

USAID/GHANA HEALTH SECTOR STRATEGY 2009-2013

I. BACKGROUND

This Strategy guides the current four year program of the USAID/Ghana Health, Population and Nutrition program in Ghana.

USAID/Ghana has provided assistance to Ghana's health sector since 1966, focusing on family planning, maternal and child health, and more recently, the fight against HIV/AIDS, malaria and other infectious diseases. Strategic Objective 7 was signed between USAID/Ghana and the Government of Ghana in 2003, for the period 2003-2010. This revised Strategic Objective 7 Strategy for 2009-2013 is the outcome of a series of analyses and consultations regarding this phase of USAID/Ghana's assistance to Ghana's health sector. The strategy builds on the successes of USAID's prior assistance, takes into consideration the many reforms and changes in the international development assistance environment and in Ghana's health and development sectors, and addresses problems and issues for which USAID assistance is needed and relevant.

The USAID/Ghana Health Program addresses key health care areas such as family planning, maternal, newborn, and child health as well as water and sanitation in three regions covering about one third of the population of Ghana: Western, Central, and Greater Accra. Malaria and tuberculosis interventions are implemented in all areas of the country and HIV/AIDS interventions target most at risk populations wherever they are concentrated, throughout the country.

The process for developing the strategy included an in-depth review of a broad array of documents, consultation and extensive dialogue with Ghanaian counterparts, other development partners and other health experts, and in-house deliberation and strategic planning.

USAID/Ghana Strategic Framework for Health

The goal of the USAID/Ghana Health Strategic Objective (SO 7) is: **Health Status Improved**. This Strategic Objective is a reflection of USAID aims, namely to improve the health status of Ghanaians and support Ghana in reaching its Millennium Development Goals (MDGs) #4 (Child Health), #5 (Maternal Health) and #6 (Infectious Disease Control), by helping to reduce total fertility through increased contraceptive use; reduce infant, under-five mortality rates and the maternal mortality ratio; and reduce deaths from malaria and the incidence of HIV/AIDS. This Strategic Objective is between USAID/Ghana and the Government of Ghana (GoG) and its implementing agencies, in concert with other development partners and other key actors in the Ghana health sector.

Context: Health Policies and Health Status in Ghana

USAID/Ghana and its Health team are committed to the principles of the Paris Declaration and support the Government of Ghana's desire to meet the Millennium

Development Goals. The core values of country ownership and leadership require that the GoG lead the way with the full support of all development partners. Among all partners and the GoG, there is consistency in the identification of health problems, strengths and challenges.

USAID/Ghana Health program assistance to Ghana in the form of grants and cooperative agreements is currently about \$70 million annually. The Health Office fulfills the Paris Declaration through:

- Country ownership by basing the health strategy on GoG priorities and strengthening the existing GoG health system;
- Building more effective and inclusive partnerships by actively participating in the Health Development Partners (DPs) Group where DPs share information, lessons learned and explore new opportunities, And;
- Close coordination with and guidance to support activities implemented in Ghana through grants from the Global Fund against AIDS, TB and Malaria.

Although the USAID/Ghana Health Program does not participate in direct budgetary support, it is an active “observer” member of the Multi-Donor Budget Support Group, providing welcome technical assistance to help frame and advance the policy dialogue with the GoG.

Health status in Ghana has improved in recent decades; however, many health challenges remain, as described briefly below. Life expectancy is 59 years. With a population growth rate of 2.3 % per year, the population will grow by 10 million, from approximately 23 million today to 33 million in 2025, challenging Ghana’s attempts to improve health, education and other services and improve the well-being of its people and its environment. Ghana also has a young age structure, with children under 15 years of age comprising about 40 % of its population. Major problems in health sector include:

- Infant and Under-Five Mortality: The rate of infant deaths fell from 64 per 1,000 live births in 2003 to 50 per 1,000 in 2008, and under five mortality also dropped sharply from 111 per 1,000 live births in 2003 to 80 per 1,000 in 2008 (GDHS, 2008). However more than 100,000 Ghanaian children under five die each year, accounting for over half of all deaths in Ghana. Major child killers include neonatal deaths, malaria, diarrhea, pneumonia and measles. The stillbirth rate is very high, pointing to problems in pregnancy and delivery care.
- Maternal Mortality: Ghana’s maternal mortality ratio is estimated at 491 per 100,000 live births. Approximately 61% of pregnant women have skilled attendants at delivery (GDHS, 2008). The system has insufficient emergency obstetric care, and there are many unsafe abortions, poor quality post abortion care, and low use of contraceptives to prevent unintended pregnancies.
- Malaria: Malaria is a major cause of morbidity and mortality in Ghana, directly contributing to poverty, low productivity, and reduced school attendance. Between 3 and 3.5 million cases are reported in Ghana each year, of which over 900,000 are children under five years old.

