

# Ghana Global Health Initiative Strategy



2012-2017

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## Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ACT	Artemisinin-Based Combination Therapy
ANC	Antenatal Care
ART	Antiretroviral Treatment
ARV	Anti-Retroviral drugs
BCC	Behavior Change Communication
BLIS	Basic Laboratory Information System
CAP	College of American Physicians
CCM	Country Coordinating Mechanism
CDC	Centers for Disease Control and Prevention
CENC	Comprehensive Essential Neonatal Care
CEOC	Comprehensive Emergency Obstetric Care
CHAG	Christian Health Association of Ghana
CHN	Community Health Nurse
CHO	Community Health Officer
CHPS	Community Health Planning and Services (initiative)
CHV	Community Health Volunteer
CIDA	Canadian International Development Agency
CLTS	Community Led Total Sanitation
COP	Country Operational Plan
DA	District Assembly
DfID	Department for International Development (UK)
DHIMS	District Health Information Management System
DHMT	District Health Management Team
DHS	Demographic and Health Survey
DOD	Department of Defense
DOS	Department of State
DP	Development Partner
DPT3	Diphtheria Pertussis Tetanus series of 3
EmONC	Emergency Obstetric and Neonatal Care
ENC	Essential Newborn Care
FANC	Focused Antenatal Care
FDB	Food and Drug Board
FP	Family Planning

FTF	Feed the Future
GAC	Ghana AIDS Commission
GDP	Gross Domestic Product
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
GHI	Global Health Initiative
GHS	Ghana Health Service
GIS	Geographic Information System
GOG	Government of Ghana
GSS	Ghana Statistical Service
HIRD	High Impact Rapid Delivery
HIV	Human Immunodeficiency Virus
HMIS	Health Management Information System
HSMTDP	Health Sector Medium Term Development Plan
IMCI	Integrated Management of newborn and Childhood Illness
IMR	Infant Mortality Rate
IRS	Indoor Residual Spraying
ITN	Insecticide Treated (Bed) Net
IUD	Intra Uterine Device
IPTp	Intermittent Preventive Treatment in pregnancy
JICA	Japan International Cooperation Agency
LLIN	Long Lasting Insecticide treated Net
MA	Medical Assistant
MAF	MDG Accelerated Framework
MARP	Most At Risk Population
MCC	Millennium Challenge Corporation
MCH	Maternal and Child Health
M&E	Monitoring and Evaluation
MDG	Millennium Development Goal
MICS	Multiple Indicator Cluster Survey
MNCH	Maternal Neonatal and Child Health
MNH	Maternal and Neonatal Health
MMR	Maternal Mortality Ratio
MOH	Ministry of Health
MOP	Malaria Operational Plan
MSM	Men who have Sex with Men
NACP	National AIDS Control Program

NAMRU	Naval Medical Research Unit
NGO	Non-Governmental Organization
NHIS	National Health Insurance Scheme
NHLSP	National Health Laboratory Strategic Plan
NIH	National Institutes of Health
NMCP	National Malaria Control Program
NMIMR	Noguchi Memorial Institute for Medical Research
NMR	Neonatal Mortality Rate
NTP	National Tuberculosis Program
OGAC	Office of the Global AIDS Coordinator
OP	Operational Plan
ORS	Oral Rehydration Solution
ORT	Oral Rehydration Therapy
OVC	Orphans and Vulnerable Children
PEPFAR	President's Emergency Plan for AIDS Relief
PMI	President's Malaria Initiative
PMTCT	Prevention of Mother-To-Child Transmission (of HIV)
PNC	Postnatal Care
RDT	Rapid Diagnostic Test
RH	Reproductive Health
RHMT	Regional Health Management Team
SUN	Scaling Up Nutrition movement
TB	Tuberculosis
TBA	Traditional Birth Attendant
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
USG	United States Government
WASH	Water, Sanitation and Hygiene
WB	World Bank
WHO	World Health Organization

## VISION

The Global Health Initiative (GHI) holds significant promise in Ghana, the country where President Obama originally introduced its concepts. The challenge of the next decade for the global health community will be to achieve long-term sustainability for quality health services in developing countries while continuing to improve health outcomes. Nowhere else is the opportunity to spur change quite as exciting as in Ghana, one of the most recent entrants into lower middle-income status, where GHI represents a tremendous opportunity for the United States Government (USG) to actively participate in and catalyze support for the health sector. Although Ghana's current investments in health are notable, more can be done to ensure that investments meet the public need for expanded access to quality health services to promote prevention and effectively respond to critical needs.

The USG in Ghana currently implements several initiatives, including the President's Malaria Initiative (PMI), the President's Emergency Plan for AIDS Relief (PEPFAR), and Feed the Future (FTF), as well as the USAID BEST Action plan, which governs investments in maternal and child health and family planning/reproductive health (FP/RH). The GHI team in Ghana is comprised of a number of USG entities including: the Centers for Disease Control and Prevention (CDC), the Peace Corps (PC), the Department of Defense (DOD), the United States Agency for International Development (USAID), the Naval Medical Research Unit (NAMRU), the Department of State (DOS), and the National Institutes of Health (NIH). These agencies work closely with other bilateral and multilateral partners to maximize impact and leverage resources, including participating on the Country Coordinating Mechanism for the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and the Health Sector Working Group. The USG is the donor convener for the Scaling Up Nutrition (SUN) movement and plays a pivotal role in GOG technical working groups. Finally, the USG actively works to negotiate new partnerships with the private sector, with both Ghanaian and multi-national counterparts.

The USG has a long history of coordinated health sector planning with the GOG to ensure cohesion of strategy and implementation, which has only been enhanced through a more cohesive USG effort under GHI. The GHI Strategy for Ghana is the culmination of strategic design processes on specific topics which have been ongoing since 2009. These specific processes involved participation of the GOG, civil society and other development partners to incorporate GOG priorities, account for financial resource gaps, analyze the most urgent health needs in Ghana, and assess existing USG investments. The GHI team built upon these existing partnerships to craft the overarching strategy to guide future USG programming in health in Ghana.

Under GHI, the USG in Ghana will focus on three cross-cutting issues that currently hamper improvements across the health sector: Access to quality services; use of strategic information; and governance and accountability in the health sector. By focusing on reducing barriers to development in these areas, GHI will make a significant contribution to the GOG's progress towards its Millennium Development Goals (MDGs) in the areas of maternal and child mortality, child nutrition, infectious disease prevalence, and access to improved water and sanitation sources.

A number of assumptions have been made in drafting the GHI strategy. It is crucial to the success of the strategy that the December 2012 presidential and parliamentary elections are free,

fair, and peaceful, and that the next administration will build upon the successes of the current one in supporting health and social services. Further increasing Ghana's contribution towards the health sector, in alignment with the Abuja Declaration, is predicated on a continued GOG commitment to invest in the sector as a key human development priority and driver of continued economic growth. Finally, this strategy rests on the assumption that the USG will continue to invest in the health sector in Ghana at a similar rate over the next few years.

## **GHANA COUNTRY CONTEXT**

Ghana has achieved significant development gains during the past ten years, becoming a key African partner with the USG. Ghana is a rapidly maturing democracy that has had peaceful and democratic transitions since 1992. Presidential and parliamentary elections will take place in December 2012, and it is believed that the trend of free and fair elections will continue. Ghana is home to a booming market and is a key U.S. trading partner under the Africa Growth and Opportunity Act (AGOA). The International Monetary Fund (IMF) estimates that Ghana's real gross domestic product increased by at least 13.5% in 2011 and is expected to sustain growth of at least 8% in 2012, making the country one of the fastest growing economies in the world.

In light of significant progress made in economic development and institutional reforms, Ghana has been selected as one of four countries for the Partnership for Growth (PFG) initiative that engages the GOG and USG at the highest levels to collectively address binding constraints to growth. The Millennium Challenge Corporation (MCC) has made substantial investments in agriculture and infrastructure during its first compact, and is now in the process of developing a second compact focused on increasing access to reliable and affordable power.

Export revenue has increased, driven by the strong export performance of cocoa, gold, and more recently, oil. In January 2011, the government began receiving income from offshore oil fields. This sector generated more than \$400 million in revenues in 2011. The World Bank estimates potential continued oil revenue in the hundreds of millions of dollars on average per year through 2029, though the revenue streams from oil will be shared among the GOG and private sector investment partners.

Ghana rebased its GDP figures in 2010, which elevated the country into lower middle-income status, according to widely-used UN standards. Ghana's status as a middle income country has implications for foreign assistance, given that roughly 40% of Ghana's budget comes from development partners. Development partners and the GOG have begun discussions about Ghana's lower middle-income status, new oil revenues, and the potential implications regarding development assistance in the medium to long term. That said, even after the GDP rebasing exercise, Ghana still remains at the low end of middle income countries, and the still significantly underdeveloped health sector will continue to require substantial resources and technical support from development partners for several years.

The development pattern in Ghana is characterized by a north-south divide in which the north lags far behind the south. Ghana has achieved sustained growth and poverty reduction during the 1990s, but such growth did not benefit the three poor northern regions, and the development gap has increased between the south and north.

The GOG Ghana Shared Growth and Development Agenda was instituted in 2010 and runs through 2013. The aid policy has a strict preference for the use of country systems. The health sector is included under the human development priority, which is similar in makeup to the USG's "Investing in People" objective. The Agenda contains the following priorities:

- Ensuring and sustaining macroeconomic stability;
- Enhanced competitiveness of Ghana's private sector;
- Accelerated agricultural modernization and natural resource management;
- Oil and gas development;
- Infrastructure, energy, and human settlements development;
- Human development, employment, and productivity; and
- Transparent and accountable governance.

Ghana's growth can't be only economic in nature. The next phase of the country's development is critical for establishing a sustainable model of health service delivery. It is anticipated that the model of development, including the role of development partners in Ghana, will transition in the medium to long term as the country's steady economic growth continues. The USG team has taken this into consideration when drafting the GHI Strategy. As discussed more fully below in the section on governance, leadership, and accountability, there will likely be increasing economic and commercial opportunities for private sector investment in health in the medium term (and a few opportunities in the short term), and an increasingly active role for the USG team to engage in commercial advocacy. Likewise, working with the GOG and other development partners, the USG team will advocate for increasing GOG investments in the health sector, as the role of donor support may evolve in the medium to long term.

### **Priority health challenges and progress towards MDGs**

Ghana is currently home to 24 million people and with a growth rate of 2.3%, the population of Ghana is expected to grow over the next 15 years to more than 34 million. Life expectancy at birth in Ghana is 63 years of age. The southern half of the country is more densely populated than the northern half of the country, and almost half of Ghana's population is currently urban. While some national indicators for health status have been improving over the last decades, Ghana still suffers from great disparity between different groups within the country. Inadequate coverage of key health interventions has resulted in a significantly higher burden of mortality and morbidity among rural and urban poor populations.

Maternal mortality was declared to be a national emergency in 2008. Ghana's high rate of 451 deaths per 100,000 live births (last measured in 2006) is associated with lack of skilled attendance at birth. Less than 60% of all pregnant women have a skilled provider at birth; a statistic that is significantly worse for women in rural areas and women in the poorest quintile of the population. Major causes of mortality remain excessive bleeding, hypertension, infection, and obstructed labor and anemia. Contributing factors include high unmet need for family planning, malaria, complications of unsafe abortion, and under-nutrition. Neonatal deaths represent 60% of infant mortality.

