

Holistic Assessment of the Health Sector Performance for 2012

Presented by

Dr. Afisah Zakariah

(Ag. Director, PPME/MOH)

2013 April Health Summit

GIMPA Conference Room , 29th April 2013

Outline

- Members of Review Team
- Background
- Purpose of review
- Scope of review
- Methodology
- Findings
- Recommendations/Way forward

2012 Health Sector Review Team

Members of the Technical Team

- **Dr. Afisah Zakariah**

Ag. Director, Policy Planning, Monitoring and Evaluation, MOH

- **Mr. Daniel Degbotse**

Ag. Head, Monitoring and Evaluation, MOH

- **Mr. Dan Osei**

Head, Planning and Budget, GHS

- **Dr. Anthony Ofosu**

Head, Monitoring and Evaluation, GHS

- **Dr. Andreas Bjerrum**

Monitoring and Evaluation Advisor, MOH

Background

Holistic Assessment:

- Structured and transparent methodology
- Performed for the first time in 2008
- Revised Tool is based on indicators and milestones specified in the annual HSMTP 2010-2013
- Dry-run of the HSMTP 2010-2013 indicators
- Initial assessment based on available data and information

Purpose of Review

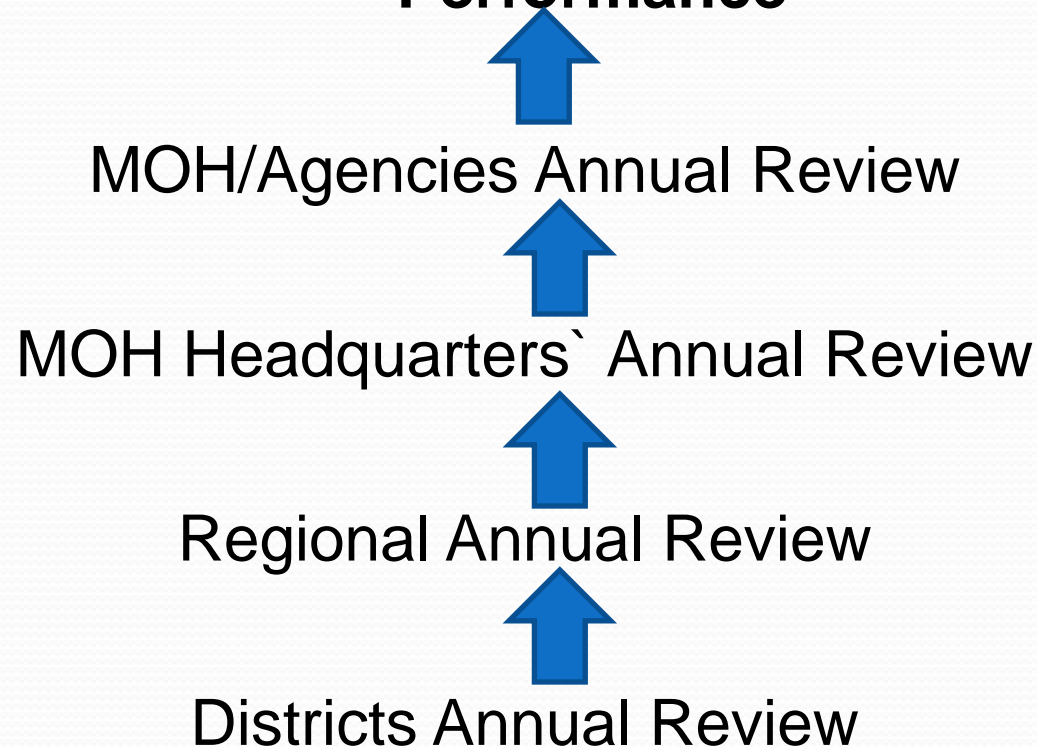
- To assess progress towards the attainment of the health sector objectives of the strategic plan
- Identify areas that need attention and address
- Identify areas of strength and innovations and replicate

Scope of review

- Health Sector Performance in 2012
 - Holistic Assessment
 - Milestones 2012
 - Agency/Regional Performance
- Recommendations/Way forward

