



Ghana Harmonized Health Facility Assessment 2022-2023

Snapshot 3

Non-communicable diseases

July 2023

Table of contents

Introduction	3
Methodology	4
Key findings	5
General service availability	6
Cardiovascular disease	7
Diabetes	8
Chronic respiratory disease	8
Cancer	9
Cervical cancer	10
Breast cancer	10
Colorectal cancer	11
Prostate cancer	11
Mental health	12
Rape, sexual or intimate partner violence	13
Services by health facility type	13
Regional hospitals	13
District hospitals	14
Other general hospitals	14
Polyclinics	15

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

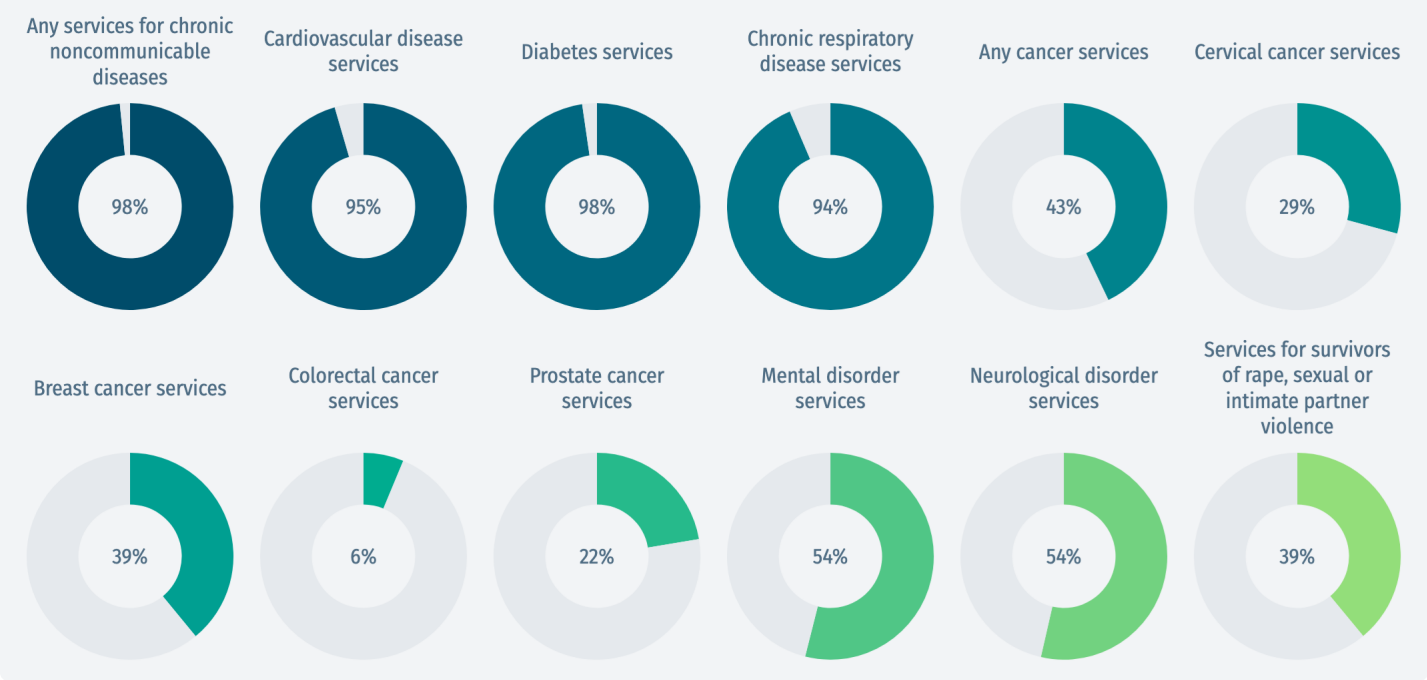
	Regional hospital	District hospital	Other general hospital	Polyclinic	Health centre	Maternity home	Clinic	CHPS	Total
Ahafo	1	6	1	0	7	1	5	5	26
Ashanti	1	27	18	8	54	18	30	17	173
Bono	1	12	4	1	31	3	9	11	72
Bono East	1	4	13	1	23	1	4	11	58
Central	1	11	11	14	28	8	21	34	128
Eastern	1	18	15	2	41	1	15	57	150
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

- » Over 98% of hospitals and polyclinics offer at least one key service for non-communicable diseases (NCDs). Cardiovascular disease, diabetes, and chronic respiratory disease services are offered by over 94% of facilities, while specific cancer screening service availability ranges from 6% to 39% of facilities.
- » Not all facilities that offer NCD services have staff that have been trained to deliver these services in the past two years. Staff trained over the past two years across the various service areas were found in an average of 50% of facilities for cardiovascular diseases, 47% of facilities for diabetes mellitus and 44% of facilities for chronic respiratory diseases.
- » Only 25% of hospitals or polyclinics offering services for survivors of rape, sexual or intimate partner violence or for children affected by maltreatment have staff who have received training for these services in the past two years.
- » Over 80% of facilities have individual patient cards or files for NCD patients. Appointment systems for follow-up and databases for treatment and outcomes are lower, ranging from 61% to 73% of facilities.
- » Diagnosis and treatment of hypertension are available at over 90% of all facility types. Services for diagnosis and treatment of other cardiovascular diseases – congestive heart failure, acute myocardial infarction, and stroke – vary greatly depending on facility type, ranging from 100% of regional hospitals to a low of 41-56% of polyclinics offering these services.
- » The availability of diabetes services is high (above 97%) across all hospitals and polyclinics. However, these services are available in only around 57-64% of health centres and clinics, and 3-9% of CHPS facilities (not expected to be provided at this level).
- » While many facilities offer services for the diagnosis and treatment of asthma (89-96%), there is a range in availability by facility type for diagnosis and treatment services of chronic obstructive pulmonary disease (COPD), with between 61-94% of hospitals and 45% of polyclinics offering these services.
- » Regional hospitals offer the highest availability of cancer services (68%) across cancer types, followed by district hospitals (58%). In general, aside from breast and cervical cancer, fewer than half of hospitals offer services for any type of cancer. Services are lowest for colorectal cancer, with only 37% of regional hospitals and 8% of district hospitals providing this service.
- » There is a lack of tracking of cancer patients at facilities that offer cancer services, with less than 25% having a follow-up of outcome or entry into a facility or national cancer registry.
- » Less than 13% of facilities offering cervical cancer services have any equipment for the management of cervical cancer.
- » Services for mental health and neurological disorders are more readily available in higher-level public-owned hospitals (>95%), polyclinics (93%), and health centres (62%), than in non public-owned hospitals and clinics (less than 32%).
- » There is a clear lack of services for mental health and neurological disorders at non-governmental/private facilities compared to government/public, mission/faith-based and quasi-government/university facilities.
- » Non-government hospitals are more likely to offer consistently fewer services for survivors of rape, and sexual or intimate partner violence than regional hospitals, district hospitals and polyclinics.

