

SAVANNAH REGION



Health Systems Functionality in Savannah Region, Ghana

Rationale

The Savannah Regional Health Directorate's pursuit of better health outcomes demands a change in attention to districts, acting as a compass for targeted efforts to produce measurable health effects. In the report "From Alma-Ata Towards Universal Health Coverage and the Sustainable Development Goals," the Global Conference on Primary Health Care highlights the need to bolster district and local health systems to enable universal health coverage.

The "Framework for the provision of essential health services through strengthened district/local health systems" highlighted in the 69th RC resolution emphasizes the need to focus efforts on the implementation level to promote development at the national level. While present efforts are mostly focused on strengthening national health systems and establishing national goals for Universal Health Coverage and Health Security, the comprehensive Primary Health Care (PHC) strategy at the sub-national level is an important but sometimes ignored factor.

The existing selective PHC approach, which focuses on conditions, needs to be revised to adequately address the population's changing health requirements, necessitating adaptation and appropriate response on the part of the health system. Comprehensive PHC must be prioritized in a reevaluation of tactics and resources to achieve holistic and inclusive health outcomes, with districts playing a crucial role in coordinating success on numerous interrelated fronts.

Savannah Regional Profile



Land size:	35,853 sq Km (15%)
Population:	680,991
Districts:	7
Sub-districts:	40
Communities:	1,145
Health facilities:	206
Hospitals:	5

Key messages

- Only 68.7% of the Essential Services for all life cohorts are available in health facilities in the Savannah Region.
- Consistently, districts without hospitals scored the lowest in areas such as UHC-, Health Security and Determinants of Health,
- With regards Regarding PHC, the Savannah Region needs interventions in Financing, Technology, and Knowledge Capacity for Local Production and Usage.
- Better access to essential services is of great concern to the region as a dimension of system functionality.

Interpretation of Scores



1. Savannah Regional Overview: Health Service Outcomes



1.1 Universal Health Coverage

The overall UHC score in the Savannah Region was 64.2%. The financial risk protection score was 55.4%, availability of essential services score stood at 68.7%, and coverage of essential services score was 73.2%.

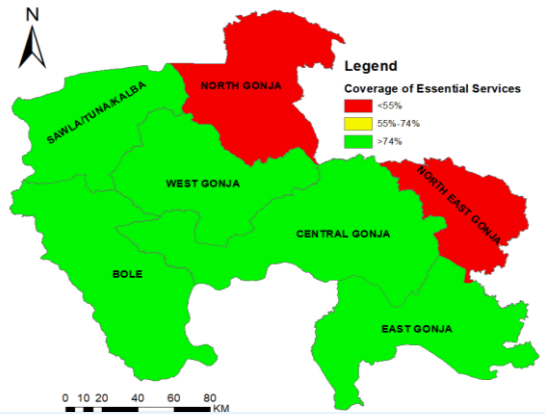
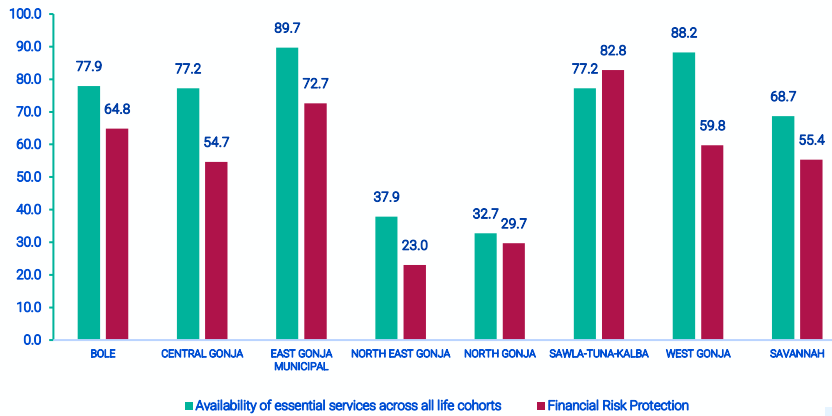


Figure 1: Graph of Savannah Region UHC scores (source: WHO)

Figure 2: Map of Savannah Region UHC Coverage of Essential services scores (source: WHO)

- The lowest and highest availability of essential services scores were recorded in North Gonja and East Gonja districts, respectively.
- North-East Gonja and STK reported the lowest and highest financial risk protection scores.
- Generally, financial risk protection across the region is low due to the NHIS being the main determinant of OPD per capita.