REVIEW PROCESS

Annual Health Sector Performance Review **Holistic assessment of the Health Sector** **Performance**



Methodology

➤ Desk Reviews

- The annual reviews
- DHIMS
- Agencies data
- Regional data

➤ Interviews

Analysis of the sector performance focused on the following:

- HSM TDP 2010-2013 Sector Wide Indicators
- Milestones table in the HSM TDP 2010-2013
- 2012 Annual POW
- 2012 Annual budget and financial reports



FINDINGS

Health Objective 1: Bridge equity gaps in health care and nutrition services and ensure sustainable financing arrangements that protect the poor

Indicator	2010 Target	2010 Achievement	2011 Target	2011 Achievement	2012 Target	2012 Achievement
% children 0-6 months exclusive breastfed	N/A	-	62.8%	45.7%	70%	45.7%
Equity: Poverty (U5MR)	N/A	-	N/A	-	1:1.5	2.04
Equity: Geography - Services (supervised deliveries)	1:1.90	1.90	1.80	1.67	1:1.70	1.48

Health Objective 1 cont.

Indicator	2010 Target	2010 Achievement	2011 Target	2011 Achievement	2012 Target	2012 Achievement
Equity: Geography - Resources (nurse : population)	1:2.00	1:2.03	1:2.00	1:1.75	1:1.95	1.75
Equity: NHIS – Gender (M/F)	-	-	-	1:1.38	-	1:1.23
Equity: NHIS – Poverty (poorest/pop of 15-49 yrs)	N/A	-	N/A	-	-	0.69:1 (F)

Health Objective 1 cont.

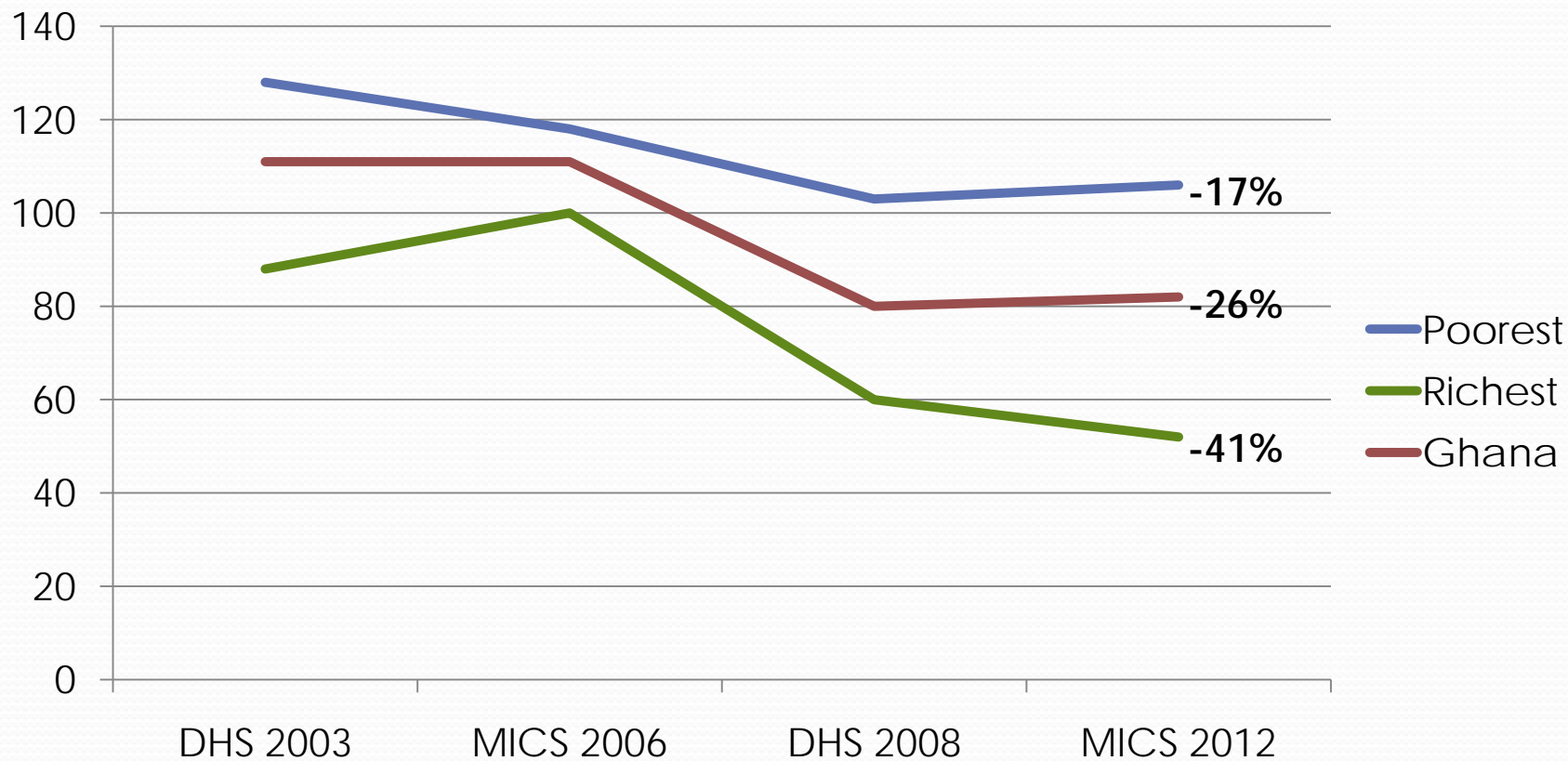
Indicator	2010 Target	2010 Achievement	2011 Target	2011 Achievement	2012 Target	2012 Achievement
Outpatients attendance per capita (OPD) †	0.82	0.94	0.85	1.07	0.88	1.17
% population living within 8 km of health infrastructure	N/A	-	N/A	-	N/A	N/A
Doctor : population ratio †	1:11,500	11,491	10,500	10,034	1:9,700	1:10,452
Nurse : population ratio †	1:1,100	1,489	1,000	1,240	1:900	1:1,251

