and performance hearings (provided in PowerPoint presentation form)
- capital investment programme
- burden of disease study (preliminary findings)
- exemptions policy (debriefing and PowerPoint presentation).

Quite crucially, the expenditure statement for the last quarter of 2005 was not available. This meant that budget execution during a year that saw a huge increase in GoG resources available to the sector could not be analysed properly. No criticism is implied as the production of annual accounts within three months of year end is a formidable challenge. Nevertheless its absence limited an important part of our work.

Although the overall picture seems to be fairly clear, what is lacking in this report is some important detail and empirical evidence to make the findings offered rock-solid. It would be worth testing the analysis offered here and its findings by further work and when the data are complete.

The main review was carried out between 20 March and 7 April 2006. The team comprised Victor Aguayo, Sam Asibuo, Mercy Bannerman, Roger Hay (team leader) Kwadwo Mensah, and Sophie Witter. The approach adopted was as follows. Documents and reports were reviewed and issues were discussed with key informants (listed elsewhere). Field trips were made to Eastern and Ashanti Regions where the team met regional staff and visited health facilities. The team leader had the opportunity to attend two excellent de-briefings on exemption policy and common management arrangements.

The review team wishes to acknowledge gratefully the help they received from discussions with key staff in the Ministry of Health headquarters, the Ghana Health Service and international agencies. Without the time these colleagues gave the team and the insights they provided, this review would not have been possible. The team is also grateful for the logistical and other support provided by the DANIDA HSSO.

The review team accepts collective responsibility for the findings and recommendations offered in this report. Neither its informants nor international agency colleagues share in this responsibility. Some of its messages are very hard but they are offered in the spirit of collaboration and confidence that Ghana will rise to the challenges it faces in improving the quality and volume of health services to those who need them most.

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Executive summary

i. This review was carried out shortly after wage negotiations resulted in a sharp increase in the government wage bill, such that a much enhanced government health budget has been pressed to the limit. Coincidentally some health partners have begun to move their contributions from the health fund to the government budget. At the same time, labour productivity responses to the sector's increased resources have been uneven at best and a number of problems accumulated over the years remain unresolved. On the other hand, there have been important technical and organisational developments which need to be consolidated.

ii. Hence the title of the report. Its main message is that, at this moment of crisis, a pause for some cool, strategic reflection on how the gains can be consolidated and the risks managed will have a large future pay-off. Some problems need to be fixed before further progress can be expected. These primarily relate to two issues: the budget and the way it is managed; and the workforce and the way it is motivated. The solutions are not easy and immediate. They will require tough sustained political leadership and all the help the international community can give.

iii. This synopsis does not attempt to summarise all of the review findings. Instead it sets out the immediate and key issues the Review Team recommends that the Ministry of Health and its partners consider in leading the sector forward.

Pause…

iv. There have been many changes in the sector and more are to come. It is important that managers are not wearied and confused by too many changes. There needs to be a period of consolidation, increased clarity and increased focus on…

…getting it right

v. There are a number of sector-wide problems to be resolved.

Improving budget execution

- Despite a large increase in the health budget, it is under threat from two sources. Another increase in the wage bill could not be financed without a further MoFEP allocation to the sector. An already over-pressed recurrent budget is being threatened by exuberant capital commitments without sufficient care for their recurrent cost implications and without planned and obligatory debt servicing and repayment schedules. Financing `the gap' in the recurrent budget from NHIF assets risks its future financial stability.

- Cash flows need to be more predictable. Service managers need to know what their budgets are, what they can be used for and when to expect

funds. Both the GoG service budget and the Health Fund appear to heave have performed miserably in this respect, affecting exemptions seriously and therefore provider incentives to look after poor people. `Getting this right' is the most important single step towards improving service delivery efficiencies. It also provides the best way into improving the budget structure and allocations between priorities. The Review Team recommends that no further moves are made towards MDBS until there is evidence for a predictable flow of funds from MoFEP and MoH to service levels. The results of a Public Expenditure Tracking Study, now in the field, should provide valuable information about where variances between budget and expenditure are arising and where delays are occurring.

Improving labour productivity

- The sector's increase in funds needs to be turned into a higher volume of services of better quality.

- The sector now has a four-tier management system operating alongside a growing National Health Insurance Fund with its own overhead requirements. There is increasing functional duplication within the MoH-GHS system and unacceptably high overheads. As a first step, the duplications need to be stripped out. The Review Team recommends that the Minister's Task Force resumes its work and is given expert, independent support.

- Important recent analytical work suggests that there is great performance variation between districts and hospitals. The best are performing superbly. Analyses of this kind should become the heart of a simplified information system that supports performance management. It is already providing the basis for manager peer reviews. For the first time, this will allow managers to be held accountable for results. It will also allow the GHS focus on supporting failing districts and hospitals. Managers who are unable to respond to this support will need to be changed.

