



Ghana Harmonized Health Facility Assessment 2022-2023

Snapshot 2

Malaria, HIV, TB, and NTDs

July 2023

Table of contents

Introduction	3
Methodology	4
Key findings	5
General service availability	6
Malaria	6
HIV	8
Tuberculosis	10
Neglected tropical diseases	11
Services by health facility type	12
District hospitals	12
Health centres	13
CHPS	13

Introduction

Health systems strengthening in Ghana

The government of Ghana strives to strengthen and improve health care delivery and ensure equitable access to quality basic health care for the population. Ghana's "National Health Policy: Achieving Universal Health Coverage (UHC) (2019-2030)" and "The UHC Roadmap (2020 – 2030)" both emphasize equitable access to quality primary care services for the population. Primary Health Care (PHC) is the foundation of the country's UHC Roadmap, which aims to improve the delivery and quality of primary health care services, with a focus on improving access to essential services for the poor and vulnerable while protecting households from the risk of impoverishment due to out-of-pocket spending on health care.

Over the years, data from the health and other sectors have been used to measure the availability and access to health care, and the health status of Ghanaians. The typical sources of data include routine health management information systems, civil registration and vital statistics, health system data, rapid health facility assessments, household surveys and censuses. The data from these sources have informed policy decisions and interventions to further strengthen health delivery. Nonetheless, there is still a need for innovative methods of data collection to provide more comprehensive data to assess health service delivery inputs and outputs in Ghana.

Health facility assessment is often used to generate information on service availability, readiness and quality of care. Ghana has conducted three landmark assessments of its primary healthcare system (Vital Signs Profile Assessment, 2018; Community Health Planning and Services (CHPS) Verification Survey, 2018; and EmONC survey, 2020). The data from these surveys provided valuable information on the status of health facilities in the country. However, these assessments were not comprehensive enough (in terms of coverage and content) to inform - ongoing innovations in healthcare delivery such as the Networks of Practice (NoPs). As the government rolls out NoPs, it is necessary to put systems in place to collect, analyse and use data for decision-making across levels of the health sector. A comprehensive service availability and readiness survey at all levels of health delivery in the country will help determine the status of health facilities and identify gaps in service availability and readiness in the country for improvement.

The Harmonized Health Facility Assessment

In 2022, Ghana adopted the WHO Harmonized Health Facility Assessment (HHFA), which provides an approach for conducting a comprehensive assessment of health service availability, readiness and quality of care to further strengthen its efforts towards achieving UHC. The HHFA is a comprehensive, standardised health facility survey that provides reliable and objective information on the availability of health services and the capacities of facilities to deliver the services at the required standards of quality.

Availability and quality of health services are integral to achieving UHC and the health-related Sustainable Development Goals (SDGs). HHFA data can support health sector reviews and evidence-based decision-making for strengthening country health services. The HHFA builds on previous and existing global facility survey instruments and uses standardised indicators, questionnaires, data collection methodologies and data analysis tools through multi-stakeholder collaboration.

The HHFA covers all key facility services and facility-level management systems. Its content is organised into four modules: service availability; service readiness; quality of care; and management and finance. Each HHFA module includes a set of stand-alone questionnaires that may be designated Core, Core + Additional and/or Supplementary. The combined questionnaire contains questions from multiple modules, integrated and organised to facilitate data collection. The questionnaire was adapted to the country's needs.

Methodology

Study design

The Ghana HHFA is the collective effort of a multi-partner group that has included The Global Fund, The World Bank, USAID, GAVI, PEPFAR/CDC, UNICEF, UNFPA, UN MDG Health Envoy and WHO. The data collection methodology used for this HHFA was a facility audit with key informants and observation for availability, readiness, management and finance. As part of this harmonized approach, efforts were made to bring together existing indicators with a standard set of indicator definitions, questionnaires and recommended assessment/measurement methods. For this assessment, the HHFA questions were organized into three main topic areas: service availability, service readiness, and management and finance.

The HHFA was a cross-sectional survey and covered all regions and health facility levels in Ghana, using a sampling frame of 9,505 facilities listed in the DHIMS database. The latest WHO HHFA tool was used to ensure the deployment of a standardized and tested tool. Ghana implemented the availability, readiness, management and finance modules using the facility audit methodology. These modules were used to collect information on the physical presence of facilities, resources, services, capacity to provide specific services, and management practices to support continuous service availability and quality. Data collection used interviews and observations as required in the specific modules of the questionnaire.

Sampling

The survey population encompassed all approved/licensed health facilities across Ghana, both government (fully or partly), faith-based and privately owned, including secondary and primary hospitals, health centres, polyclinics, clinics, maternity homes, and CHPS compounds. The sampling methodology prescribed by the HHFA protocol was adapted to arrive at the survey sample and involved both purposive and random sampling procedures. All designated regional and district hospitals and polyclinics were purposively included. The remaining facilities (other general hospitals, health centres, clinics, maternity homes, and CHPS) were randomly sampled. A total of 1,487 facilities were included in the sample, out of which 1,421 facilities were successfully interviewed and included in the analysis. Table 1 shows the distribution of the final 1,421 interviewed facilities by region and facility type.

Table 1. Distribution of interviewed facilities by region and facility type

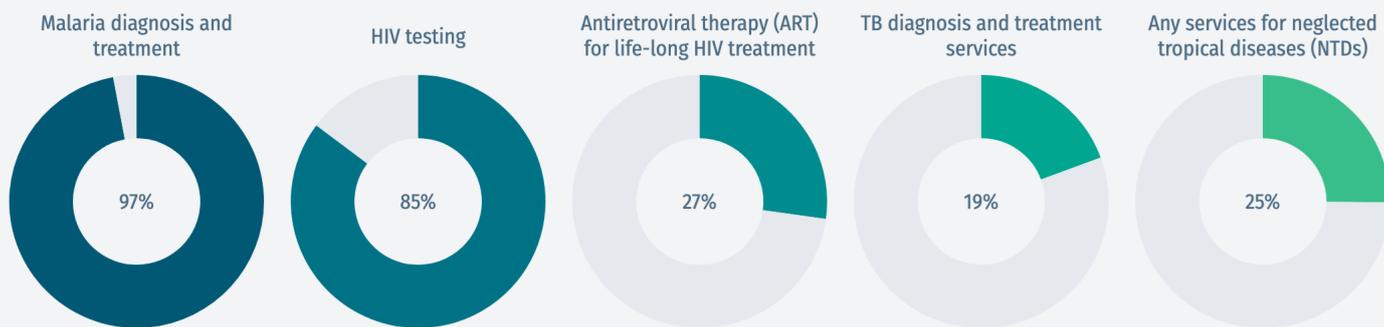
	Regional hospital	District hospital	Other general hospital	Polyclinic	Health centre	Maternity home	Clinic	CHPS	Total
Ahafo	1	6	1	0	7	1	5	5	26
Ashanti	1	27	18	8	54	18	30	17	173
Bono	1	12	4	1	31	3	9	11	72
Bono East	1	4	13	1	23	1	4	11	58
Central	1	11	11	14	28	8	21	34	128
Eastern	1	18	15	2	41	1	15	57	150
Greater Accra	1	11	33	23	23	25	83	6	205
North East	1	2	1	1	13	0	3	9	30
Northern	1	8	13	3	25	1	10	26	87
Oti	1	5	2	1	20	0	2	14	45
Savannah	1	4	2	3	15	0	3	12	40
Upper East	1	6	12	0	24	1	6	27	77
Upper West	1	6	6	5	27	2	3	28	78
Volta	1	9	15	3	37	2	9	21	97
Western	1	5	12	0	24	6	23	31	102
Western North	1	4	5	0	12	3	9	19	53
Total	16	138	163	65	404	72	235	328	1421