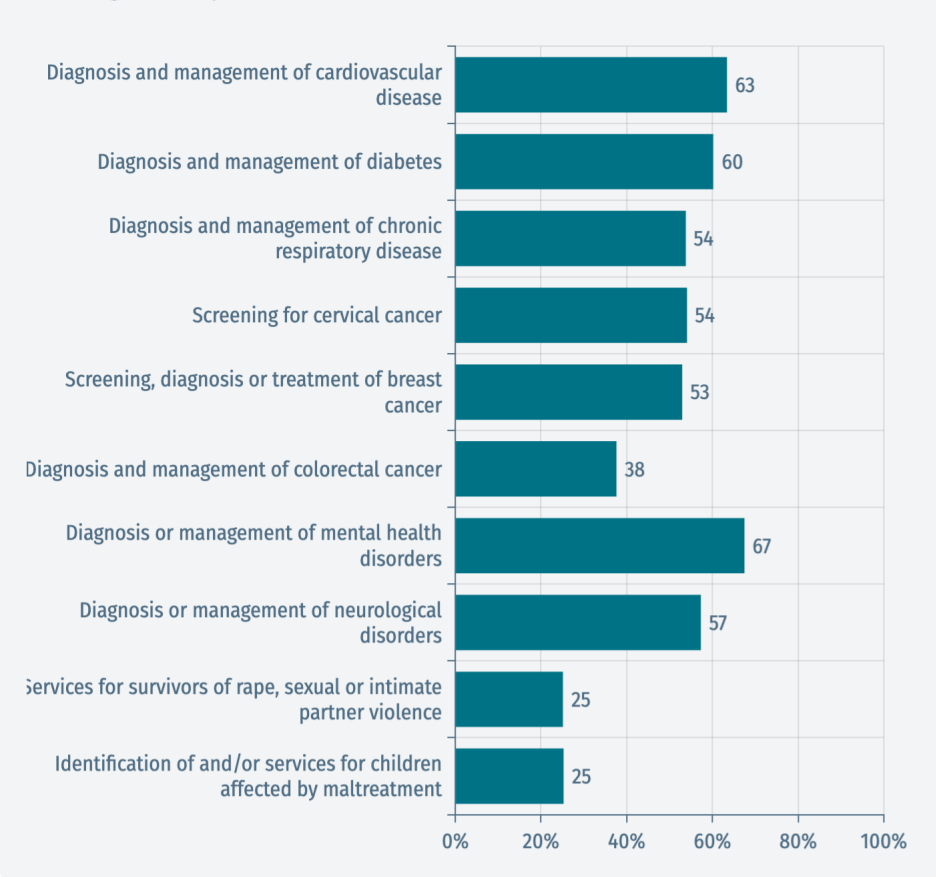
General service availability

Figure 1. Percentage of hospitals and polyclinics offering key NCD services



Over 98% of hospitals and polyclinics offer at least one key service for non-communicable diseases (NCDs). Cardiovascular disease, diabetes, and chronic respiratory disease services are offered by over 94% of facilities, while specific cancer screening service availability ranges from 6% to 39% of facilities.

Figure 2. Any staff trained in key NCD services at hospitals and polyclinics offering the respective services

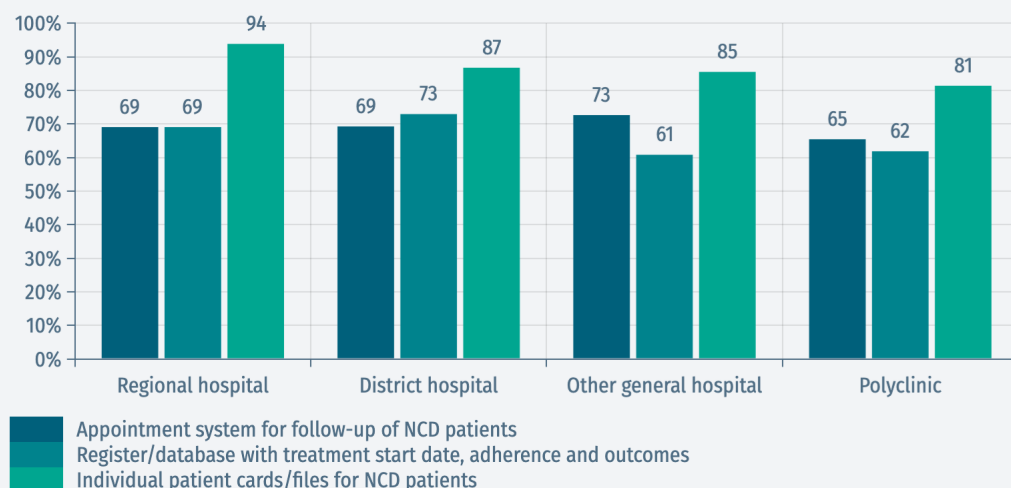


Not all facilities that offer NCD services have staff that have been trained to deliver these services in the past two years. Staff trained over the past two years across the various service areas were found in an average of 50% of facilities for cardiovascular diseases, 47% of facilities for diabetes mellitus and 44% of facilities for chronic respiratory diseases.

Only 25% of hospitals or polyclinics offering services for survivors of rape, sexual or intimate partner violence or for children affected by maltreatment have staff who have received training for these services in the past two years.

Over 80% of facilities have individual patient cards or files for NCD patients. Appointment systems for follow-up and databases for treatment and outcomes are lower, ranging from 61% to 73% of facilities.

Figure 3. Tracking of NCD patients at facilities offering any NCD services



Cardiovascular disease

Figure 4. Percentage of facilities offering cardiovascular disease services

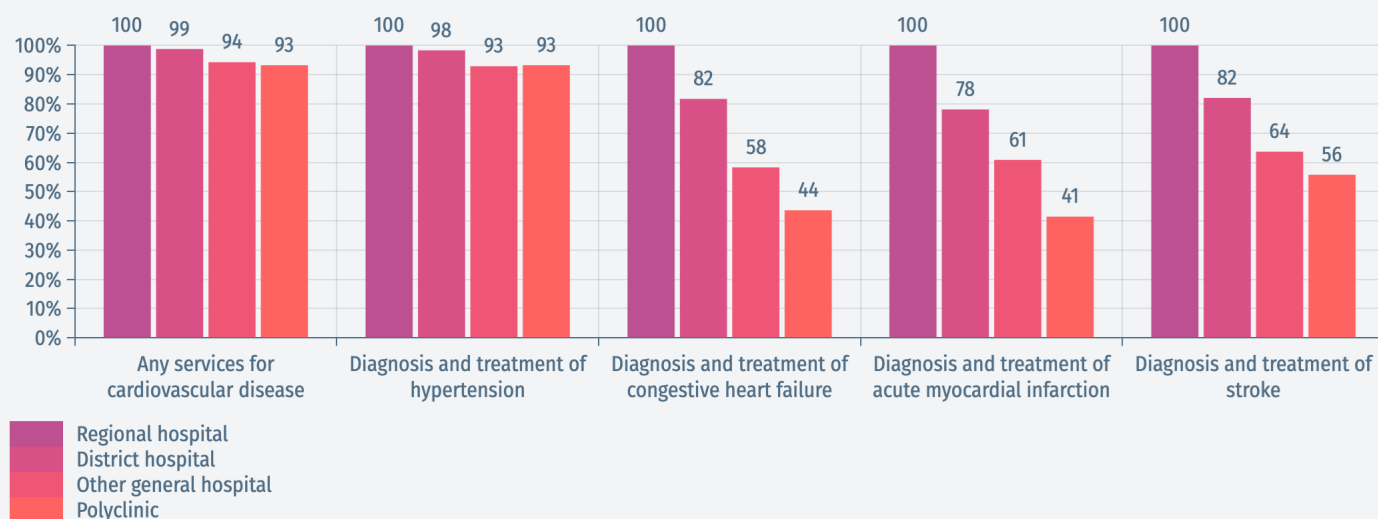
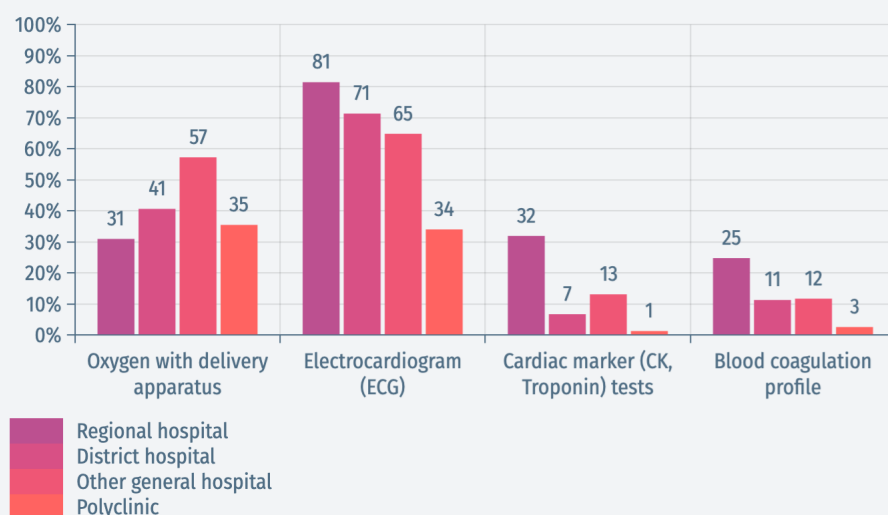