- The lowest coverage of essential services scores were reported in the North Gonja and North-East Gonja districts.
- Both districts do not have hospitals hence populace seek for healthcare in neighboring districts

1.2 Health Security

Overall, the Health Security score for the Savannah Region was 66.6%. The Detection of Health Threats score was 68.9%, Organization and Leadership score was 58.6%, Prevention of Health Threats score was 62.5%, and Response to Health Threats score was 75.3%.

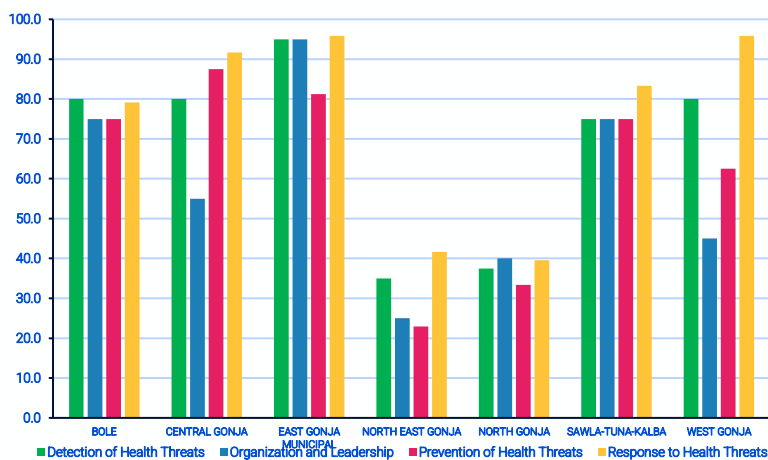
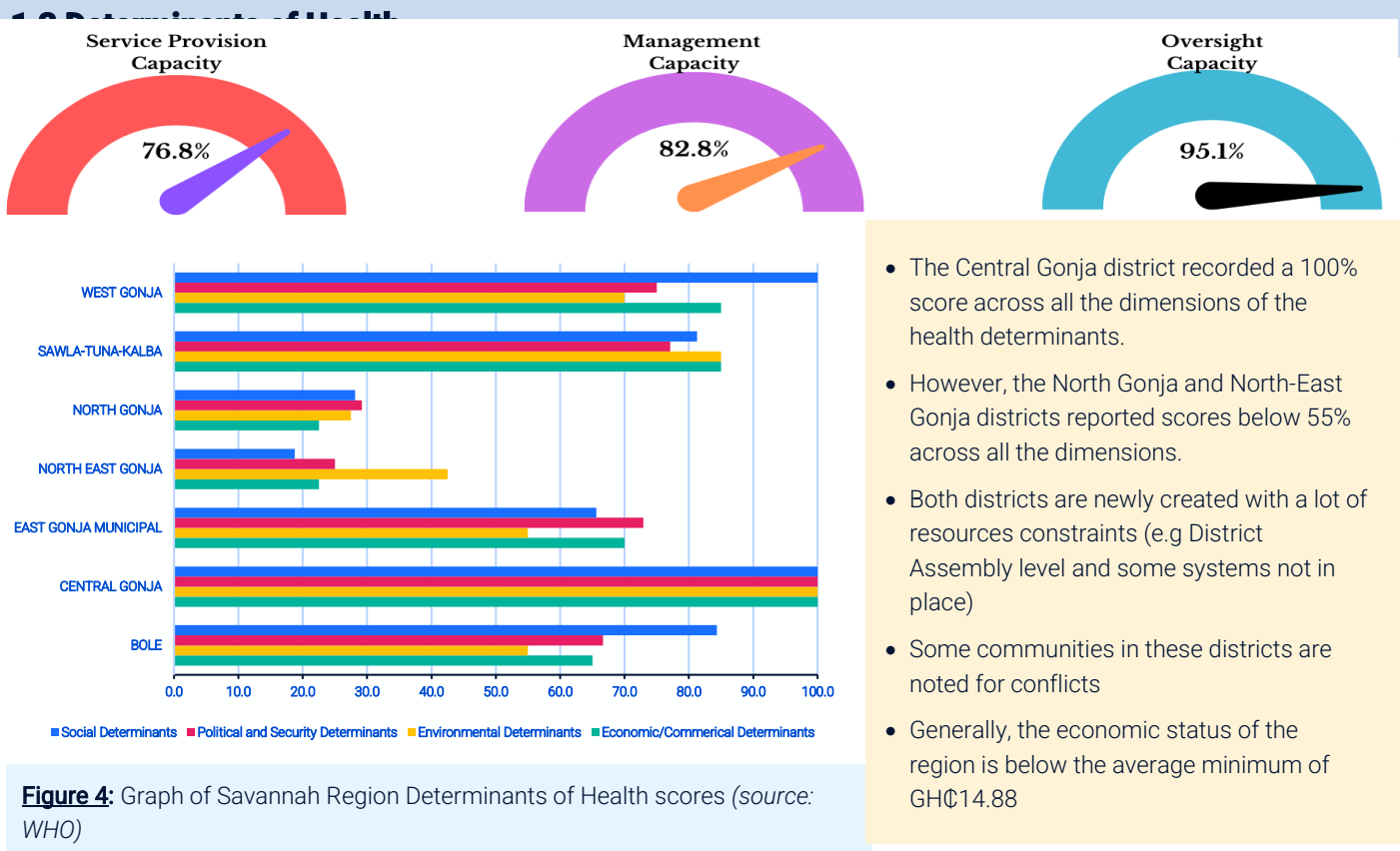


