



MINISTRY OF HEALTH
REPUBLIC OF GHANA

ANNUAL HEALTH SECTOR HOLISTIC ASSESSMENT TOOL

4TH EDITION

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List of acronyms and abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
APoW	Annual Programme of Work
ART	Antiretroviral Therapy
BCI	Blood Collection Index
CYP	Couple Year Protection
DHIMS	Health Management Information System
DHS	Demographic Health Survey
HAT	Holistic Assessment Tool
HeFRA	Health Facility Regulatory Agency
HIV	Human Immunodeficiency Virus
HSMTDP	Health Sector Medium-Term Development Plan
HSPA	Health System Performance Assessment
MDC	Medical and Dental Council
MHA	Mental Health Authority
MHS	Maternal Health Survey
MICS	Multiple Indicator Cluster Survey
MIS	Malaria Indicator Survey
MoF	Ministry of Finance
MoH	Ministry of Health
MTEF	Medium-Term Expenditure Frameworks
MTTD	Motor Traffic and Transport Department
NA	Not Applicable
NACP	National AIDS Control Programme
NAS	National Ambulance Service
NBS	National Blood Service
NHIS	National Health Insurance Scheme
NMC	Nursing and Midwifery Council
NMCP	National Malaria Control Programme
NTDs	Neglected Tropical Diseases
NTP	National Tuberculosis Programme
OPD	Outpatient Department
PLHIV	People Living with HIV
SARA	Service Availability and Readiness Assessment
TB	Tuberculosis
WHO	World Health Organization
WIFA	Women in Fertility Age

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1. Introduction

The Holistic Assessment Tool (HAT) is developed in concurrence with the four-year Health Sector Medium-Term Development Plans (HSMTDPs) to provide a comprehensive and transparent assessment of the sector's performance on an annual basis. The tool makes use of quantitative and qualitative methods for performance assessment. The quantitative assessment includes analysis of indicators and objectives. The qualitative assessment involves determining the progress on the implementation of planned programmes and activities.

The holistic assessment report informs and guides policies to improve service delivery and health outcome. It also serves as an important accountability mechanism to key sector stakeholders and the public.

The HAT has been revised over time to improve its methodologically rigor and utility. This regular revision is needed to strengthen its objectivity, reliability, validity, and scope of assessment. The current tool is developed to address some observations in the earlier version (3rd Edition) developed in 2018. These observations are outlined below, and recommendations provided in **Table 1 in the Appendix**.

- The title of the previous tool suggests that the tool was meant for a comprehensive assessment of the overall health sector similar to Health Systems Performance Assessment (HSPA). However, the scope of the tool is limited to assessing the annual programme of work of the Ministry of Health (MoH).
- The previous tool attempts to link the assessment of the objectives of the medium-term plan to the four (4) broad WHO health system goals, suggesting comprehensive health system performance assessment. However, this attempt raises critical concerns regarding the reliability and validity of the assessment.
- The previous HAT employed the concept of assigning weights to objectives, indicators, and milestones. However, weighting of objectives, indicators and milestones appeared subjective and complicated. The weighting suggests ranking of indicators and objectives in terms of their contribution towards attainment of the objectives of the medium-term plan and the four WHO health system goals, respectively. However, this assumption or justification is not well-grounded in evidence-based assessments.
- The scenarios used to score indicators showed fine details or distinctions of the achievements related to the targets and baseline. However, the scoring of the various scenarios was not mutually exclusive. Additionally, the significance of the cut-off points e.g., $c > 5\%$; $-10\% < c \leq -5\%$; $10\% < p \leq$

40%; etc. for the achievements related to the baseline and targets appeared subjective. Therefore, the nuances of these scenarios and scoring of the indicators make the overall performance scores of the objectives and the sector contestable.

As a result of these observations, the revised tool focuses primarily on assessment of the annual programme of works, drawn from the 2022-2025 health sector medium-term plan. Aside this tool, a separate assessment framework will be developed for conducting mid-term and end-of-term evaluations of the plan, which will be aligned with the WHO health system goals accordingly.