- Family Planning: Only 17 % of married women use a modern methods of contraception as of 2008, a slight decline since 2003 when 19% were using a modern method. Over one third of all married women of reproductive age have an unmet need for family planning (defined as sexually active women who do not desire a pregnancy but are not using a modern method of contraception) The Total Fertility Rate (number of children on average each woman will have in her lifetime) is 4.0 (GDHS, 2008).
- HIV/AIDS: With an HIV prevalence of 1.9 % (UNAIDS, 2008), HIV transmission in Ghana is mostly concentrated among persons who engage in high risk behaviors, particularly female sex workers as well as their clients and partners, and men who have sex with men and their female partners.
- Water and Sanitation: Unsafe drinking water, inadequate sanitation and poor hygiene are major causes of diarrhea among children under five. An estimated 90% of the population in urban areas and 71% of the rural population had access to improved water supply in Ghana in 2006 (WHO/UNICEF 2008), but water quality and quantity are still major issues in many parts of the country, among urban as well as rural communities.

II. *LESSONS LEARNED*

Over the past years, USAID/Ghana has learned important lessons from its own programming and its collaboration with other development partners and from the findings of the 2008 Ghana Demographic and Health Survey. USAID continues to bring important strengths to health programming in Ghana, particularly by having available strong technical assistance partners.

Themes identified from analysis of past experience are being addressed in USAID/Ghana's current health strategy. They include:

- **Gaps** - Ghana is a rapidly urbanizing African country, and health indicators in many cases are as disappointing in urban areas as they are in rural areas. Yet there has been little focus on urban health programming by the GHS and other development partners. USAID is now working to address urban health issues. USAID will continue to provide support for family planning for which there is high unmet need in Ghana, and will also work to address large gaps in quality of maternal, neonatal and child health services have impeded improvements in maternal and child health outcomes.
- **Use of increased financial resources** - Ghana has been the beneficiary of substantial increases of funds from the USG for malaria control and HIV/AIDS programming. Additional increases have come from successful applications for grants from the Global Fund. The National Health Insurance Scheme, supported by the World Bank, is infusing the sector with more funding for curative care, but it may be operating on an unsustainable basis. The mechanisms to assure the effective flow and accounting for funds from the center to the regions and districts are not working well. People are not getting access to the high quality services they need.

- **Regional-district-community linkages** - This is a priority area of intervention for USAID. For the health sector, in three regions, Greater Accra, Central and Western, implementing partners are working with regional health teams and with health teams from all districts within those regions.
- **Focus on community-level services and impact** -Although policy issues and their implementation at the central level remain a concern, the primary challenge is to increase access to high quality services for those who need them. This requires a focus on service delivery at the community level, with a secondary focus on strengthening the health systems- human resources, finances, information, logistics - on which these services rely.
- **Work with private sector.** USAID and its partners have many years of wide-ranging experience working with the commercial private and NGO sectors. This has particular importance for social marketing, which as shown in the preliminary results of the 2008 DHS is a major contributor to family planning.
- **Collaboration with local officials.** In generating support for community programming, USAID and its partners have worked with many different community officials and groups, encouraging partnerships with District Assemblies, NGOs and other important local groups. Experience shows that this is a key factor for improvement in health indicators.
- **Capacity-building.** USAID has a strong track record in providing training, technical assistance, and other support for strengthening local individuals, institutions, and groups, to allow them to continue functioning on their own
- **Pilot testing of Approaches.** New approaches are needed to address less understood issues, such as how to deliver effective services to the urban poor. USAID's partners have the experience to support the Ministry of Health and GHS in testing important innovations such as performance-based financing and other mechanisms to improve the performance of regional and district officials in assuring strengthened health programs and high quality care.
- **Program integration.** Program integration is a major theme for the current five year strategy in the health sector. USAID has the flexibility to ensure that its health interventions are delivered in an approach that is integrated with other sector activities and other donor support efforts to the maximum extent feasible.