Figure 3: Graph of Savannah Region Health Security scores within seven districts (source: WHO)

- Consistently, East Gonja scored above the 75% target across all the health security dimensions.
- On the other hand, North Gonja and North-East Gonja districts scored below 55% in all the health security dimensions.
- Response to health threats score was consistently higher than the detection of health threats scores in all the districts.
- This observation can be attributed to the incapacity of the laboratories to perform lab tests due to inadequate equipment.
- On the other hand, the region is resourced with skilled technical officers who can respond to outbreaks and other health threats.

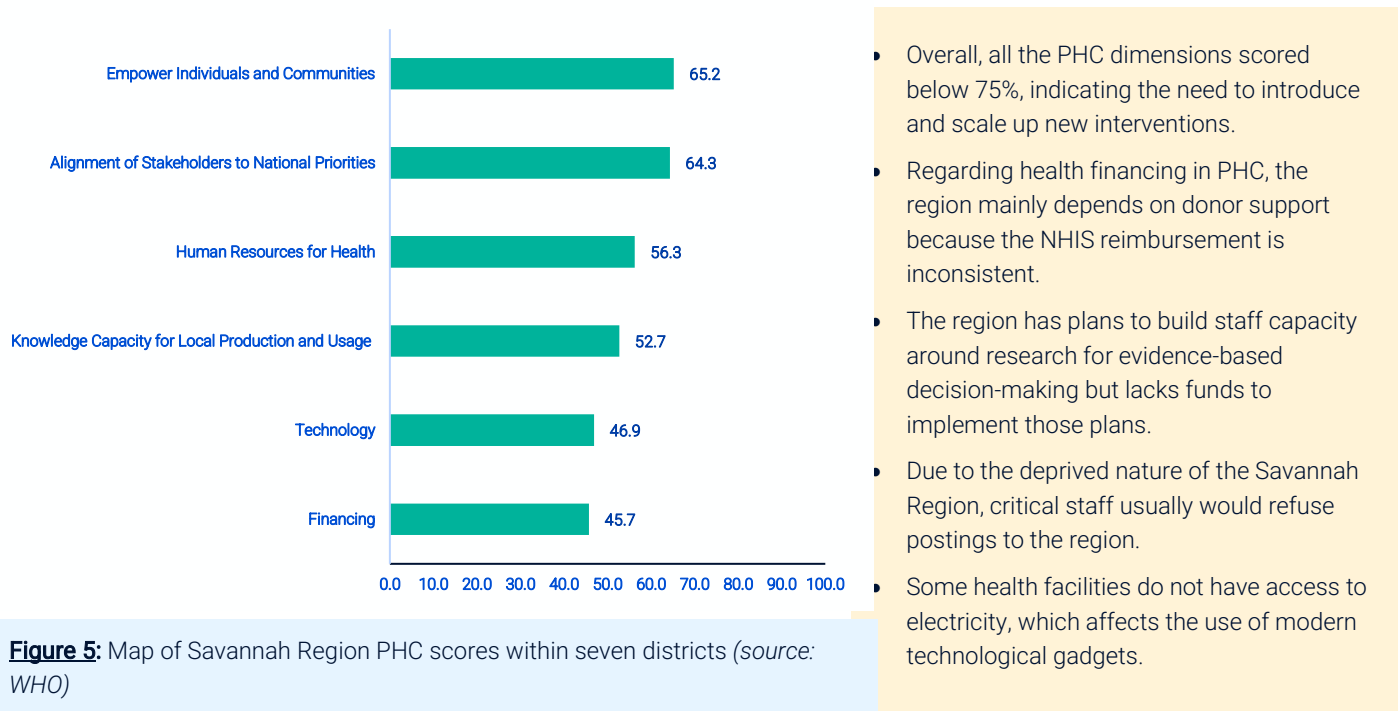
2. Savannah Regional Overview: System Functionality