Despite economic progress over the past decade, child mortality remains high. More than 100,000 Ghanaian children under five die each year, accounting for more than half of all deaths in Ghana. Major causes after neonatal causes are malaria, acute respiratory infections, diarrhea, and malnutrition. Lack of access to clean water and to sanitation facilities contributes significantly to the burden of diarrheal diseases, and indirectly thereby to malnutrition, as causes of child morbidity and mortality.

Ghana's entire population is at risk of malaria, although transmission rates are lower in some urban areas. Transmission occurs year-round with seasonal variations. According to the GHS

health facility data, malaria is the number one cause of morbidity, accounting for about 38% of all outpatient illnesses, 36% of all admissions, and 33% of all deaths in children under five years. Between 3.1 and 3.5 million cases of clinical malaria are reported in public health facilities each year, of which 900,000 cases are in children under five years. An

**Table 1: Health-related Millennium Development Goals for Ghana**

Goal	Indicator	2008 status	Important inequities
<b>1: Eradicate extreme poverty and hunger</b> Goal = 14	Prevalence of underweight children under 5 years	14%	Upper East Region: 27% Northern Region: 22%
<b>4: Reduce child mortality</b> Goal = 40 deaths/ 1,000 live births	Under-five mortality rate	80	Urban: 75 Rural: 90
	Infant mortality rate	50	Upper West Region: 97
<b>5: Improve maternal health</b> Goal = 185 deaths/ 100,000 live births	Births attended by skilled personnel	59%	Urban: 84% Rural: 43% Lowest wealth quintile: 24%
	Contraceptive prevalence rate	24% any method	Northern Region: 6% Lowest wealth quintile: 14%
		17% modern method	Highest wealth quintile: 31%
	% of demand for family planning satisfied	35%	Aged 15-19 years: 62% Central Region: 50%
<b>6. Combat HIV/AIDS, malaria, and other diseases</b> Goals = HIV prevalence < 1.5%; universal access to treatment for HIV; decreased incidence of malaria	Maternal mortality	451 (2006)	
	National HIV Prevalence	2.2%	FSW: 24-36%* MSM: 26%* <small>* 2006 data from urban settings</small>
	Proportion of children under age 5 sleeping under insecticide treated net	28%	
<b>7: Ensure environmental sustainability</b> Goal = 78% using improved water source; 52% using improved sanitation facility	Children appropriately treated for fever	43%	
	Population using improved water source;	84%	
	Population using improved sanitation facility	12%	Urban: 18% Rural: 8%

estimated 14,000 deaths in children under five were attributable to malaria in 2008.

The prevalence of underweight, wasting, and stunting among young children is significantly lower in Ghana than most West African countries, and Ghana has reached its MDG for nutrition as measured by the national prevalence of underweight children. However, serious regional discrepancies exist, and important nutrition-related indicators other than the prevalence of underweight children demonstrate that child growth has not improved substantially over the last five years. According to the 2008 Demographic and Health Survey (DHS) the prevalence of stunting among children under five is 28%, compared to 30% in 2003. During the same period, wasting among young children actually increased from 7% to 9%. Even more alarming are the critical and stubborn levels of maternal and child anemia, 59% and 78% respectively (45% and

76% in 2003). The national average masks substantial disparities within the country. The Northern regions (Upper East, Upper West, and Northern) have greater rates of underweight and wasting, which are linked closely to food insecurity.

The prevalence of HIV in Ghana peaked in 1998 at 2.4% and is now estimated to be 1.5% in the general population. Sexual transmission accounts for well over 80% of new infections. While HIV prevalence in the general population is declining, it is still 10-20 times higher in the most at-risk populations, than in the general population, i.e. in men who have sex with men (MSM) and female sex workers and their partners. In addition, it appears that the incidence of HIV among ambulant sex workers is rising. HIV/AIDS in Ghana is strongly linked with sex work. Evidence shows high degrees of HIV-discordance in cohabiting partners and low rates of partner disclosure; two-thirds of HIV positive people say they have not disclosed their HIV status to their sexual partner(s). Sex workers and MSMs face high levels of stigma and discrimination and have very few options in Ghana to defend their rights. Stigma and discrimination encourage transmission because people are unable to access clinical and preventative services. Fifteen percent of tuberculosis (TB) patients are HIV positive. Timely identification and management of TB remains a challenge, resulting in a high case fatality rate of 9%.

### Ghana's National Response

The Ministry of Health (MOH) is responsible for policy, governance and oversight of the health sector, and is composed of nine agencies, including the Ghana Health Service (GHS), charged with the delivery of public sector health services and the oversight of private sector services. The GHS has decentralized significant planning and implementation authority for health services to 10 Regional Health Directorates that are responsible for both preventive and curative care, through management and support of the 170 District Health Management Teams (DHMT). DHMTs are commissioned by the MOH to provide services at the district level, and provide planning, coordination, and oversight of the sector at that level. In theory, the DHMT is charged with monitoring implementation, but given financial and human resource constraints, they are often not able to efficiently discharge their supervisory duties. The GHS uses a Community-Based Health Planning and Services (CHPS) approach to extend services to underserved communities. For FP/RH/MCH/N, all regional and district teams plan and implement activities under the High Impact Rapid Delivery strategy, which is the rapid delivery of an expanded package of proven interventions to reduce maternal and child mortality and morbidity, through

all rural and urban health facilities including CHPS zones.

**Table 2: Ghana Health System Statistics**

Tertiary care centers	12
Secondary care centers	283
Primary health care centers	2700
Medical schools	3
Nursing schools	28
Midwifery schools	21
Skilled health providers per 1,000 people	0.1 doctors 0.6 nurses 0.05 pharmacists
CHPs zones (staffed by CHOs)	1034 (goal = 4,000)

At the central level, the GHS is composed of several divisions and offices that provide guidance on various technical areas within the sector and often manage very large vertical programs. The Family Health Division manages all

maternal and child health interventions including nutrition and family planning. The National Malaria Control Program, National AIDS Control Program, and National TB Control Program are all offices within GHS that are Principal Recipients of larger grants from the GFATM and

directly manage all clinical (and in the case of malaria, all community-based, as well) interventions related to their various fields.

Other MOH agencies are responsible for specific services such as blood supply, teaching hospitals, research centers, and regulatory boards. The Christian Health Association of Ghana (CHAG) has a network of hospitals and clinics that provide roughly 40% of health care in Ghana, in a close relationship with GHS. CHAG facilities receive salary support from the GOG and in return act as integral parts of the public health system, implementing national programs and reporting service indicators to the regional health offices. Private for-profit health care, other than delivery of pharmaceuticals, is highly concentrated in the major urban areas of Accra and Kumasi, although small maternity homes can be found in the minor urban centers as well. Private pharmacies, licensed chemical sellers, and unregulated drug sellers can be found throughout Ghana and are the first source of care for much of the population.

The Ghana AIDS Commission (GAC) is an office serving directly under the President, whose mandate is to coordinate all activities in the fight against HIV/AIDS. Another Principal Recipient under the GFATM, GAC works with all partners to develop Ghana's National Strategic Plan for HIV/AIDS and monitors all activities that contribute to the plan, within and beyond the health sector.

The Policy Planning Monitoring & Evaluation Division of the Ghana Health Service manages the District Health Information Management System (DHIMS), through which health information (e.g., administrative, demographic and clinical information) is transmitted from facility to district to region and to central health management levels. The health information is analyzed and used for management and policy decisions at the various levels. Various GHS units and disease control programs also collect health information through parallel systems. The GOG also has significant experience in conducting surveys and disease surveillance.

Ghana has established an international reputation for high-quality health research. A number of well-established research institutes have collaborated effectively with USG and other international partners in much-needed research on infectious diseases, contributing to international efforts to develop new vaccines, to increase the body of knowledge about infectious agents, and to establish the evidence base for prevention and control measures. These core institutes include the Kintampo, Dodowa, and Navrongo Health Research Centers under the Ghana Health Service, and two institutional research centers -- the Noguchi Memorial Institute for Medical Research at the University of Ghana, Legon, and the Kumasi Center for Collaborative Research in Tropical Medicine at the Kwame Nkrumah University of Science and Technology. In addition, three major hospitals -- 37 Military Hospital, Korle-Bu Teaching Hospital, and Komfo Anokye -- and the University of Ghana have the capacity for health research and host ongoing collaborations with a number of international partners.

In 2003, Ghana launched an ambitious National Health Insurance Scheme (NHIS), utilizing 2.5% of VAT revenues, a portion of payroll taxes, and modest annual registration fees to increase access to health services. In 2008, the MOH announced free enrollment (no co-pay) for all pregnant women for prenatal, delivery and post-natal care, and free enrollment for children under 18 if their parents are enrolled. The scheme has greatly increased access to curative services, and has more recently helped increase the rate of skilled delivery. However, gaps in the coverage package, especially lack of coverage for preventive care, reduce the

potential impact of the insurance scheme on health indicators. Although the annual participant contribution represents only 5% of the total financing of the NHIS, it is a significant barrier to the poor, so enrollment is skewed toward the middle and higher income quintiles. Free enrollment of children is under-utilized since it still requires their parents to be enrolled. Longer term issues include de-capitalization and projected insolvency of the fund in the future, as well as the added strain on the capacity of the public health system, especially human resources and infrastructure, without adequate additional resources.

Ghana's Health Sector Medium Term Development Plan (HSMTDP) for 2010-2013 identifies poor access to health services and the low quality of services as the most severe bottlenecks in the sector. The HSMTDP identified five priorities:

1. Bridge equity gaps in access to health care services, ensuring sustainable financing arrangements that protect the poor;
2. Strengthen governance and improve the efficiency and effectiveness of the health system;
3. Improve access to quality maternal, neonatal, child and adolescent health services;
4. Intensify prevention and control of communicable and non-communicable diseases and promote healthy lifestyles; and
5. Improve institutional care including mental health service delivery.

While these stated priorities of the HSMTDP hold the potential to address the major causes of morbidity and mortality in Ghana, the sector remains challenged in implementing the ambitious plan. The HSMTDP is an important strategic document but prioritization is a challenge that affects the health sector at large, and particularly inhibits clear progress under this document. In late 2010, Ghana adopted its Millennium Development Goals Acceleration Framework Country Action Plan, (MAF) which, by focusing on the MDGs and prioritizing maternal mortality in particular, provides another layer of prioritization for investment in and development of the health sector. Both of these important plans include commitments that contribute to GHI's eight targets and outcomes as critical steps to reducing mortality in Ghana. The strategies themselves, and the participative process by which they were created, encompass basic principles that correspond closely to those of GHI. These country-led plans were developed as a framework for DPs and the MOH to jointly invest and contribute to progress in the health sector, and lay out strategies for leveraging impact through combined effort. They are primarily focused on health systems strengthening for sustainable outcomes. Finally, while gender analyses and discussion played an important part of the process of designing both plans, the MAF in particular places the health and well-being of girls and women as its central objective.