The next sections of this annual health sector holistic assessment tool (4th Edition) provide a comprehensive detail on the assessment framework, including the performance scoring process.

2. Objectives of the holistic assessment tool

The objective of the HAT is to provide a verifiable system to assess progress towards the implementation of the 2022-2025 HSMTDP. This assessment tool will also be used to generate the annual holistic assessment reports to provide recommendations for addressing issues identified. The reports shall provide basis for discussions at the MoH Business Meetings and subsequent meetings between decision makers at agency and board levels.

3. Data sources

Several data sources are required for the Holistic Assessment., and these include:

- Health Sector Medium-Term Development Plan (2022-2025)
- Annual Programmes of Work
- Medium-Term Expenditure Frameworks (MTEF)
- Annual Financial Statements
- Annual Aide Memoire Implementation Reports
- Agencies' Annual Programmes of Work
- Agency specific Annual Reports and Registries
- Surveys (DHS, MICS, MHS, MIS, SARA, etc)
- Rapid Reviews and Assessment reports
- Routine Health Information Systems (DHIMS 2, etc)

4. Assessment process

The Holistic Assessment process begins in January with Ghana Health Service (GHS) annual performance reviews, which are conducted at various levels including, in chronological order, the various Budget and Management Centres (BMCs), the sub-districts, Health Directorates (district and regional) and national levels. Concurrently with the GHS national level review, all other agencies also conduct their annual performance reviews. This process would be completed by mid-March.

The Holistic Assessment team on behalf of the Ministry of Health (MoH) participates in the above-mentioned review meetings to gather relevant data and appreciate issues affecting performance. While these review meetings serve mainly to help understand operational issues, an inter-agency review meeting is held by the first week of April to gain insights into wider strategic issues. Subsequently, the team prepares a draft report which shall be ready by mid-April to be presented at the annual Health Summit. The finalisation of the Holistic Assessment is influenced by discussions at the Health Summit.

5. Assessment framework

The assessment framework was developed by aligning indicators in the Monitoring and Evaluation Framework for the 2022-2025 HSMTDP to the three broad policy objectives of the plan. A technical working group drawn from selected Agencies of the MoH, Private sector, Academia, and Development Partners were involved in selecting key indicators for measuring each of the three medium-term policy objectives through a series of meetings. Details of the three broad policy objectives of the 2022-2025 HSMTDP and their related performance indicators are shown in **Table 2 in the Appendix**.

The HAT is applied to assess routine and survey data as well as review the literature. Routinely collected data is assessed annually whilst survey data is included when available. A review of the literature is also conducted to complement the assessment. Information is collected for several defined indicators. The assessment process for the indicators and policy objectives is detailed below:

5.1 Step one: Assessment of indicators

The indicators are assessed by looking at various aspects, including:

- Whether the annual target was achieved
- The relative change between the assessment year's performance and the annual target

- The relative change between the assessment year's performance and the previous year's performance (baseline)

An indicator is awarded a performance score of -3, -2, -1, 0, +1 +2 or +3 depending on the mutually exclusive scenarios outlined below:

Scenario 1

An indicator is assigned a performance score of **+3 (colour coded dark green)** if:

- Performance of the indicator exceeded the annual target AND
- Performance of the indicator increased compared to the baseline OR
- There was no baseline to compare performance of the indicator with.

Scenario 2

An indicator is assigned a performance score of **+2 (colour coded green)** if:

- Performance of the indicator met the annual target AND
- Performance of the indicator increased, compared to the baseline OR
- There was no baseline to compare performance of the indicator with.

Scenario 3

An indicator is assigned a performance score of **+1 (colour coded light green)** if:

- Performance of the indicator met the annual target AND
- Performance of the indicator stagnated compared to the baseline

Scenario 4

An indicator is assigned a performance score of **0 (colour coded yellow)** if:

- Performance of the indicator missed the annual target BUT
- Performance of the indicator increased, compared to the baseline OR
- There was no baseline to compare performance of the indicator with.

