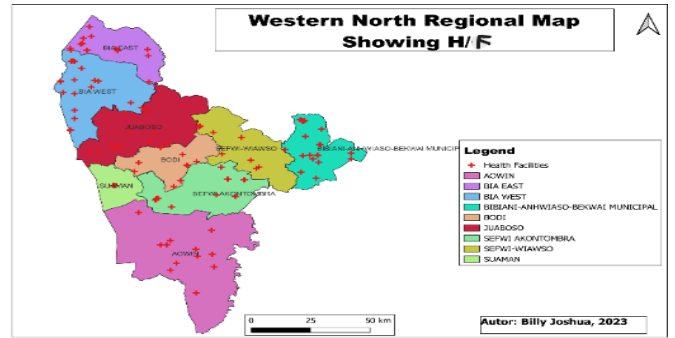


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Health Systems Functionality Assessment in Western North Region, Ghana

Rationale

The Western North Region is one of Ghana's sixteen regions, forming part of the six newly created regions. The region has nine districts with seven hospitals, 30 health centres, 39 clinics, 252 CHPS compounds and 21 maternity homes. The overall population for the region is 918,309, with a land size of 8,875km².

Universal Health Coverage (UHC) and Primary Health Care (PHC) are essential components of a well-functioning healthcare system. While Ghana has made significant progress in expanding access to healthcare services, including in the Western North Region, several challenges still need to be addressed to achieve effective UHC and PHC in the area. This assessment was jointly conducted by the Ghana Health Service and other stakeholders (District Assembly and Ghana Education Service). The assessment covered five (5) Districts within the Western North region. The "Framework for the provision of essential health services through strengthened district/local health systems" underscores the need to concentrate efforts on the implementation level to drive progress at the national level. While current endeavours predominantly revolve around bolstering national health systems and setting national targets for Universal Health Coverage and Health Security, a crucial aspect often overlooked is the comprehensive Primary Health Care (PHC) approach at the sub-national level.

The current selective PHC approach, which centres on specific conditions, falls short of adequately addressing the dynamic health needs of the population, making it imperative for the health system to adapt and respond accordingly. To attain holistic and inclusive health outcomes, reevaluating strategies and resources must prioritise comprehensive PHC, with districts playing a pivotal role in orchestrating success on multiple interconnected fronts.

Key messages

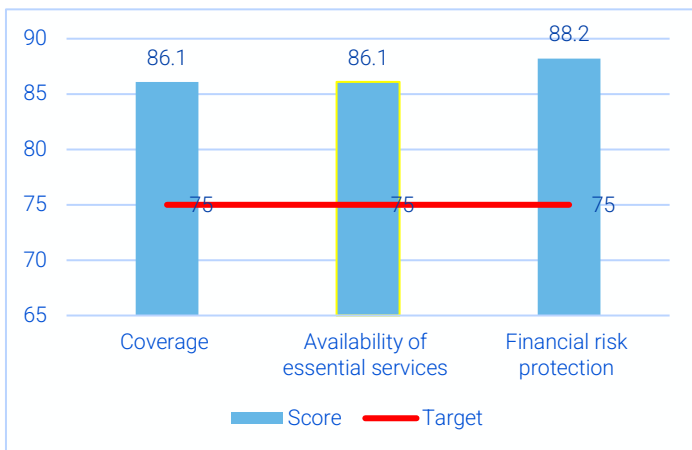
- The region has low staffing (69.9%). This is due to health workers generally being unwilling to accept postings to the region, and the few staff who accept postings leave the region after a few years due to the deprived nature of the region.
- The region has an impressive response to health security threat score of 82.6% but is challenged with detecting these threats due to low infrastructural resources in the region.
- The knowledge production in the region was low (77.5%). The region has not been able to conduct much research to aid in decision-making because of financial constraints.
- Most of the populace in the region encounter out-of-pocket systems due to low insurance coverage, thereby reducing the overall primary health care (PHC) within the region.

1. Regional Overview : Health Service Outcomes

The Western North Region is one of Ghana's sixteen regions, forming part of the six newly created regions. The region has 9 districts with 7 hospitals, 30 health centers, 39 clinics, 252 CHPS compounds 21 and maternity homes. The overall population for the region is 918,309 with land size 8,875 Square kilometer. The capital is Sefwi Wiawso and the main referral hospital is in Kumasi which serves mostly the population in the Eastern part of the region.