Key findings

- » Malaria diagnosis and treatment are offered at almost all health facilities across Ghana (97% of all facilities). HIV testing is offered in 85% of health facilities, but only 27% of facilities offer antiretroviral therapy. TB diagnosis and treatment services are lagging (19% of all facilities), as are services for neglected tropical diseases (25% of all facilities).
- » Most facilities that offer malaria services have staff who have received training in the past two years to diagnose and treat malaria (88%). However, the same is not true for HIV and TB. About half of the facilities that offer HIV and TB services have not had any staff receive training on these services in the past two years.
- » Malaria diagnosis by rapid diagnostic test (RDT) is offered at most facilities across Ghana. However, diagnosis by microscopy is much more limited, currently available in 39% of facilities. Availability is however above 96% of hospitals and polyclinics and over 50% of lower-level facilities except CHPS (service not expected at this level).
- » Across all facilities that provide Malaria or HIV services, only 50% have hand hygiene items (such as soap, alcohol, latex gloves, and paper towels) and only 41% have appropriate storage of non-sharp infectious waste.
- » While there is high availability of HIV testing across all facilities in Ghana, other aspects of HIV care – including pediatric services, HIV care and support, and access to antiretroviral therapy – are mostly only available at hospitals and polyclinics.
- » Overall, 73% of facilities offer HIV testing to pregnant women during the antenatal period and delivery, and 62% of facilities offer ARV prophylaxis to newborns of HIV-positive pregnant women for PMTCT.
- » For children under 5, HIV testing is available at 52% of all facilities. However, fewer facilities offer antiretroviral therapy or HIV care and support services for children (17% and 19% respectively).
- » Tuberculosis diagnosis and treatment services are not readily available. On average, only 19% of facilities offer these services, of which most are hospitals and polyclinics.
- » Services for NTDs vary across facility types, with health centres, clinics, maternity homes and CHPS offering fewer services for any NTD compared to higher-level facilities.

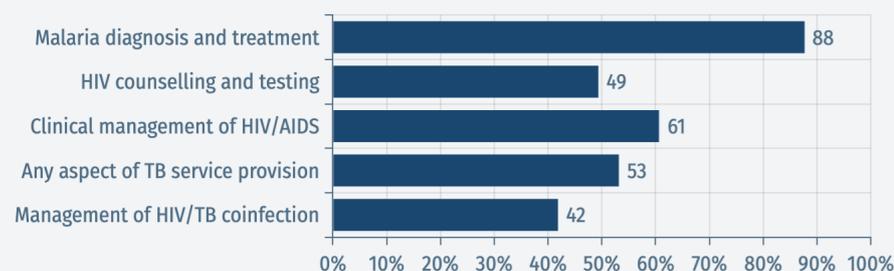
General service availability

Figure 1. Percentage of facilities offering key services



Malaria diagnosis and treatment are offered at almost all health facilities across Ghana (97% of all facilities). HIV testing is offered in 85% of health facilities, but only 27% of facilities offer antiretroviral therapy. TB diagnosis and treatment services are lagging (19% of all facilities), as are services for neglected tropical diseases (25% of all facilities).

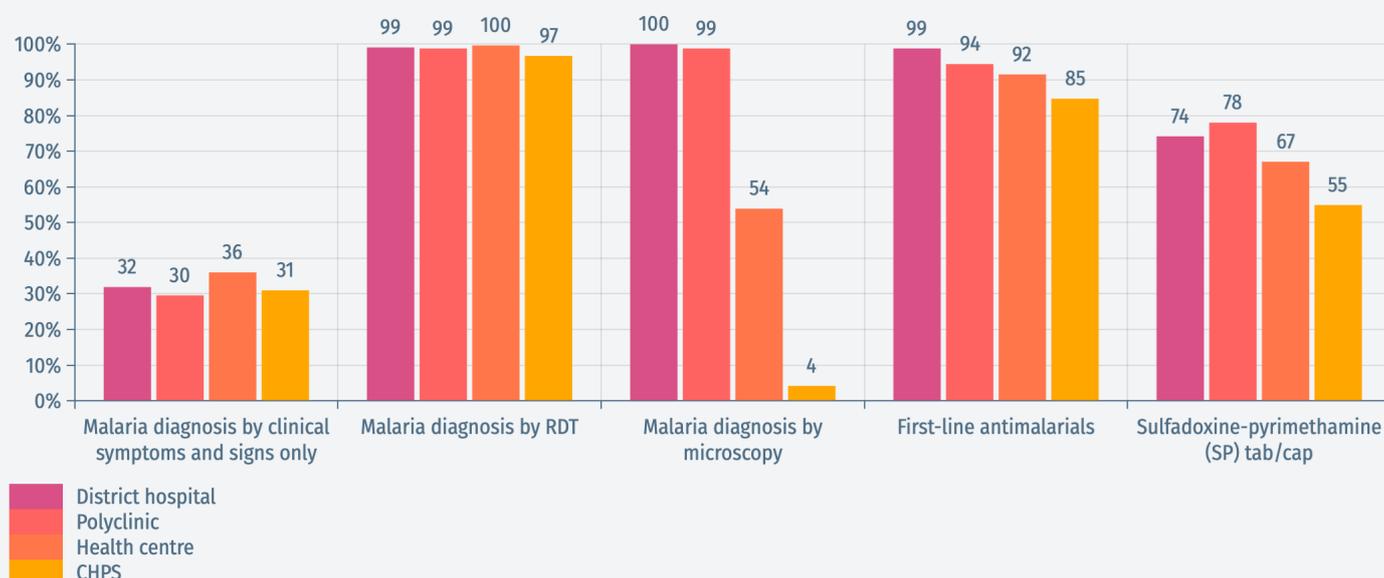
Figure 2. Any staff trained in key services at facilities offering the respective services



Most facilities that offer malaria services have staff who have received training in the past two years to diagnose and treat malaria (88%). However, the same is not true for HIV and TB. About half of the facilities that offer HIV and TB services have not had any staff receive training on these services in the past two years.

Malaria

Figure 3. Percentage of facilities offering malaria services



Malaria diagnosis by rapid diagnostic test (RDT) is offered at most facilities across Ghana. However, diagnosis by microscopy is much more limited, currently available in 39% of facilities. Availability is however above 96% of hospitals and polyclinics and over 50% of lower-level facilities except CHPS (service not expected at this level).

The GHS in collaboration with the National Malaria Elimination Programme (NMEP) has adopted a strategy to continually facilitate Malaria Diagnostic Refresher Training (MDRT) sessions for medical laboratory professionals across the country to bridge this gap.

Staff trained in malaria diagnosis and treatment are widely available across facilities at all levels of care due to the periodic onsite training and supportive supervision (OTSS) exercise and measures put in place by NMEP to stabilize stock levels of antimalarials in health facilities.