Health development partners (DPs), including USG agencies, work under the aegis of the MOH to harmonize programs and activities, and ensure program coherence and effectiveness and optimal use of donor resources. Health DPs jointly review and approve the MOH annual Program of Work and work with the MOH to perform annual program reviews, culminating in an annual health summit, focusing on the presentation of results by the MOH and its implementing agencies, challenges and the preparation and approval of the following year's work plan. Other than the USG, the main DPs for the health sector in Ghana are the Department for International Development (DFID), the Royal Netherlands Embassy (RNE), the Danish International Development Agency (DANIDA), WB, the Japan International Cooperation Agency (JICA), the Korea International Cooperation Agency (KOICA), UNICEF, UNFPA and World Health Organization. RNE, DANIDA, DFID and the EU provide Multi-Donor Budget

Support and/or Sector Budget Support for health through the Ministry of Finance. RNE, DANIDA and DFID fund select activities outside of the pooled approach. RNE supports human resource development and management, child survival, reproductive health, and improving TB case detection, providing essential inputs into two of the GHI Ghana cross-cutting objectives outlined later in this strategy document (services and governance). DFID supports those same two objectives through their inputs into malaria prevention and reproductive health services and commodities. In addition to intensive participation in the section-wide coordination mechanisms, USG agencies have signed or are negotiating specific MOUs on coordinated health programming in Ghana with JICA, DFID, and KOICA.

The MOH and its agencies and DPs confront a variety of challenges as they work towards their common goals in the health sector. The challenges are both internal and external to the national health system, and require significant, concerted action by all parties to meet national performance targets. Weak health systems impede the functioning and performance of the health sector. Too often, the “tip of the spear” health workers are hampered by lack of medicines and other health products, lack of supervision or quality control, poor planning of training, outreach campaigns or other activities, poor distribution of staff and poor teamwork within and across levels of the health system. The elements of the health system that need considerable reinforcement include: a dysfunctional procurement and logistics system; weak management and leadership at all levels; insufficient quality assurance; a weak health information system; insufficient human resources; and insufficient financial resources coupled with poor management of those resources. Most of these play out at the regional level and below.

As described above, Ghana is working to overcome major challenges to equity of access to quality preventive and curative health services. Significant difficulty persists in attracting and retaining staff, especially medical officers, pharmacists and professional nurses, to serve in rural areas. Nationwide, CHPS zones have been delineated based on criteria including lack of physical access to health facilities and low coverage of basic preventive and curative services. Coverage of delineated CHPS zones by functional CHOs is currently estimated at 18.7% nationwide. Community-based provision of family planning/reproductive health; nutrition promotion and treatment of severe acute malnutrition; and management of malaria, pneumonia and diarrhea are dependent on expansion of CHPS and other community-centered approaches where CHPS are not yet functional. Beyond the CHPS approach, programs to train and equip community volunteers to diagnose key childhood illnesses including malaria, diarrhea and acute respiratory infections, deliver community based care and refer as necessary, and to report on their efforts, have stalled and have not moved beyond small-scale training.

Another key barrier to achieving health outcome goals is an insufficient and/or unrealized demand for key services. Traditional practices as well as persistent rumors or misinformation are barriers to adoption of healthy behaviors including care seeking, whether for preventive health services or for illness. Community norms as well as male attitudes and understanding can work against the ability of women or their children to access care. Populations most at risk for HIV have difficulty accessing HIV-related services due to stigma and discrimination, social hostility, fear of losing jobs and families and even verbal and physical violence. Legal barriers also hinder service providers from reaching these groups given the criminalization of MARP activities. For every person initiating ARV treatment, approximately one person dies of AIDS and one person gets newly infected. Key services such as family planning/reproductive health

and skilled delivery are underutilized even when available in part due to traditional practices and beliefs, but also due to modes of provider to patient interaction which act as barriers to care seeking.

Health managers acknowledge that public health facilities are not performing according to national standards of care. They often have inadequate equipment or infrastructure, but more importantly managers and staff are not accountable for results, including mortality outcomes. This affects all facilities including relatively well-equipped and well-staffed facilities in urban areas, where high patient volume and poor morale often result in poor care. A weak system of referrals for routine care results in missed opportunities for addressing multiple needs, such as child health and FP/RH, or HIV and TB care. In emergencies, this weakness can cause life-threatening delays. The health system is struggling to set up a national ambulance system to address emergency referrals. Improvements are needed in procedures to handle referrals comprehensively and effectively.

Use of strategic information for Monitoring and Evaluation and use of the health information management system to guide programming is hampered by incomplete reporting, under-resourcing, and generally poor or minimal coordination among the various ministries and agencies with responsibilities in strategic information. While Ghana enjoys a strong health research capacity, little sharing of information and coordinated research planning occurs across institutions.

There has been increased recognition of the urgency in curtailing the exponential rates of antimicrobial resistance in the region. Recent statements from GOG officials have stressed the critical role that drug resistance monitoring plays in the successful treatment and outcome of various infectious diseases. However, a strong need exists for policy changes to curtail indiscriminate antibiotic sale without physician prescription.

Despite these challenges, Ghana's health system presents opportunities for significant contributions towards GHI goals. The government's commitment to decentralization and improving health systems, combined with their excellent leadership and engagement on overall sector planning and reform, create an environment where USG inputs can demonstrate impact. Partner institutions in Ghana are technically strong and already engaged with USG programs. The most promising opportunities for significant impact by GHI in Ghana are elaborated upon in the following section of the strategy document.

## **GHI OBJECTIVES, PROGRAM STRUCTURE AND IMPLEMENTATION**

Under the Global Health Initiative, USG agencies operating in health in Ghana came together to determine the most promising opportunities for enhancing the impact of their interventions in Ghana by promoting GHI principles and focusing on specific consolidated approaches. As the result of extensive dialogue and analysis, three cross-cutting objectives were identified as foci for utilizing the strengths of USG investments in Ghana to achieve maximum improvements in the health sector: 1) Improved Access to High Quality Integrated Services; 2) Improved Quality and Increased Use of Strategic Information; and 3) Improved Governance, Leadership, Accountability in the Health Sector.

### **1. Improved Access to High Quality Integrated Services**

The GOG recognizes that insufficient, inequitable access and poor quality of care significantly impede progress toward achievement of the Millennium Development Goals (MDG) related to health. The GOG Health Sector Medium Term Development Plan for 2010-2013 identifies “inadequate and untimely access to services by those who need them most, and the quality of those services” as the main challenges to Ghana’s Health Sector.

The USG will expand access to high quality integrated services through four inter-related sub-results: 1) increased access to high quality voluntary FP/RH services; 2) improved prevention and management of malaria and other drivers of child mortality; 3) improved health behaviors and demand for key services; and 4) strengthened and integrated referral systems for continuum of care. The interagency GHI team will reduce duplication and enhance the impact of USG investments through coordinated approaches to build local capacity of specific institutions and health teams.

In order to improve coverage and quality of FP/RH services, the USG will support increased access to high quality emergency obstetric and neonatal care as a key partner to the GOG in its implementation of its Millennium Action Framework to achieve MDG 5, including improving neonatal resuscitation capacity improving the availability and quality of trained staff. Integration of key aspects of malaria, HIV, nutrition and FP/RH services with MNCH care will be supported to ensure no missed opportunities and optimal quality of overall care for mothers and young children. Whole site or clinical team training and coaching will be used to promote quality assurance, increase adherence to national protocols and standards, and allow teams to identify and address weaknesses in their own systems and performance. Under GHI the USG will update the technical information and teaching skills of tutors in pre-service institutions, and improve the sites where students are sent for practical training, ensuring that they are exposed to state-of-the-art quality of care and meet their training objectives in terms of numbers and types of procedures performed.

Other aspects of life beyond health services affect child mortality. Under GHI the USG, as an active member of the Water and Sanitation Sector Working Group, will improve access to potable water and sanitation facilities through public/private partnerships to magnify the impact of USG funds in provision of bore-hole wells, water distribution systems and water-catchment systems in underserved areas. To increase use of improved sanitation, the USG will support the Community Led Total Sanitation approach. The USG will continue to assist the GOG in its universal coverage campaign with distribution of LLINs throughout Ghana, to be completed by the end of 2012, and will help the GOG develop and test strategies to maintain coverage through routine distribution networks. Through Feed the Future, the USG will also speed progress towards not only improving household economic resiliency through increased income and income diversification but also improving the quality and diversity of diets for pregnant women and children.

Surveys consistently show that pharmacies and licensed chemical sellers are preferred sources of care for childhood illness, but the information they provide is often erroneous and products they provide can be sub-standard or even harmful. The USG will continue to work with the national Food and Drugs Board to help identify and remove sub-standard or counterfeit medications from the market, and will explore additional ways to support rational use of pharmaceuticals in the private sector and ensure the products they provide are appropriate and of high quality. The

USG will support communications to increase use of contraceptives and other health products sold in the private sector, with public “activations” and other brand promotion to increase sustainability as well as use of these socially marketed health products. The USG will also promote good hand washing behavior, point-of-use water treatments, and zinc tablets to be used in addition to ORS for childhood diarrhea.

One of the main deficiencies in Ghana’s health system is the difficulty and inefficiency of referrals from one level to another. Therefore the USG will support a specific focus on this critical aspect of high quality integrated services. The USG will engage district health teams, hospital administrators, and staff at all levels of the health system including CHOs to develop locally feasible strategies to improve the timeliness and appropriateness of patient referrals. To improve the speed and quality of care for the patient once admitted to the referral facility, the USG will explore the use of cell phone messaging, dedicated networks and other appropriate technology to increase communications between levels of care. The USG will support the GOG’s efforts to improve and harmonize systems and will work within and across facilities and levels of care to reduce risk of transmission, ensure cross testing for all cases of TB and HIV, and generally increase linkages between the two services.

*GHI Priority: scaling up community health programming.* To increase access to priority health services, the USG will support GOG scale-up of CHPS by providing equipment, training and supervisory support to community health officers in these zones, as well as orientation of community leaders to support the establishment and functioning of CHPS in their communities, a high priority of the current national health strategy. Support for the CHPS program draws on multiple USG agency strengths in provision of infrastructure, development of health worker skills and community mobilization. USAID and Peace Corps will be the lead agencies in this endeavor, calling upon support from DOS, CDC, and DOD as required.

GHI support to the scale-up of CHPS will provide a community based, integrated platform to address the root factors affecting maternal and neonatal health, FP/RH, HIV prevention, and child mortality. While USAID will provide infrastructure and technical training, Peace Corps will support CHPs to conduct outreach and monitoring services for remote and hard to reach communities where they have a presence.

USAID will assist the GOG to scale up integrated community case management of childhood fevers including diarrhea, acute respiratory and malaria, through assistance with training and roll out of community volunteers, supervisory systems, and resupply systems to ensure availability of commodities such as ORT, zinc, oral antibiotics and ACTs. Peace Corps, through their community presence, will support the community-based agents to ensure appropriate supervision and supply of pharmaceuticals and other commodities. They will monitor and report on coverage of community-based care activities.

To reduce long-term impacts of acute malnutrition as well as child deaths, USAID will scale up community-based management of malnutrition (CMAM) using trained outreach workers to deliver therapeutic, ready-to-eat foods, while providing nutrition education and counseling support for mothers to help them maintain improved nutritional levels once the therapeutic feeding ends. Peace Corps will support the roll-out of CMAM within their target districts. USAID’s technical leadership on CMAM in the public sector will be utilized by Peace Corps volunteers in their community development projects to incorporate best evidence for nutrition

interventions and ensure that Peace Corps contributions are included in Ghana's national framework.

The offer of high quality services is only effective if individuals and communities understand the importance of good health, try to improve or maintain their own health and that of their families, and request the health services they need.