1.1 Universal Health Coverage

The overall average Universal Health Coverage (UHC) score for the Western North Region is 86.1%. Out of these, the availability of essential health services is 86.1%, whilst coverage of essential health services is 86.1% and financial risk protection for the region is 88.2%



- The financial risk protection recorded the highest score of 88.2%. This was attributed to the fact that most clients are insured on NHIS, resulting in low out-of-pockets in the region.
- The primary reason for the high score in the coverage of essential health service (86.1%) was the posting of available essential staff (midwives, nurses, PA, etc.) to the hard-to-reach areas to offer essential care (Delivery, etc.), despite the low human resource capacity.

Figure 1: Western North region UHC scores within Five (5) districts (source: WHO)

1.2 Health Security

In the Western north Region, the overall average health security score is 73.4 out of 100. This is composed of the multiple factors, which are grouped under prevention (81.5%), detection (79.4%), response (87.3%), and organization and leadership (86.4%).

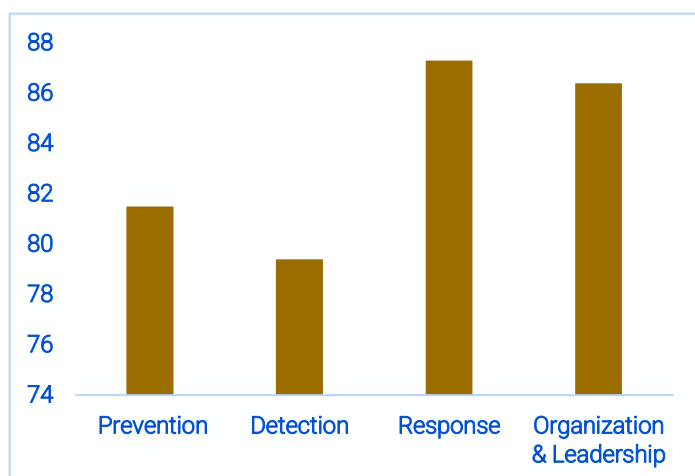
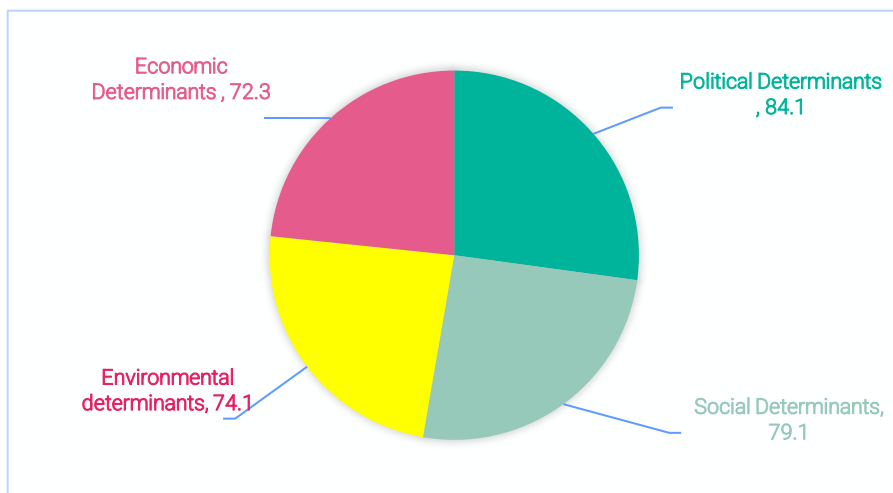


Figure 2: Western North Regional Health Security scores (source: WHO)

- This low score in detection comparatively was attributed to lack of resources including financial, economic, social, and human resources. The region is also challenged with poor doctor to patient ratio as well nurse to patient ratio.
- The region can respond to health and emergency threats such as outbreaks; but the region lacks the equipment to detect the type of disease and its existence. All samples are usually collected and sent to the nearby region for detection.

1.3 Determinants of Health

The overall determinant of health is 65.2%. The social determinants of health stand at 79.1%, environmental determinants at 74.1%, economic determinants at 72.3% and political determinants at 84.1%.



- Economic determinants (74.1%), score implies poor economic status of the population. There is poor availability of accommodation especially for the health staff within the region.
- The region performed well in the political determinants due to interventions to resolve all child employment.
- All birth and death registration are actively ongoing in all districts in the region.

