The Ghana/Tanzania Initiative
-
Accelerating Progress on Millennium Development Goals by Exchanging Health System Innovations between Tanzania and Ghana

Evidence-based District Health Systems Strengthening supported by DDCF AHI
Introduction

• This initiative demonstrates....
  – ....the effort of the Ministries of Health in Ghana and Tanzania in taking up the global challenge of improving health systems - to deliver the available technologies and interventions to achieve the health related MDG’s
  – .... also in line with each country’s commitment to the IHP+, HHA and Paris Declaration on Aid Effectiveness

• ...using evidence from DSS sites...
..... and also ensuring that households are strengthened in their roles as the primary producers of health.
Crowded playing field: Huge money spent Little Result

- UNAIDS 0.2b in 2008
- Gates Foundation 2b in 2007
- PEPFAR 3b in 2007
- Stop TB Partnership 0.1b in 2007
- Civil society
- Transforming from an Advocate to player
- RBM 0.01b in 2007
- Stop TB Partnership 0.1b in 2007
- Business communities/Private Sector
- PMI 1.2 b in 2007
- WHO total 2b in 2008
- GFATM 6b in 2010
- UNITAID 0.3b in 2007
- Coaching Job is poorly paid.
Progress towards MDG 4, African Region, 2006

- **On track:** U5MR is less than 40, or U5MR is 40 or more and the average annual rate of reduction (AARR) in the under-five mortality rate observed for 1990–2006 is 4.0 per cent or more

- **Insufficient progress:** U5MR is 40 or more and AARR is between 1.0 per cent and 3.9 per cent

- **No progress:** U5MR is 40 or more and AARR is less than 1.0 per cent

**AARR:** Average Annual Rate of Reduction
Maternal Mortality Rate per 100,000 live births 1990 and 2005 (Indicator 16)
Under five mortality rate / 1000 live births

Challenge in achieving MDG 4: Sub-Saharan Africa

AARR: Annual Average Reduction Rate

Source: HDR 2003, Unicef 2007
The Paris Declaration on Aid Effectiveness

- Endorsed in March 2005 by Ministers and Heads of Agencies of partner countries and development partners
- Reflects the commitment to provide and manage aid as a means of better achieving development results, in line with the principles of:
  - ownership and leadership by developing countries
  - alignment with countries’ strategies, systems and procedures
  - harmonization and coordination of donors’ actions
  - managing for development results
  - mutual accountability for performance and results
- Established a monitoring framework of indicators and targets
Aid effectiveness pyramid

Ownership
(Countries)
- Countries set the agenda

Alignment
(Donors–partners)
- Aligning with country priorities
- Relying on country systems

Harmonization
(Donors–partners)
- Establishing common arrangements
- Simplifying procedures
- Sharing information
Working around the 6 building blocks… the project will deliver on..

- **Service delivery**
  - Package of integrated services
  - Public and private providers
  - Community engagement
  - Management, infrastructure and logistics
  - Inter-sectoral action for better health

- **Health workforce**
  - HR strategies & plans
  - Education scale-up
  - Retention and return of health workers
  - Migration

- **Information**
  - Data and surveillance systems
  - Health System Metrics
  - Synthesis and analysis of data; disaggregated by age and sex
Working around the 6 building blocks…. the project will deliver on..

- **Medical products, vaccines and technologies**
  - Policies for medicines, vaccines and technologies
  - Procurement and distribution systems
  - Rational use of drugs
  - Monitor of quality

- **Financing**
  - Social health protection & increase pre-payment & risk pooling – reduce OOPS
  - Increased and more predictable financing
  - Equitable and efficient allocation of funds
  - Expenditure tracking – National Health Accounts

- **Leadership and governance**
  - Sector policies, strategies, plans and MTEF
  - Regulation, oversight and accountability
  - Generation and use of research and knowledge
Conceptual framework of Strengthening Health Systems to improve survival

- #1 Integrated service components
- #2 Health workforce size, composition & training
- #3 Information for decision - making
- #4 Essential drug supply & logistics
- #5 Health financing & resource allocation
- #6 Leadership & governance

Enabling sub-system inputs...

...generate outputs that

...improve system responsiveness

...impact on health behavior, and ....

Improved equity

Improved service efficiency

Improved perceived quality of services

Reduced social costs

Enhanced Health Service Utilization

Enhanced

Improved survival

Program indicators

Client indicators
Conceptual Framework....ctd

• Drilling down into each function to structure assessment approach and added link to performance and impact
Project goals

This project aims to implement a system of proven health systems innovations that have been developed in Ghana and Tanzania and test the hypothesis that district systems developed for this purpose will accelerate progress in achieving MDGs 4 and 5 in both countries.
Proposal is guided by examples of DSS support for public health policies

1. Policy experiments, demonstrations and pilots (TEHIP/Navrongo)
2. Monitoring policy goals and indicators (Ifakara, Agincourt)
3. Explanation and analysis of policy questions (Kintampo, Agincourt).
4. Build monitoring and measurement platforms from DSS data models (possible collaboration with Health Metrics)
5. Evidence-based scaling up (TEHIP/Ifakara)
What is being brought on board?...