Scenario 5

An indicator is assigned a performance score of **-1 (colour coded light red)** if:

- Performance of the indicator missed the annual target BUT
- Performance of the indicator stagnated, compared to the baseline

Scenario 6

An indicator is assigned a performance score of **-2 (colour coded red)** if:

- Performance of the indicator missed the annual target AND
- Performance of the indicator decreased, compared to the baseline

Scenario 7

An indicator is assigned a performance score of **-3 (colour coded dark red)** if no data was provided to assess its performance.

Figure 1 shows the graphical presentation of these scenarios and **Table 3 in the Appendix** summarizes these scenarios and the performance scores.

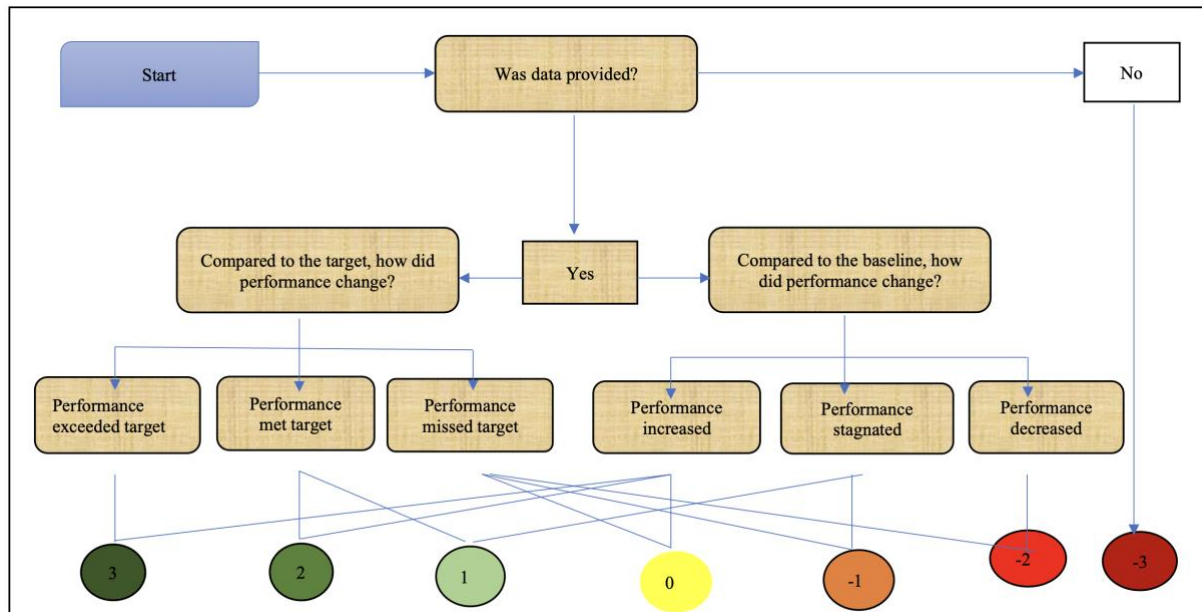


Figure 1: Flow chart for scoring performance of an indicator

Source: Adapted from MoH Holistic Assessment Tool (3rd Version), 2018

Calculation of performance change relative to target and baseline

How to calculate performance change

The relative change in performance compared to the previous year can be calculated using the following three steps:

- (1) Subtract the previous year's performance from the assessment year's performance
- (2) Divide the result by the previous year's performance
- (3) Multiply by 100

In formula:

$\% \text{ change} = ((\text{the assessment year's performance} - \text{the previous year's performance}) / \text{previous year's performance}) \times 100$

Examples

Skilled delivery coverage was 55.5% in 2016 and 57.1% in 2017. The relative change of the performance is:

$$((57.1 - 55.5) / 55.5) \times 100 = 2.9\%$$

Or, if we take it step by step:

- (1) $57.1 - 55.5 = 1.6$
- (2) $1.6 / 55.5 = 0.029$
- (3) $0.029 \times 100 = 2.9\%$

There is an increase in performance of 2.9%.