… and moving on

vi. There is an exciting agenda of issues to be considered in relation to the next PoW …

- Clarifying the relative roles of the NHIS and the GHS
- Ending the differences between government and non-government provider arrangements
- Attending to urban health policies
- Decentralised staff budget management
- Reviewing provider payment regimes
- Modernising primary care
- Developing alternative service production models

…but not before the sector's performance is improved under current management arrangements.

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1. The sector's performance

1. The table below summarises the performance indices agreed in the Programme of Work (PoW) to track changes in health status, service volumes, quality and inputs. As the years have passed this record has become increasingly valuable. Despite some important gaps in the data and technical problems with the indices, the record provides a broad view of how the sector has performed since 1997. The data for 2002 to 2005 indicates performance trends for the first four years of the current five year PoW, together with the extent to which targets set for the PoW have been achieved. The data for 1997 to 2001 provides the context against which this performance can be judged.

2. Although the MoH has taken pains to correct previous denominator problems, these data still need to be interpreted with some care and some apparent trends (or lack of them) may be spurious. For example, the extension of health services may result in an initial deterioration of performance indices as more cases are identified or brought into curative care. In other cases, missing data poses problems. For example it is not possible to comment from these data on whether IMR and CMR, two crucial measures of child health, and ones most responsive to better health services, have deteriorated or improved. On the face of it there was deterioration until the last measurement in 2003.

3. With these caveat in mind, there appear to have been some gains:

    i. the under-five malaria mortality rate appears to have declined
    ii. tuberculosis cure rates appear to have improved
    iii. the proportion of supervised deliveries appears to have increased
    iv. EPI coverage has increased after a decline in the early 2000's and has now (only just) exceeded 2000 levels
    v. perhaps most significantly, the number of recorded Guinea Worm cases identified has fallen below 4,000 for the first time: if this is a real improvement rather than a recording chimera, this is a real achievement
    vi. tracer drug availability has improved and this is borne out by the anecdotal evidence given to the team of a decline in pharmaceutical `stock-outs'
    vii. the most striking feature of the table is the increase in the GoG budget allocation to health, a rise of some 400% in real terms compared with 2001, representing 14.9% of the recurrent government budget in 2005 and well above levels that have proven sustainable in other countries; its causes and consequences provide one of the themes for this report.

4. Despite these achievements, the overall picture on the basis of national averages is one of stagnation in health outcomes and service delivery volumes. Nothing can be said about quality as its poses measurement difficulties and the indices chosen require review. Although there has been a

slight rise in OPD visits per capita, the change is probably within measurement error. Similarly, although hospital admission rates are better than in the previous PoW, they have not improved significantly since 2001. Bed occupancy rates (BOR) are low, appear to have declined and may be lower than in the previous PoW period. BOR is an incomplete measure of hospital efficiency. It is not possible to be sure about efficiency trends without either turnover rates or average lengths of stay (ALOS) which should be measured in the future. However, unless patients are staying in hospital for shorter periods of time, the evidence suggests that hospital efficiency has declined. In any event, declining BOR's in the face of large hospital investments suggests that the infrastructure is not being used efficiently and that there may be over-capacity in the hospital sector.

5. The ratios of doctors to nurses to population have also declined reflecting the high reputation of Ghana's clinicians abroad and the difficulties in retaining them in Ghana. These issues will be difficult to resolve in the short run and are taken up later in the report. The national averages hide important differences in the distribution of clinical staff by district and regions.

6. Of most concern is the lack of evidence of increased activity or service quality in response the very large increase in the financial resources made available to the sector. In aggregate, labour productivity has declined sharply. However, a number of factors need to be kept in mind before making hasty judgements. Almost all of the GoG budgetary increase occurred in 2005. Any activity response is likely to come in 2006 and beyond. If services are being extended, some indices may deteriorate before improving.

7. Finally, and most importantly, there is strong evidence, presented later in the report, that the national aggregates presented in this table hide great variations between regions, between districts and between rural and urban areas. Regional and district data were not available to the team and it is recommended that regional performance indices are compiled for in time for future reviews. There is evidence from other sources that some districts, including in the northern regions are performing exceedingly well and inducing major health improvements. However, in crude terms, for every district performing above the national average, there is one performing below it. The quality of management seems to be the critical factor.

8. The sector's new resources imply a huge management challenge if they are to be converted into more and better health services for those that need them most. One of the main conclusions of this review is that the GHS management needs to focus more attention and support on fewer priorities in districts where results are less than satisfactory.