Figure 4. Infection prevention and control measures at facilities offering malaria services

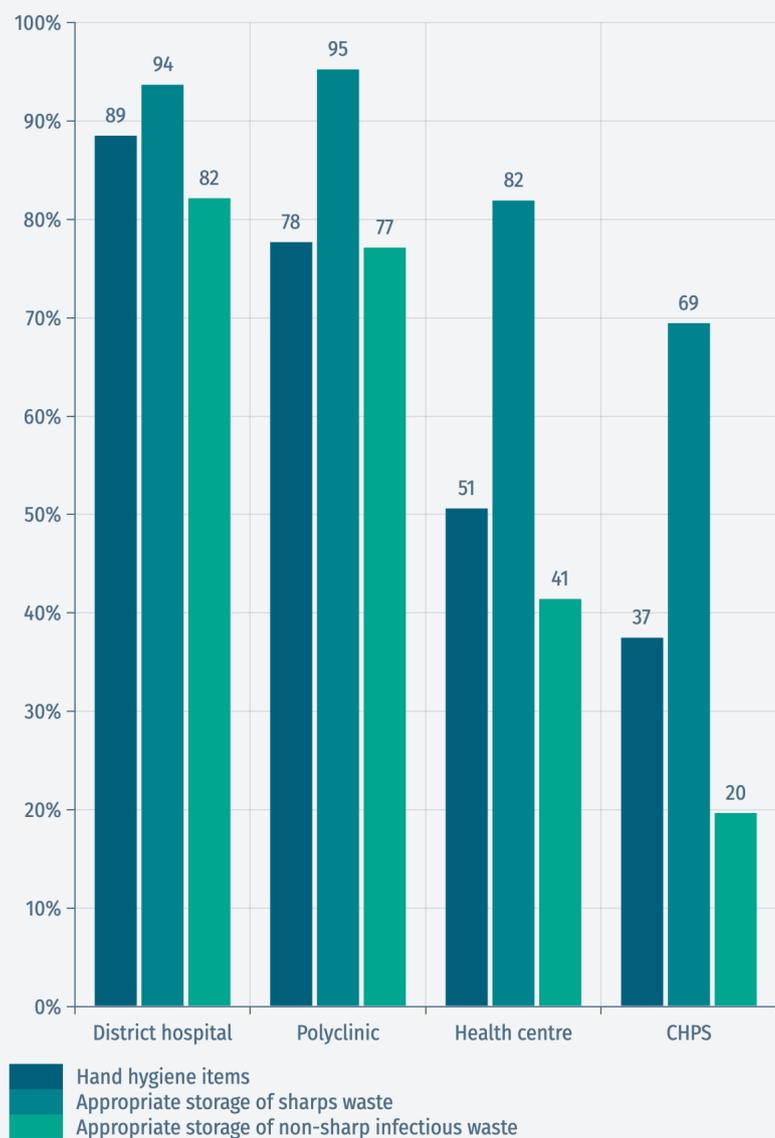
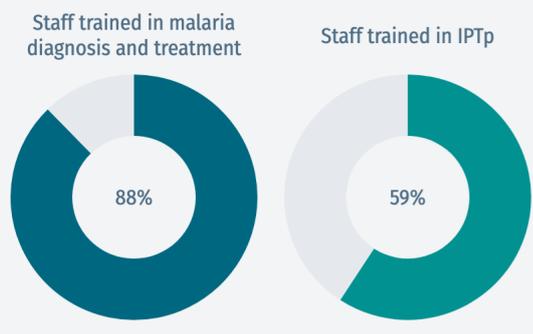


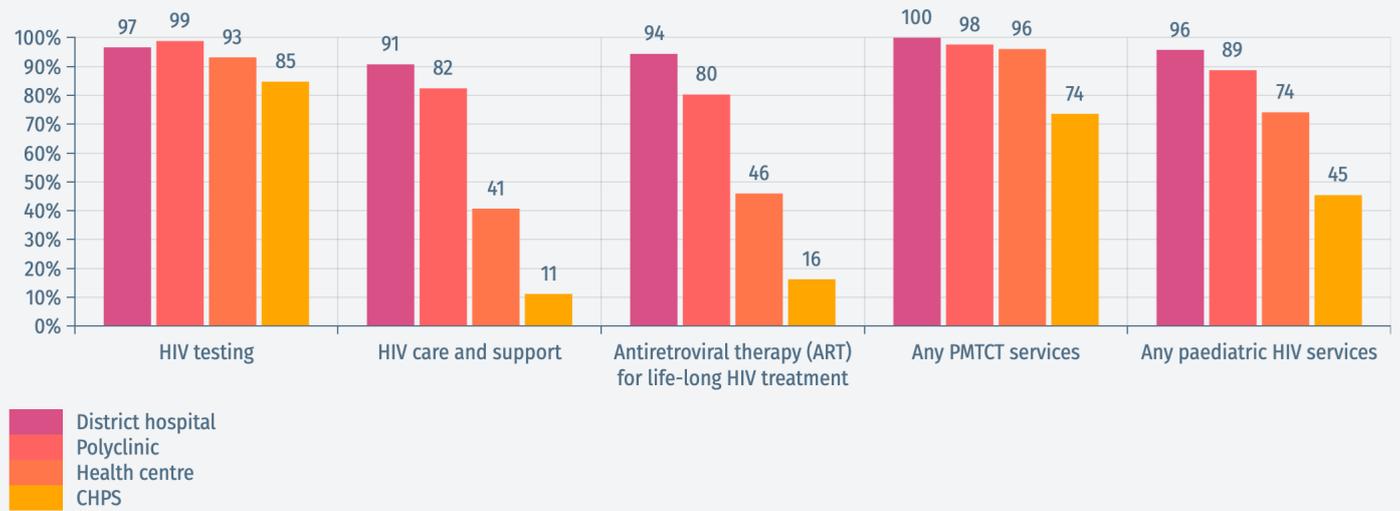
Figure 5. Any staff trained in key services at facilities offering malaria services



Across all facilities that provide Malaria or HIV services, only 50% have hand hygiene items (such as soap, alcohol, latex gloves, and paper towels) and only 41% have appropriate storage of non-sharp infectious waste.

This is a reflection of the IPC situation in Ghana. Hand hygiene items should be available at all service delivery points per the National Infection Prevention and Control Policy and Guidelines, 2015.

Figure 6. Percentage of facilities offering HIV services



While there is high availability of HIV testing across all facilities in Ghana, other aspects of HIV care – including paediatric services, HIV care and support, and access to antiretroviral therapy – are mostly only available at hospitals and polyclinics.