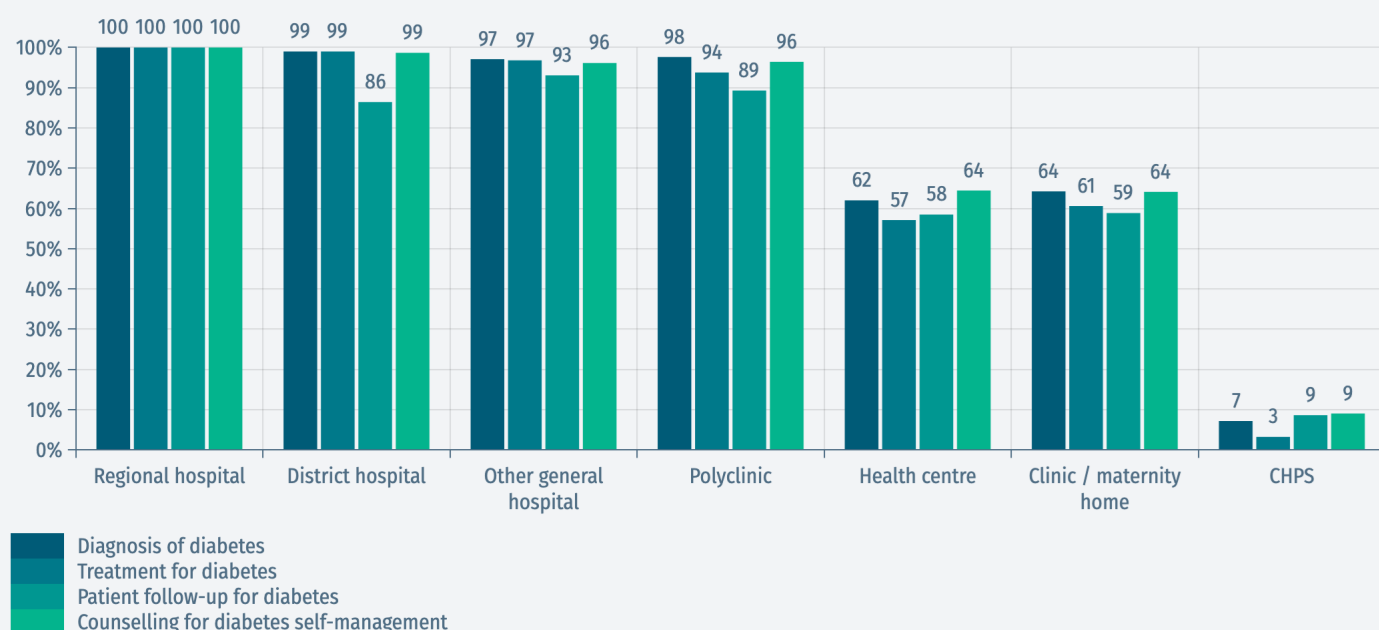
Figure 5. Availability of emergency items at facilities offering cardiovascular disease services



Diagnosis and treatment of hypertension are available at over 90% of all facility types. Services for diagnosis and treatment of other cardiovascular diseases – congestive heart failure, acute myocardial infarction, and stroke – vary greatly depending on facility type, ranging from 100% of regional hospitals to a low of 41-56% of polyclinics offering these services.

Diabetes

Figure 6. Percentage of facilities offering diabetes services



The availability of diabetes services is high (above 97%) across all hospitals and polyclinics. However, these services are available in only around 57-64% of health centres and clinics, and 3-9% of CHPS facilities (not expected to be provided at this level).

Chronic respiratory disease

While many facilities offer services for the diagnosis and treatment of asthma (89-96%), there is a range in availability by facility type for diagnosis and treatment services of chronic obstructive pulmonary disease (COPD), with between 61-94% of hospitals and 45% of polyclinics offering these services.

Figure 7. Percentage of facilities offering diagnosis and treatment of asthma and chronic obstructive pulmonary disease

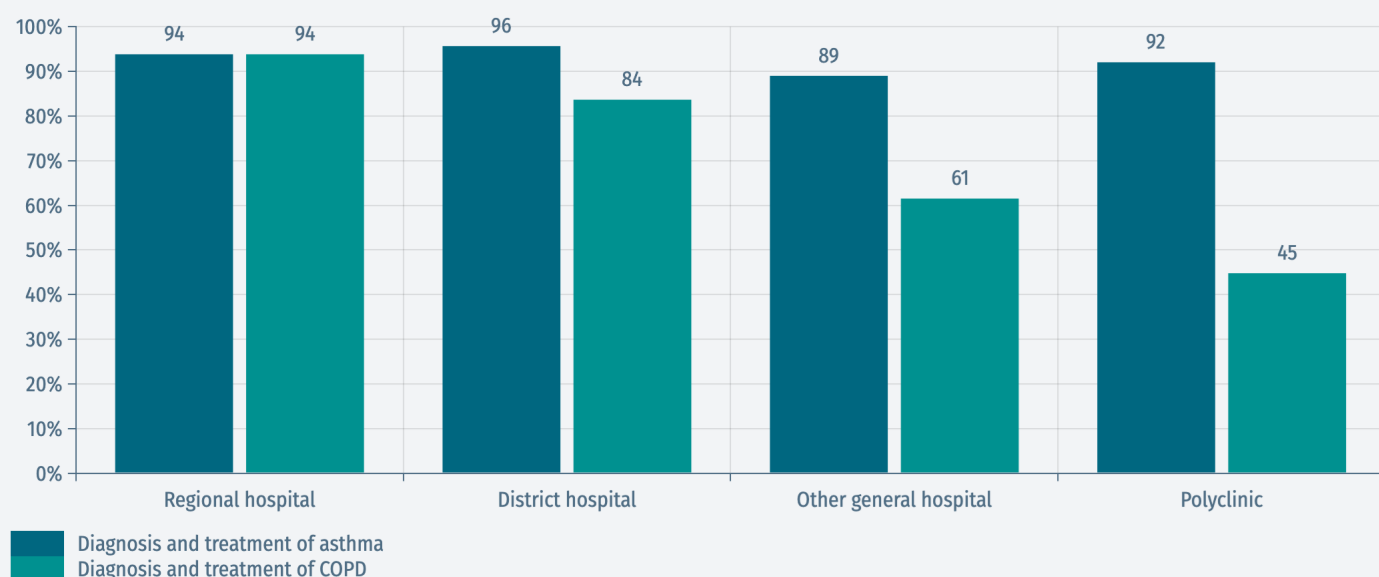
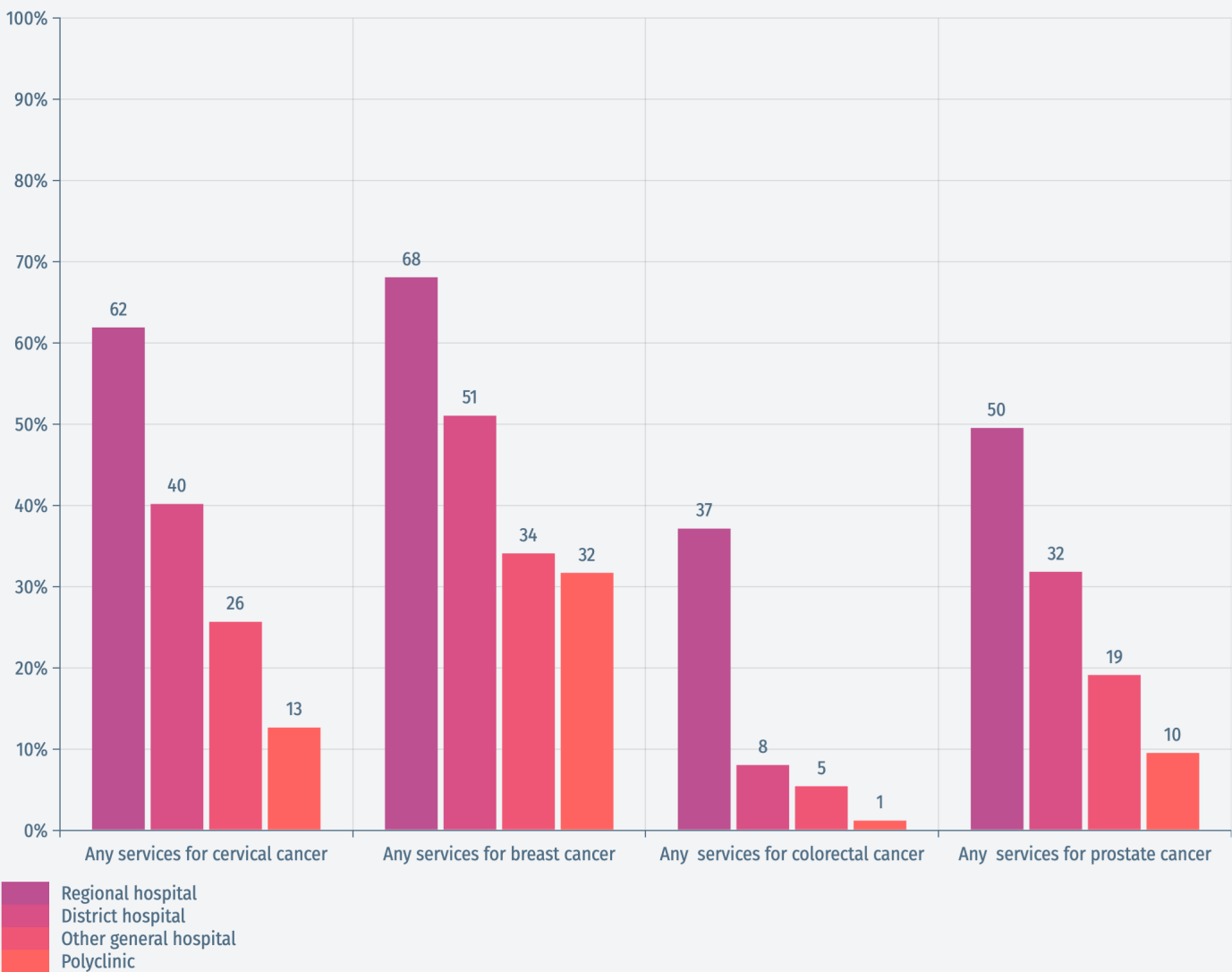