Therefore the USG will complement improvements in quality of health care with effective strategies to promote changes in the communities they serve. First, USAID and Peace Corps will help empower community members to participate in their own health improvement, through a variety of associations such as mother-to-mother groups, total sanitation committees, community health volunteers working with CHOs, or local NGOs focused on particular health or sanitation interventions. Collaboration between

USAID, CDC, and Peace Corps will work together to provide essential support to one of the most vulnerable populations in Ghana, illustrating the impact of two GHI principles:



Focus on women, girls and gender equality; and increase impact through strategic coordination and integration.

Peace Corps and USAID can ensure that the content and delivery of health messages is adapted to local context, well understood by community members and leads to appropriate local actions across the range of health topics prioritized under GHI. The USG will also promote good hand washing behaviors, point-of-use water treatments and use of zinc as well as ORS for

### **GHI Principles at work: Reducing gender-based violence & increasing access to health services for kayayei**

GHI aims to increase access to information and services for the prevention, treatment and management of HIV/AIDS, Gender-Based Violence (GBV) and Sexual and Reproductive Health (SRH) as well as improve the uptake and increasing knowledge on the importance of FP/RH amongst kayayei in Ghana. The kayayei are mostly young women with little or no education or marketable employment skills, who migrate from northern Ghana to urban centers for economic survival or to escape from coercive practices to work as "head-carriers" or porters in the urban centers. Three USG agencies perform specific, complementary functions in this project.

Through the Kayayei Project, USAID will offer a package of GBV, HIV/AIDS, SRH and FP information and services through drop-in centers, mobile outreach services and trained peer educators. The drop in centers will serve as one-stop shops for the kayayei, providing a desirable, safe space for these young women to gather and learn important public health and safety messages, to receive individual counseling and services, and benefit from sanitation and hygiene facilities. Ghana Health Service and other government staff will be invited to conduct information sessions at these facilities. The outreach mobile service consists of two health providers who work within the mobile kayayei communities to provide a full range of counseling on GBV and SRH, as well as long-term and short term FP methods, and referral for voluntary testing and counseling for HIV. To ensure sustainability, USAID will foster collaboration with local GHS facilities, and has formed partnerships with experienced local agencies to build referral networks to prevent and mitigate GBV. Kayayei will be trained and deployed as peer educators, utilizing integrated referral systems through mobile phones for reporting GBV.

The Kayayei Project is aimed not only at providing essential services to a marginalized population, but also at collecting the data crucial to better understanding the needs of this beneficiary group. As its contribution to the Kayayei Project, CDC will conduct extensive baseline and endline surveys which will provide key information on the prevalence of HIV and other sexually transmitted infections within this community; identify the extent of GBV, what risk factors might be, and who the perpetrators are; and begin to identify migration habits. These data will be essential for the USG and the GOG to design appropriate services for this vulnerable population.

Active engagement of kayayei in all phases of the project is key to success. Peace Corps will work with these young women at all the stages of their migration – before they leave and after they return to their villages, and in the urban areas where they travel to work. Peace Corps interventions focus on educating kayayei about the realities of working in the cities, providing them with necessary skills for survival, and, assisting them with accessing services in the urban centers. Mobilization and sensitization of the leadership of the kayayei community and other local stakeholders is conducted to ensure effective implementation of the project.

management of diarrhea. Peace Corps volunteers will support USAID's social marketing interventions in water and sanitation, and will guide USAID's ongoing infrastructure inputs in that area. USAID's behavior change projects will work closely with Peace Corps volunteers to advance behavior change activities and communication in Peace Corps presence communities. To broaden the understanding and impact of behavior change communications, USAID will use media to launch and reinforce campaigns on particular health topics.

As a core part of its strategy to reduce transmission of HIV in Ghana, the USG will support scale up of prevention and care programs targeted at populations most-at-risk for acquisition and transmission of HIV, including sex workers and men who have sex with men. The USG will also work with health professionals, advocacy groups, local NGOs, community associations and other development partners to combat stigma and discrimination that impede access to health care. USAID will provide structured training to health providers, exposing them to their own biases and helps them to overcome them in providing services, including frank discussions with marginalized individuals. Peace Corps will work intensively in communities to promote sensitization efforts including outreach, peer counseling and community meetings. In addition to supporting counseling and testing for HIV, the USG will expand efforts to encourage HIV+ individuals to monitor their health, initiate ART when indicated, continue to adhere to treatment once initiated, and counsel their peers in the clinical setting.

As GHI moves forward with its emphasis on community health programming in Ghana, the USG team will promote regular coordination meetings in each geographic zone on community health outreach, to ensure optimal information flow between Peace Corps volunteers, community health workers, Ghana Health Service officials, USAID implementers, and USG staff.

## **2. Improved Quality and Increased Use of Strategic Information**

Strategic information systems, including quality routine health information systems, research capacity, surveillance and laboratory systems, are critical to establishing a strong evidentiary basis for quality clinical care and sound public health programming. The GOG is making strides in strategic information systems and has established an international reputation for scientific health research. The health sector is in the process of upgrading the basic health information system to an enhanced electronic system, an important step in streamlining and strengthening routine data. However, persistent systemic weaknesses will need to be addressed to ensure that the enhanced system provides quality information. With USG assistance, Ghana has recently drafted a national health laboratory strategic plan, but finalization, adoption, and implementation of that plan is yet to be realized.

USG and GOG priorities for strengthening strategic information include three interconnecting efforts: Improving the quality, timeliness and use of data in programmatic decision making, monitoring and evaluation; strengthening capacity of Ghanaian health research institutions to contribute to global evidence base; and strengthening the continuum of diagnostics and laboratory capacity at all levels.

To improve the quality, timeliness, and use of data in programmatic decision making, monitoring and evaluation, the USG will support the national health information management system as a whole, in addition to supporting selected program-specific health information systems (such as in HIV and malaria). The USG will also provide priority support in the areas of: routine data

collection and analysis; M&E capacity; GIS techniques; and quality assurance processes. The GHS has prioritized the rollout of the new DHIMS2 system to strengthen and harmonize Ghana's routine health information management system. To bolster this important GOG initiative, the USG will work with the GOG and other development partners to strengthen and improve data collection forms and fill training gaps. USG-supported activities to enhance routine data collection and analysis will include quality assurance training and supervision at facility level, quality assurance support to DHMTs and RHMTs, and capacity building at the central level. The USG will support RHMTs and DHMTs to analyze data and to apply the findings from that analysis when conducting monitoring and supportive supervision visits to health facilities.

The USG will support capacity building and implementation of M&E activities in specific programs within the Ghana Health Service, including the NMCP and the GAC. Technical assistance will be provided to develop national M&E plans; monitor rational use of pharmaceuticals; and monitor the effectiveness of health programs. Monitoring of drug resistance and pesticide resistance will assume increasing importance. The USG will continue to support the GOG to conduct national population-based, cross-cutting health surveys; surveys on specific diseases or health issues; health surveys of at-risk sub-populations; disease surveillance; and pharmaceutical surveillance. Building capacity for ongoing disease surveillance will be a goal for collaboration between CDC and NAMRU, as they jointly support hospital-based infectious disease surveillance and quantification of disease burdens.

The interagency GHI team in Ghana is committed to strengthening the continuum of diagnostics and laboratory capacity at all levels. In order to consolidate and harmonize efforts, USG agencies will map the USG support to laboratory systems in Ghana, coordinate technical support for laboratories, and collaborate on supply of commodities and training to ensure synergies in supporting the GOG to adopt and implement the National Health Laboratory Strategic Plan. Starting with the largest and busiest laboratory in Ghana, the National Public Laboratory and two regional hospital laboratories, the USG will provide training, and technical as well as financial assistance to apply standard operating protocols and other requirements for ISO/WHO accreditation. This will be followed by five additional laboratories identified by the GHS, while DOD and CDC work together to ensure accreditation of the lab at the Ghana Armed Forces main military hospital. The USG will also support the Kintampo Health Research Centre to be accredited by the College of American Physicians, which will permit more robust collaboration in international research. NAMRU and CDC will collaborate to develop the laboratory capacity of the public health division, in order to support surveillance and research activities.

The USG agencies will provide technical assistance at the national, regional, district and facility level to strengthen the quality of diagnostic services through training and supportive supervision, particularly in the diagnosis of malaria. The USG will use quality assurance processes in training and supportive supervision activities within Ghana's decentralized health system, making quality improvement integral to the national laboratory strategic plan.

*GHI Priority: Building the capacity of Ghanaian research institutions.* The strength of Ghanaian research institutions to conduct quality research currently draws a broad array of international support for research in Ghana. Multiple USG agencies, U.S. foundations, and U.S. universities partner with Ghanaian research institutes on a variety of research activities. A priority for the USG will be to strengthen this institutional health research capacity to contribute to the global

evidence base. Under the GHI, USG agencies will use a whole-of-government approach to support and dialogue with the Ghanaian institutions. As a first step, the USG will carefully map out support provided (by USG and other development partners) to Ghanaian research institutions, with the aim of eliminating duplication and enhancing the programmatic impact of

**Table 3. Research Institutions to be assessed for capacity development**

1.	Kwame Nkrumah University of Science and Technology: College of Health Sciences
2.	Noguchi Memorial Institute for Medical Research
3.	University of Ghana Nutrition and Food Science
4.	Ghana Health Services Research Centers <ul style="list-style-type: none"> <li>a. Kintampo</li> <li>b. Navrongo</li> </ul>

USG-supported research. Further assessments will provide information and recommendations for building the management capacity and promoting the organizational development of these research centers. The GHI Ghana team intends to achieve these improvements in partnership with the Government of Ghana through direct investments and technical

assistance to address issues, fortify the institutions’ systems for tracking and management of research activities, improve administrative management of grants, and streamline and enhance grant reporting.

As a result of these activities, the USG expects to improve the capacity of the research institutions to manage grants and to receive direct USG investments, leading to USG directly funding the local research institutions to implement research activities. Utilizing this strengthened platform, USG collaboration with Ghanaian research institutions and their mother agencies will become increasingly productive and wide-ranging. For the near-term, the research focus would continue to be infectious diseases; but non-communicable diseases, nutrition, and FP/RH are expected to assume increasing importance over time.

**GHI Principles at Work: Science for Development to more closely coordinate Ghanaian research priorities with US funding opportunities and GHI operational needs.**

DOS, NIH, CDC, and USAID are working together to create a community dialogue on utilizing Ghana’s rich research capacity to inform and improve health programs, incorporating two GHI Principles: *Accelerate results through research and innovation*; and *strengthen and leverage other efforts*.

The GHI community in Ghana is currently working with research colleagues in the ministries of health, education, and defense to convene a meeting on Science for Development, which will provide a critical platform for the sharing of expert opinion and guidance from relevant health scientists from across the USG and the Ghanaian scientific community. Similarly to a recent event held by GHI in Mali, this meeting will provide an opportunity for NIH to illustrate its mechanisms for supporting host country research. However, because Ghana is a country with a wealth of experienced and active public health scientists, the challenge facing the research community, unlike in some other GHI countries, is not a lack of resources or technical guidance, but is the task of actually coordinating and comparing efforts and results, and most crucially, utilizing the wealth of information to guide programmatic decisions. The Japanese International Cooperation Agency has supported two previous conferences of Ghanaian researchers to share their findings in the field of public health and discuss future research priorities, and the Ministry of Health has worked with a variety of development partners over the last year to determine its own Research Agenda. Through this Science for Development meeting, the GHI team will leverage these previous investments. Utilizing the Ministry of Health’s Research Agenda and the GHI priorities as a basis for prioritization and discussion, this meeting will bring together USG representatives from agencies with GHI-relevant research assets and activities with Ghanaian policymakers and scientists currently and potentially benefitting from NIH research grants to promote collective thinking and to advise on evidence-based practice programs, research, and innovation. The focus of the meeting will be on utilizing high-quality data for decision making and identifying specific gaps in public health data related to the GHI priorities. Moving forward from this meeting, the GHI team hopes to work with the GOG to compile a thorough inventory of recent and ongoing research activities and to promote a clear understanding among the Ghanaian research community of GHI priorities and how NIH funding opportunities can support them in Ghana.