Health Objective 1 cont.

Indicator	2010 Target	2010 Achievement	2011 Target	2011 Achievement	2012 Target	2012 Achievement
% total MTEF allocation on health	11.5%	15.1%	15.0%	*15.8%	≥15.0%	15.4%
% 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	50.7US D

Indicator Trends – H01

Under-5 mortality rates 2003-2012



Health Objective 2: Strengthen governance and improve efficiency and effectiveness in the health system

Indicator	2010 Target	2010 Achievement	2011 Target	2011 Achievement	2012 Target	2012 Achievement
Budget execution rate (Item 3 as proxy)	≥95%	94.0%	≥95.0%	82.1%	≥95.0%	86.8%
% of annual budget allocations disbursed to BMC by end of year	*40%	*31.0%	*42.0%	**89.8%	50.0%	N/A
% of population with valid NHIS membership cards	60.2%	33.7%	65.0%	33.4%	70.3%	34.0%

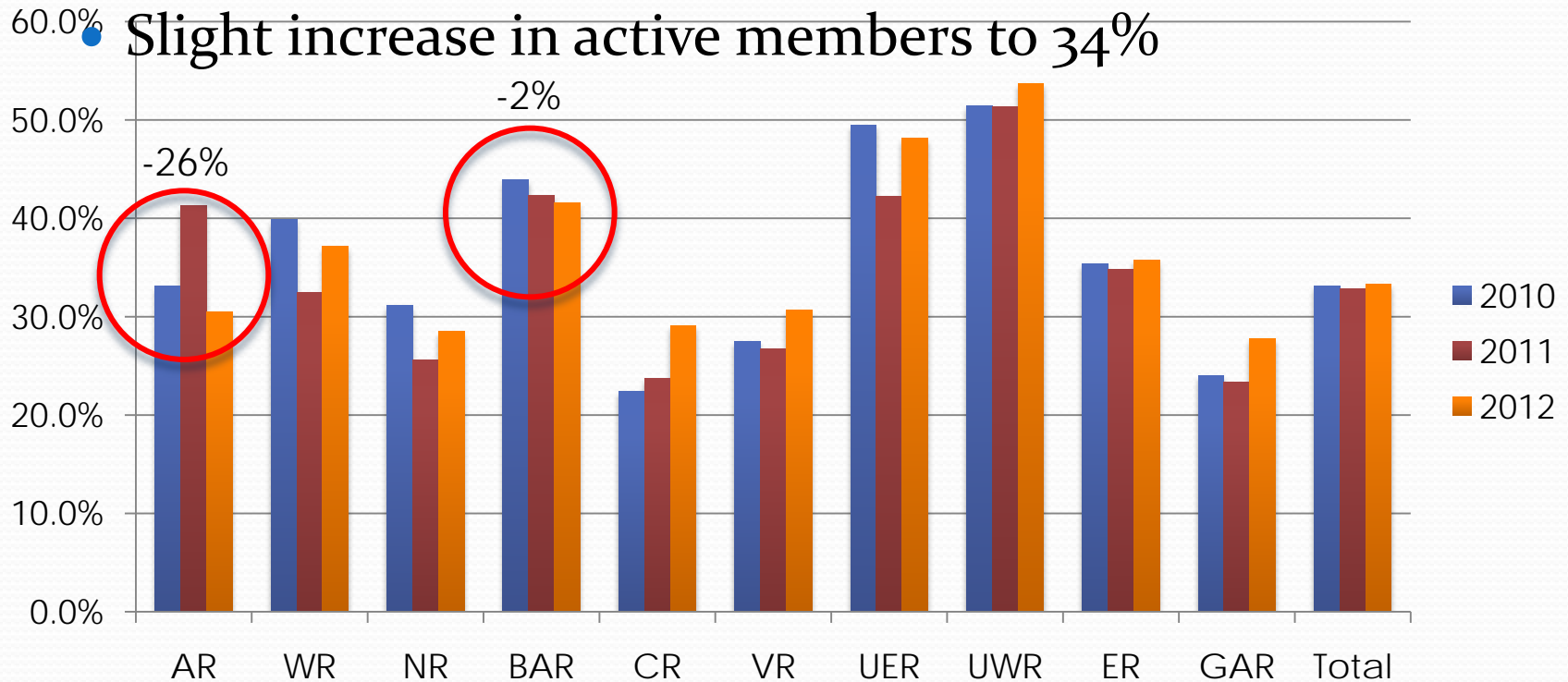
** Data is January-December

Health Objective 2 cont.

Indicator	2010 Target	2010 Achievement	2011 Target	2011 Achievement	2012 Target	2012 Achievement
Proportion of claims settled within 12 weeks	40%	-	60.0%	*100%	70.0%	N/A
% IGF from NHIS	70.0%	79.4%	70.0%	85.0%	75.0%	N/A