Figure 7. Percentage of facilities offering HIV comorbidity services

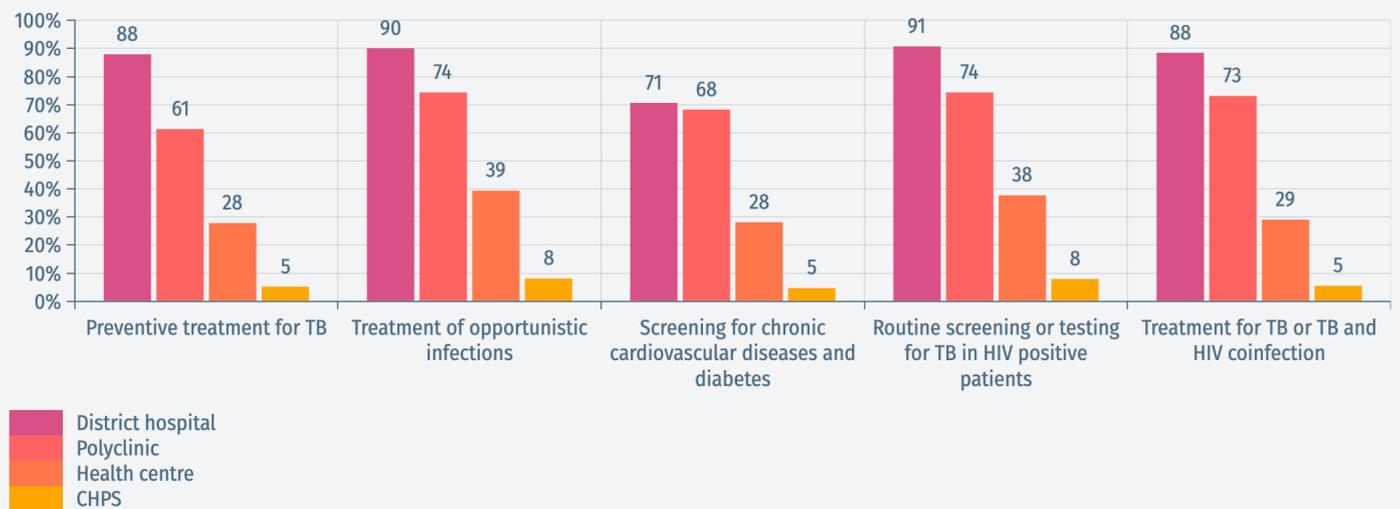


Figure 8. Availability of first-line antiretroviral regimen for HIV at facilities offering HIV services

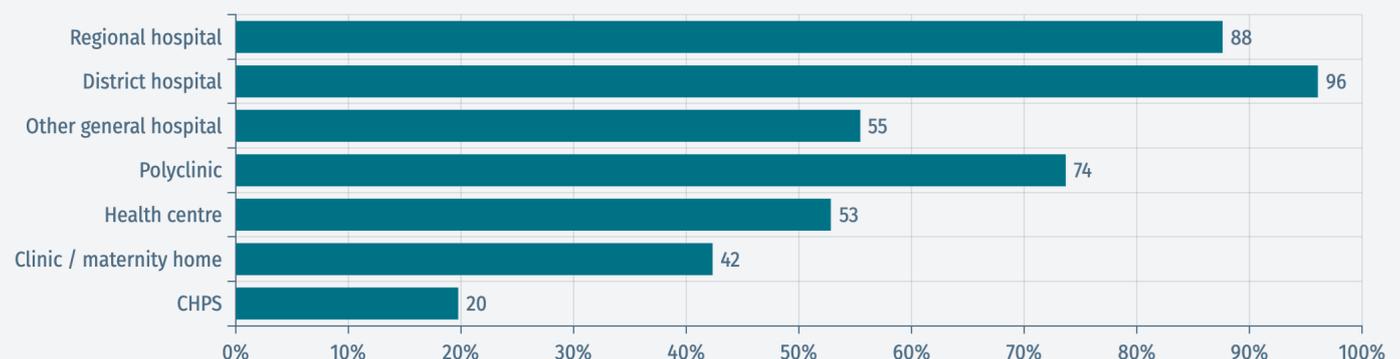


Figure 9. Infection prevention and control measures at facilities offering HIV testing

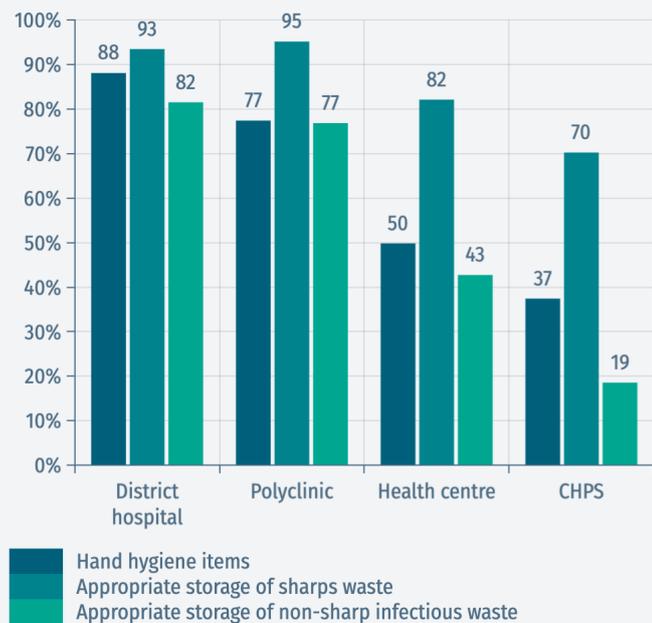
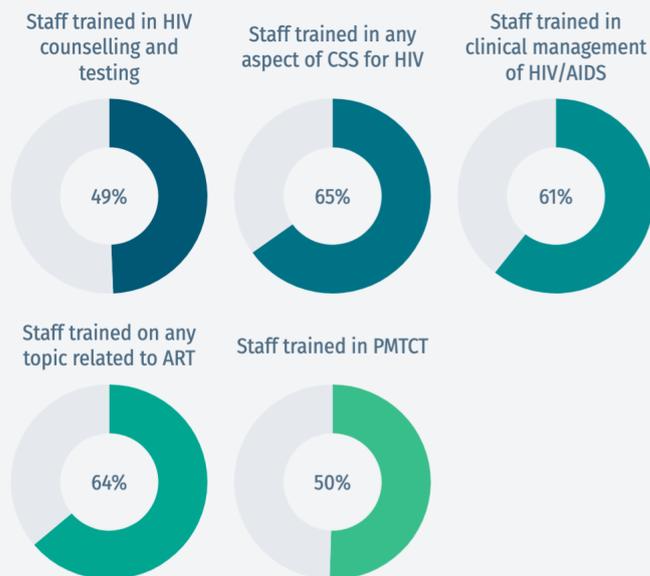


Figure 10. Any staff trained in HIV services at facilities offering HIV services



Overall, 73% of facilities offer HIV testing to pregnant women during the antenatal period and delivery, and 62% of facilities offer ARV prophylaxis to newborns of HIV-positive pregnant women for PMTCT.

