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Improving Maternal, Neonatal, and Child Health in Ghana

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Overview

In June 2014, a small team from the CSIS Global Health Policy Center traveled to Ghana to examine U.S. bilateral support for maternal, neonatal, and child health (MNCH). The purpose of the trip was to plan a return visit with a delegation of U.S. congressional staff in August 2014. Ghana's mixed progress toward meeting Millennium Development Goals (MDG) 4 and 5 related to maternal and child health¹; its strong relationship on immunizations with Gavi, the Vaccine Alliance; and its longstanding partnership on health with the United States were all reasons we decided to examine the country's MNCH situation. By late July, the acceleration of the Ebola outbreak in West Africa led us to postpone the trip until emergency preparations are not a major focus of the Ghanaian government, the United States, and other partners. Considering the fruitful meetings we had in June, we have captured here some of our initial impressions, observations, and recommendations.

History of Engagement on Health

The United States and Ghana have a long history of engagement on MNCH, with relations between the two countries dating to 1957, when Ghana achieved independence from the United Kingdom. The U.S. Agency for International Development (USAID), U.S. Centers for Disease Control and Prevention (CDC), and the Peace Corps are the principal U.S. agencies contributing to MNCH activities in Ghana. While most MNCH-focused programs are supported by USAID, they represent only a small portion of USAID's health engagement with Ghana. In 2012, USAID provided \$5.5 million for MNCH programs, out of a total health budget for Ghana of \$48.1 million (the bulk of USAID's support focuses on HIV/AIDS and malaria).

While Ghana has made considerable strides toward meeting MDGs 4 and 5 in the more populous and prosperous southern regions of the country, health indicators in the northern provinces, which have historically been underdeveloped, reflect significant challenges. As a consequence, Ghana is not expected to meet MDGs 4 and 5 by 2015. Rising neonatal mortality rates are of particular concern. The United States is working in partnership with the government of Ghana, with other bilateral donors, and with multilateral and nongovernmental organizations to implement a range of programs aimed at improving MNCH outcomes, with a new emphasis on the northern regions, and on newborn health. Gavi, to which the United States has contributed \$1.2 billion since 2000, has supported vaccine programs in Ghana since 2002; 7 of the 12 vaccines Ghana offers to protect against illness in children are cofinanced with Gavi support.

¹ MDG 4 is a two-thirds reduction of the under-five mortality rate between 1990 and 2015; MDG 5 is a three-quarters reduction of the maternal mortality ratio in the same time period.

Several key questions arose over the course of our visit:

- What steps has the government of Ghana taken to address newborn health challenges, how has the United States supported these efforts, and how can the United States continue to support these efforts in the future?
- What does Ghana's status as a lower-middle-income country mean for the country's eligibility for continued support through Gavi, and how can the United States support Ghana's movement toward "graduation" from Gavi and the assumption of full financial responsibility for vaccines?
- And what lessons learned through the recent, innovative government-to-government work on water, sanitation, and hygiene; nutrition; and family health in the north can be shared with other regions in Ghana and with other countries where positive health trends at the national level may obscure subnational challenges?

Ghana's Health System

Ghana's national health system has two principal components. The Ministry of Health is responsible for policy formulation as well as program monitoring and evaluation. The Ghana Health Service (GHS) is responsible for health service delivery. In addition, Ghana's National Health Insurance Scheme (NHIS), which is administered by the National Health Insurance Authority (NHIA), covers 95 percent of all health-care costs for an estimated 40 percent of the population.

In Ghana's decentralized health system, authority rests with the Regional and District Health Services, and care is provided at the community, subdistrict, and district levels. The Community-based Health Planning and Services (CHPS) program places community health nurses in health compounds, where they treat malaria, acute respiratory infections, and diarrheal diseases, and provide childhood immunizations and family-planning services. Pregnant women, children under the age of 18, the elderly, and the indigent, are granted membership in the NHIS free of charge. Immunizations and services at CHPS compounds are covered directly by the GHS and are not included among NHIS benefits.