### **3. Improved Governance, Leadership and Accountability in the Health Sector**

The Ministry of Health is dedicated to strengthening its own systems to improve management and quality throughout the sector, and has demonstrated a commitment to initiating practices for ensuring transparency in decision making. The Health Sector Working Group provides a strong basis for coordination among the GOG and development partners. Communication between agencies and ministries within the GOG can be a challenge; the mandate posed by GHI to bridge administrative divides within the USG provides an opportunity to directly address the same issue within the GOG. While the size of the sector and the resources concentrated in vertical programs pose challenges for management and coordination, the MOH's willingness to invest in systems and the commitment of the GOG to decentralize poses a great opportunity for GHI to achieve significant impact in increasing accountability and improving governance in the sector.

As noted above, Ghana's new status as a lower middle income country has implications for foreign assistance in the medium to long term, given that roughly 40% of Ghana's budget comes from development partners, and in the health sector, donors currently account for some 22% of the sector budget. Development partners and the GOG have begun discussions about Ghana's lower middle-income status, new oil revenues, and the potential implications regarding development assistance in the medium to long term. Despite additional oil revenues in the range of hundreds of millions of dollars per year from 2011 through 2029, according to World Bank projections, it is not yet clear how and in what sectors those revenues will be invested, and the GOG will only receive a fractional share of revenues, along with several private sector investment partners in Ghana's offshore oil fields. However, Ghana's new National Policy on Private Public Partnership could leverage private sector resources to fund important public health infrastructure projects in the medium to long term.

USG and GOG priorities in governance encompass the following broad goals: 1) Strengthen leadership and management in health programming; 2) increase transparency and accountability for health resources; 3) improve performance of the commodity supply chain; and 4) strengthen coordination and alignment among development partners and across key sectors.

The interagency GHI team will work to reduce duplication and enhance the impact of USG investments by planning coordinated approaches to build local capacity of specific institutions. The first step will be a detailed joint mapping exercise, involving interagency participation on the GOG and USG side. The strengths of each USG agency will be brought to bear to the common goal of improving impact through government-to-government assistance. To support the MOH in its efforts to bring improvements to scale, GHI will invest in Ghana's own system-strengthening initiatives, including team-based leadership and management training for health management units.

The USG team expects that cross-cutting health systems interventions will contribute to increased capacity of the Ghanaian health sector to consistently support increased availability, quality, and use of health services and adoption of healthy behaviors. The improved performance of health systems will also allow the USG to begin a combination of direct financing to local institutions, technical assistance where and when needed, and progressive

disengagement from some activities for which the GOG will need to take on increased responsibility for funding and attainment of specific health results.

However, it must be acknowledged the still resource-challenged and underdeveloped health sector will require substantial investments and technical support from development partners for several years. At a senior diplomatic and policy level, the USG team will work with development partners and the GOG to continue discussions on how development assistance in Ghana may need to evolve in the medium to long term as a result of Ghana's lower middle-income status. In particular, consistent with the health investment goals established in the Abuja Declaration, the USG team will advocate for continued robust and increasing investments in the health sector as a key human development priority and "investment in people" that will drive future economic growth. The USG will also be discussing with the GOG and development partners the need to invest strategically within the health sector to ensure that sufficient resources are flowing to traditionally-deprived geographic areas. Likewise, there will need to be discussions about how the national health insurance system will develop and be funded in the short to medium term, especially in light of potential projected shortfalls in the system that may occur in the short term. Finally, the USG team will engage in senior policy level discussions and advocacy on how health investments in personnel, services, infrastructure, and assets may need to change in the medium to long term from the current dynamic, in which the vast bulk of GOG resources are devoted to salaries and compensation, while donors devote the lion's share of their resources to other investments.

As Ghana's economy continues to expand, private sector investment in the health sector will be increasingly important. In the short term, the USG team at the Embassy, including the Economic Section and Foreign Commercial Service, will work with U.S. commercial agencies such as the State Department Bureau of Economic and Business Affairs, the Department of Commerce, the Overseas Private Investment Corporation, the Export-Import Bank of the United States, and the Trade and Development Agency to develop and support opportunities for U.S. businesses in the health and sanitation sectors. In the medium to long term, commercial opportunities in the sector are likely to increase more rapidly, and the USG team will provide increasing levels of support.

Promoting appropriate plans to address gender disparities and centralize the needs of women, girls and gender equality will be an important component of the work that GHI does to build governance capacity in Ghana. Planning for this began in 2011 when USAID conducted a gender assessment for all of its development programs, highlighting opportunities to better engage in gender programming throughout the health sector. More recently, PEPFAR/Ghana underwent an audit of how well gender has been integrated into its programming, the findings of which should greatly inform activities under GHI. Gender is an important theme in the GOG's sector plans, and the importance of addressing gender-based constraints has been acknowledged even further with the focus on reducing maternal mortality. In 2012, GHS leaders will participate in a USG-sponsored leadership development program focused on gender-related monitoring and evaluation issues. In the role of supporting the GOG to achieve its health sector roles and outcomes, USG agencies will provide significant technical assistance to the MOH and other GOG actors in analyzing gender concerns, designing activities to address them, and evaluating their effectiveness.

*GHI Priority: Promoting accountability and transparency.* The USG will directly engage on a diplomatic level to advocate for Ghana increasing its internal investments in health, and will work with the Health Sector Working Group to ensure that the Parliamentary Select Committee on Health is fully engaged in the sector. At the programmatic level, by targeting local governance and accountability issues, the USG will ensure that management skills are transferred and that there is a process for accountability and transparency within the GHS and between it and other MOH bodies, local government and civil society. USG will scale up performance-based grants to relevant units within the MOH and local government bodies to foster accountability, and will encourage use of this practice by the MOH and other development partners.



Through GHI, the USG will deepen its partnership with decentralized entities of the Ghana Health Service and reach out to ensure involvement of regional and district authorities, civil society and other key entities in planning and oversight of health sector performance. Emphasis will be placed on supporting decentralization and on the performance of local government in response to health needs through GOG's planned new composite budget system. Building financial management capacity through direct investments partnered with technical support will be a critical component of this approach. Working at all levels of the system will allow the USG to link policy improvements to health outcomes. Emphasis will be placed on fostering and sustaining improvements in the national system for procurement and distribution of health commodities. By actively participating in the redesign of the current system and the launching of new processes, the USG will help transform the current situation from one of frequent stock-outs of key commodities to one of assured supply, strengthen the financial viability of the system as a whole, and protect USG investments in health commodities for Ghana.

### **GHI Principles at work: Reforming supply chain systems to improve functionality and transparency**

The national health commodity supply system has multiple challenges that reduce availability, affordability, quality and rational use of medicines and other medical supplies at every level of the health system. A key factor in under-performance is limited coordination among the multiple Ministry of Health agencies responsible for various aspects of the procurement and supply chain. Poor performance of this system directly affects the ability of all USG agencies to improve health program performance, so improving the system is vital for overall success of GHI in Ghana.

The Health Sector Working Group commissioned several studies to review this system and point out weaknesses. Persistent advocacy by USAID personnel, who raised the issue at multiple public forums and in high level meetings with the Minister, resulted in widespread recognition in the health sector that there is a need for better governance, transparency and performance in this system. Developing and implementing substantive reform of the system became a priority for the MOH and its partners.

In 2011 the Minister of Health directed the establishment of an interagency working group, with representatives from the key actors in the system, and tasked the group with development and implementation of a Master Plan for the health commodities supply chain, streamlining the different roles and responsibilities and improving both accountability and performance of the system. In response to a request from the Ministry of Health and in close coordination with other development partners, USAID will help this working group develop a Master Plan for the health commodities supply chain in Ghana and facilitate stakeholder meetings to gain acceptance of the new plan. USAID will then assist the MOH to put the new system into practice. Under a public-private partnership with IBM, technical specialists from IBM are expected to provide valuable assistance to make the new system operational. CDC will work to ensure that key components of the logistics management information system are incorporated into the routine district and laboratory health information systems. DOS will lead the strategic diplomatic push for continued GOG engagement and commitment in this very sensitive yet critical area. The high visibility of this effort, the high stakes in redesigning a system despite entrenched positions of different agencies and individuals and the high potential to achieve significant results all make this activity a critical component of GHI assistance in health system strengthening.

## MONITORING AND EVALUATION

The GHI Strategy in Ghana is aligned with the Government of Ghana's Health Sector Medium Term Development Plan. The USG will continue to support national monitoring and evaluation priorities, especially as related to the three thematic priorities, one of which specifically targets strategic information, research, and evaluation. The USG will also be engaged in strengthening national monitoring and evaluation systems to increase the timely availability of high quality data that will be used to inform programmatic efforts. National surveys, such as the Demographic and Health Survey (DHS) and the Multiple Indicator Cluster Survey (MICS) will continue to be the USG's primary tools for determining programmatic impact on a wide variety of programming indicators. Ghana completed data collection for its most recent MICS in November 2011, with preliminary results to be available in March 2012. A DHS is planned in 2013.

Data from surveys will be triangulated with program monitoring data to allow for a deeper contextual understanding of progress. The Ghana GHI Team will be responsible for monitoring progress and ensuring appropriate inter-agency dissemination. Program managers responsible for monitoring progress towards indicators will ensure that expansive outreach and communication efforts take place, with data to reach both Ghanaian and international audiences including respective headquarters of agencies. Further, data and analysis from other donors and other sectors, such as Democracy and Governance, will be fully utilized to inform programming and complete the GHI Team's understanding and monitoring of progress within the health sector.

Progress will be measured against Ghanaian Government targets to demonstrate improvements in health outcomes; these targets are closely aligned with GHI impact indicators. It is anticipated that the GHI strategy in Ghana will have the greatest contribution in five of the seven GHI target areas, excluding neglected tropical diseases and tuberculosis. PEPFAR provides a modest level of support for integrated HIV/TB activities and these are expected to continue in the foreseeable future. However, GHI team has been recently notified that beginning in fiscal year 2013, Ghana will no longer receive stand-alone TB funds, which will halt the USG's ability to report notable progress toward the GHI TB goal.

Two of the three thematic priorities for Ghana are concentrated around systems strengthening. Indicators in the area of systems, governance, capacity building, and leadership continue to be developed. The GHI team participates in discussions and debates on this topic, both in country and among global thought leaders in health systems monitoring and evaluation. The USG in Ghana will work together, and with our respective headquarters, to define and measure high quality indicators surrounding these important areas.