How to calculate distance from target

The distance between the actual performance and the target value can be calculated using the following three steps:

- (1) Subtract the target value from the actual performance
- (2) Divide by the target value
- (3) Multiply by 100 or -100, depending on whether the indicator is supposed to increase or decrease

In formula:

$Z\% = ((X - Y) / Y) \times 100$, where Z% is the distance between actual performance and target, X is actual performance and Y is target.

Example

The target for skilled delivery coverage was 65.0% for 2017. The actual performance was 57.1%.

The distance of the actual performance to the target is:

$$((57.1 - 65.0) / 65.0) \times 100 = -12.2\%$$

Or, if we take it step by step:

- (1) $57.1 - 65.0 = -7.9$
- (2) $-7.9 / 65.0 = -0.122$
- (3) $-0.122 \times 100 = -12.2\%$

5.2 Step two: Assessment of the medium-term objectives

Performance score for each of the medium-term objective is obtained by estimating the median score using the respective indicator performance scores. The use of median score, compared to mean score is to address the tendency of skewness arising from larger indicator performance scores or outliers. The estimated median scores for each objective are then placed on an evaluative scale, ranging from excellent performance to poor performance as shown in Figure 2 below.

Excellent	Very good	Good	Fairly good	Average	Below Average	Poor
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Figure 2: Performance rating for medium-term plan objectives

6. Final assessment of the health sector

The final assessment of the health sector shall be agreed upon at the Business Meeting by stakeholders after taking into consideration all factors that influenced the implementation of key sector priorities, agency plans and programmes. The report thus prepared shall include the status of implementation of sector priorities as provided for in the Annual Programme of Work (APoW).

The status shall include information on timely availability of resources and their sources. Similarly, information on capital investment and procurement in the sector shall be provided when available. The report shall also include a summary of Aide Memoire agreements and implementation status.

7. Output of the assessment

The output of the holistic assessment process is a holistic assessment report indicating:

1. An analysis of progress of each indicator over the past five years.
2. An assessment of each medium-term plan objective and the overall sector performance.
3. The extent to which sector priority activities and agency plans and programmes have been implemented
4. The extent to which other agreements in the sector have been implemented

For each medium-term plan objective, the following will be discussed in the analysis:

- The factors which most likely have contributed to the progress and/or regression
 - If necessary, corrective measures to be considered

- If necessary, issues which should be brought up in the Business Meeting of the health sector
- The level of implementation of planned programmes and activities in the sector

Appendix

Table 1: Observations in the previous tool (3rd Edition) and proposed recommendations

Key issues identified	Observation	Recommendation
Title of the assessment tool	The title of the tool suggests that the tool is meant for comprehensive assessment of the health sector, similar to Health System Performance Assessment (HSPA).	The title of the revised HAT should reflect the assessment of the health sector annual programme of work. A different tool should be developed to assess/evaluate the performance of the overall health sector.
Assessment framework	The previous tool linked the objectives of the medium-term plan to the four (4) broad WHO health system goals, suggesting comprehensive health system performance assessment.	The annual assessment should focus on the objectives of the medium-term plan. The WHO health system goals should be used for mid-term and end term evaluation of the medium-term plan.
Measurement of objectives, indicators, and milestones	Weighting of objectives, indicators and milestones appears subjective and complicated. The weighting suggests ranking of indicators and objectives in terms of their contribution towards attainment of the objectives of the medium-term plan and the four WHO health system goals, respectively. However, this assumption or justification is not well-grounded in evidence-based assessments.	Limit measurement of indicators to the annual targets and baseline and use the relative differences to rank or order the indicators and objectives for evaluation purposes.
Scenarios and performance scores	The scenarios show fine details or distinctions of the achievements related to the targets and baseline. However, the scoring of the various scenarios was not mutually exclusive. Additionally, the significance of the cut-off points, e.g., $c > 5\%$; $-10\% < c \leq -5\%$; $10\% < p \leq 40\%$; etc. for the achievements related to the baseline and target appears subjective. The nuances of these scenarios and scoring of the indicators make the overall performance scores contestable.	Scoring for various scenarios should be mutually exclusive. For harmonization purposes, Agencies of the Ministry should adopt this tool for assessment of their annual programme of works.