• .... the tools available to bear on the performance of the District Health Systems
  – Available arsenal of interventions and technologies
  – Evidence provided by the DSS sites in the two countries:
    • Tanzania experiences – TEHIP tools of DHIP and PlanRep/DHA etc
    • Ghana experience – organizing services to those who need them most – CHPS and District Health Systems
In Tanzania...

• The Tanzania Essential Health Interventions Project (TEHIP) has provided local districts the tools to make informed decisions about the allocation of healthcare resources, TEHIP enabled them to provide services that met their burden of disease patterns.

• These efforts led to dramatic declines in child mortality and TEHIP has been scaled up to 120 districts.

• Tanzania is on target to achieve the Millennium Development Goal (MDG) of reducing childhood mortality by two thirds from 1990 to 2015.

### CHPS and Health Policy Reform in Ghana

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**End Points**
- ↑Health
- ↓Mortality
- ↓Fertility
Clarity of District Health Systems concept...

- **District level**
  - **District Health Management Teams (DHMT)**
  - Supervision from DHMT to District Hospital
  - Patient referral from District Hospital to Sub-district Health centres

- **Sub-district level**
  - **Sub-district Health Management Teams (SDHMT)**
  - Supervision from SDHMT to Health centres in Sub-district
  - Patient referral from Health centres in Sub-district to CHPS zones

- **Community level**
  - **Community Health Committees**
  - Supervision from Community Health Committees to CHPS zones
  - CHPS zones with community support systems
  - Patient referral from CHPS zones to Health centres in Sub-district

*CHPS - a Health System Backbone  Aug-06*
Maternal mortality Kassena-Nankana District 1994-2002

![Graph showing maternal mortality trends in Kassena-Nankana District from 1994 to 2002. The graph includes a linear trend line, an MDG trajectory line, and data points for each year.](image-url)
Current Status

• Joint application for planning grant submitted and approval received from the DDCF African Health Initiative......

• We.. the Country Teams (Policy makers, researchers and.........) are in the planning phase ... to develop full project proposal
In preparation... six-month planning process

• ....*Conducting rapid strategic appraisals* to diagnose elements of health systems that require intervention and development in five districts in Ghana and three in Tanzania

• ....*Assessing the feasibility of assembling tools and innovations* in project districts for the purpose of extending access to health technologies and services

• ...... *Reviewing lessons from past strategies for scaling up innovation* and develop project plans for fostering the continuous utilization of system innovations, technologies, and capabilities as they emerge
Ultimate outputs....

• ....the planning process will develop a proposal for promoting total “Health Systems Development” in Ghana and Tanzania using a framework created by the World Health Organization

  – .... In Tanzania, the project will build new capabilities into the country’s existing EMPOWER initiative and others..., which mobilizes health system strengthening at all points of care, while also integrating Ghana’s strategies for providing community-based health services... according to the country’s strategic plan!

  – In Ghana, the project will add Tanzania’s systems for strengthening the management of district-level health systems into its existing CHPS programming in order to accelerate the scale up of such programs.
Coordination...

• ....... All of these planning efforts will be coordinated between the two countries in order to foster the sharing and transfer of information, strategies, plans, and research

• ....... And this international initiative shall be called the Tanzania-Ghana Health Partnership (TGHP).....

• ............Amen!
Some thoughts...

• ... with the districts selected, do we establish DSS as part of the routine Health Systems Information structure in each of them?....

• What really does that mean?.....

• .......Do we consider developing a ‘less rigorous’ and less expensive DSS for Health System functionality for each District...

• Difference between Hassan and myself? - Hard research or health systems perspectives.......
A final word on framework for monitoring performance and evaluation of the campaign for the health MDGs

**Inputs & processes**

- **Global**
  - Resources
    - More for scale-up linked to plans
    - Flexible, untied, predictable
    - Performance-based disbursement
  - TA and capacity building
    - Strengthen plans implementation support
  - Funding
    - Mutual accountability process
    - Coordination and harmonization among funders
    - Agency barriers addressed
  - Advocacy

- **Country**
  - Plan
    - Coherent, prioritised and funded
  - Support
    - Well-harmonized and coordinated
  - Capacity
    - Financial and technical capacity to implement plans
    - Ability of monitor progress and evaluate
    - Systems strengthening
  - Accountability
    - Improved to inform domestic and global stakeholders
    - Using information to improve practices and results

**Outputs**

- Services
  - Scaled-up to increase access: available, affordable, quality
  - Priority interventions focus

- Health system
  - Scale-up of priority interventions supported by:
    - Stronger health system
    - No adverse effects on other interventions

**Outcomes**

- Intervention coverage
  - Increased coverage priority interventions for maternal, neonatal and child health; priority diseases (HIV, TB, malaria)
  - Other interventions: no drop-off

- Safety
- Efficiency

**Impact**

- Reduced mortality
  - Child mortality
  - Maternal mortality
  - Adult mortality due to infectious diseases

- Improved nutrition
  - Children
  - Pregnant women

- Reduced morbidity
  - Incidence of HIV, TB, malaria

- Social and financial risk protection
  - Reduced impoverishment due to health expenditures

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**Aid process monitoring**

**Resource tracking**

Strengthen country health information systems: monitoring health systems, service delivery, coverage and health outcomes

Evaluation: planning, investment, implementation
This is an example of....

Primary Health Care

30 years on from Alma Ata

The World Health Report 2008
• Thank You