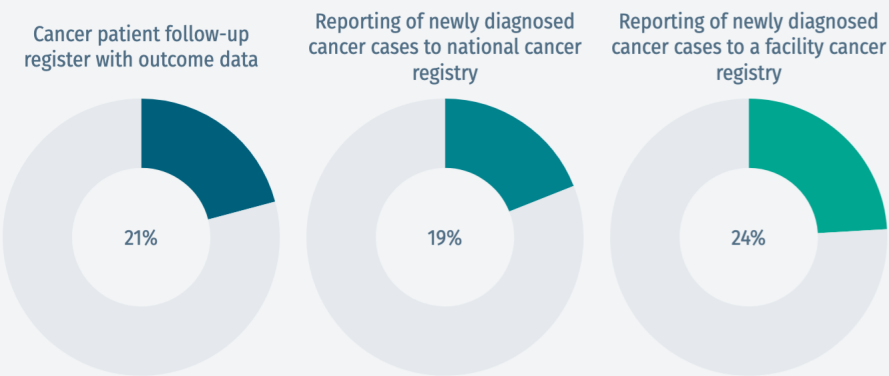
Figure 8. Percentage of hospitals and polyclinics offering cancer services



Regional hospitals offer the highest availability of cancer services (68%) across cancer types, followed by district hospitals (58%). In general, aside from breast and cervical cancer, fewer than half of hospitals offer services for any type of cancer. Services are lowest for colorectal cancer, with only 37% of regional hospitals and 8% of district hospitals providing this service.

There is a lack of tracking of cancer patients at facilities that offer cancer services, with less than 25% having a follow-up of outcome or entry into a facility or national cancer registry.

Figure 9. Tracking of cancer patients at facilities offering any cancer services



Cervical cancer

Figure 10. Percentage of hospitals and polyclinics offering cervical cancer services

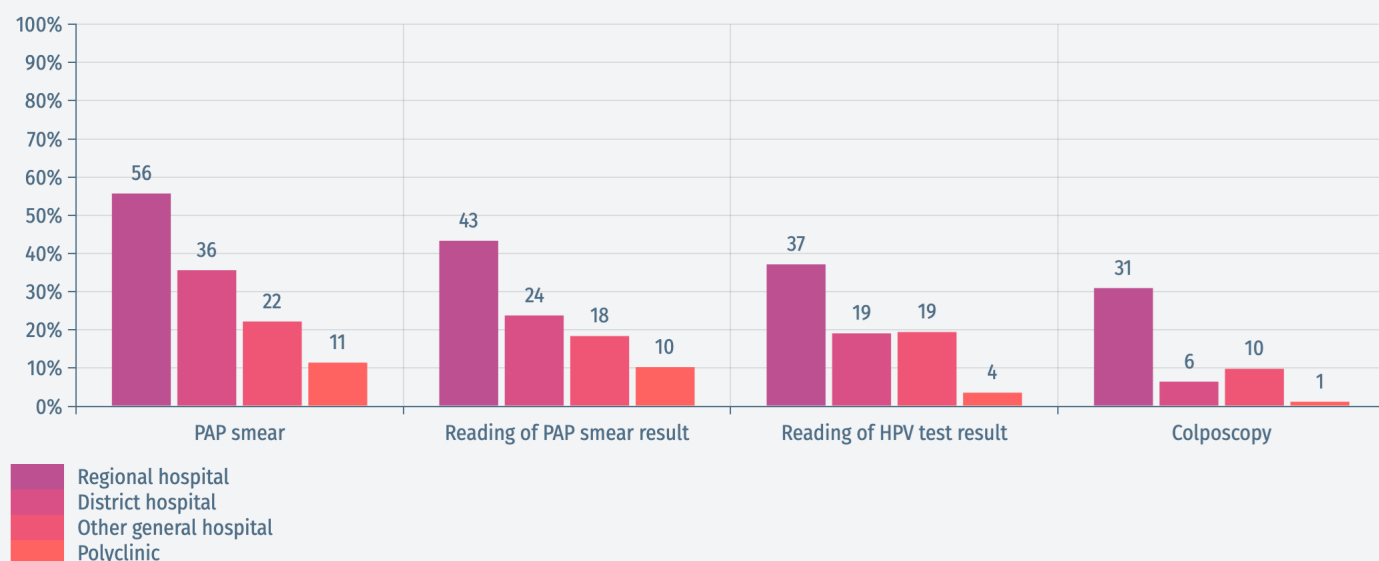
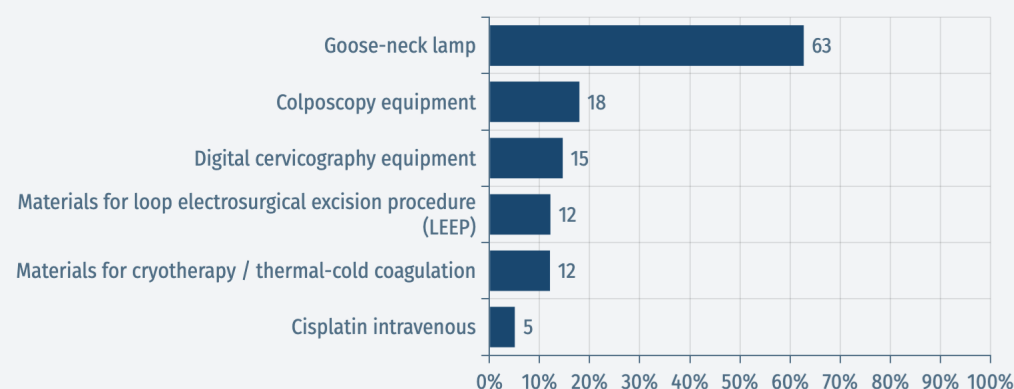