Indicator Trends – H02

- National Health Insurance



Health Objective 3: Improve access to quality maternal, neonatal, child and adolescent health services

Indicator	2010 Target	2010 Achievement	2011 Target	2011 Achievement	2012 Target	2012 Achievement
Maternal Mortality Ratio (MMR) per 100,000 live births (Survey/UN estimates)	N/A	350	N/A	N/A	-	
Total Fertility Rate	N/A	N/A	N/A	N/A	3.8	4.3
Contraceptive Prevalence Rate	N/A	N/A	N/A	N/A	-	23.4%

Health Objective 3 cont.

Indicator	2010 Target	2010 Achievement	2011 Target	2011 Achievement	2012 Target	2012 Achievement
% of pregnant women attending at least 4 antenatal visits	70.0%	71.1%	74.6%	71.3%	80.1%	72.3%
% deliveries attended by a trained health worker [†]	50.3%	48.2%	55.6%	55.8%	60.0%	58.5%

Health Objective 3 cont.

Indicator	2010 Target	2010 Achievement	2011 Target	2011 Achievement	2012 Target	2012 Achievement
Infant Mortality Rate (IMR) per 1,000 live births (Survey)	N/A	N/A	N/A	N/A	<30	53
Under 5 Mortality Rate (U5MR) per 1,000 live births (Survey)	N/A	74	N/A	N/A	<50	82

Health Objective 3 cont.