Maternal, Neonatal, and Child Health

Over the past 15 years, Ghana's maternal mortality rate decreased from 570 deaths per 100,000 live births in 2000 to 380 deaths per 100,000 live births in 2013. The under-five mortality rate decreased from 103 deaths per 1,000 live births in 2000 to 72 deaths per 1,000 live births in 2012. Despite this progress, however, Ghana's MNCH indicators are worse than those in other countries with similar socioeconomic profiles and health care spending levels. Neonatal mortality has risen from 30 deaths per 1,000 live births in 2008 to 32 deaths per 1,000 in 2013. Newborn deaths account for 40 percent of under-five mortality in Ghana.

The United States has supported Ghana's efforts to improve maternal and neonatal outcomes through the Maternal and Child Health Integrated Program (MCHIP), implemented by Jhpiego, the international, nonprofit health organization affiliated with Johns Hopkins University. MCHIP activities began in 2010 and concluded earlier this year. In June we spoke with Chantelle Allen,

head of the Jhpiego office in Accra, and learned that MCHIP activities supported preservice training at 32 midwifery schools across Ghana, using e-learning to convey and reinforce lessons about newborn resuscitation and essential newborn care. The new USAID-funded Maternal and Child Survival Program, also being implemented by Jhpiego, will continue MCHIP's focus on preservice education and also support the national government in strengthening the CHPS activities. During our conversation, Allen emphasized the importance of improving data collection about why newborns in Ghana are dying. This past July, Ghana released a National Newborn Health Strategy and Action Plan aimed at reducing the neonatal mortality rate to 21 per 1,000 live births by 2018, with data gathering and analysis as a key component of that document.

Ghana's progress in introducing and expanding coverage for vaccines to prevent serious illness in children, including measles and meningitis, has played an important role in lowering mortality rates for children under the age of 5. Ghana's Expanded Program on Immunization (EPI) makes 12 childhood vaccines available in Ghana, and 7 of these are cofinanced with Gavi. Ghana was the first country to adopt and carry out a dual launch of the new rotavirus and pneumococcal vaccines with Gavi support in 2012.

Vaccines Available in Ghana
BCG vaccine (tuberculosis)
Hepatitis B vaccine
Meningitis A*
HPV (human papillomavirus) demonstration*
Measles*
Measles-rubella*
Oral polio vaccine
Pentavalent vaccine* (diphtheria-tetanus-pertussis; hepatitis B; Haemophilus influenza type B)
Pneumococcal conjugate vaccine (PCV)*
Rotavirus*
Yellow fever*

* With Gavi support.

In 2013, Ghana's routine immunization coverage rate was reported at 90 percent, with only 1 percent of districts reporting coverage rates of less than 50 percent. But during our conversation with EPI staff, we learned that EPI faces numerous challenges in sustaining these achievements. George Bonsu, program manager of EPI, estimated that 1.09 million children under the age of one in Ghana will require vaccines in 2014. However, around 10 percent, or 100,000, may not be reached, particularly those living in remote districts and in peri-urban areas of large cities, such as Accra. At the same time, poor cold chain maintenance practices in some areas and insufficient resources for regular outreach services to dispersed populations, such as the communities in and around the Volta Basin, limit the program's successes. For example, Bonsu and his staff told us that EPI must maintain motorboats to reach settlements on the Lake's distant islands. Ghana has received health systems strengthening (HSS) support from Gavi to address some of these challenges associated with vaccine management and community outreach.

The Gavi graduation process, in which countries move from cofinancing vaccines to assuming full financial responsibility for their procurement and distribution over a five-year period, was an important point of discussion during our visits with Ghanaian officials. The process is triggered once a country reaches a gross national income (GNI) per capita of \$1,530. Having enjoyed an economic growth rate of more than 6 percent per year during the past two decades, Ghana has a GNI per capita of \$1,760 and is now classified by the World Bank as a lower-middle-income country. We learned

that the impending graduation is a concern for some officials, who worry that health gains from recent Gavi-supported activities may be lost if the graduation process is not managed properly. Dan Osei, deputy director of the Ghana Health Service Policy, Planning, Monitoring and Evaluation Division, projected that the government will need to budget \$25 million to fully finance the vaccines that have been introduced with Gavi support. Whether Ghana will be able to continue to procure vaccines at the Gavi-negotiated lower rate once graduation has been completed, and whether the NHIS will begin to fund vaccines, are questions that remain.