- The Central Gonja district recorded a 100% score across all the dimensions of the health determinants.
- However, the North Gonja and North-East Gonja districts reported scores below 55% across all the dimensions.
- Both districts are newly created with a lot of resources constraints (e.g District Assembly level and some systems not in place)
- Some communities in these districts are noted for conflicts
- Generally, the economic status of the region is below the average minimum of GH¢14.88

1.4 Primary Health Care

The overall Primary Health Care score for the Savannah Region was 54.8%. The score for Alignment of Stakeholders to National Priorities was 64.3%, the Empowerment of Individual and Communities score was 65.2%, Financing score was 45.7%, Human Resources for health score was 56.3%, Knowledge Capacity for Local Production and Usage score was 52.7%, and Technology score was 46.9%.



- Overall, all the PHC dimensions scored below 75%, indicating the need to introduce and scale up new interventions.
- Regarding health financing in PHC, the region mainly depends on donor support because the NHIS reimbursement is inconsistent.
- The region has plans to build staff capacity around research for evidence-based decision-making but lacks funds to implement those plans.
- Due to the deprived nature of the Savannah Region, critical staff usually would refuse postings to the region.
- Some health facilities do not have access to electricity, which affects the use of modern technological gadgets.

2.1 Service Provision Capacity

The overall Service Provision Capacity score for Savannah Region was 76.8%. These ranged from 57.4% for Better Access to Essential Services to 94.0% for Effective Demand for Essential Services.

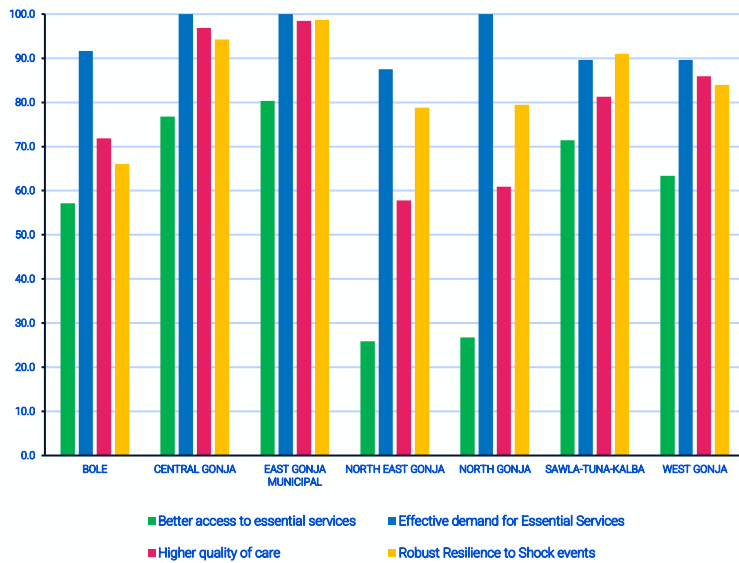


Figure 6: Graph of Savannah Region Service Provision Capacity scores (source: WHO)

- Consistently, access to essential services scores were lower than the other dimensions across all the districts.
- This can be attributed to the vast nature of the region, with dispersed settlements and numerous nomads.
- The high scores for the demand for essential services could be attributed to the robust system of CHPS with demarcated zones and trained CHOs assigned.
- The achievement in high quality of care as a region could be attributed to several trainings on quality improvement organised for health staff, making them provide quality services to patients.
- The health staff are well-motivated, especially regarding study leave, making them resilient to deliver services.

