

COUNTRY UPDATES: GHANA

“High Burden High Impact Response – Getting back high burden countries on track to achieve Global Technical Strategy for Malaria 2016–2030 targets”

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ADDIS ABABA, ETHIOPIA



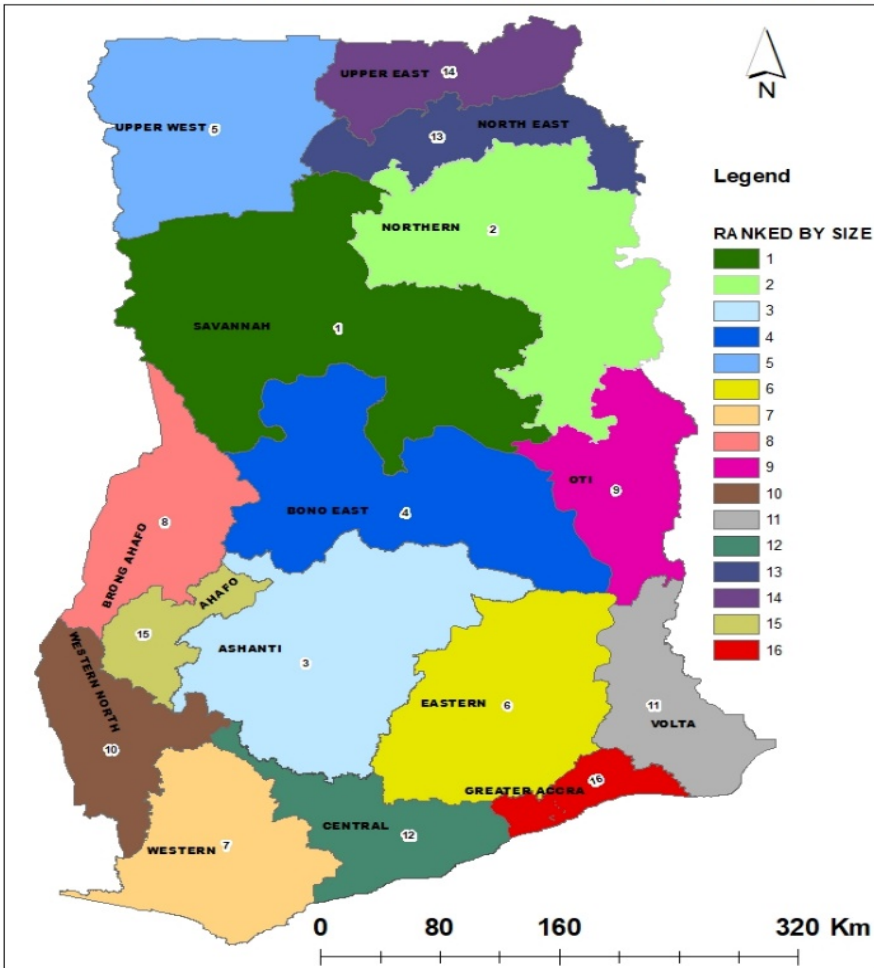
PRESENTATION OUTLINE

- Country profile
- Process
 - Preparatory activities
 - Stakeholders meeting
- Post-workshop activities
- Lessons learnt
- Challenges



Country Profile

NEW REGIONS OF GHANA AFTER REFERENDUM



BY: SAKO.COM

Ghana has an estimated total population of 28 million (2017)

The GNI per capita is US\$4,400 (2016)

Now a Lower Middle Income Country(LMIC)