Indicator	2010 Target	2010 Achievement	2011 Target	2011 Achievement	2012 Target	2012 Achievement
Under 5 prevalence of low weight for age		-	-	*13%	8.0%	**13.4%

*&**Source: MICS 2011 and 2012

Health Objective 4: Intensify and control of communicable and non-communicable diseases and promote a healthy lifestyle

Indicator	2010 Target	2010 Achievement	2011 Target	2011 Achievement	2012 Target	2012 Achievement
HIV prevalence among pregnant women 15-24 years	<1.9%	1.5	<1.8%	1.7	<1.7%	-
% of U5s sleeping under ITN	50.0%	-	65.0%	*10.3	70.0%	41.5%
% of children fully immunized by age one - Penta 3	87.9%	87.4%	89.0%	88.1%	91.4%	87.8%

*Source: MICS 2011 and 2012

Health Objective 4 cont.

Indicator	2010 Target	2010 Achievement	2011 Target	2011 Achievement	2012 Target	2012 Achievement
HIV+ clients ARV treatment [†]	51,814	40,575	65,914	59,007	80,014	73,339
Incidence of Guinea Worm	<100	8	<8	0	0	0
% households with improved sanitary facilities	N/A	-	-	*11%	21.3%	15.0%

*Source: MICS 2011 and 2012

Health Objective 4 cont.

Indicator	2010 Target	2010 Achievement	2011 Target	2011 Achievement	2012 Target	2012 Achievement
% households with access to improved source of drinking water	N/A	N/A	N/A	*98%	80%	79.3%
Obesity in population (women aged 15-49 years)	N/A	N/A	N/A	N/A	-	-
TB treatment success rate	86.2% <small>*Source: MICS 2011</small>	87.0%	88.0%	85.3%	89.0%	86.2%

Health Objective 5: Strengthen institutional care, including health service delivery

Indicator	2010 Target	2010 Achievement	2011 Target	2011 Achievement	2012 Target	2012 Achievement
Institutional infant mortality rate (per 1000 live births)	N/A	6.8	6.8	6.4	-	2.2
Basket equipment functioning in hospitals	80%	70%	80.0%	N/A	80.0%	-
% tracer drugs availability in hospitals	80%	-	85.0%	94.1%	90.0%	85.7%

Health Objective 5 cont.

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%	-
Institutional under-five mortality rate (per 100,000 live births)	N/A	9.7	N/A	9.7	-	4.0



Holistic Assessment Sector Score

SCORING

- +1 and above (green) means target achieved Or improving trend 5 or more percent
- Zero (neutral) means indicator was not reported on the previous year or improvement within 5%
- -1 (red) means target not achieved or deteriorating by more than 5%

INTEPRETATION OF SCORES

- +1 and above (green) means highly performing sector
- Zero (neutral) means sustained performance
- -1 (red) means under performing

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

Holistic Assessment Sector

Score – H01

NEUTRAL (o): Bridge equity gaps in health care and nutrition services and ensure sustainable financing

% children 0-6 months exclusive breastfed	Worsening trend
Equity: Poverty (U5MR)	Worsening trend
Equity: Geography - Services (supervised deliveries)	Target achieved
Equity: Geography - Resources (nurse:population)	Target achieved
Equity: NHIS - Gender	Neutral
Equity: NHIS – Poverty	Worsening trend
Outpatients attendance per capita (OPD)	Improving trend
% population living within 8 km of health infrastructure	Survey data N/A
Doctor:population ratio	Neutral
Nurse:population ratio	Neutral
Milestone: CHPS review undertaken, re-zoning completed	Partly achieved

Holistic Assessment Sector

Score – H02

NEUTRAL (o): Strengthen governance and improve efficiency and effectiveness in the health system

% total MTEF allocation on health	Target Achieved
% non-wage GOG budget to district level and below	Worsening trend
Per capita expenditure on health	Target achieved
Budget execution rate (Item 3 as proxy)	Improving trend
% of budget allocations disbursed to BMCs by end of year	No information
% of population with valid NHIS membership card	Neutral
Proportion of claims settled within 12 weeks	No information
% IGF from NHIS	No information
Milestone: System for performance contracts introduced	Achieved