Table 2: Summary of policy objectives and indicators for the assessment

Objective	Indicator	Indicator definition	Data source
1. Universal access to better and efficiently managed quality healthcare services	Proportion of encounters with antibiotics prescribed	Number of patient encounters with antibiotics divided by total number of sampled prescriptions, multiplied by 100	DHIMS 2/THs/Private health facilities
	Government health expenditure as % of total government expenditure	Ratio of government health expenditure to total government expenditure multiplied by 100	MoF
	Percentage of Planned Preventive maintenance activities implemented (Ambulances)	Number of scheduled PPM (3 times servicing per year) implemented divided by the number of scheduled PPM for the period multiplied by 100	NAS
	Out-of-pocket expenditure as % of current health expenditure (CHE)	Out-of-pocket payments made for health services divided by total current health expenditure, multiplied by 100	WHO Health Accounts
	Proportion of population with large household expenditures on health as a share of total household expenditure or income (Catastrophic Health Expenditure)	Health expenditures exceeding 10% or 25% total household expenditure or income	WHO Health Accounts
	Percentage of the population with active NHIS coverage	No. of active NHIS members divided by estimated population, multiplied by 100	NHIA
	Average percentage of clients satisfied with OPD/IPD services	Number of clients satisfied with OPD/IPD services divided by number of sampled clients attending OPD/IPD, multiplied by 100	Rapid Survey by MoH/GHS
	Average response time to emergencies	Amount of time taken to receive, activate and respond to emergency medical services request	NAS
	Average number of medicines per prescription	Average number of medicines prescribed divided by total patient encounters, multiplied by 100	DHIMS 2/THs/Private health facilities
	Doctor to population ratio	Number of doctors divided by total population	MoH/MDC registry
	Nurses to population ratio	Number of nurses divided by total population	MoH/NMC registry
	Doctor population equity index (Geographical)	Doctor population ratio for the best endowed region divided by the doctor population ratio for the worst endowed region	MoH/MDC registry
	Nurse Population equity index (Geographical)	Nurse population ratio for the best region divided by the Nurse population ratio for the worst region	MoH/NMC registry
	OPD per capita attendance	Number of outpatient department visits per person per year	DHIMS 2/THs/Priv

Objective	Indicator	Indicator definition	Data source
			ate health facilities
	Availability of essential medicines (Tracer Drug Availability)	Number of tracer medicines available divided by the total number of tracer medicines on the tracer medicine list, multiplied by 100	DHIMS 2/THs/Private health facilities
	Percentage of facilities in good standing with HeFRA	Number of health facilities (public and private) in good standing divided by total number of facilities licensed by HeFRA, multiplied by 100	HeFRA registry
	Proportion of facilities offering Traditional & Alternative Medicine	Number of facilities offering Traditional and Alternative medicines divided by total number of designated facilities (district and regional hospitals)	MoH
	Percentage of samples analyzed	Number of samples (medical products) analyzed divided by total number of samples submitted for analysis, multiplied by 100	FDA registry
	Percentage of licensing inspections conducted	Number of licensing applications processed divided by total number of applications due for processing, multiplied by 100	FDA registry
	Percentage of market surveillance outings conducted	Number of market surveillance outings inspected, divided by total number of planned market surveillance outings, multiplied by 100	FDA registry
	Midwife to WIFA ratio	The number of pregnant women per one midwife	DHIMS 2/THs/Private health facilities
	Midwife to WIFA population equity index (Geographical)	Best performing region Midwife to WIFA ratio divided by Worse performing region Midwife to WIFA ratio	DHIMS 2/THs/Private health facilities
	ANC 4+ (%)	Number of pregnant women who made at least 4 ANC visits during the pregnancy divided by the total ANC registrants multiplied by 100	DHIMS 2/THs/Private health facilities
	Institutional Neonatal Mortality Rate	Neonatal deaths per 1,000 institutional live births	DHIMS 2/THs/Private health facilities
	Mother to child HIV transmission rate at 18 months	Number of children born to HIV + mothers who tested negative at 18 months divided by total number of children born to HIV +	DHIMS 2/NACP