III. PRINCIPAL ACTIVITIES

In considering the many health challenges and issues in the Ghana health sector, USAID/Ghana must set priorities consistent with the main problems, our own strengths and funding levels. USAID must also continue to work in collaboration with other donors, sector partners and other sectors. The following principles and priorities form the backbone of this strategy.

Principles

- **Focus on the household level** - In order to achieve impact, the program must effect change at the household and community level. The Health team plans to impact the household level not only through strengthening the health system, but also through direct interventions for family planning, maternal, newborn, and

- child health, malaria and HIV/AIDS prevention, and water and sanitation improvements. Capacity building is a large component of these activities to ensure sustainability and longer-term household-level effects.
- Streamline programming - To reduce confusion, overlapping mandates, etc., it is essential to clearly delineate the roles and responsibilities of different partners, avoiding excessive numbers of partners.
 - Emphasize and clarify linkages - While maternal and child health, family planning, malaria, and HIV funding and programming are targeted to specific groups and sub-groups, there is considerable overlap among the groups. Where possible, linkages among the programs are identified and strengthened, and synergies are expanded. Linkages with other sectors funded by USAID will be identified and strengthened.
 - Learn from successes - The Health program builds on not only USAID's successes but also those of other donors.
 - Ensure strong alignment with GoG priorities – All activities under this strategy are strongly aligned with current priorities of the MOH and its agencies, particularly the Ghana Health Service, and constant dialogue will ensure that we continue this strong alignment throughout the strategy period.
 - Reinforce linkages with other development partner programs - USAID's program is complementary to and builds on the programs of other development partners.

Priorities

USAID priorities for health reflect pressing needs at the central, regional, district and community levels. In keeping with USAID/Ghana's health program funding sources, the following are health intervention priorities for the strategy period:

Problem 1: Low access, quality and use of family planning and maternal, newborn and child health services.

1) Family Planning/Maternal, Newborn, and Child Health and Nutrition: The Health Program supports initiatives to address key problems and constraints on access, quality, and use affecting priority health services. These include: family planning counseling and provision of contraceptives, including clinical provision of long-acting and permanent methods; maternal health, including antenatal care, delivery, and postnatal care; essential newborn care; child survival, including immunization, case management of diarrheal disease, pneumonia, and malaria; and nutrition, including breastfeeding, complementary feeding, and effective responses to moderate and severe/acute malnutrition.

Problem 2: Low net usage, lack of effective case management and improved diagnostics, as well as poor malaria preventative treatment in pregnancy.

2) Malaria: With funding from the President's Malaria Initiative, USAID supports improvements in access, quality and use of prevention measures. Preventive measures include provision of long-lasting insecticide treated nets, indoor residual spraying, intermittent presumptive treatment for pregnant women, and testing and potential roll-out of intermittent preventive treatment of infants. For treatment of malaria, the focus is on

case management, including prompt, accurate diagnosis and treatment with appropriate medications. These activities are carried out nationwide, under the leadership of the National Malaria Control Program, coordinated with the resources provided by several large Global Fund grants to fight malaria.

Problem 3: High concentration of most-at-risk groups and stigma against people living with HIV/AIDS.

3) HIV/AIDS: USAID's strategic priorities for Ghana are the prevention of HIV in persons engaged in high risk behaviors, protecting the general population by reducing HIV transmission from most-at-risk populations (MARPs) to the general population, and providing comprehensive prevention, treatment, and care and support for those infected, their partners and their families. Based on prevalence, high concentration of most-at-risk groups, and presence of other donor activities, USAID concentrates its support in 30 of Ghana's 170 districts and coordinates and supports the implementation of the clinical and prevention programs financed by the Global Fund.

Problem 4: Poor water quality and lack of access to sanitation facilities.

4) Water and Sanitation and other infectious diseases including TB: USAID/Ghana works to expand access to potable water through drilling of boreholes and the social marketing of water purification tablets and to expand access to improved sanitation for poor households. In addition, through appropriate marketing and education campaigns and materials as well as community engagement and mobilization, the Health Program supports effective use of potable water sources and sanitation facilities and hygiene behaviors such as frequent hand washing.

The Health Program also assists the National TB Program to assess its policies and operations and take appropriate actions to improve case finding, support prompt initiation and completion of treatment for individuals with TB, and perform improved monitoring and surveillance. USAID works with the Ghana Health Service to strengthen the linkages between management of TB cases and management of HIV cases.