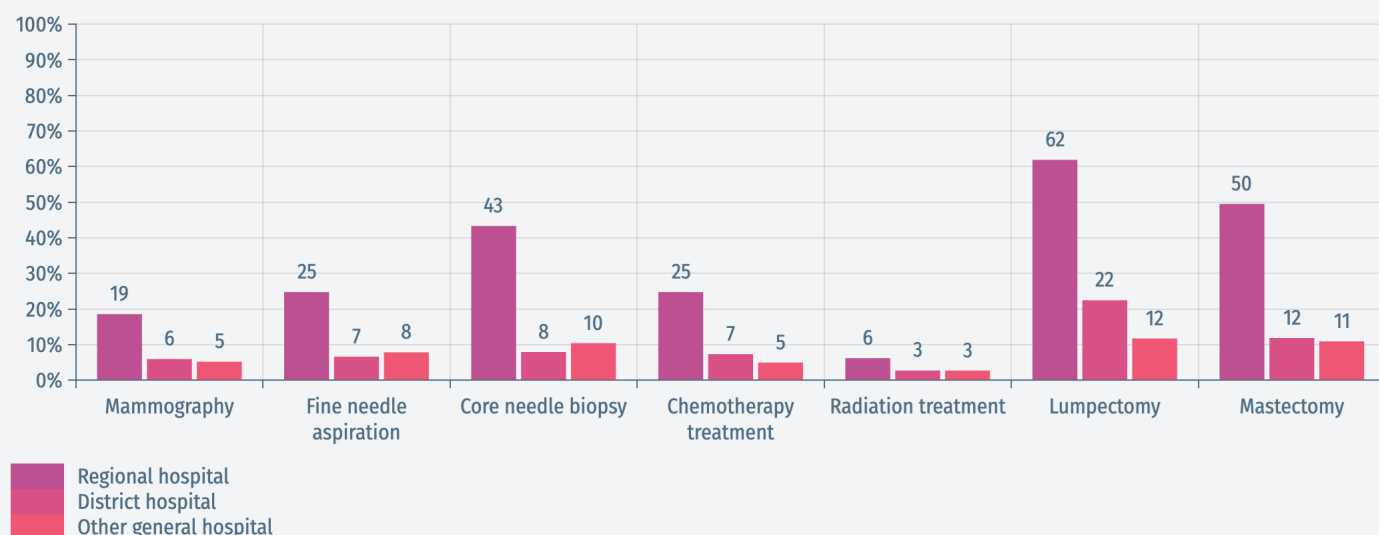
Figure 11. Equipment and medicines at facilities offering cervical cancer services



Less than 13% of facilities offering cervical cancer services have any equipment for the management of cervical cancer.

