Health Systems Functionality in Bono East Region

Rationale
Desired health outcomes culminate from functional health systems. Health systems are complex interactions of organisations, peoples, and actions that aim to promote, restore and maintain health. Ghana has chosen the Sustainable Development Goal 3, the Global Action Plan for healthy lives and wellbeing, the Declaration on Primary Health Care (PHC) in Astana (2018) and the initiatives of the Universal Health Coverage (UHC) as the guiding principles to ensure healthy lives and promote the wellbeing for all at all ages. Bono East Region, one of the six newly created regions in the country, was selected to assess the functionality of health systems in selected districts with the view to determine service areas that need the introduction of new interventions or require scaling up of existing interventions or sustaining current efforts and sharing lessons on good practices. As districts are the basic implementing units of health interventions, five districts (Kintampo North, Nkoranza North, Nkoranza South, Pru East and Techiman Municipal) were selected to self-assess the functionality of their health systems using a tool developed by WHO and adopted by Ghana from October to November 2022.
This factsheet highlights key aspects of the health system functionality in the region for all stakeholders to work towards the desired health outcomes for all. Attribute scores of less than 55% need introduction of new interventions, 55-74% need scaling up of interventions, and 75% and above need sustained efforts and lessons shared.

Key messages
- Financial risk protection better predicts UHC progress. The financial risk protection score was 46.0%. Rehabilitative and palliative services are widely unavailable, and where available, out-of-pocket payments are needed to access these services. The region will establish rehabilitation and palliative care services in districts.
- Inadequate use of service data for decision-making is a significant gap (knowledge capacity for local production and use score was 38.0%). The Region will focus on this area.
- Human resources for health scored 47.0%. The region will prioritise equitable posting of limited critical staff to hard-to-reach areas and adequate staff mix in hospitals and health centres.
- Prevention of health threats scored 58.0%, ranging from 38.0% in Nkoranza North to 73.0% in Kintampo North. The region will conduct mapping, predictive modelling of health and health systems threats, effective biosafety, and biosecurity regulation to improve the dimension.
- Service provision coverage scored 75.0% in the system functionality assessment. The region will focus on scaling up, sustaining interventions, and sharing lessons.
- Strengthening stakeholder involvement and collaboration will be the centre of attention for improving the population’s health.
1. Regional Overview: Health Service Outcomes

Four dimensions were used to assess health system outcomes. These are universal health coverage, health security, PHC approach and determinants of health. The overall regional score for UHC coverage was 62.0%, PHC 57.0%, Health Security 69.0% and Determinants of Health 72.0%. The lowest dimension was PHC, while the highest dimension was UHC coverage.

1.1 Universal Health Coverage

An overall UHC average score of 62.0% was recorded for all five assessed districts. The lowest score of 44.0% was in Nkoranza North and highest score of 75.0% was in Kintampo North. UHC was assessed by availability of essential services, coverage of essential services and financial risk protection and the scores were 69.0%, 82.0% and 46.0% respectively.

Financial risk protection scored lowest among the areas assessed under UHC and varied across health centres and hospitals.

Rehabilitation and palliative care services were mostly unavailable across districts and when available, required out-of-pocket payment.

Financial risk protection was lowest (28.0%) in Nkoranza North (Health centre:14.0%, Hospital:41%) and highest (67.0%) in financial risk protection (Health centre:74.0%, Hospital:55%)

1.2 Health Security

The overall average score for Health security was 69.0%. Areas assessed under this outcome include detection (78.0%), response (69.0%), organization and leadership (75.0%) and prevention of health threats (58.0%).

Key services that need to be scaled up to address prevention of health threats are mapping, predictive modelling of threats to health and health systems, effective biosafety, and biosecurity regulation.

Techiman Municipal and Nkoranza North scored lowest (38.0%) in prevention. This calls for the introduction of new interventions to prevent health threats.

Kintampo North recorded the highest score (73.0%). Services to prevent health threats in the district would be scaled up.
1.3 Determinants of Health

Determinants of health recorded an average score of 72.0%. Dimensions under this health outcome that were assessed include Economic/Commercial (73.0%), Environmental (69.0%), Political (70.0%) and Social (75.0%) determinants. Among social determinants, childhood nutrition, school enrolment, female participation in decision making were assessed. Areas assessed under environmental determinants included improved drinking water and sanitation use, practice of open defecation and air pollution.

- Social determinants saw the scores ranging from 63.0% in Nkoranza North to 91.0% in Pru East.
- Environmental determinants scored the lowest with Techiman Municipal contributing the least score of 55.0%. This was attributed to more open defecation and unsafe drinking water sources in the rural parts of the municipality.
- Nkoranza North recorded the highest score of 83.0%. This is attributable to improved health promotion activities on WASH.