Figure 3: Western North region Determinants of Health scores (source: WHO)

1.4 Primary Health Care

The overall Primary healthcare average is 79.8% for the selected districts in the region. This is computed from the six PHCs. The PHC approach for human resources is 78.3%, with community empowerment at 86.2%, capacity for knowledge production and use at 77.5%, Stakeholder alignment at 76.7%, financing at 76.7% and technology transfer at 84.8%

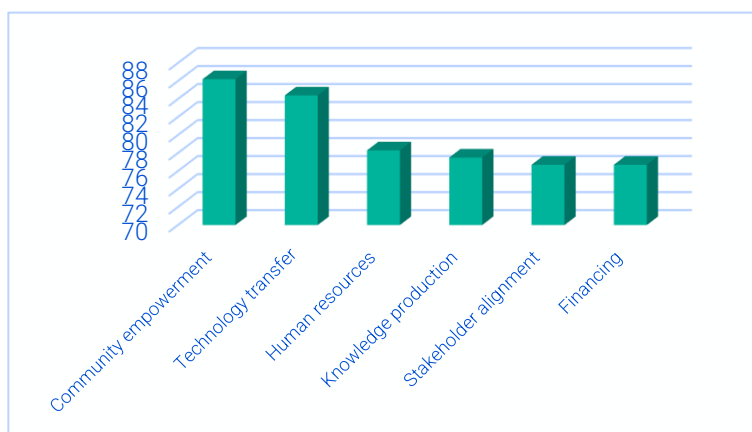


Figure 4: Western North region PHC scores (source: WHO)

- The community empowerment scored the highest. This was attributed to the collaboration between the regional and district health directorates. The health facilities involve the community leaders (Chiefs, assemblymembers, etc.) in decision-making.
- Comparatively, the region has a low score in financing (76.7%). This is due to some of the populace not having health insurance, leading to some people being charged for accessing health care.



2. Regional Overview: System Functionality

The Overall average health systems functionality score is 84.5 out of 100. The oversight capacity is 74.7%, management capacity is 82.6% and health systems capacity has a score of 82.7%.

2.1 Service Provision Capacity

The Health Systems capacity has an average score of 70.3%. The Access is 71.6%, Demand 70.8%, Quality 70.5% and Resilience 69.3%.



Figure 5: Western North region Service Provision Capacity scores (source: WHO)

- None of the indicators in the region's health systems capacity could meet the national target (75%).
- Health workers are generally unwilling to accept posting to the region, and the few who do come leave the region after a few years.
- Comparatively, access had the highest score. Most of the populace have access to clinical staff even though the human resource in the region is limited.
- The resilience score was low (69.3%). This is because the region does not have a PCR lab for monitoring antimicrobial resistance (AMR). Also, most of the facilities do not have Biosafety and Biosecurity systems.

2.2 Management Capacity

The overall management capacity for the selected districts in the Western North region is 73.3%. This was derived from the 7 S's. Strategy was 72.5%, Structure 73% and Systems 72.4%. The softer S's, on the other hand, are Staffing (69.9%), skills (73.2%), Style 75% and Shared values (76.1%).

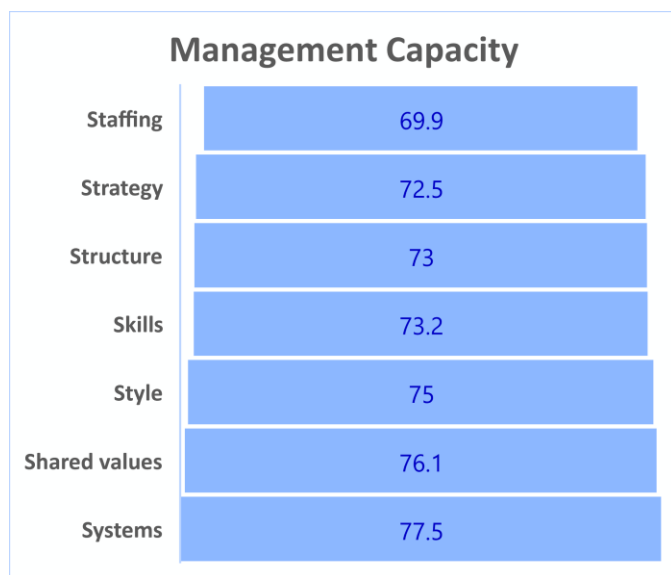


Figure 6: Western North region Management Capacity scores (source: WHO)

- From the Chart, the score for Staffing Capacity for the Region was 69.9%. This was largely because clinical and technical staff were not accepting regional postings.
- The management systems in the region (77.5%) recorded the highest because of good management practices by the region's leadership.
- Responsibilities and duties are shared with management members within the RHMT and DHMT.