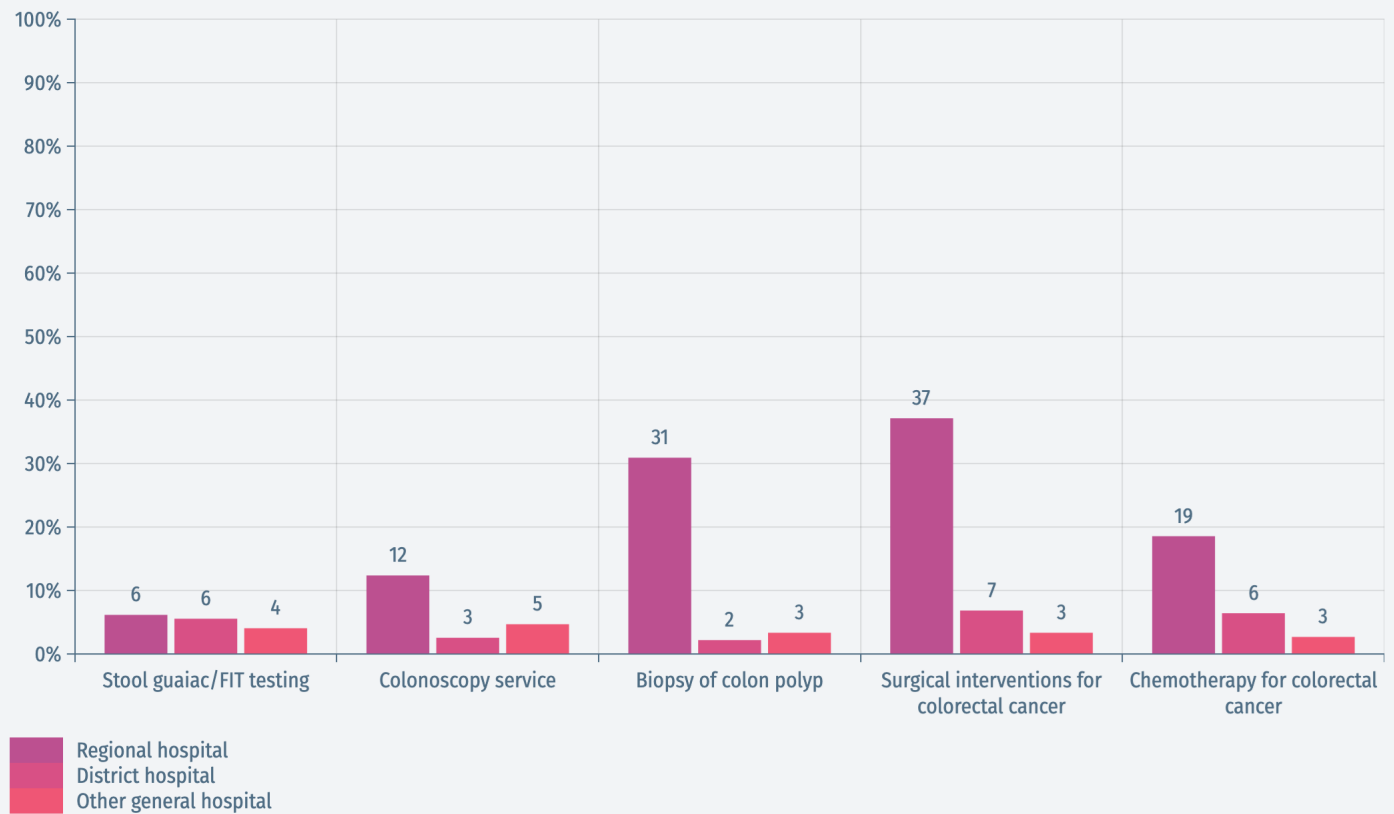
Breast cancer

Figure 12. Percentage of hospitals offering breast cancer services



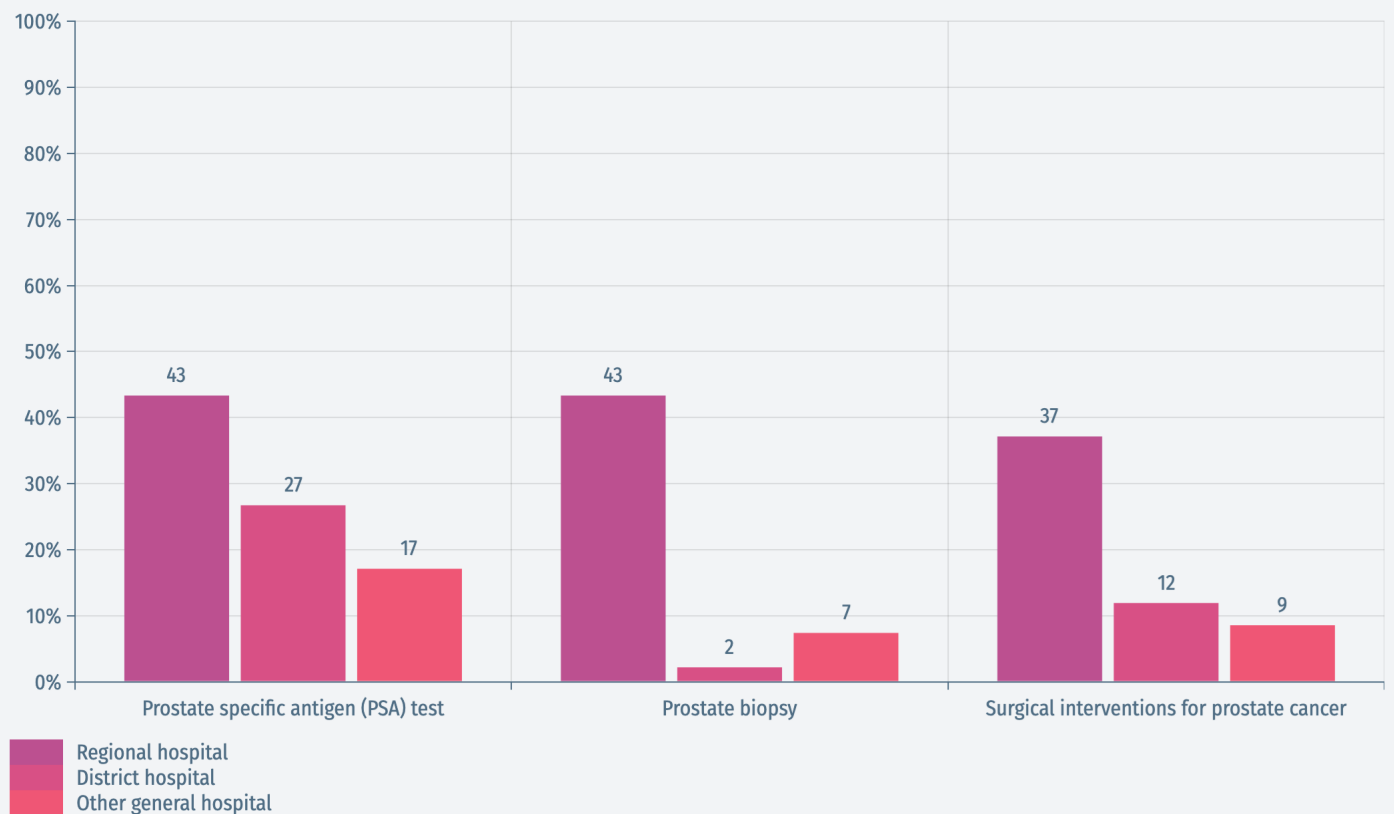
Colorectal cancer

Figure 13. Percentage of hospitals offering colorectal cancer services



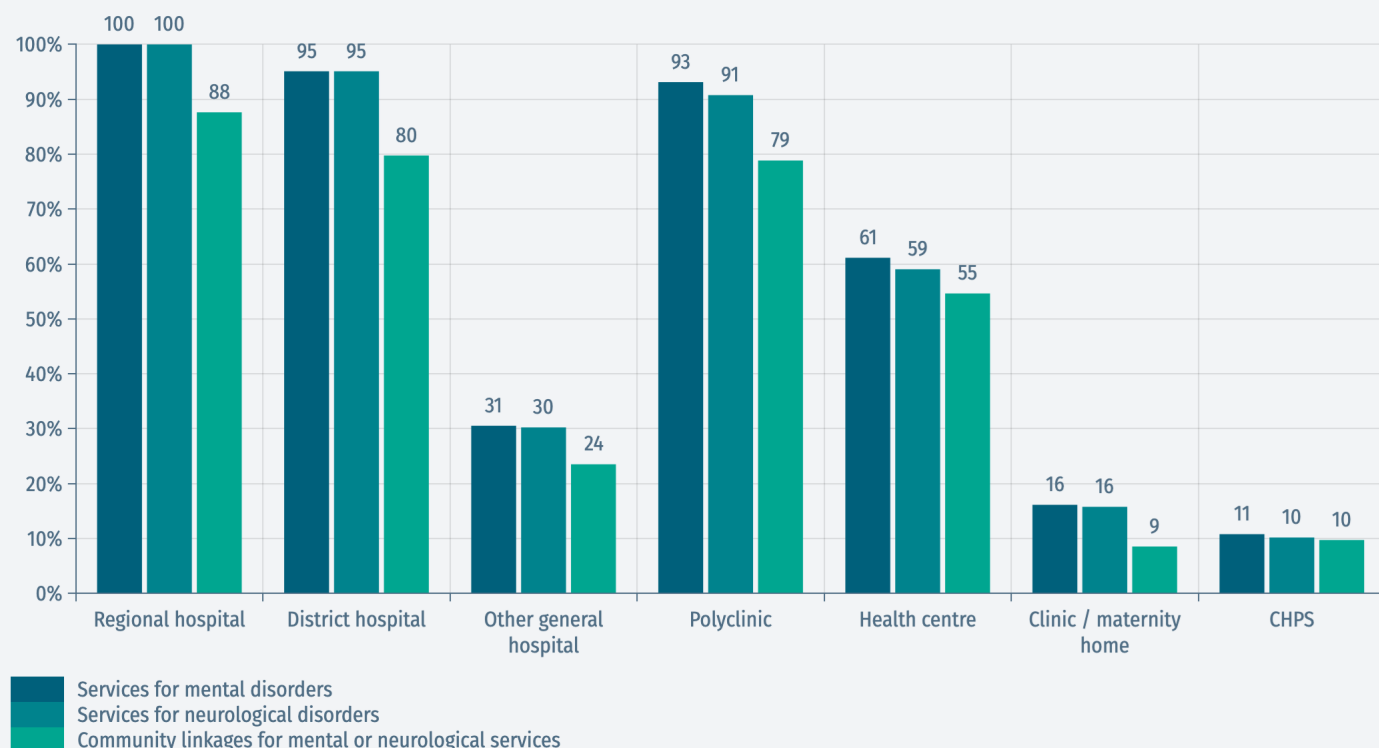
Prostate cancer

Figure 14. Percentage of hospitals offering prostate cancer services



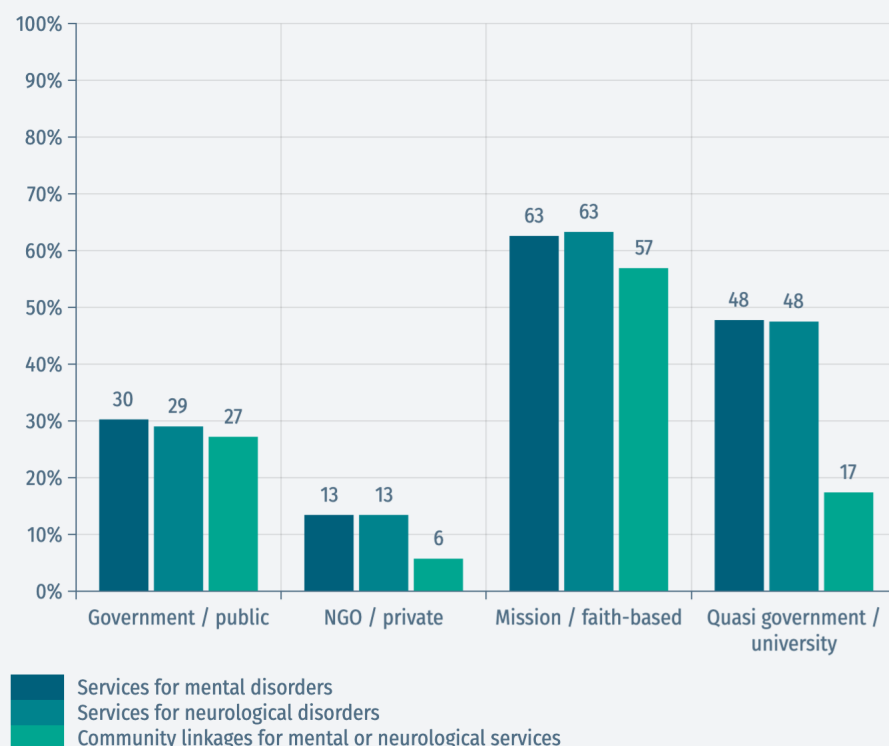
Mental health

Figure 15. Percentage of facilities offering mental health and neurological services



Services for mental health and neurological disorders are more readily available in higher-level public-owned hospitals (>95%), polyclinics (93%), and health centres (62%), than in non public-owned hospitals and clinics (less than 32%).