Holistic Assessment Sector

Score – H03

POSITIVE (+1): Improve access to quality maternal, neonatal, child and adolescent health services

Maternal Mortality Ratio (MMR) per 100,000 livebirths	Survey data N/A
Total Fertility Rate	Worsening trend
Contraceptive Prevalence Rate	Improving trend
% of pregnant women attending at least 4 antenatal visits	Neutral
Infant Mortality Rate (IMR) per 1,000 livebirths	Worsening trend
Under 5 Mortality Rate (U5MR) per 1,000 livebirths	Neutral
% deliveries attended by a trained health worker	Improving trend
Under 5 prevalence of low weight for age	Neutral
Milestone: New vaccines introduced	Achieved

Holistic Assessment Sector

Score – H04

POSITIVE (+2): Intensify and control of communicable and non-communicable diseases and promote a health

HIV prevalence among pregnant women 15-24 years	No information
% of U5s sleeping under ITN	Improving trend
% of children fully immunized by age one - Penta 3	Neutral
HIV+ clients ARV treatment	Improving trend
Incidence of Guinea Worm	Target achieved
% households with improved sanitary facilities (NOT SHARED)	Improving trend
% households with access to improved sc of drinking water	Worsening trend
Obesity in population (women aged 15-49 years)	Survey data N/A
TB treatment success rate	Neutral
Milestone: Healthy lifestyle in basic school/teacher training	Achieved
Milestone: 50% reduction in Yaws prevalence achieved	Not achieved

Holistic Assessment Sector

Score – H05

POSITIVE (+2): Strengthen institutional care, including health service delivery

Psychiatric patient treatment and rehabilitation rate	Neutral
Equity index: Ratio of mental health nurses to population	Neutral
No. of community psychiatric nurses trained and deployed	Neutral
% tracer psychotropic drug availability in hospitals	Target achieved
Institutional infant mortality rate	Improving trend
Basket equipment functioning in hospitals	No information
% tracer drugs availability in hospitals	Worsening
% of hospitals assessed for quality assurance and control	No information
Institutional under-five mortality rate	Improving trend
Institutional MMR	Improving trend
Milestone: Functional ambulance stations in 60% of districts	Achieved

Regional Holistic Assessment

Region	Score	Penta 3	ANC 4+	Skilled delivery	FP acceptors	OPD/capita	iMMR	TB treatment
Central	5	0	1	1	1	1	1	0
Upper East	5	0	1	1	1	1	1	0
Eastern	5	0	1	1	0	1	1	1
Western	4	1	0	1	0	1	1	0
Greater Accra	4	1	1	0	0	1	1	0
Upper West	3	-1	-1	1	1	1	1	1
Volta	3	0	0	1	0	1	1	0
Ahsanti	3	0	0	0	0	1	1	1
Brong Ahafo	2	1	0	1	-1	1	-1	1
Northern	1	1	0	1	-1	1	-1	0

- In the regional analysis of POW 2011, three regions came out with a score of zero or below.
- In the current review all regions have a positive score
- Two regions of excellence, Central and Upper East Region, had access to extra budgetary funding
- In Northern Region, 4/7 indicators had a neutral or negative trend
 - Deteriorating trend of iMMR and FP acceptors is a continuation of the previous years negative trend
 - stagnation of ANC 4+ also continued the trend from last year
- Analysis may not be a true reflection since it is based on few indicators



Implementation status of the 2012 APOW

Health Objective 1

- ✓ Strengthen district health system with a particular emphasis on primary health care
 - 551 new Functional CHPS zones had been created
- ✓ Develop sustainable financing strategies that protect the poor and vulnerable
 - Pilot project on identification of the poor using the common targeting instrument was piloted by NHIA in 10 districts

Health Objective 2

- ✓ The leadership development programme training is progressing as planned
- ✓ Performance contract was signed with the GHS and the three teaching hospitals
- ✓ Several bills have been passed into law but efforts to operationalise laws through legal instruments seem slow