2.3 Oversight Capacity

The overall score for the districts oversight capacity is 94.7%. As indicated in the graphs, technical accountability scored 74.7% compared to the social accountability score of 66.5%. The public health confidence is 73.8% whereas stakeholders' engagement is 70.8.

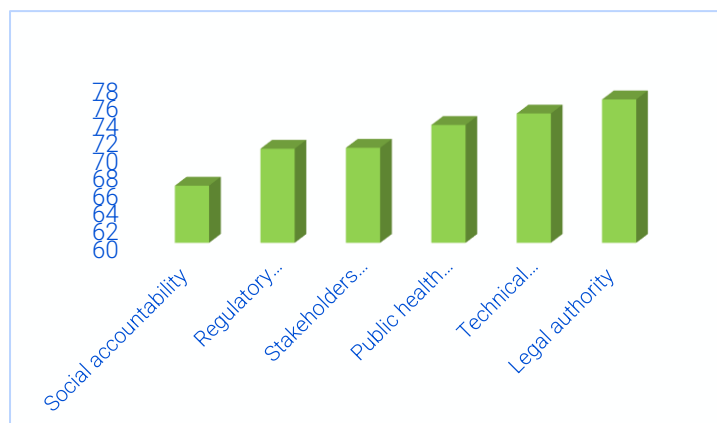


Figure 7: Western north region Oversight Capacity scores
(source: WHO)

- Districts and facilities do not generally have MOUs with private sector facilities. Stakeholder involvement is ensured by inviting traditional, political, and religious leaders, CHAG, etc. to their annual review meetings.
- The Score for public confidence is high (73.4%). This is attributed to the conscious effort to keep the community informed on health issues. A Public address system mounted on pickup vehicles for community outreach and information.

3. Regional Priorities Moving Forward

1. **Attracting and Retaining Critical Staff:** To attract and keep key personnel, strategies will be implemented, including providing free housing and increasing study leave quotas. This will strengthen the healthcare workforce and enable better service delivery.
2. **Enhancing Laboratory Capacity:** The region is working hard to improve its diagnostic capacities, such as Polymerase Chain Reaction (PCR,) through strong lobbying with donors and partners. With this development, the region's biosafety and biosecurity systems will improve disease detection.
3. **Research for Informed Decisions:** Recognizing the critical importance of research in evidence-based decision-making, the region and districts have committed to major research efforts. These research projects will provide vital insights into healthcare planning.
4. **Enhancing Insurance Membership:** Joint sensitisation programmes will strengthen clients' insurance membership, enhance financial security, and enable wider access to healthcare services throughout the region.
5. **Strengthening Public-Private Partnerships:** The region is committed to building partnerships with private-sector healthcare facilities. To ensure a coordinated strategy that benefits both the public and private healthcare sectors, this relationship will be formally established through the Memoranda of Understanding (MOU).
6. **Transparent Reporting:** Transparency and accountability are priorities for regional and district health directors. Sharing annual reports with key district stakeholders clearly shows accomplishments, problems, and progress towards healthcare goals.
7. **Comprehensive Health System Evaluation:** The region will use the Health System Functionality Assessment tool to analyze the remaining districts and facilities. This self-assessment would be conducted periodically to assess progress in bridging gaps observed previously to aid decision-making.

Acknowledgement

This Factsheet was produced by the Ghana Health Service Western North Regional Health Directorate under the leadership of:

Dr. Marion Okoh-Owusu – Regional Director of Health Service
Mr. Billy Joshua – Regional Health Research Officer
Mr. Isaac Korankye – Regional Health Information Officer
Dr. Cornelius Debpuur – Deputy Director, Research and Development Division, Ghana Health Service
Ms. Edith Mansah – Policy Planning Monitoring and Evaluation Division, Ghana Health Service

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Sources

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Contact us at: iaho@who.int

Connect with us on LinkedIn: <https://www.linkedin.com/company/iaho/>

Fact sheet produced by:

Western North Regional Directorate Team and supported by members of the District Health Functionality Assessment