Figure 11. Percentage of facilities offering HIV testing services

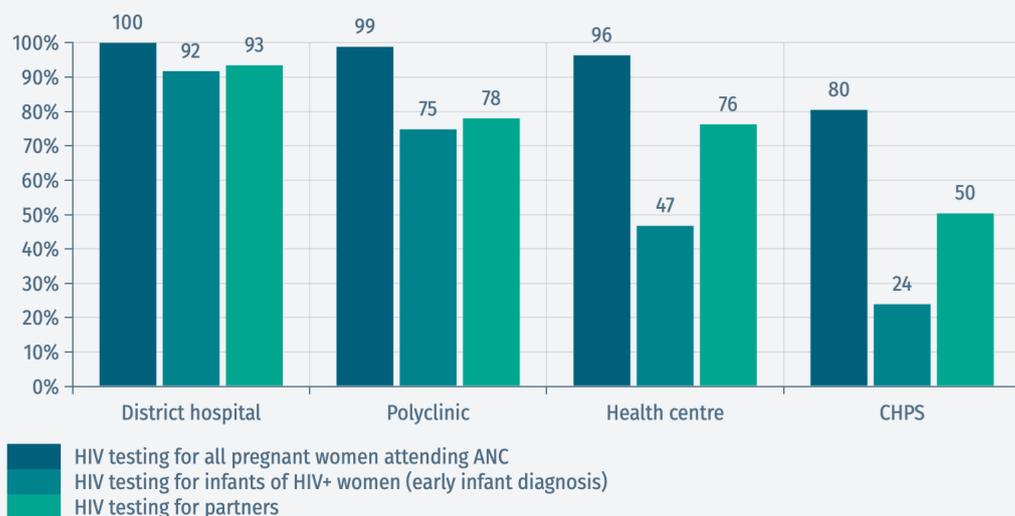


Figure 12. Percentage of facilities offering HIV services for pregnant women

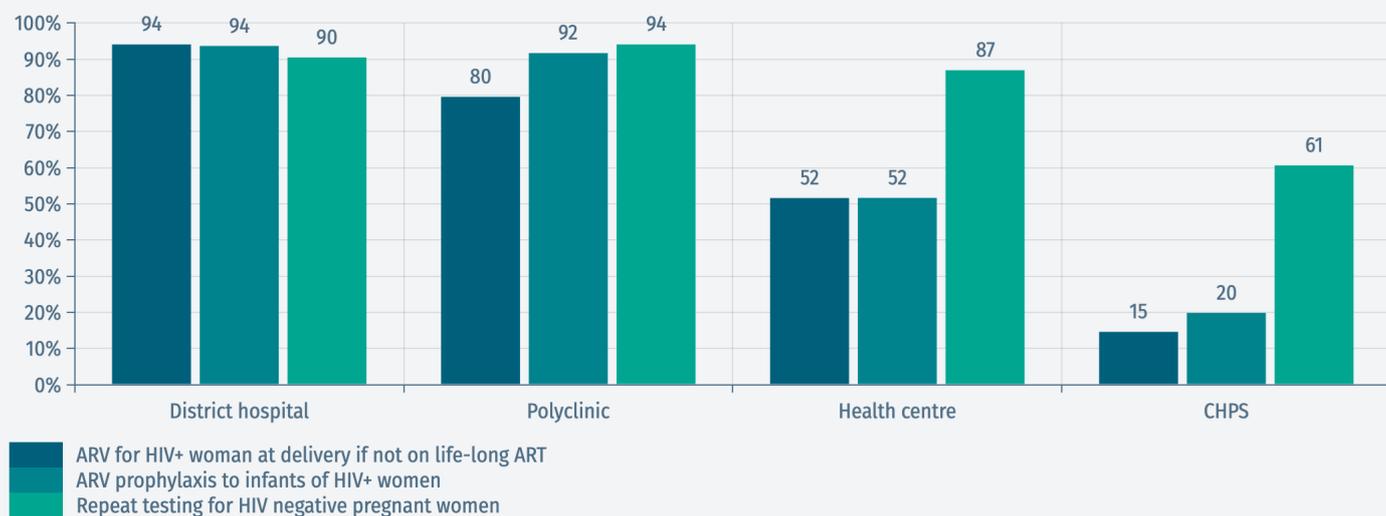


Figure 13. PMTCT area and commodities at facilities offering PMTCT services

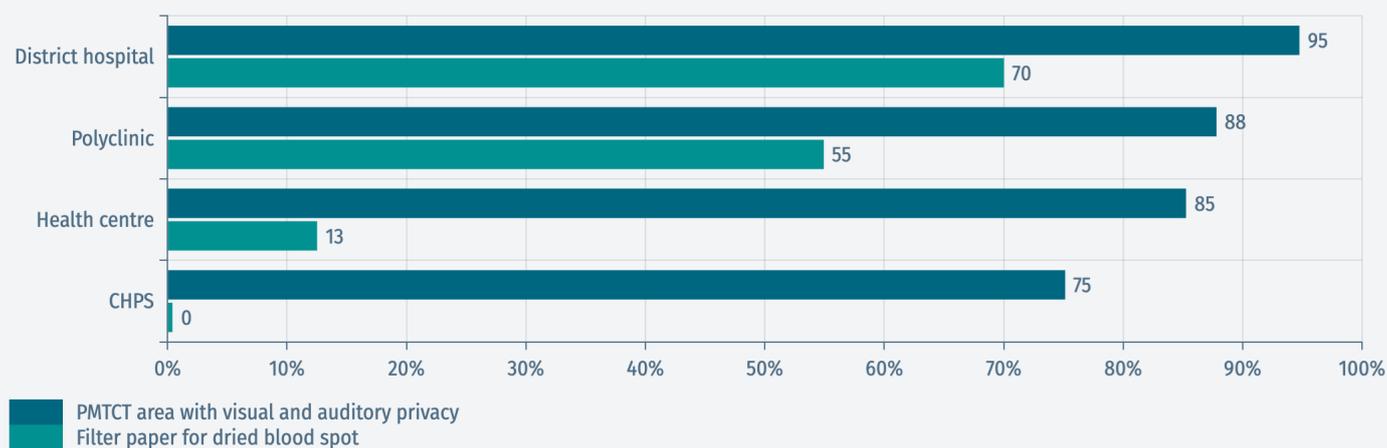
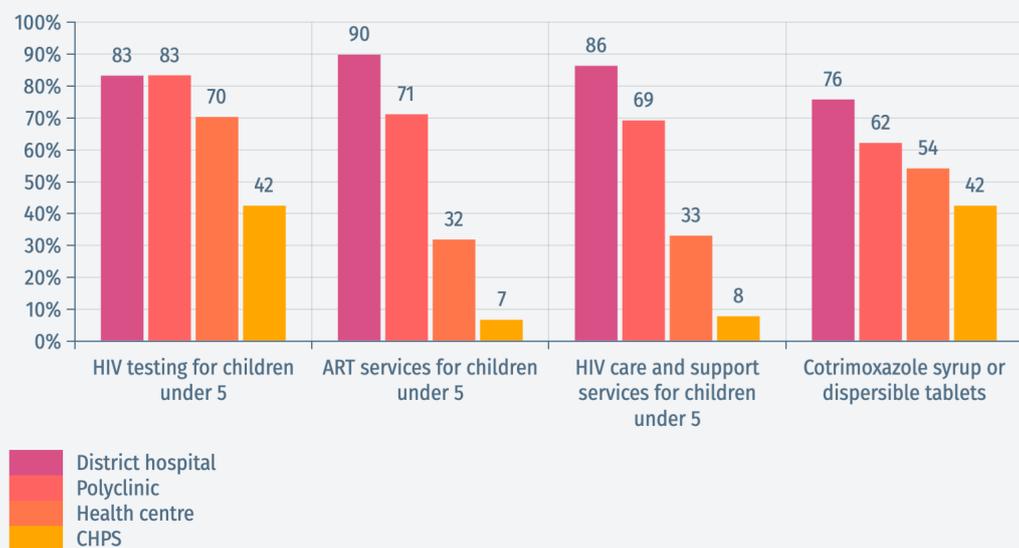