2.2 Management Capacity

The overall Management Capacity score for the Savannah Region was 82.8%. The lowest score was reported for the Systems dimension (74.1%), and the highest was recorded for the Strategy dimension (91.7%).

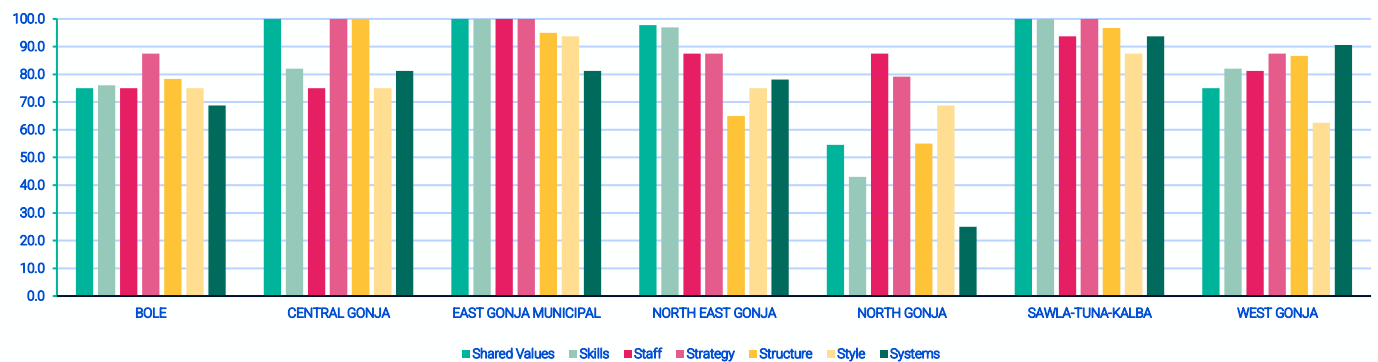


Figure 7: Graph of Savannah Region Management Capacity scores (source: WHO)

- North Gonja and North-East Gonja districts do not have hospitals, hence the low scores in the Structure dimension.
- The North Gonja district has many hard-to-reach communities with poor telecommunication networks, which could have led to the low score in the Systems dimension.
- The low score for Skills reported by the North Gonja district can be attributed to the fact that the district has no hospital; hence, staff needed for some services cannot be posted there.

2.3 Oversight Capacity

The overall Oversight Capacity score for the Savannah Region was 95.1%. The scores for the Oversight Capacity dimensions ranged from 86.6% for Social Accountability to 99.3% for Organizational Structure.



- The Social Accountability score can be attributed to the community durbars organised periodically by the health facilities.
- The availability and circulation of policy visibility drives, organograms, and appraisal forms to health staff could have led to remarkable scores for legal and regulatory mechanisms, technical accountability, authority, policy and strategic guidance, and organisational structure.
- The One Health concept has paved the way to map out stakeholders and engage them in health-related issues, accounting for the score in stakeholder engagement.

Figure 8: Graph of Savannah Region Oversight Capacity scores (source: WHO)

3. Savannah Regional Priorities Moving Forward

- With Health Outcomes, the Savannah Region needs to put in interventions to improve Primary Health Care and Universal Health Coverage with more emphasis on the availability of essential medicines.
- Better access to essential services is of great concern to the region as a dimension of system functionality, so it shall be worked on.
- With regards to oversight capacity, though the scores are quite good, we shall intensify social accountability, Authority, and Policy and Strategic Guidance bits.

References

- WHO (2023). *Functionality of sub-national units*. Accessed from <https://aho.afro.who.int/functionality-assessment/af> on 25th July 2023.

Acknowledgement

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