Problem 5: Weak regional, district, and community management systems.

5) Performance Improvement and Systems Strengthening: Given identified bottlenecks that impede effective performance and potential for impact at the community level for all health interventions, the following systems-related interventions are also priorities for USAID/Ghana.

Central Level

- Advocacy: support coordination among GoG agencies; support inclusion of family planning as a covered service in the national health insurance system and, with other partners including the World Bank, address other policy and system issues to improve sustainability as well as performance of the system; and make

the case for improved health financing and programming with key national groups.

- **Capacity-Building:** support improved management and teamwork skills; policy development to broaden participation of NGOs and private sector in health care provision and advocacy; and technical assistance to support Global Fund grant implementation and management of the TB program.
- **Commodity Management System:** support streamlining and improvement of commodity logistics from the Central level to service delivery points; and supply commodities when appropriate and needed.
- **Policy Development and Guidance for Implementation:** support updates of relevant policies to incorporate international standards and best practices.
- **Funding:** Participate in analysis of problems with budget allocations and funding transfers from the Central level to Regions and Districts; assist with funding for priority commodities and social marketing; and provide limited funding for under-funded programs with measures to assure accountability.

Regional Level

- Test and implement a performance- or results-based financing approach
- Develop leadership, management and teamwork with the Regional Health Team
- Assess, monitor and support execution of national policies and best practices by the District Health Management Teams.

District Level

- Identify and facilitate elimination of bottlenecks in the flow of funding from central and regional level to districts
- Develop leadership, management and teamwork within the District Health Teams
- Support and strengthen systems performance: commodity distribution, human resources, accounting, etc.
- Expand and strengthen quality assurance mechanisms.

Community/service delivery points

- Ensure access to training and job aids for sub-districts and below that reinforce and support quality services;
- Support outreach through NGOs, private sector entities, and community workers;
- Expand contacts with elected officials and other community leaders and collaboration with other sectors.

Linkages and Collaboration with Other USAID Sectors

Under this strategy, close collaboration is maintained with the programming of USAID investments in all other sectors, particularly in education, democracy and governance, as well as economic growth and agriculture, so that activities will be mutually reinforcing.

- **Economic Growth:** work with private sector partners in extractive industries such as oil and mining, to improve health services; facilitate partnerships of private sector with the Ghana Health Service, NGOs or other health service partners to ensure quality services for workers; jointly support community development activities to improve nutrition.

- **Education:** focus resources for clean water supplies at schools; make available resources for health education of students and communities in key areas such as malaria, diarrheal disease, hygiene and nutrition.
- **Democracy and Governance:** collaborate in focus regions on development of systems for accountability and community oversight of the district authorities; help support training, materials, and other resources for strengthening accountability and governance of joint teams at the regional and district levels. Additionally, the Health program will attempt to strengthen District Assemblies through the Mission DG Platform program. The Team will continue to follow Public Finance Management (PFM) issues, including procurement, by participating in PFM Development Partner sector group meetings, but it will not play a major role due to involvement of other Development Partners (WB) that are better equipped to tackle these issues.
- **Agriculture:** options for collaboration with agricultural cooperatives and organizations (e.g. cocoa farmers) to promote a variety of preventive health measures among their constituents; jointly support food processing to decrease micronutrient deficiencies.

Collaboration with the Government of Ghana

The USAID/Ghana Health Office commissioned assessments that relied on analyses of survey data and service delivery statistics, site visits, review of programming documents and interviews with health providers and clients to develop this strategy. The Health team also utilized important Government of Ghana documents such as:

- National Consultative Meeting on the Reduction of Maternal Mortality in Ghana: Partnership for Action, A Synthesis Report, Ministry of Health, October 2008; and
- Ghana Health Service (GHS) Five-Year Strategic Framework for Service Delivery 2007-2011, July 2008.

In fact the Health Office can quote the Goal of the current GHS framework as its own strategy: “Strengthening health systems for effective and efficient delivery of services to households and communities with a focus to improve maternal and child health outcomes.”

Collaboration with Other Development Partners

The Health team collaborates with other development partners, and facilitates joint planning, management and oversight, and guidance of health sector investments and programming among the development partners. Similar to USAID, many development partners provide support to education, agriculture and other sectors, all of which affect health sector effectiveness. With particular emphasis on the three focus regions, the Health team works with other USAID/Ghana staff to identify potential synergies for collaboration with development partners in other sectors.