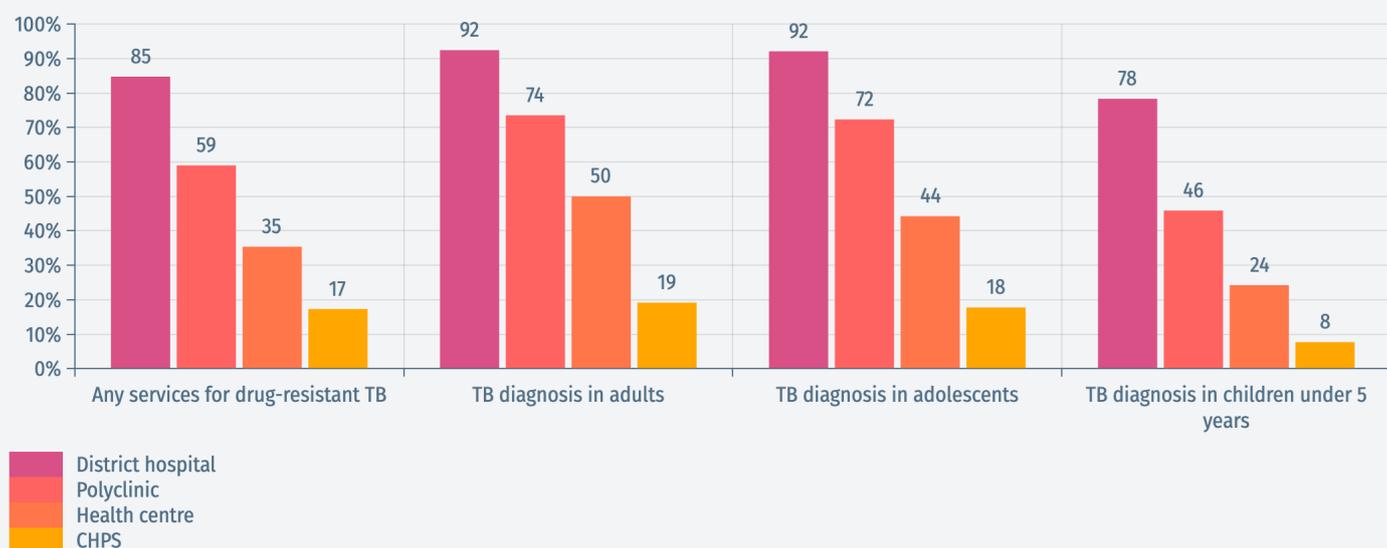
Figure 14. Percentage of facilities offering HIV services for children



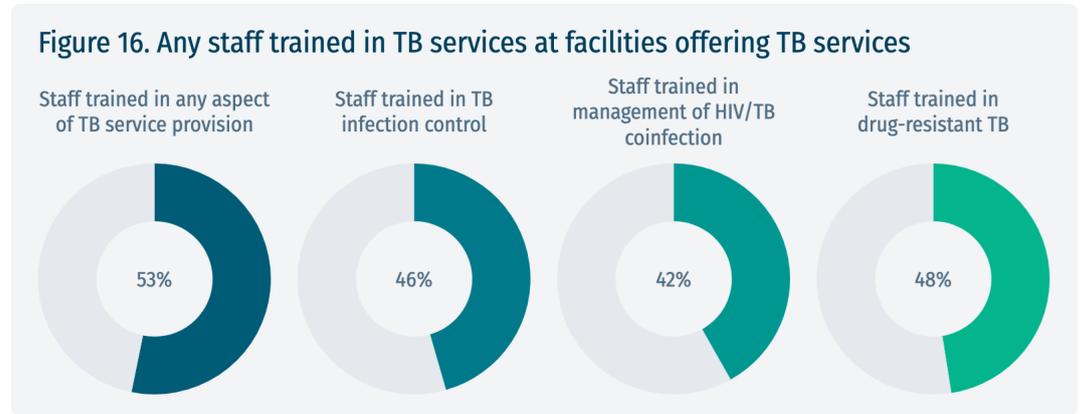
For children under 5, HIV testing is available at 52% of all facilities. However, fewer facilities offer antiretroviral therapy or HIV care and support services for children (17% and 19% respectively).

Tuberculosis

Figure 15. Percentage of facilities offering TB services



Tuberculosis diagnosis and treatment services are not readily available. On average, only 19% of facilities offer these services, of which most are hospitals and polyclinics.



Neglected tropical diseases

Services for NTDs vary across facility types, with health centres, clinics, maternity homes and CHPS offering fewer services for any NTD compared to higher-level facilities.

Although the country is in the post-elimination phase of some NTDs, there is low perception and poor integration of NTD care into health services. Although NTDs have low mortality, they come with severe debilitation and disability, promote poverty and still face intense stigma in Ghana.

WHO encourages countries to equip at least one health facility per implementation unit (IU) to provide morbidity management and disability prevention (MMDP) for people suffering from Lymphoedema-related conditions. The 2021-2022 Nurses and Midwives curriculum has incorporated the MMDP training models into its training curriculum.

Figure 17. Percentage of facilities offering services for neglected tropical diseases (part 1)

