A Story from the Field: Ghana District Health Systems Functionality

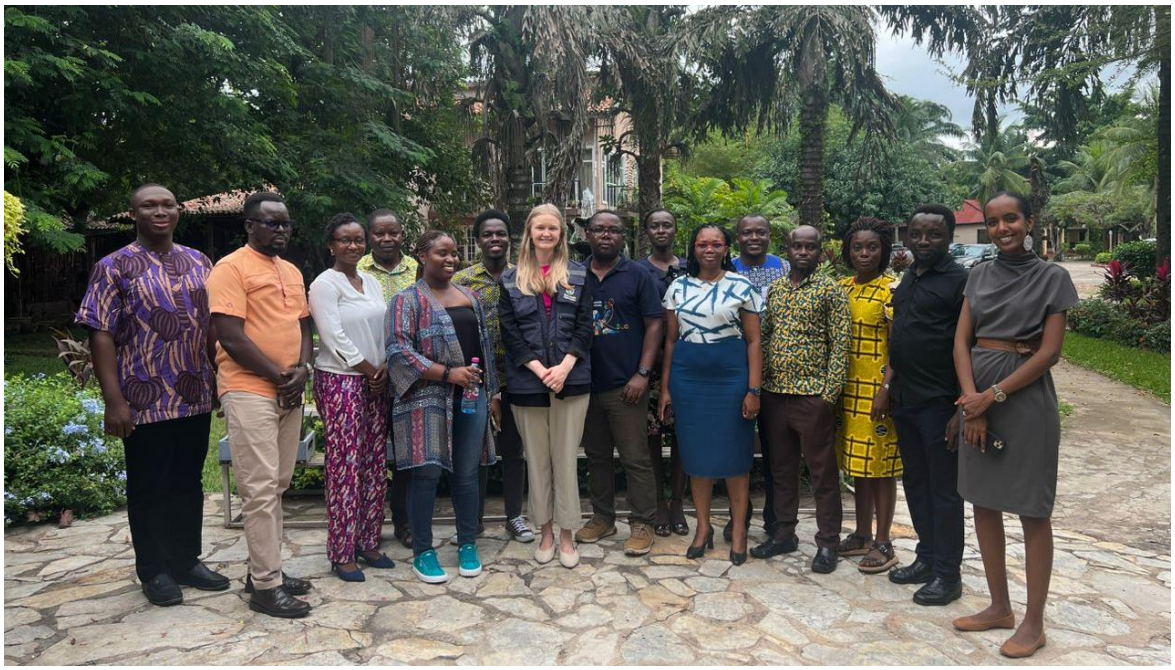

Figure 1: Group photo of districts' representatives

In the heart of Ghana, a country known for its rich heritage and warm-hearted people, the concept of district health systems functionality had long been a subject of interest, waiting to be unraveled within the context of Universal Health Coverage (UHC), health security, and the determinants of health. The nation possessed a formidable decision-making landscape, boasting robust governance and health information systems. In this setting, the country, in collaboration with the WHO African Regional Office (AFRO), initiated the assessment of sub-national unit (SNU) functionality, offering an opportunity to comprehensively evaluate the functionality of their health systems at the district level.

Ghana, a nation that had made considerable strides in achieving UHC through its Service Coverage Index (UHC SCI), was at a crossroads. The UHC SCI, while a mark of progress, had started to stagnate in recent years. Out-of-pocket spending, an unwelcome burden on citizens, loomed at 40%, exceeding the regional average of 36. The strong correlation between UHC SCI and health systems functionality prompted a thorough analysis to uncover opportunities and identify critical areas of strength and weakness in districts. This analysis held the key to operational, strategic, and long-term implications.

Ghana embarked on the SNU assessment in 34 districts, encompassing six newly established regions, only a year or two in existence. After the assessment, the health services headquarters took to the road, visiting each region to appraise findings and gather feedback. The final stop on this enlightening journey was the Savannah region, where the AFRO team joined forces. A week later, regional directors and focal persons convened to deliberate on the analysis, dissecting emerging issues and implications.

In the Savannah Region, district directors congregated in West Gonja to review their scores, share best practices, and explore avenues for policy improvements. The analysis underlined the delicate balance required between the primary healthcare (PHC) approach at the primary and hospital levels. Disaggregated data illuminated differences in deploying these approaches, emphasizing the importance of knowledge transfer and community empowerment. A call to strengthen the referral system and gatekeeping mechanisms rang clear to optimize patient flow and ensure timely access to appropriate care levels.

Enhancing care across the spectrum of public health functions, from promotion to rehabilitation, emerged as a crucial step to stimulate service demand and encourage proactive health-seeking behaviors. The meeting spotlighted gaps in accessing care across the life course, specifically focusing on older people, urging tailored interventions to address their unique healthcare needs. Lastly, fostering a culture of trust within the health system took center stage, emphasizing the importance of community engagement and social accountability. Communities were encouraged to shape their health outcomes actively and hold health systems accountable for equitable and accessible care delivery.