Objective	Indicator	Indicator definition	Data source
2. Reduce avoidable maternal, adolescent, and child deaths and disabilities		mothers who were tested multiplied by 100	
	Stillbirth Rate	Number of babies born with no signs of life at or after 28 weeks of gestation per 1,000 live births	DHIMS 2/THs/Private health facilities
	Skilled birth attendance coverage (%)	Number of births attended by skilled health professionals divided by total number expected deliveries	DHIMS 2/THs/Private health facilities
	No. of children fully immunized (Using Penta 3 as proxy (%))	No. of children under 1 year who received all Penta 3 vaccinations divided by total no. of children under 1	DHIMS 2/THs/Private health facilities
	Prevalence of stunting among children under five years.	Percentage of stunting(height-for-age) less than -2 SDs of the WHO child growth standards median among children aged 0-5years.	DHIMS 2/THs/Private health facilities 2
	Institutional Under-five mortality rate (per 1000lb)	Deaths occurring among children under 5 years per 1,000 live births	DHIMS 2/THs/Private health facilities
	Institutional Infant Mortality Rate (per 1000lb)	Deaths among children under 1 per 1,000 live births	DHIMS 2/THs/Private health facilities
	Institutional Under 5 Malaria Case Fatality Rate	Number of deaths due to malaria among children under 5 divided by total number of under 5 malaria cases multiplied by 100	DHIMS 2
	Prevalence of wasting among children under five (%)	Number of children with weight for height < -2 SD of the WHO Child Growth Standards median divided by the total number of children assessed multiplied 100	DHIMS 2/THs/Private health facilities
	Adolescent pregnancy rate (aged 10–14 years; aged 15–19 years) per 1,000 women in that age group	Number of pregnancies that occurred in girls aged 10 to 19 per 1000 women in that age group per year.	DHIMS 2/GSS
	Ratio of Ambulance to population	Number of ambulances dedicated to serve the population (target is 1:50,000)	NAS
	Proportion of disease outbreaks identified, and response actions started within 24-48 hours	Number of disease outbreaks for which response was within the 24-48 hours divided by total number of disease outbreaks multiplied by 100	DHIMS 2
	Blood collection index (BCI) per 1000 population	Total number of blood donations divided by the population, multiplied by 1000	NBS