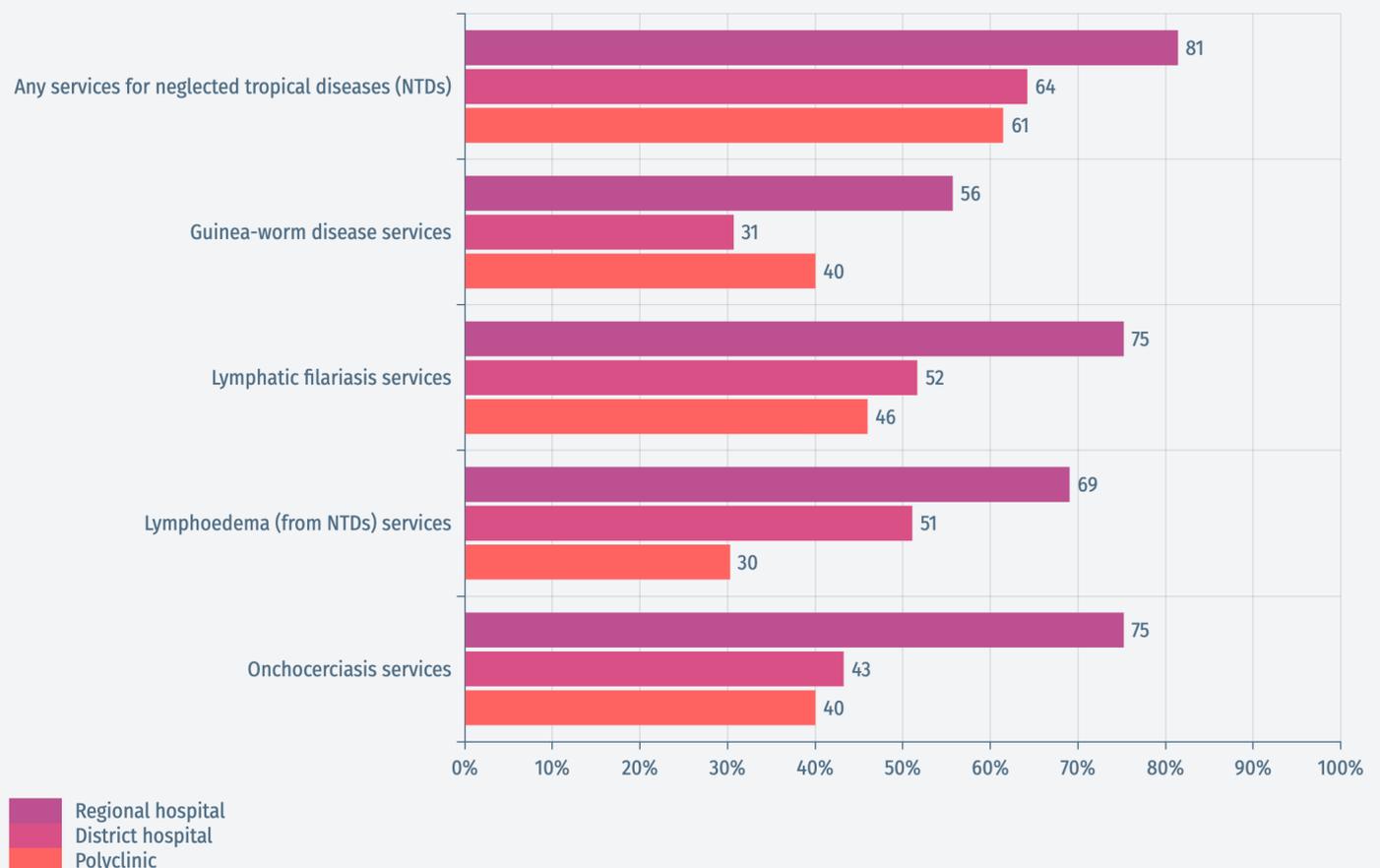
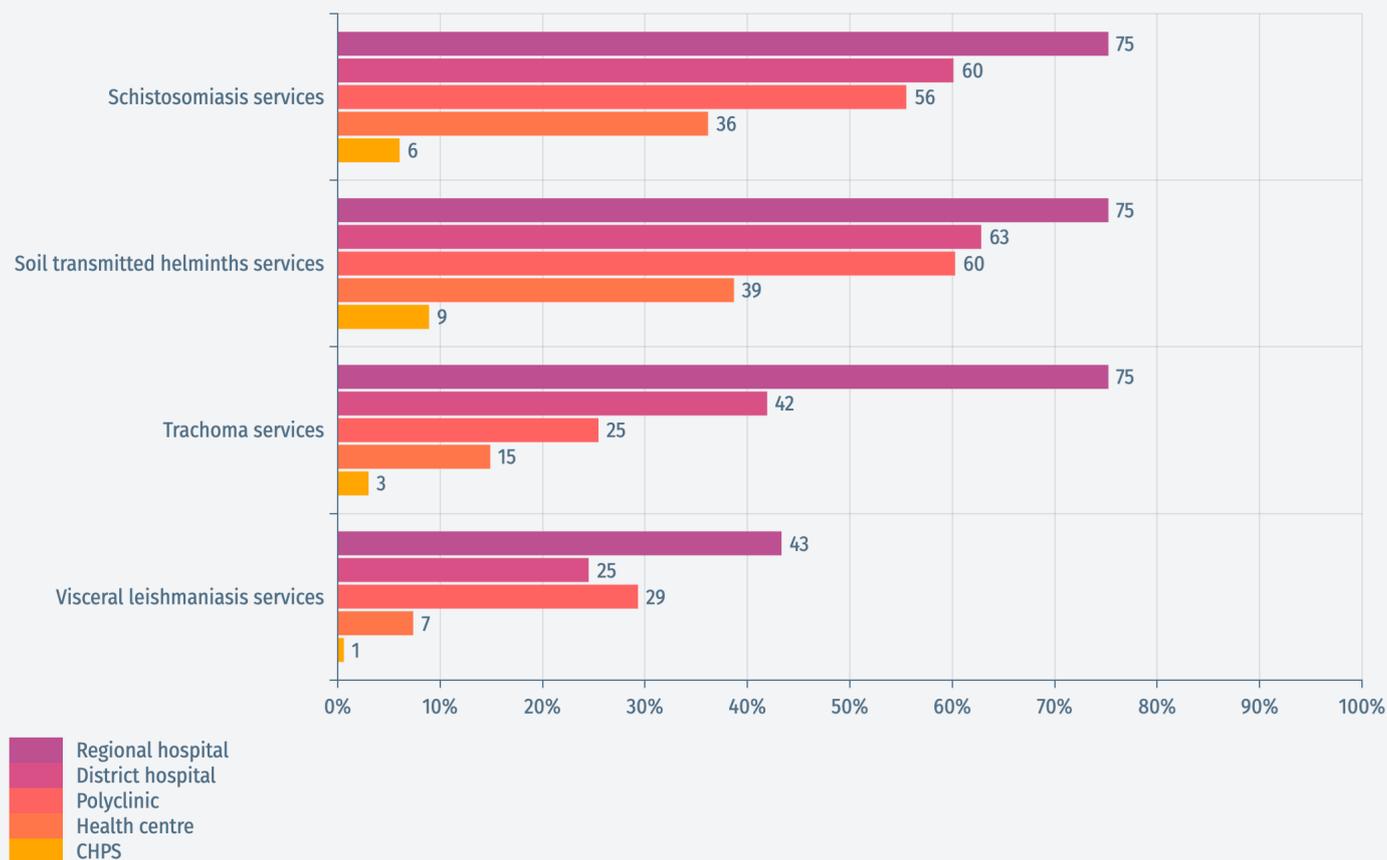


Figure 18. Percentage of facilities offering services for neglected tropical diseases (part 2)



Services by health facility type

District hospitals

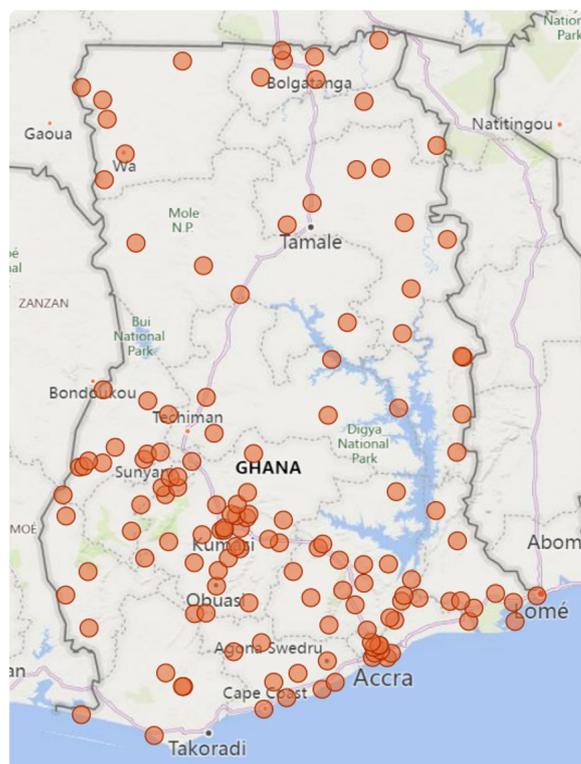
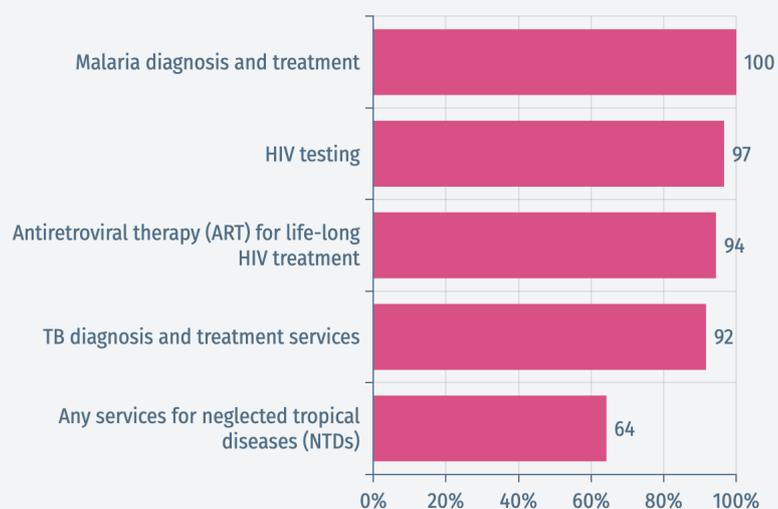