The inter-agency team will manage external performance evaluations to objectively measure performance across partners, explore the effectiveness of innovative new approaches, and test overall development hypotheses, each of which is particularly important to systems strengthening interventions. Performance evaluations will be undertaken by third party external evaluation teams and will be planned with inter-agency input. Data will be disaggregated by sex, age, and geographic region to assess whether program strategies are reaching the core priority groups – women, adolescent girls, children and the poor. External evaluators will also track progress through qualitative approaches, to enhance the interpretation of statistical data as well

as offer insight into issues that are often hidden in statistical analysis, including inequities related to gender, age, and geographic location, and cohesion of messaging.

## **COORDINATION AND MANAGEMENT**

The Global Health Initiative is an opportunity to enhance the effectiveness of joint USG-GOG programming, planning, implementation and evaluation across all agencies. The Ghana GHI Strategy reflects strong inter-agency partnering and broad host country consultation.

The Ambassador will continue to provide overall management and policy guidance. Each agency will be responsible for actively participating in whole-of-government meetings and implementing an inclusive process, across their portfolio but specifically in the three thematic areas of interest. Agencies will act as inclusive leaders and ensure inter-agency participation in new procurements and in the planning of operational plans. The GHI Team will hold twice-annual planning coordination meetings, which will be utilized to report on progress and to develop a collaborative work plan in the three thematic priorities. Existing coordination and planning meetings will continue to be held as well, specifically for PMI and PEPFAR, which currently meet on a weekly and bi-weekly basis respectively. These meetings may also be utilized to coordinate and manage implementation of our overall GHI strategy and priority activities. Finally, USG agencies hold periodic meetings with their respective implementing partners in health and participate actively in the Health Sector Working Group, including annual Health Summits and quarterly Business Meetings, and act as the donor convener and sector group chairs for various coordination bodies. All of these forums will be used as opportunities for coordination and management of the Ghana GHI Strategy.

The Embassy's Public Affairs Office, the PEPFAR Outreach Specialist, and the USAID Documentation and Outreach Coordinator will support GHI public outreach efforts and its policy reform agenda which also advances USG foreign policy objectives for health in Ghana. The inter-agency health team in Ghana has been particularly active in working with the media on news and discussion related to health issues, with civil society in advocacy training, and with the use of social media to raise awareness both in Ghana and globally.

## **LINKING TO HIGH LEVEL GOALS**

The USG investments in health in Ghana currently correspond to the eight GHI goal areas (i.e. HIV/AIDS, Malaria, TB, MNCH, etc.). Planning documented through the U.S. Mission's Operational Plan (OP), PEPFAR's Country Operational Plan (COP), and the PMI's Malaria Operational Plan (MOP) is oriented towards maximizing contributions towards GHI goals. These planning tools are used to connect activities directly to foreign assistance reform objectives, and to improve the strategic alignment of our foreign assistance programs with policy priorities, increase interagency coordination, and strengthen transparency and accountability in the use of funds. Each initiative has its specific indicators that are reported annually to Congress. At the country level all these initiatives work in concert to build the GHI. Moving forward, the USG will incorporate detailed interagency planning to support the achievement of GHI targets in each of the annual country plans, including the COP, MOP, and the OP. The Strategic Matrix presents the broad technical USG investments for each of the three areas of

focus, or intermediate results, with corresponding 5-year targets. The chart also indicates which overall GHI Goals these targets contribute to, and which GHI principles the investments support.

## **Annex One: USG Health Programming in Ghana**

### **Current USG Support to Improve Access to High Quality Integrated Services**

The MOH and the GHS are the main GOG partners in improving access to high quality, integrated services. Other Ghanaian entities such as professional councils, pharmacies, licensed chemical shops and local NGOs play key roles as well. The USG coordinates with virtually all development partners active in health in this effort. USG efforts in FP/RH services and health system strengthening are concentrated in three regions covering about a third of the population in order to maximize impact from limited funds, while malaria interventions are nationwide and HIV interventions are focused on areas of highest transmission. The USG currently supports:

- In-service training and supportive supervision for health care providers in malaria, MNCH, FP/RH, HIV/AIDS and nutrition;
- Quality assurance processes in districts and facilities;
- Expansion of CHPS facilities and supportive supervision of CHPS staff;
- Community case management of malaria and of severe acute malnutrition;
- Economic household resiliency to improve nutritional status;
- Refurbishment of selected health facilities;
- Medical equipment and supplies for family planning and MH services;
- Improvements in pre-service training for midwives, community health nurses, and medical assistants;
- Regional campaigns to support universal coverage of families with LLINs (one LLIN for every two individuals) and indoor residual spraying in selected areas;
- Social marketing of short-term FP methods (condoms, oral contraceptives and injectable contraceptives) and outreach services to increase access to longer term FP methods;
- Programs to reach most-at-risk populations with HIV prevention and services;
- Supervision and other means to reduce and manage HIV/TB co-infection; and
- Provision of improved water and sanitation facilities in selected regions.

### **Current USG Support to GOG in Strategic Information**

Multiple USG agencies and other development partners actively support the GOG in the area of Strategic Information. Some of this international support is coordinated under the Health Sector Working Group, while other activities take place independently.

The USG currently provides technical and financial assistance for a wide range of activities in strategic information, including:

- Collaborative research on many aspects of infectious diseases, including improving methods for HIV laboratory testing, virus testing, vaccine trials, surveillance, national surveys, operational research, malaria epidemiology, and outbreak investigations.
- Strengthening of M&E capacity in the MOH, GHS, GAC, RHMTs, DHMTs and other institutions, including the development of M&E strategies for HIV, TB, malaria, FP/RH and WASH programs.
- National population-based health surveys, including the Demographic and Health Survey and Multi-Indicator Cluster Survey. Disease-specific surveys, including a

national HIV incidence survey; studies of populations most at risk for HIV; a nutrition-related household consumption survey, a malaria prevention ITN survey; malaria-related entomologic and epidemiologic surveys, a TB death audit, and a gonorrhea prevalence study.

- Establishment of a network of surveillance sites for human and animal, malaria surveillance (molecular, phenotypic, and drug resistance), and pharmaceutical quality surveillance.
- Training of GHS staff to facilitate the transition to the new enhanced electronic District Health Information Management System (DHIMS2). Revision of data collection forms and rolling out the new data collection process. Initiation of a basic laboratory information system (BLIS) in three labs, and pharmaceutical information management.
- Malaria laboratory assessment and development of national malaria diagnostic guidelines. Development of the National Health Laboratory Strategic Plan, including the accreditation policy and laboratory policies and procedures. Implementation of a national malaria laboratory quality assurance program, which is scaling up to cover all 405 clinical labs in the country by the end of 2012. HIV/AIDS laboratory quality assurance at the ten regional hospital laboratories.

### **Current USG Support to GOG in Governance, Leadership and Accountability**

Key GOG partners in governance, leadership and accountability include the MOH, GHS and GAC, as well as decentralized government administration units at the regional and district levels. In addition to the USG, other development partners or programs engaged in this effort include Canadian International Development Agency, the CCM of GFATM, DfID, JICA, and sector budget support donors such as Danida and the Netherlands. A number of USG implementing partners are engaged in leadership and performance management and health system strengthening at different levels within GHS and other GOG agencies. USG Ghana currently supports the following investments in governance, leadership and accountability:

- Contributing to national roll-out of the GHS team-based approach to strengthen leadership and management;
- Improving pre-service education systems, linked to priority skills development under IR 1;
- Support to improve financial and human resource management systems in GHS district and regional offices;
- The introduction of performance based financing at the district level;
- Technical support to the GOG in forecasting of health commodity needs, analysis of the system and recommendations for improvement;
- Provide leadership to the GOG and other donor partners as the Ghana donor convener for Scaling Up Nutrition (SUN);
- Supporting development of and monitoring adherence to drug quality standards;
- Active participation in the Health Sector Working Group, the CCM and GAC coordination meetings as well as many of the technical working groups that fall under these bodies; and
- Interagency coordination through the PEPFAR and PMI country team processes.

## **USG Agencies Supporting Development of the Health Sector in Ghana**

The **Centers for Disease Control and Prevention (CDC)** works to protect public health and safety by providing information to enhance health decisions and promotes health through partnerships with state health departments and other organizations in the United States. It focuses national attention on developing and applying disease prevention and control, occupational safety, health promotion, injury prevention and education activities designed to improve the health of the people. The CDC's international work in the fields of HIV/AIDS, malaria, influenza, polio eradication, disease surveillance and outbreak investigation are characterized by evidence-based public health actions and extensive technical collaboration with host country governments and with in-country partners and international organizations.

The CDC in Ghana provides technical leadership in malaria control through its PMI Advisor, leads surveillance for seasonal and pandemic influenza, and through the PEPFAR program has been building capacity and strengthening systems for laboratory, blood safety, health information management, survey and surveillance, and monitoring and evaluation geared towards HIV/AIDS prevention and treatment. In addition, the CDC provides the GOG, local research institutions and other entities a range of short term, expert technical assistance in response to specific requests.

Based on the Government of Ghana's expressed priorities for collaboration with the CDC, the agency is focusing its investments on the following five goals:

- Build Public Health Workforce capacity
- Strengthen Laboratory Systems
- Build Capacity for Surveillance and Epidemiology
- Strengthen Strategic Information Systems for Health
- Reduce Morbidity and Mortality Due to Specific Causes

The **Department of State** plays an overall coordinating role in public health policy dialogue, reporting, and public diplomacy. The Ambassador, Deputy Chief of Mission, and the Political, Economic, and the Regional Environment, Science, Technology, and Health Sections engage with host government interlocutors and others to advocate for continued robust investments in health as a key driver of future economic development and growth. They also report on health issues in Ghana through cables and written summaries, including reporting on major issues such as gender inequality, efforts to combat counterfeit and substandard medicines, HIV/AIDS, malaria, and other diseases. The Public Affairs Section works with the media to highlight USG health programs, and to provide outreach on USG-supported health programs.

In addition, the Economic Section manages PEPFAR and other health-related grants under the PEPFAR Small Grants Program and the Ambassador's Self-Help Small Grants program. These small-scale health grants total about \$150,000 per year, with each grant to local communities or local NGOs usually in the range of \$10,000-\$15,000. State Department sections at post may also occasionally receive additional modest funding (less than \$25,000) to support other small-scale health-related grants or to support efforts to address counterfeit and substandard medicines.

The **National Institutes of Health (NIH)** provides funding for a number of ongoing research grants and contracts to American, Ghanaian, and third country researchers who are actively engaged in field studies and research in country. Much of the NIH-funded basic biomedical and

behavioral research is in areas in which other USG agencies are not active in Ghana (e.g., studies on cancer, obesity, hypertension, environmental health factors, and the links between health issues and other basic social, educational, or demographic questions). The specific amount and volume of NIH-supported research funding in Ghana varies from year to year based on competitive reviews; in FY 2010, some 26 separate NIH-funded multi-year research studies were active in Ghana.

NIH-funded research in core research areas addressed by other USG agencies has potential to inspire greater collaboration between the U.S. Government agencies at post and relevant NIH institutes. Agencies present in Ghana could help better inform the relevant NIH constituent institutes' decision-making process for research funding in Ghana based on lessons learned and other research being undertaken in Ghana. Likewise, the core USG agencies active and with a physical presence in Ghana could benefit from greater information-sharing and knowledge of the findings and lessons learned from on-going NIH research in country.