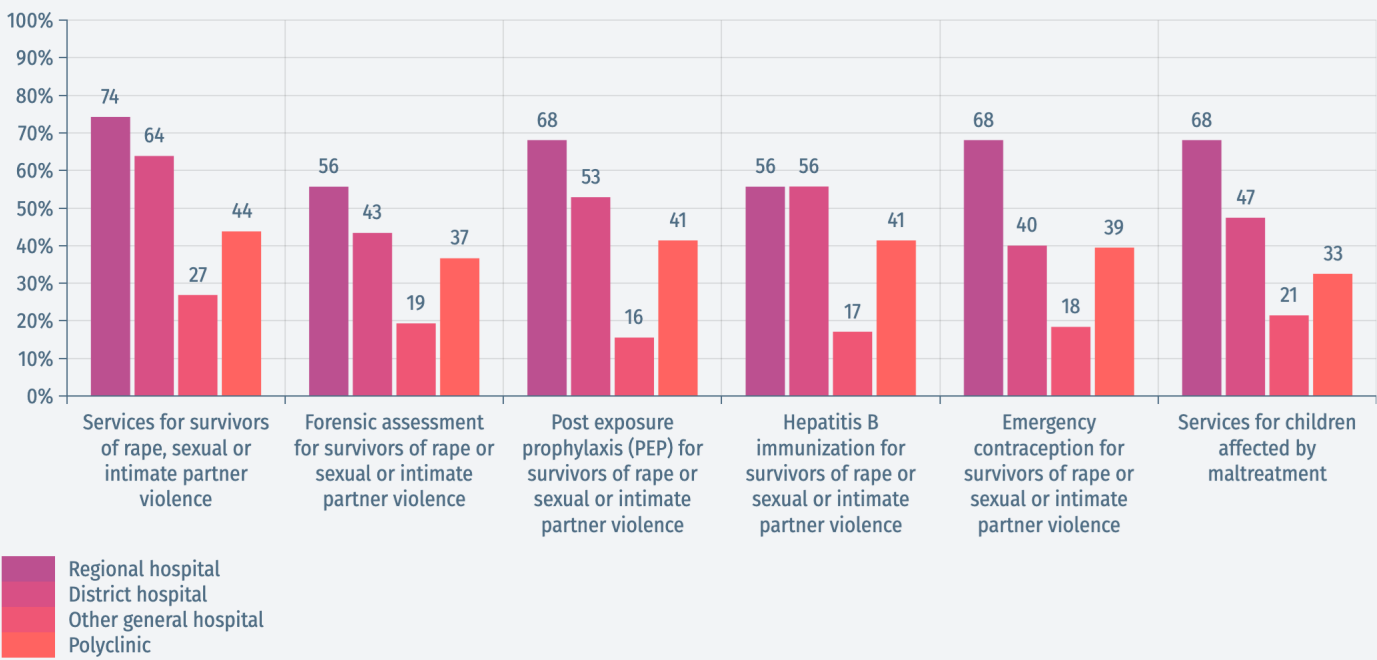
Figure 16. Percentage of facilities offering mental health and neurological services



There is a clear lack of services for mental health and neurological disorders at non-governmental/private facilities compared to government/public, mission/faith-based and quasi-government/university facilities.

Rape, sexual or intimate partner violence

Figure 17. Percentage of facilities offering services for survivors of rape, sexual or intimate partner violence



Non-government hospitals are more likely to offer consistently fewer services for survivors of rape, and sexual or intimate partner violence than regional hospitals, district hospitals and polyclinics.

Services by health facility type

Regional hospitals

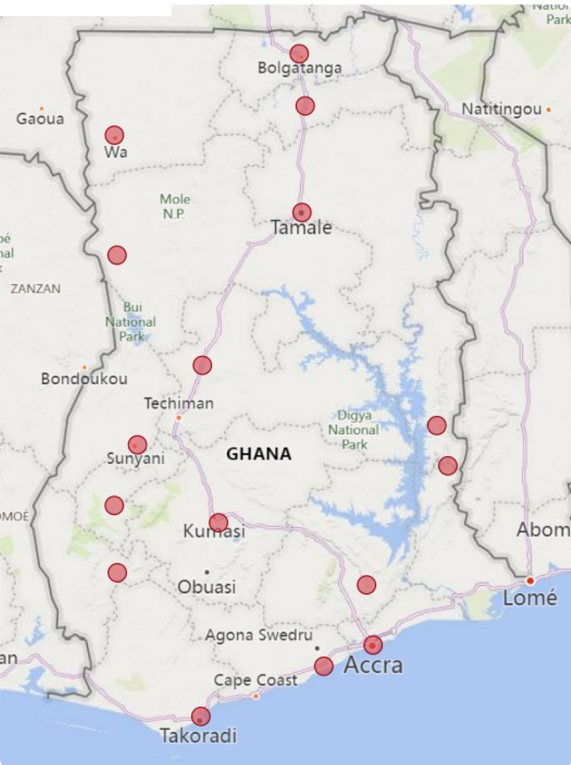
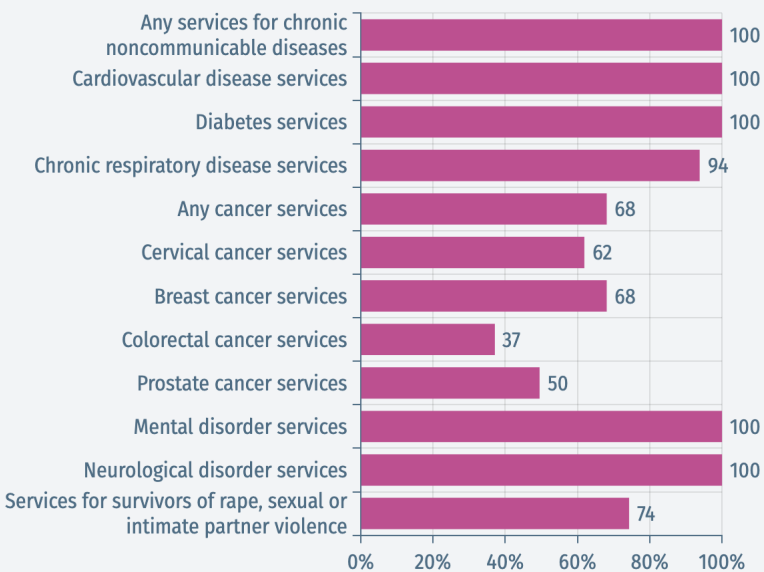