Health Objective 3

- ✓ Reduce the major causes contributing to maternal and neonatal deaths
 - Evaluation of the free maternal health care policy was conducted
 - MAF regional work plans and procurement plans completed
 - EmOC equipment for UWR, GAR and VR not yet delivered
- ✓ Reduce the major causes contributing to child morbidity and deaths
 - Introduction of pneumococcal, meningococcal and rotavirus vaccines including second dose of measles vaccines

Health Objective 4

- ✓ **Implement national strategic plan to reduce malaria case fatality among pregnant women and children**
 - LLINs Hang Up campaign was organized in all the regions
 - Indoor residual spraying was carried out in Ashanti and Northern Regions
 - Larviciding is ongoing
- ✓ **Prevention, detection and management of disease of targeted for eradication**
 - Plan was to maintain the polio free status and validate eradication of guinea worm
 - To achieve this, surveillance activities including case searches were intensified
 - As at December 2012, no case of Polio or confirmed Guinea Worm was seen

Health Objective 5

- Ensure commodity security of health technologies for medical products
 - 5-Year Master Plan for Supply Chain Management completed
 - RDHS and Regional DDPS Groups have separately protested against the attempt to centralize procurement



2012 MILESTONES

2012 milestones

Health Objectives	Activity	Status of implementation
HO1: Bridge equity gaps in access to health care and nutrition services and ensure sustainable financing arrangements that protect the poor	Revise staffing norms and deployment plan and implement	•Work on staffing initiated (Not Achieved)

2012 milestones

Health Objectives	Activity	Status of implementation
HO2: Strengthen governance and improve efficiency and effectiveness of the health system	Introduce system for performance contracting	Performance contract was signed with the GHS and the three teaching hospitals (Achieved).

2012 milestones

Health Objectives	Activity	Status of implementation
HO3: Improve access to quality maternal, neonatal, child and adolescent health services	Introduce Pneumococcal and rotavirus vaccines	Pneumococcal and rotavirus vaccines successfully introduced (Achieved)
	Introduce and measure indicator on Family Planning in the M&E Framework	Indicator on Family Planning included in M&E Framework and measured in 2012 (Achieved)
HO4: Intensify prevention and control of communicable and non-communicable diseases and promote healthy lifestyles	Integrate healthy lifestyles into basic school and teacher training curricula	Healthy lifestyles integrated into basic school and teacher training curricula (Achieved)
	50% reduction in Yaws prevalence	50% reduction in Yaws prevalence (Not Achieved)

2012 milestones

Health Objectives	Activity	Status of implementation
HO5: Strengthen institutional care, including mental health service delivery	Functional ambulance stations in 60% of district capitals	Sixty seven percent (67%) of district capitals have functional ambulance stations (Achieved).



GENERAL DISCUSSIONS

Skilled delivery

- Skilled delivery increased in all regions, and the national coverage was 58.2%
- The gap between the regions with the highest and the lowest coverage has narrowed
- Volta and Northern Regions continued to have relatively low coverage at some 40-45%
 - Inadequate health facilities and trained health personnel

Health staff and their distribution

- There has been a significant increase in total number of midwives, nurses and doctors and their distribution has improved
- Despite increasing number of midwives in Northern Region, the region still has very few midwives compared to the region's population and size

Data issues

- **Timeliness and Completeness of data**
 - ✓ Data submission has been an issue
 - ✓ During the review, financial data was not available
 - ✓ Inability to capture comprehensive data from the private sector