1.4 Primary Health Care

PHC was measured across knowledge capacity, human resources for health, technology, stakeholder alignment to national priorities, financing and community and individual empowerment. Overall, the average for PHC was 57.0%. Dimensions with the lowest and highest scores were knowledge (38.0%) and stakeholder alignment to national priorities (69.0%) respectively.

- Majority of the districts assessed (Nkoranza South, Pru East and Techiman Municipal) scored below 54%.
- The low score for knowledge capacity on inadequate use of research for decision making in facilities and unavailability of critical staff at hard-to-reach areas as well as inadequate staff mix accounted for the overall low PHC score.
2. Regional Overview: System Functionality

The overall system functionality of the five assessed districts was 79.0%. Dimensions contributing to this are service provision capacity (75.0%), management capacity (80.0%) and oversight capacity (88.0%). Generally, health system functionality was outstanding and needs to be sustained with lessons shared. Availability of health promotion services that promote healthy lifestyles across districts for various age groups, recognition and respect for decision-making leadership at facilities coupled with meetings where the health directorate and its stakeholders meet to review performance and plan have immensely contributed to systems functionality in the region. Apart from Nkoranza North, which needed data for system functionality, the lowest score among the remaining districts was 71.0% recorded in Techiman Municipal.

![Bono East Overall System Functionality Score per District](source: WHO)

2.1 Service Provision Capacity

The average score for Service provision was 75% ranging from 70.0% in Nkoranza South to 82.0% in Kintampo North. Better access to essential services, effective demand for essential services, high quality of care and robust resilience to shock events were the dimensions assessed.

- Service provision capacity recorded 75% among the dimensions assessed for system functionality, requiring sustainability.
- Of the sub-dimensions assessed, effective demand for essential services recorded the highest score of 92.0%, ranging from 83.0% in Nkoranza South to 98% in Kintampo North. This is attributed to the availability of programs for promoting health and well-being for individuals using the life course approach.
2.2 Management Capacity

Management capacity was measured using shared values, skills, staff, strategy, structure, style and systems. The overall score for Management capacity was 80.0%. This ranged from 70.0% recorded in Techiman Municipal to 90.0% recorded in Kintampo North.

![Management Capacity Chart](chart.png)

**Figure 6**: Bono East Region Management Capacity—structure and systems scores in four districts (source: WHO)

- Among the sub-dimensions assessed, staff recorded the lowest score (72.0%), and strategy recorded the highest (98.0%).
- The score for staff ranged from 56.0% to 100% in Pru East and Techiman Municipal, respectively.
- The low staff score in Pru East is attributed to the inadequate complement of staff to enable it to carry out functions such as leading in the delivery of services, monitoring standards and outcomes, coordination of stakeholders and oversight for accountability.
- For the high score in strategy, facilities have defined areas with fixed populations, clearly defined coverage targets for UHC, essential health interventions tailored to the level of care age cohort and an annual operational planning process that involves its programs and partners as the contributors to the performance.

2.3 Oversight Capacity

Oversight capacity assesses attributes for authority, organisational structure, policy and strategic guidance, technical and social accountability, legal and regulatory frameworks, stakeholders’ engagement, integrity and public confidence.

The overall oversight capacity was 88.0%. It ranged from 75.0% in Techiman Municipal to 94.0% in Kintampo North. All dimensions scored 75% and above. The lowest score of 75.0% was recorded in social accountability, while technical accountability scored 100%. All districts assessed recorded a 100% score in technical accountability.

- Technical accountability was attributed to mechanisms put in place, such as:
  - Organization of reviews (half-year, annual) to ensure answerability of health leadership to the health agenda.
  - Availability of organograms and staff supported to execute their functions in a coordinated manner.
3. Regional Priorities Moving Forward

To ensure the desired health outcomes, the region has prioritised the following to improve the functionality of the health systems in the five districts:

- Establish rehabilitation and palliative care services across the districts
- Equitably post limited critical staff to hard-to-reach areas and ensure adequate staff mix in hospitals and health centres
- Build the capacity of health facilities to analyse primary and secondary data and use quality improvement (QI) methods and processes for decision-making
- Focus on building the capacity of health staff to conduct mapping and predictive modelling of threats to health and the health system, implement biosafety and biosecurity regulations and undertake real-time surveillance of health hazards
- Advocate for improved water sanitation and hygiene (WASH) services
- Strengthen oversight capacity through social accountability by improving the involvement of and collaboration with stakeholders on health service delivery
- Solicit support and facilitate the process for the remaining six districts to self-assess using the tools
- Use results from the holistic assessment of districts to compare with DHSFA for triangulation

**Figure 7:** Bono East Region Oversight Capacity scores within four districts (source: WHO)
References


Sources

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