The **Naval Medical Research Unit (NAMRU)** partners with Ghana on public health research of importance to the military and civilian populations in both of our nations. Initial collaboration between the Noguchi Memorial Institute of Medical Research and the Ghana Health Service was launched out of the Navrongo Health Research Center in the poorest and northernmost Kassena-Nankana District. With an eye towards developing Navrongo into a clinical trial site for world-class evaluation of a malaria vaccine, NAMRU worked with Navrongo to apply for National Institute of Allergy and Infectious Disease (NIAID) grant. The collaboration with the NIAID has resulted in more than 18 jointly authored reports and more than 50 oral or poster presentations at international meetings. Topics include entomological surveillance, rapid diagnostic assessments, vector transmission evaluations, malaria indicator surveys, retrospective case-control studies, and a pivotal trial of the DOD's newest "fire-and-forget" drug, tafenoquine, for prevention of malaria.

The Navy's research profile has broadened beyond malaria to include numerous studies involving leishmaniasis, Lassa fever, surveillance research in influenza and undifferentiated febrile illness, and other arthropod borne vector diseases. Finally, in 2008-2009, the Navy developed a military-to-military influenza surveillance network and laboratory in Ghana, and during the 2010 influenza pandemic, the Ghanaian network contributed more flu strains than any other African nation for upgrading and modification of the next year's international "flu shot."

The **Department of Defense** provides HIV prevention, care and treatment with Ghana Armed Forces. DOD programs include the military, their families, civilian personnel and civilian residents living near their bases. The DOD also facilitates support groups for HIV-positive military members and their families, and works with the GAF military wives' clubs to identify military widows and OVC, promote referrals to OVC services and support, and to fund school fees and uniforms for a small group of OVC.

The **Peace Corps** Health, Water & Sanitation Project began in 1978 as a critical component of Peace Corps Ghana's "Basic Human Needs" initiative. Since 1978, more than 400 Volunteers have worked in an effort of the Ghanaian government to increase general health awareness and practices and reduce disease prevalence.

The Peace Corps is uniquely positioned to add value to the contributions of other GHI partners through the placement of Volunteers (PCVs) at the grassroots level. PCVs are able to serve as

behavior change agents while serving in communities across Ghana. Currently PCV work in four sectors, including: hygiene and sanitation; nutrition; sexual awareness; reproductive health; and malaria.

Peace Corps supports the core principles of the GHI through its comprehensive approach to integrated programming in the priority health areas and by:

- Increasing knowledge on disease transmission, prevention and treatment;
- Promoting behavior, social and organizational change;
- Capacity building of community members, health workers and grass roots organizations; and
- Strengthening linkages between communities, organizations and health facilities.

The **United States Agency for International Development (USAID)** works closely with the Government of Ghana to ensure that malaria, FP/RH, maternal and child health, HIV, TB, nutrition, and water and sanitation interventions are implemented at community and facility levels. Cutting across USAID/Ghana's technical program activities is a focus on strengthening Ghana's health system to ensure continued access and quality of services. USAID's programs are oriented to improve the performance of regional and district health services in delivering high quality care, and the implementation of national policies and protocols. USAID also works to improve the quality and content of pre-service training for midwives and community health nurses, focusing not only on training institutions but on practicum sites in health facilities. USAID's HIV/AIDS program has a strong focus on prevention activities for MARP.

USAID supports the GHS in introducing community case management of key childhood diseases including community management of acute malnutrition, malaria, diarrhea and acute respiratory infections. USAID supports the expansion of Ghana's community health outreach program to increase access to essential health counseling and services in rural communities, and to strengthen the skills of existing staff through improved supervisory support and competency based training. This program also supports urban health teams to adapt this approach to meet the needs of underserved neighborhoods in densely populated urban poor areas and includes improving water and sanitation.

Together with the GHS, USAID sponsors multi-faceted promotional campaigns to reinforce healthy behaviors, including mass media, district-wide and community action plans, radio drama series and other means to raise interest, understanding and use of priority interventions. USAID is also expanding access to health products throughout the country through social marketing in commercial shops and also via networks of community agents who sell contraceptives, water purification tablets, oral rehydration salts with zinc, family planning supplies, and other health products.

## Annex Two: Ghana Health Status Baseline Data

Indicator	Amount	Source and Year
Population	24 million	GPH Census 2010**
Annual GDP per capita in USD	1,230	2010 World Development Indicators
Government Budget for Health for 2012 in Ghana cedis	1,593.43 mil	MOH 2011
MOH Budget as % of GOG total domestic financing	10.0%	MOH 2011
Annual Population growth rate	2.40%	GPH Census 2010
% of Households with piped drinking water	44%	DHS 2008
% of Households no access to improved drinking water	22%	DHS 2008
% of Households lacking access to improved Sanitation Facilities	89%	DHS 2008
Life expectancy at birth	63 years	World Bank 2011
Fertility rate	4.0	DHS 2008
Contraceptive prevalence, modern method, women 15-49	13.5%	DHS 2008
Contraceptive prevalence mod method married women 15-49	16.6%	DHS 2008
Unmet need for family planning, married women	35%	DHS 2008
Births attended by skilled provider	58.7%	DHS 2008
Births attended by skilled provider, lowest quintile	24.0%	DHS 2008
Births attended by skilled provider, rural	43.0%	DHS 2008
Maternal Mortality Rate per 100,000 live births	450	MM survey 2009
Pregnant women who received 4+ ANC visit	78%	DHS 2008
Infant Mortality Rate per 1000 live births	50	DHS 2008
Neonatal Mortality Rate per 1000 live births	30	DHS 2008
Under 5 Mortality Rate per 1000 live births	80	DHS 2008
% Children under 5 who are anemic	78%	DHS 2008
% Children under 5 who are underweight	14%	DHS 2008
% Children under 5 who are wasted	9%	DHS 2008
% Children under 5 who are stunted	28%	DHS 2008
Children 12-23 months, Fully vaccinated by 12 months	69.8%	DHS 2008
Children under 5 with diarrhea treated with ORS/RHF	35%	DHS 2008
Households with at least one ITN	32.6%	DHS 2008

Pregnant women who slept under ITN previous night	32.6%	DHS 2008
Children under 5 who slept under ITN previous night	28.2%	DHS 2008
Malaria cases per year	3.1-3.5 mill	GHS 2009
Percentage of pregnant women, 2+ doses IPTp	44%	DHS 2008
Prevalence of HIV in adults estimate	1.50%	NHPAER 2010*
People eligible for ART estimate	106,800	NHPAER, 2012
People receiving ART	59,000	NHPAER, 2011
% People eligible for ART who are receiving ART	55%	NHPAER 2010-2015
People Living with HIV (PLHIV) estimate	214,423	NHPAER 2012
Pregnant Women tested for HIV in ANC w results	40%	NACP 2009
New HIV infections per year estimate	10,600	NHPAER 2012
Annual AIDS deaths	11,650	NHPAER 2012
Estimated Incidence of TB (WHO)	21,000	WHO 2011
# new TB cases reported each year	14, 124	NTP 2010
Case Detection Rate for TB	70%	WHO 2011
Treatment Success Rate for smear positive TB cases	87%	NTP 2010
* National HIV Prevalence and AIDS Estimate Report 2010-2015		
**Ghana Population and Household Census 2010		

## Annex Three: Results Framework

# Ghana Global Health Initiative Results Framework

## Health Goal: Improved Health Status for All Ghanaians

**Expected Impact: Reduced Under-Five and Maternal Mortality, HIV incidence, and Increased Contraceptive Prevalence**

### Critical Assumptions

- Free, fair, and peaceful elections.
- GOG provides the same level of financial support, or more, to the health sector.
- The next GOG Health Strategy continues with a similar focus and breadth as the current strategy.
- Through 2017, USG funding remains at least level (PEPFAR, PMI, Feed the Future and other health programs).
- Global Fund and other development partners continue to contribute to health priorities in Ghana.

### IR 1 Improved Access to High Quality Integrated Services

- IR 1.1 Increased access to high quality reproductive and HIV care
- IR 1.2 Improved prevention and management of malaria and other drivers of child mortality
- IR 1.3 Improved health behaviors and demand for key services
- IR 1.4 Strengthened and integrated referral Systems for continuum of care

### IR 2 Improved Quality and Increased Use of Strategic Information

- IR 2.1 Improved quality, timeliness, and use of data in programmatic decision making, monitoring and evaluation
- IR 2.2 Strengthened capacity of Ghanaian health research institutions to contribute towards global evidence-base
- IR 2.3 Strengthened continuum of diagnostics and lab capacity at all levels

### IR 3 Improved Governance, Leadership, and Accountability in the Health Sector

- IR 3.1 Strengthened leadership and management in health programming
- IR 3.2 Increased transparency and accountability for health resources
- IR 3.3 Improved performance of the commodity supply chain
- IR 3.4 Strengthened coordination and alignment among development partners and across key sectors

**USG/Ghana will implement coordinated programs in malaria, HIV/AIDS, family planning, maternal, newborn, & child health, nutrition, TB, and water and sanitation**

**GHI contributes to the Government of Ghana Millennium Development Goals 1, 4, 5, 6, & 7:**

**By 2015: Reduce Underweight to 15.5% ♦ Under-Five Mortality to 40 per 1,000 ♦ Reduce Maternal Mortality to 185 per 100,000 ♦ Keep HIV prevalence rate below 2.2% ♦ Increased access to improved water sources to 44%**

# Ghana GHI Results Framework

## IR 1 Improved Access to High Quality Integrated Services

### IR 1.1 Increased Access to High Quality Reproductive Health and HIV Care

#### ACTIVITIES:

- Emergency access to high quality emergency obstetric and neonatal care.
- Accelerate the integration of critical MNCH services with malaria, HIV, nutrition, and voluntary family planning.
- Utilize quality assurance to improve quality of care.
- Strengthen community and private sector-based post-partum family planning counseling.
- Support GOG plan to increase availability and coverage of integrated primary health services among underserved populations.
- Improve the quality of pre-service training of midwives, community health nurses and medical assistants.

### IR 1.2 Improved prevention and management of malaria and other drivers of child mortality

#### ACTIVITIES:

- Expand access to high quality diagnostic and treatment services.
- Support GOG plan to increase availability and coverage of integrated primary health services.
- Expand access to integrated management of childhood illness in communities.
- Ensure equitable and comprehensive distribution of priority prevention products, including LLIN.
- Scale up community based management of acute malnutrition.
- Increase access to improved water and sanitation sources.
- Improved quality of private sector case management and integration with public health services.

### IR 1.3 Improved health behaviors and demand for key services

#### ACTIVITIES:

- Support community-led efforts to promote healthy behavior.
- Implement communications campaign to increase awareness, promote positive health behavior, and stimulate appropriate care seeking.
- Increase the utilization by MARP of HIV prevention, care and treatment services.
- Combat stigma and discrimination to facilitate improved health seeking behavior.
- Support private sector to expand markets utilizing outreach and communications to increase sales of key products.

### IR 1.4 Strengthened and integrated referral systems for continuum of care

#### ACTIVITIES:

- Strengthen referral linkage among communities CHPS health centers, and hospitals.
- Stimulate community partnerships to address transportation challenges.
- Explore appropriate technology solutions to improve communication and follow up.
- Strengthen HIV/TB integration.

## IR 2 Improved Quality and Increased Use of Strategic Information

**IR 2.1 Improved quality, timeliness, and use of data in programmatic decision making, monitoring, and evaluation**

**ACTIVITIES:**

- Support GOG efforts to rationalize and harmonize select health Information Systems.
- Strengthen the monitoring and evaluation capacity from the grassroots to the central level.
- Support the collection and analysis of quality data on a routine basis.
- Assist the MOH in exploring GIS as a monitoring technique.
- Utilize quality assurance processes to improve monitoring and evaluation.