Objective	Indicator	Indicator definition	Data source
3. Increased access to responsive clinical and public health emergency services	95-95-95 Target (HIV Positive people receiving ART with viral Suppression)	Total Number of PLHIV on ART and has viral suppression divided by total Number of PHLIV on ART	DHIMS 2/NACP
	95-95-95 Target (HIV Infected persons who are receiving sustained ART)	Total Number of PLHIV on ART and receiving sustained treatment divided by Total Number of PHLIV on ART	DHIMS 2/NACP
	95-95-95 Target (HIV Infected persons who know their HIV Status)	Number of PLHIV who know their status divided by number of PLHIV	DHIMS 2/NACP
	HIV incidence per 1,000 population	Number of people living with HIV/AIDS divided total population multiplied by 1,000	DHIMS 2/NACP
	Tuberculosis incidence per 100,000 population	Number of new TB cases that occur during a specified time period multiplied by 100,000 population at risk	DHIMS 2/NTP
	TB treatment success rate (%)	Number of new, registered TB cases that were cured or completed a full course of treatment divided by total number of new registered cases, multiplied by 100	DHIMS 2/NTP
	TB case detection rate	Number of new, registered TB cases that were cured or completed a full course of treatment divided by total number of new registered cases, multiplied by 100	DHIMS 2/NTP
	Prevalence of mental health disorders among women and young adults		DHIMS 2/NACP
	Prevalence of hypertension	Number of persons less than 60 years diagnosed with high blood pressure (recording at least 140mmHg systolic pressure and 90mmHg diastolic pressure) divided by total number of persons less than 60yrs	DHIMS 2/GSS
	Prevalence of NTDs (e.g Yaws, Bruli ulcer, etc)	Confirmed and suspected cases of yaws per 100,000 population	DHIMS 2/GSS
	Family Planning Acceptor Rate	Number of women aged 15-49 that accepts a family planning method for the first time divided by total number of women aged 15-49 multiplied by 100	DHIMS 2/THs/Private health facilities
	Total estimated protection by contraceptive methods supplied (Couple Year Protection (CYP))	The CYP is calculated by multiplying the quantity of each method distributed to clients by a conversion factor, to yield an estimate of the duration of contraceptive protection provided per unit of that method. The CYPs for each method are then	DHIMS 2/THs/Private health facilities

Objective	Indicator	Indicator definition	Data source
		summed over all methods to obtain a total CYP figure	
	Prevalence of diabetes	Total number of people screened who had the selected diabetes divided by the total number of people screened multiplied by 100	DHIMS 2/GSS
	Death rate due to road traffic injuries	Number of road traffic fatal injury deaths per 100,000 population.	MTTD/DHIMS 2
	Malaria incidence per 1,000 population	Total number of new malaria cases divided by total population multiplied by 1,000	DHIMS 2/NMCP
	Bed Occupancy Rate	Number of beds occupied by patients divided by total number of beds in a year multiplied by 100	DHIMS 2/THs/Private health facilities
	Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease	Number of deaths due to non-communicable disease, cancer, diabetes or chronic respiratory disease in a 100,000 population	DHIMS 2/THs/Private health facilities
	Institutional All-Cause Mortality	Institutional death rate from all causes from a population in a given period.	DHIMS 2/THs/Private health facilities
	Surgical Site Infection Rate	Number of infections related to a surgical procedure that occurs near the surgical site within 10 days divided by total number of surgical procedures conducted within same period.	DHIMS 2/THs/Private health facilities
	Average length of stay	Number of hospital days (or bed-days or in-patient days) from the date of admission in an in-patient institution (date of discharge minus date of admission) divided by the number of discharges (including deaths) during the year	DHIMS 2/THs/Private health facilities
	Hepatitis B incidence per 100,000 population	Total number of new Hepatitis B infections divided by total population multiplied by 100, 000	DHIMS 2/GSS

Table 3: Description of performance scores for indicators and objectives

S/ No.	Description of performance relative to target	Description of performance relative to baseline	Performance score	Colour code	Interpretation of performance score	Description of performance score
1	Exceeded	Increase d/NA	3		Excellent	Performance exceeded target, and increased compared to baseline
2	Met	Increase d/NA	2		Very good	Performance met target, and increased compared to baseline
3	Met	Stagnated	1		Good	Performance met target but stagnated compared to baseline
4	Missed	Increase d/NA	0		Fairly good	Performance missed target but increased compared to baseline
5	Missed	Stagnated	-1		Average	Performance missed target but stagnated compared to baseline
6	Missed	Decreased	-2		Below average	Performance missed target, and decreased compared to baseline
7	No data	N/A	-3		Poor	No data provided

N/A: Not applicable; Stagnated: equal to baseline target