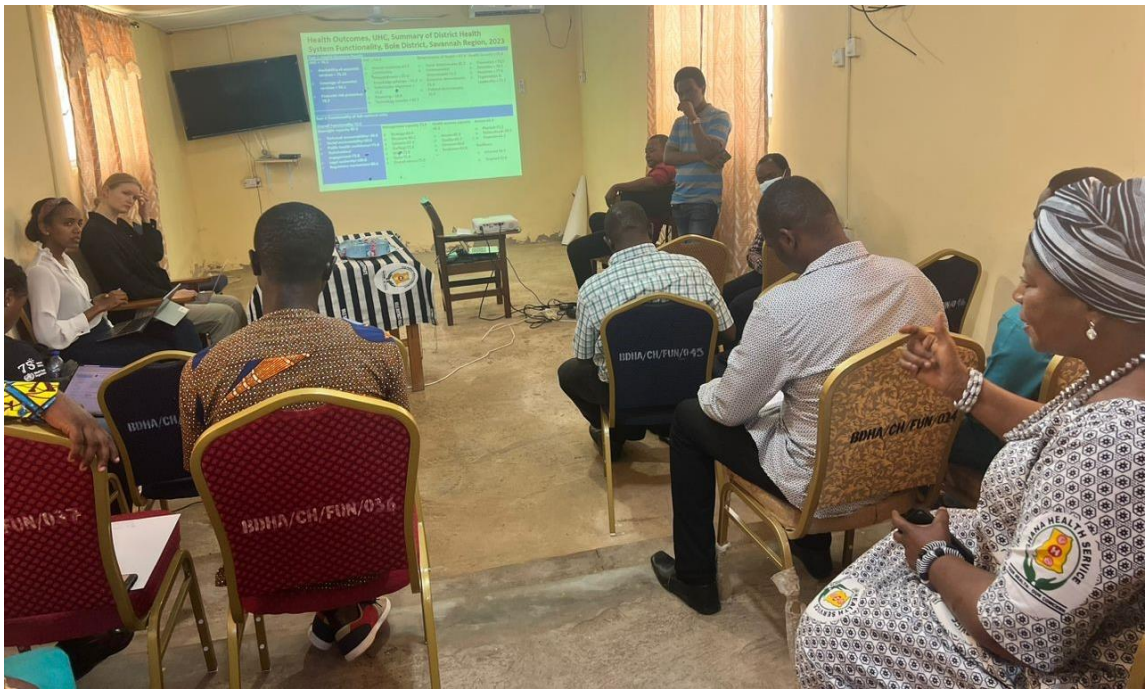

Figure 2: Discussion with Bole district on functionality of health systems

The concept of functionality was assessed through three lenses: oversight, management, and service provision capacity. Traditional focus predominantly focused on technical aspects, while community empowerment remained underemphasized. The importance of social accountability, integrity, and public confidence emerged as areas for future development. Service provision capacity emerged as the weakest dimension, with barriers hindering service access. Management capacities showed a high focus on strategies but a shortage of capacity in service delivery systems. The need for coherent leadership styles and guidance for optimal results became evident.

It was profound to witness districts converting data into information and action that would change the lives of their population. The functionality analysis revealed that attainment of UHC required addressing the needs of the population across the age cohorts, though the elderly were notably left behind. Cognizant of the shortfall, one

of the districts established an elderly department in the main hospital immediately, actively changing the narrative at hand. Another district decided to use the information to advocate mobilize investments, and a health facility is being built to minimize physical barriers to access.

Ghana's commitment to improving its healthcare systems was resolute. The recent field visit and district health functionality assessment illuminated a path strewn with implications and recommendations. Ghana stood poised at the threshold of transformation, armed with insights that would shape the nation's healthcare landscape for years to come.

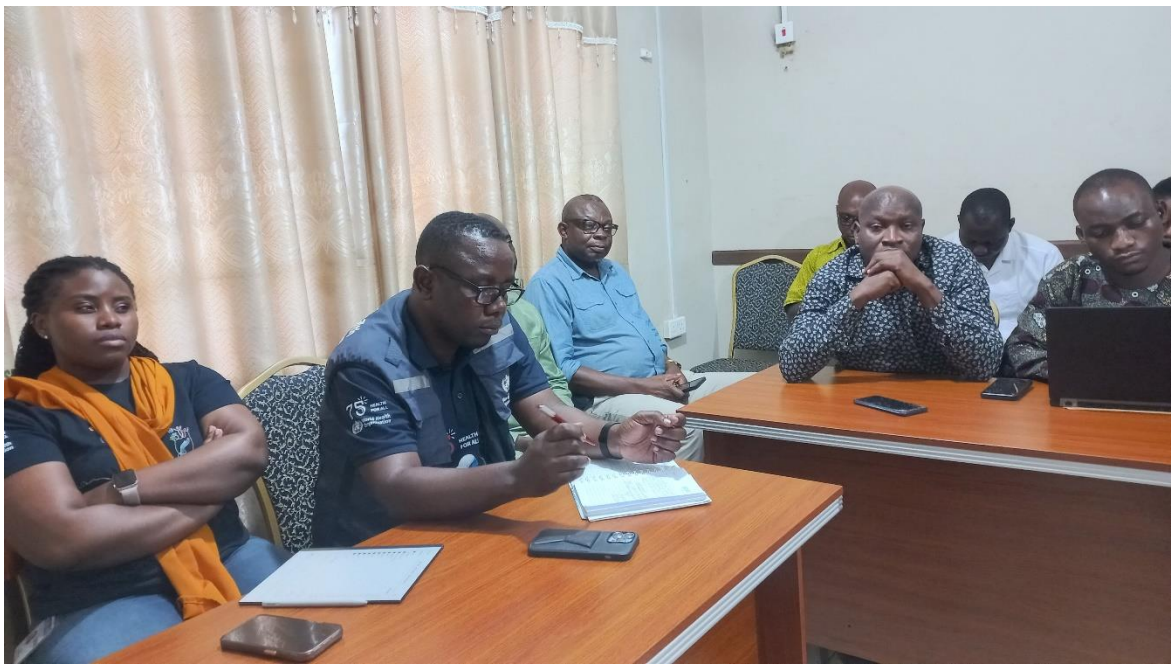

Figure 3: Debrief to District health management team