Regional Disparities and Opportunities

Historically, the northern regions in Ghana have lagged behind those in the south in terms of access to education, health services, infrastructure development, political will, and donor support. In June we spent a day in Ghana's Northern Region to learn more about health challenges and U.S.-supported MNCH activities in this area.

In the district of East Mamprusi, north of the regional capital of Tamale, we learned about the EPPICS (Encouraging Positive Practices for Improving Child Survival) Project supported by USAID and implemented by Catholic Relief Services. EPPICS reaches 51,000 women of reproductive age and children under five years in this district. By addressing social and cultural barriers to access and utilization of MNCH services, EPPICS engages and repositions traditional birth attendants and family members to help ensure pregnant women seek prenatal care and are prepared to go to a clinic for delivery with a skilled attendant. At a clinic supported by EPPICS and managed by the Christian Health Association of Ghana, we met community leaders who oversee the operation of a motorcycle ambulance that can be used to transport pregnant women to the site for delivery if they present signs of complications once they go into labor. And in the settlement of Langbensi, we learned how elected representatives oversee monthly reporting on the percentage of deliveries attended by a skilled health care worker through the use of the Community Giant scoreboards, a tool that displays MNCH indicators in colorful signs at the entrance to the community.

We also learned about the new Resiliency in Northern Ghana, or RING, project, which is funded through USAID's Global Health Initiative and Feed the Future program. According to Melanie Luick-Martins of USAID's health office in Ghana, RING provides direct funding to Northern Region district assemblies to enable families, particularly women of reproductive age and children under the age of five who face food insecurity, to improve their health and nutritional status. RING promotes access to education about nutrition, water quality, and hygiene; provides women with access to livestock and other domestic animals to enhance their economic prospects; and promotes men's more active engagement in family care activities. The program is one of the first in Ghana to provide direct government-to-government support. With its emphasis on community engagement and cash transfers, it also offers opportunities for improving governance and accountability at the district level.

Conclusions

- The Ghanaian government's new neonatal health strategy offers a framework for strengthening U.S.-supported midwife training, technical support, and data management related to newborn health, with an emphasis on extending skills-building programs to more remote regions. One challenge those communities will face is retaining skilled midwives once

they have completed their training and may seek better opportunities in regional cities or the capital. Enhancing routine outreach to isolated practitioners and ensuring they are integrated into networks that allow them to learn from and exchange information with other providers will be critical.

- As Ghana moves toward and through the Gavi graduation process, the United States can play an important role in continuing to coordinate its support for immunization services in Ghana with the EPI program; facilitating the communication of Ghanaian officials with those in other countries where USAID missions have previously provided support during the Gavi graduation process; and sharing lessons learned from earlier graduation experiences within USAID programs, largely related to family planning, in other regions of the world.
- As the RING program demonstrates, working at the subnational level—and directly with subnational government entities—may enable the United States to continue to provide bilateral support for MNCH programs in districts where health indicators are challenging, even if the country as a whole presents health and economic indicators that might make it a lower priority for development assistance.

The World Bank has recently projected that the negative economic impact of the Ebola outbreak in West Africa could reach \$32.6 billion by the end of 2015. Even if Ghana never confirms an Ebola case, the disrupted trade and travel; food shortages; and other canceled or delayed activities are sure to affect Ghana's economy, which in June was already showing signs of strain. As the United States and other international partners work with Ghana to strengthen emergency preparations and bolster health services in anticipation of the possible spread of Ebola, it is essential they not lose sight of the existing investments in maternal, neonatal, and child health programs and the important work that remains.

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