Figure 18. Percentage of regional hospitals offering key services



District hospitals

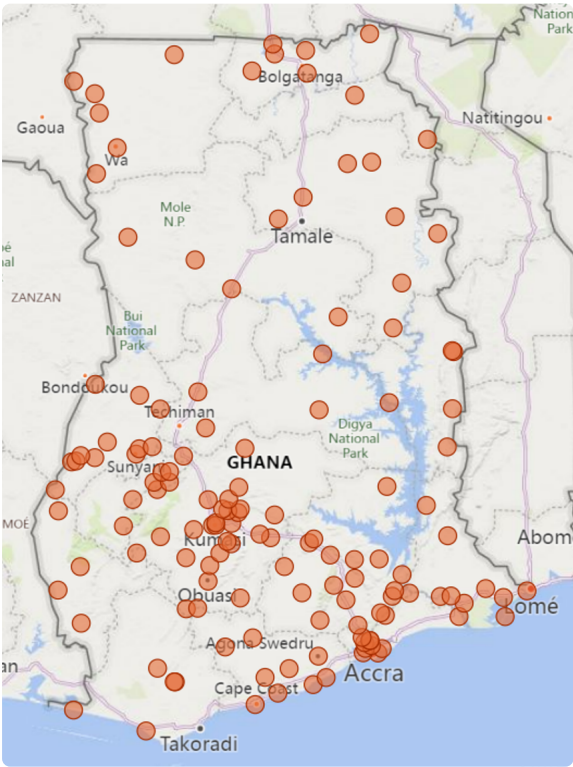
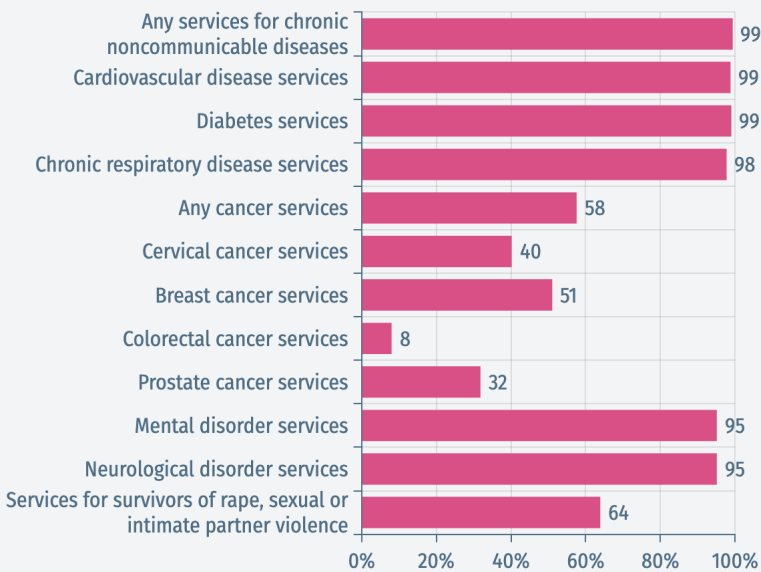


Figure 19. Percentage of district hospitals offering key services



Other general hospitals

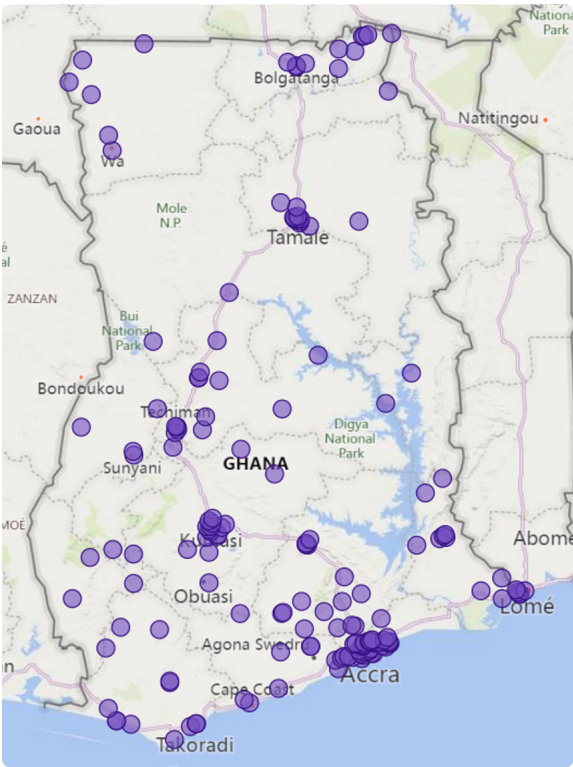
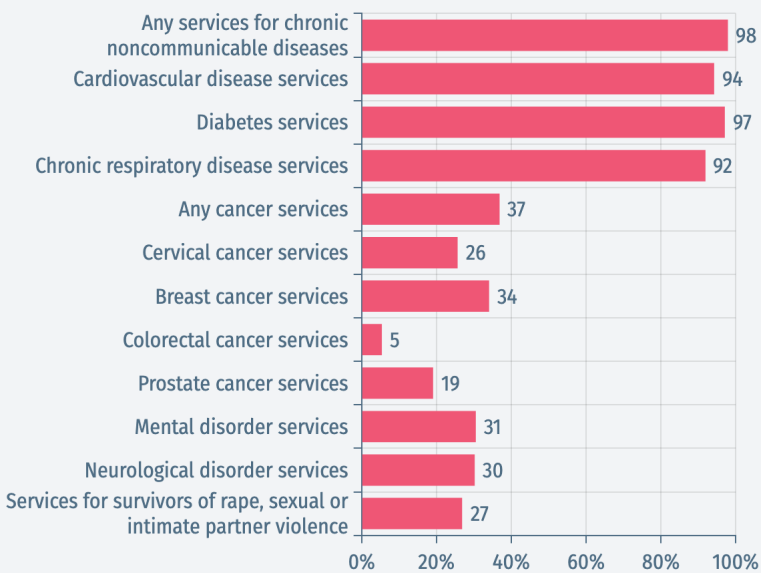


Figure 20. Percentage of other general hospitals offering key services



Polyclinics

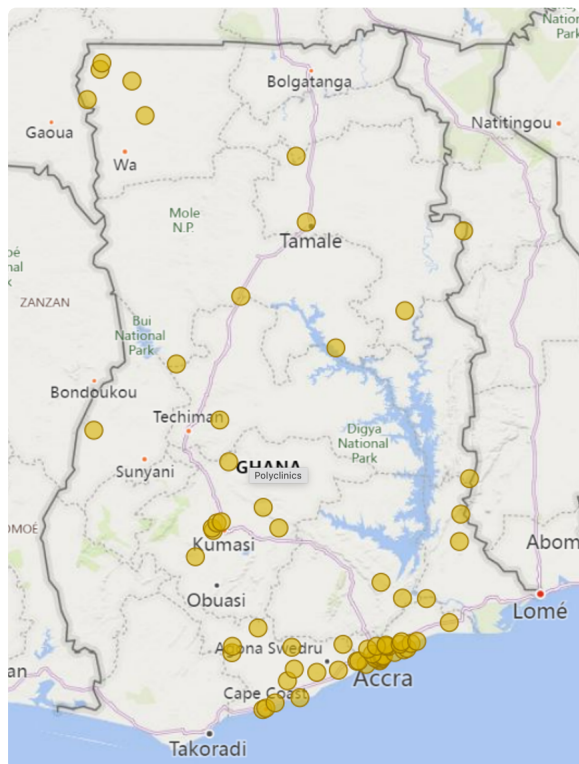
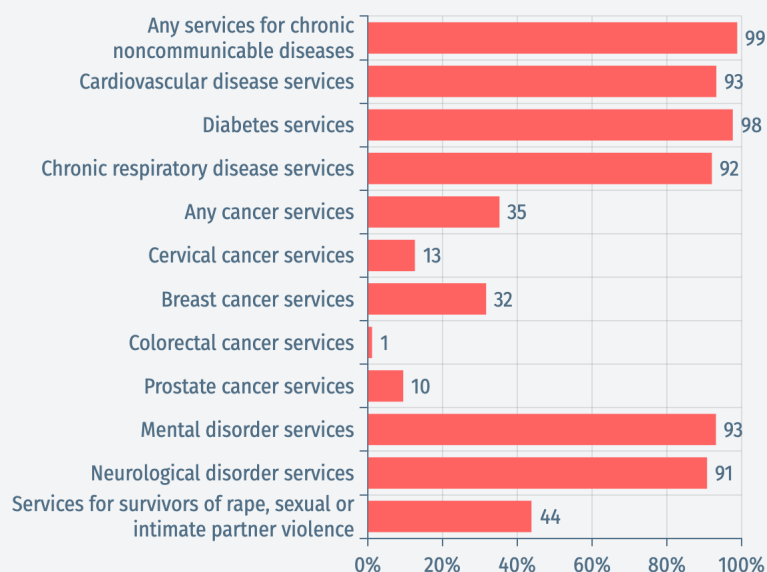


Figure 21. Percentage of polyclinics offering key services



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