Equity in Supervised Deliveries

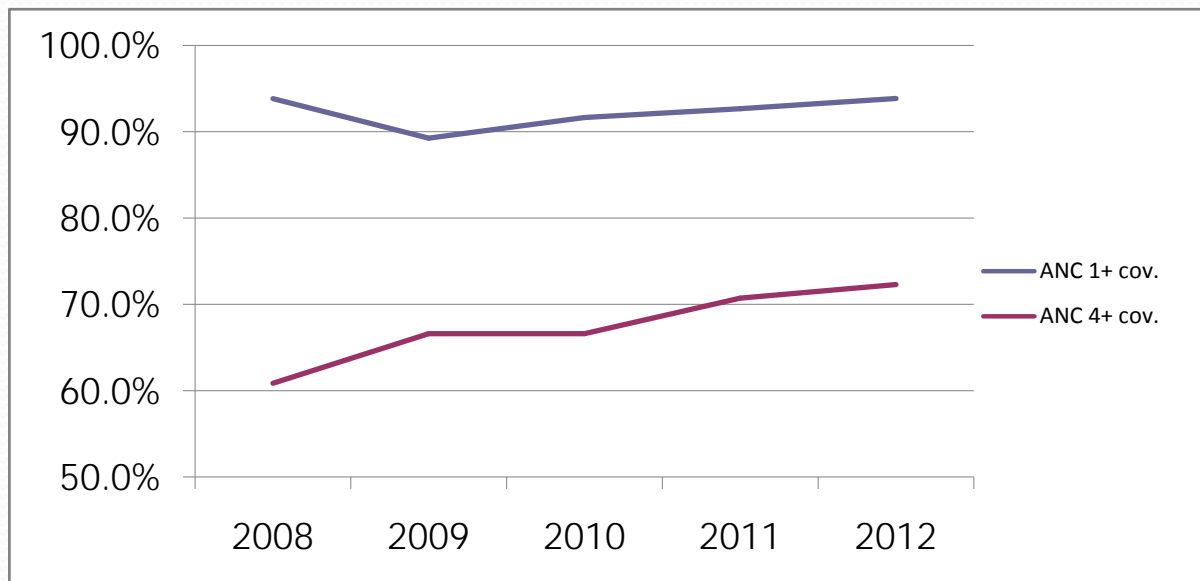
- Equity improved and reached the target
- Eight regions' performance was above 50%
- With 69%, Upper East Region continues to champion supervised deliveries
- Low midwife to WIFA ratio in three regions:
 - Volta Region
 - Northern Region
 - Western Region
- Of these, only Western Region had supervised coverage above 50%
- Volta Region improving but consistently lowest performer for 3 years

Access to Health Services

- OPD per capita reaching 1.17
- More than doubling 2006 figure
- 80% of total outpatients seen were NHIS cardholders
- OPD per capita lowest in Northern Region with 0.7 visits per capita
- OPD dropped in Ashanti Region

Target population issues

- Maternal Health – Antenatal care
 - ANC registrants close to 100%
 - 4+ visits increase to **72.3%** (based on 4% expected deliveries)
 - 4+ visits increase to **96.4%** (based on 3% expected deliveries)
 - Corresponding MICS 2011 figure is **86.6%**



Target population issues cont.

- Maternal Health – Supervised deliveries
 - 58.5% (based on 4% expected deliveries)
 - 77.9% (based on 3% expected deliveries)
 - Corresponding MICS 2011 figure is 68.4%
- Conclusion
 - Improved financial access from the free maternal health care policy
 - Improvement in the data collection

Target population issues cont.

- EPI (based on 4% expected under-ones)
 - Since 2007 coverage has steadily been close to 90%
 - Routine coverage of Penta 3 in 2012 was **87.8%**
 - Corresponding MICS figure is 92.1%
 - Effect of low and erratic flow of funds to the district level have limited impact on EPI
 - Highly integrated programme at district level

AR	WR	NR	BAR	CR	VR	UER	UWR	ER	GAR	Ghana
114%	126%	144%	130%	115%	105%	116%	96%	120%	102%	117%

- EPI (based on 3% expected under-ones)
 - Penta 3 coverage of **117.1%**

Mental Health

- First year with data on mental health indicators
- Some challenges with definitions and data availability
- Mental Health Nurse to patient population rate was 1:63
 - Comprises both community psychiatric nurses and registered mental nurses
- 400 community psychiatric nurses deployed
 - No formal training exists for training community psychiatric nurses
 - Community psychiatric nurses are reoriented registered nurses

CONCLUSION

- The general performance of the health sector in 2012 has improved over the previous years
- However, data capturing, analysis, submission and feedback to all levels still need to improve
- Financial data need to be readily available and accessible

Recommendations

- Performance contract to be signed by all
- Award high performers and sanction poor performers
- Address challenges facing the low performing regions
- Develop strategies for quality improvement for HSM TDP 2014-2017
- Develop LIs for the bills passed into Acts



THANK YOU