**IR 2.2 Strengthened capacity of Ghanaian health research institutions to contribute towards global evidence-base**

**ACTIVITIES:**

- Strengthen collaboration with GOG institutions through whole-of-government dialogue.
- Continue to assist and invest in building Ghana's health research capacity.
- Fortify the systems that the research institutions use to track research, manage research, and implement grants.
- Build local capacity to implement external and independent evaluations.
- Directly fund local institutions to undertake priority research.

**IR 2.3 Strengthened continuum of diagnostics and lab capacity at all levels**

**ACTIVITIES:**

- Support implementation of national health laboratory strategic plan.
- Assist the GOG in achieving WHO accreditation in select laboratories.
- Support improved use of laboratory information systems.
- Utilize quality assurance processes to improve laboratory services.

# Ghana GHI Results Framework

## IR 3 Improved Governance, Leadership, and Accountability in the Health Sector

IR 3.1 Strengthened leadership and management in health programming

### ACTIVITIES:

- Provide technical assistance and support for improvement of financial management systems.
- Build management capacity to facilitate GOG implementation of decentralization strategy.
- Support district and regional districts to implement reforms.
- Explore new and strategic partnerships for direct USG investments in health systems.
- Provide team-based management and leadership training for health management units.
- Provide performance-based financing in GHI priority areas.

IR 3.2 Increased transparency and accountability of health resources

### ACTIVITIES:

- Provide technical assistance and support for improvement of financial management systems.
- Direct engagement to influence GOG investments in the health sector.
- Foster the advocacy role of civil society to address public health issues.
- Support the National Development Planning Commission to convene inter-sectorial dialogue.
- Increase technical support for organizational development in key agencies of the MOH and GAC.

IR 3.3 Improved performance of the commodity supply chain

### ACTIVITIES:

- Jointly implement solutions to identified challenges in the supply chain.
- Contribute to the design of a reliable commodity procurement system.
- Continue technical assistance to the GOG in the forecasting of health commodity needs.
- Provide priority health commodities for distribution through country systems.
- Enable continuous drug quality monitoring.

IR 3.4 Strengthened coordination and alignment among development partners and across key sectors

### ACTIVITIES:

- Actively participate in the Health Sector Coordination Fora.
- Provide technical leadership through GOG technical working groups.
- Collaborate with donors bilaterally to establish common approaches.
- Explore new and innovative partnerships with other donors and other sectors.
- Strengthen interagency coordination within the USG.

## Annex Four: Strategy Matrix

# Ghana Global Health Initiative Strategic Matrix

GHI Goals: Child Health: Reduce under-five mortality rates by 35 percent across assisted countries  
 Maternal Health: Reduce maternal mortality by 30% across assisted countries  
 Family Planning and Reproductive Health: Prevent 54 million unintended pregnancies across assisted countries  
 HIV/AIDS: Prevent 12 million new infections; Provide direct support for 4 million on treatment and for 5 million OVC  
 Nutrition: Reduce child under-nutrition by 30 percent  
 Malaria: Halve the burden of malaria for 450 million people

Key Investments Likely to Have Greatest Impact	Key National Priorities and Targets	Indicators of Progress	Pertinent GHI Principles
<b>1. Increase Access to High Quality Integrated Services</b>			
1.1 Increase access to high quality reproductive and HIV care	<p><b>GOG Health Sector Medium Term Development Plan (HSMTDP) 2010-2013</b></p> <p><b>Halt and begin to reduce the spread of HIV/AIDS and sexually transmitted infections by increasing access to quality interventions</b></p> <p><b>Improve access to quality maternal neonatal, child and adolescent services.</b></p> <p><b>Reduce the maternal mortality rate from 450 per 100,000 live births in 2009 to 185 by 2015.</b></p>	<ul style="list-style-type: none"> <li>- Percent of pregnant women whose babies were delivered by a Skilled Birth Attendant (SBA).</li> <li>- Percent of children 6 to 23 months receiving a minimally acceptable diet.</li> <li>- Prevalence of anemia among children 6-59 months.</li> <li>- Prevalence of stunting among children under five years of age.</li> <li>- Couple Years Protection (CYP) provided by modern contraception</li> <li>- Number of pregnant women who know their HIV status.</li> <li>- Number of HIV-positive women who received anti-retrovirals to prevent mother-to-child transmission.</li> <li>- Percent of TB patients tested for HIV.</li> </ul>	<p>Build sustainability through health systems strengthening</p> <p>Increase impact through strategic coordination and integration</p>

<p>1.2 Improve prevention and management of malaria and other drivers of child mortality</p>	<p><b>HSMTDP 2010-2013</b>  <b>Above plus:</b>  <b>Reduce under-five mortality from 80/ 1,000 live births in 2008 to &lt;50 by 2013</b></p>	<ul style="list-style-type: none"> <li>- Number of Insecticide Treated Nets distributed or sold with USG funds.</li> <li>- Number of houses sprayed with IRS with USG funds.</li> <li>- Proportion of women who received at least two doses of Intermittent Preventive Treatment (IPT) during antenatal care (ANC) visits</li> <li>- Number of children under five reached by USG-supported nutrition programs.</li> <li>- Liters of drinking water disinfected with USG-supported point-of-use treatment products.</li> <li>- Number of consultative processes with private sector as a result of USG assistance.</li> </ul>	<p>Implement a woman and girl centered approach</p> <p>Encourage country ownership and invest in country led plans</p>
<p>1.3 Improve health behaviors and demand for key services</p>	<p><b>HSMTDP 2010-2013</b>  <b>Above plus;</b>  <b>Bridge equity gaps in access to health care</b></p>	<ul style="list-style-type: none"> <li>- Number of MARP (Most at Risk Population) reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards required.</li> <li>- Proportion of children under 5 years old who slept under an insecticide-treated net (ITN) the previous night.</li> <li>- Number of people that have seen or heard a USG-supported FP/RH message.</li> </ul>	
<p>1.4 Strengthen and integrate referral systems for continuum of care</p>	<p><b>HSMTDP 2010-2013</b>  <b>All of above</b></p>	<ul style="list-style-type: none"> <li>- Percent of registered TB patients tested for HIV through USG-supported programs</li> <li>- Percent of HIV-positive patients who were screened for TB in HIV care or treatment setting.</li> <li>- Percent of postpartum women who receive family planning counseling.</li> <li>- Number of testing facilities (laboratories) with capacity to perform clinical laboratory tests.</li> </ul>	
<p><b>Key Partners: MOH, GHS, PPME, NMCP, NACP, NTP, GAC, civil society, local traditional authorities, media outlets, private sector,</b></p>			

## 2. Improve Quality and Use of Strategic Information

<p>2.1 Improve quality and use of data in programmatic decision making, monitoring and evaluation</p>	<p><b>HSMTDP 2010-2013</b> <b>Strengthen systems for improving the evidence base for policy and operations.</b></p>	<ul style="list-style-type: none"> <li>-Increased timeliness, completeness and accuracy of all health data reporting and analysis</li> <li>-Enhanced harmonization and interoperability of the District Health Information Management System (DHIMS-2) with disease specific information systems</li> <li>-Number of disease programs utilizing GIS technology for health information management</li> </ul>	<p>Promote Learning and Accountability by improving metrics, monitoring and evaluation</p>
<p>2.2 Strengthen the capacity of Ghanaian health research institutions to contribute toward global evidence base</p>	<p><b>HSMTDP 2010-2013</b> <b>Strengthen systems for improving the evidence base for policy and operations.</b></p>	<ul style="list-style-type: none"> <li>-Number of medical and public health publications and presentations resulting from USG support of Ghanaian research institutions</li> <li>-Number of health program evaluations conducted by research institutions with USG support</li> <li>-Number of new research collaborations established between USG supported research institutions and other institutions.</li> <li>-Number of USG supported research institutions that have strengthened mechanisms to track and manage research and grants.</li> </ul>	<p>Build sustainability through health systems strengthening</p> <p>Promote research and innovation</p> <p>Encourage Country Ownership</p>
<p>2.3 Strengthen continuum of diagnostics and laboratory capacity at all levels</p>	<p><b>HSMTDP 2010-2013</b> <b>Strengthen systems for improving the evidence base for policy and operations.</b></p>	<ul style="list-style-type: none"> <li>-Adoption and implementation of the National laboratory Strategic Plan</li> <li>-Development, adoption and implementation of the Laboratory Policies and Procedures</li> <li>-At least six clinical and public health laboratories in Ghana accredited by WHO standards</li> <li>-CAP accreditation for one research laboratory in Ghana</li> <li>-Number of USG supported laboratories with functional laboratory information system in place</li> </ul>	<p>Increase impact through strategic coordination and integration</p>

Key Partners: MOH, GHS, NMCP, NACP, GAC, GSS, NMIMR, GHS Health Research Centers (3), School of Public Health, CDC, USAID, NAMRU, NIH

### 3. Improve Governance, Leadership and Accountability in the Health Sector

<p>3.1 Strengthen leadership and management in health programming</p>	<p><b>HSMTDP 2010-2013</b></p> <p><b>Strengthen governance and improve efficiency and effectiveness in the health system</b></p>	<ul style="list-style-type: none"> <li>- Percentage of USG-supported facilities that receive at least two supportive supervision visits in a calendar year.</li> <li>- Number of local teams completing leadership development program</li> <li>- Number of local and district management units that meet service delivery and quality targets under USG performance-based grants.</li> </ul>	<p>Encourage country ownership</p> <p>Build sustainability through health systems strengthening</p>
<p>3.2 Increase transparency and accountability of health resources</p>	<p><b>HSMTDP 2010-2013</b></p> <p><b>Strengthen governance and improve efficiency and effectiveness in the health system</b></p>	<ul style="list-style-type: none"> <li>- Number of GOG units meeting USG standards for direct funding.</li> <li>- Percentage of GOG funds budgeted for activities contributing to GHI goals available and utilized according to plan.</li> <li>- Percentage of USG-supported district health teams receiving financial support for activities from local government, private sector, or civil society</li> </ul>	<p>Strengthen and leverage key multilateral partnerships and private sector engagement</p> <p>Increase impact through strategic coordination and integration</p>
<p>3.3 Improve performance of the commodity supply chain</p>	<p><b>HSMTDP 2010-2013</b></p> <p><b>Strengthen governance and improve efficiency and effectiveness in the health system</b></p>	<ul style="list-style-type: none"> <li>- Percentage of sentinel site facilities reporting stock-outs of key health commodities</li> <li>- Percentage of planned procurements of program commodities achieved according to schedule.</li> </ul>	<p>Increase impact through strategic coordination and integration</p>
<p>3.4 Strengthen coordination and alignment among development partners and across sectors</p>	<p><b>HSMTDP 2010-2013</b></p> <p><b>Strengthen governance and improve efficiency and effectiveness in the health system</b></p>	<ul style="list-style-type: none"> <li>- Consistent review by donors of health related national strategies</li> <li>- Organizational mapping chart produced regarding USG agency relationships with GOG bodies</li> </ul>	

Key Partners: MOH, GHS, PPME, NMCP, NACP, GAC, Central and Regional Medical Stores, local governments, civil society  
 CDC, USAID, PC