Figure 19. Percentage of district hospitals offering key services



Health centres

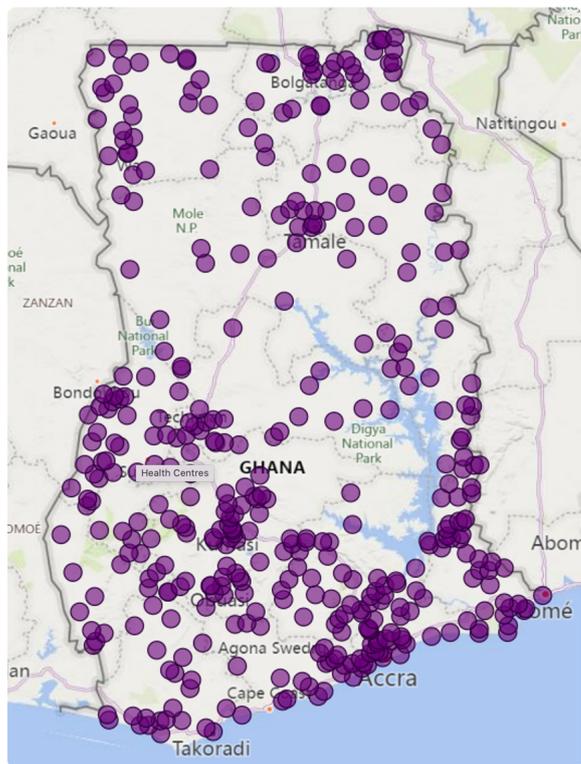
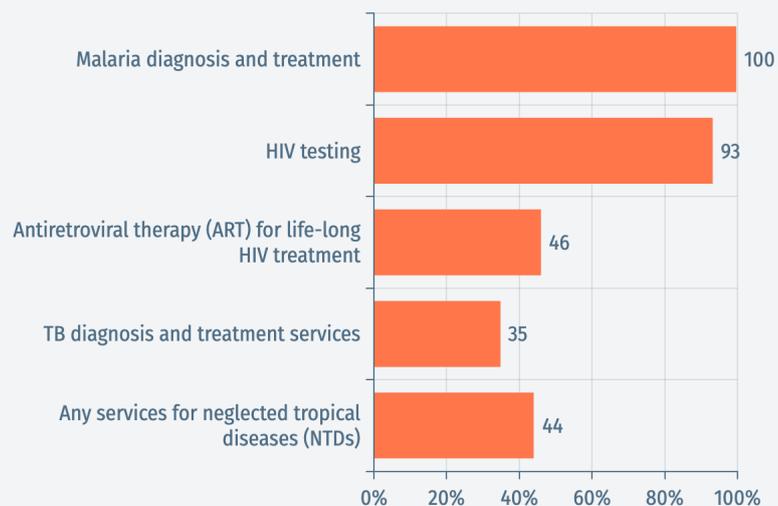


Figure 20. Percentage of health centres offering key services



CHPS

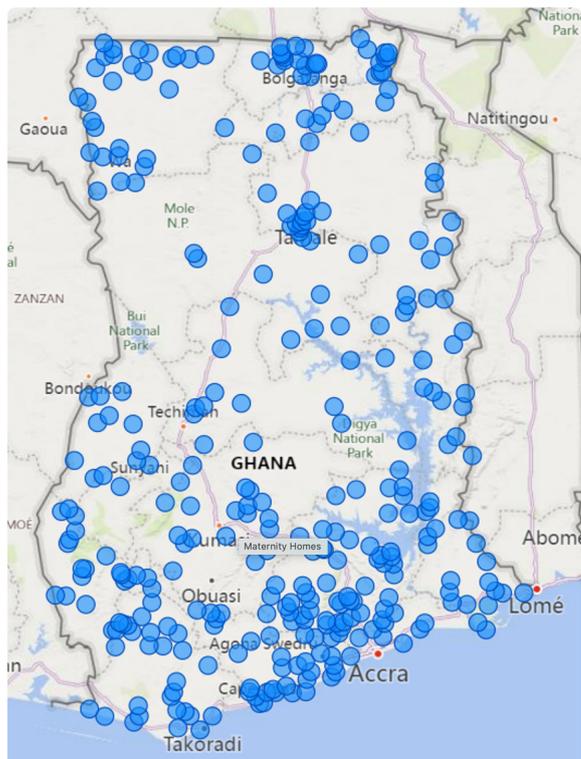
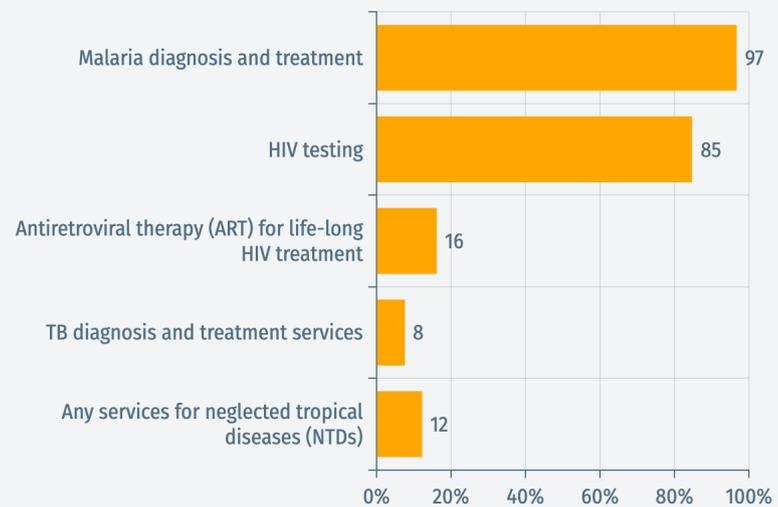


Figure 21. Percentage of CHPS offering key services



Acknowledgements

This report was drafted under the joint leadership of:

- » Dr. Patrick Kuma Aboagye ~ Director General, Ghana Health Service
- » Dr. Anthony Adofo Ofori ~ Deputy Director General, Ghana Health Service
- » Dr. Alberta Biritwum-Nyarko ~ Director, PPMED, Ghana Health Service
- » Dr. Eric Nsiah Boateng ~ Deputy Director M&E, Ministry of Health

The HHFA core technical team who developed and reviewed the snapshots included Dr. Cornelius Debpuur, Dr. Ebenezer Oduro Mensah, Dr. Lawrence Ofori-Boadu, Dr. Fred Adomako-Boateng, Daniel Osei, Maame Esi Ebiesima Amekudzi, Edith Akosua Mansah and Bernard Logonia.

Special appreciation goes to the various programme managers and representatives of programmes that reviewed the draft snapshots. Other representatives of the Ministry of Health, the Christian Health Association of Ghana and other health sector agencies are duly acknowledged.

WHO provided technical support and financial resources to undertake the Ghana HHFA. The WHO technical support team included Dr. Kasolo Francis, Dr. Asrat Sofonias, Dominic Kwabena Atweam, Dr. Timothy Robertson, Dr. Benson Droti and Dr. Wendy Venter.