IV. RESULTS FRAMEWORK

SO 7: Health Status Improved

Program indicators:

- Decreased infant mortality rate in focus regions
- Decreased under-five mortality rate in focus regions
- % of children under five underweight (moderate or severe) in focus regions
- Decreased numbers of maternal deaths in focus regions
- Increased contraceptive prevalence rate in focus regions
- Reduced malaria deaths at the national level
- Reduced HIV/AIDS incidence at the national level

IR 1: Access, quality, and use of Family Planning and Maternal and Child Health services increased

IR 2: Coverage and use of key malaria interventions increased

IR 3: Coverage of HIV/AIDS prevention, treatment, care, and support increased

IR 4: Water supply and sanitation improved and other infectious diseases decreased

IR 5: Regional, district, and community management and systems improved in focus regions

Illustrative Activities

- Ensure that all policies and guidelines are updated
- Train health providers
- Ensure on-site follow up, supportive supervision and quality assurance
- Develop effective community-based responses to malnutrition
- Expand community-based delivery approaches
- Adapt service delivery approaches to local preferences
- Engage civil society, elected officials, clients, and others in monitoring services.

Illustrative Indicators

- Couple Years of Protection
- % of pregnant women completing at least four ANC visits,
- % of births attended by trained personnel
- % of newborns receiving essential newborn care
- % of women receiving post partum care within three days of birth
- % of infants of six-nine months of age receiving appropriate complementary feeding.

Illustrative Activities

- Support access to quality drugs
- Improve the quality of malaria services within focused antenatal care
- Update and strengthen supervision
- Expand distribution and use of LLINs
- Expand IRS and appropriate vector control approaches
- Strengthen and expand community mobilization and education efforts

Illustrative Indicators

- % of households that own an LLIN
- # of household sprayed for IRS
- % of pregnant women that slept under an LLIN the previous night
- % of children <5 who slept under an LLIN the previous night
- % of pregnant women that have received at least two doses of SP for ITPp
- % of children under five with suspected malaria who have received treatment with an ACT within 24 hours of the onset of symptoms.

Illustrative Activities

- Expand coverage of prevention messages and activities to MARPs
- Expand access to partner reduction messages and materials among targeted groups.
- Increase sales points for condoms
- Improve counseling and reduce stigma in health care settings
- Expand linkages with important related services
- Expand and improve services for pediatric cases of HIV/AIDS
- Increase active case-finding among partners

Illustrative Indicators

- # of Most-At-Risk Group members reached with BCC messages
- # of infected individuals on ARVs at USG-supported sites
- # of additional infants on ARVs at USG-supported sites
- # of PLHA receiving TB treatment
- # of health staff trained in stigma reduction.

Illustrative Activities

- Support drilling of boreholes
- Expand social marketing of water purification tablets (e.g., Aquatabs)
- Support construction of pit latrines
- Engage communities and expand messages and campaigns for improved hygiene (e.g., frequent hand washing) and care for potable water and sanitation facilities
- Support improved planning, operations and actions to improve TB case detection and management
- Others, per funding sources.

Illustrative Indicators

- # of households with access to potable water (borehole or pipe)
- # of boreholes drilled (and adequate water found)
- # of households with access to sanitation facility (pit latrine)
- # of liters of water purified
- Number of hygiene messages disseminated by BCC entities to target communities over 6 months
- Case identification rate for TB
- Other disease-specific indicators as appropriate.

Illustrative Activities

- **Regional:** Test results-based financing approach
- Develop leadership, management and teamwork
- Monitor and support execution of national policies and best practices
- **District:** Identify and facilitate elimination of bottlenecks in the flow of funding
- Expand and strengthen quality assurance mechanisms
- **Community/service delivery points:** Ensure access to training and job aids
- Support outreach through NGOs and community workers
- Expand contacts with elected and community leaders

Illustrative Indicators

- % of Item 3 budget received and executed each quarter
- % of SDPs that have completed one cycle of QA by the end of the year
- # of SDPs that received two supervision visits
- # of stock outs of commodities
- % of districts using agreed upon set of management practices/tools
- % of districts receiving financial support for health activities from District Authority
- % of districts with X number of implementation plans.