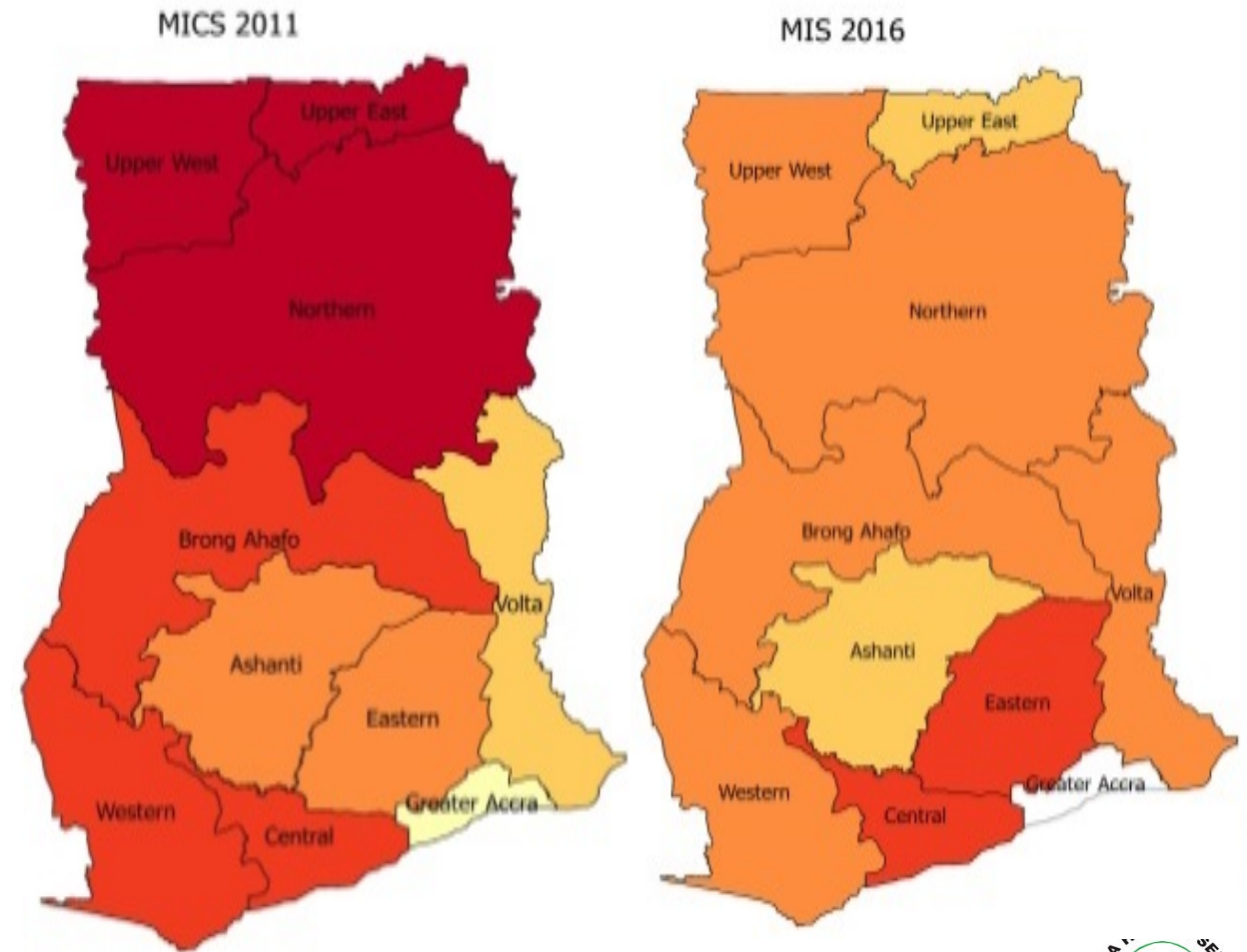
Poverty levels were reduced by more than halve from 51.7% in 1992 to 24.2% in 2015 [ie % of people on < \$1.25/day]

Government expenditure on health stands at 11%

There are 16 Administrative Regions and 260 Districts

Malaria epidemiology

- The entire population (100%) is at risk of malaria
- Children less than 5 years old and pregnant women more vulnerable
- There is perennial transmission with seasonal peaks during the rainy seasons
- Three main eco-epidemiological zones; coastal (southern), the forest (middle) and the savanna (northern)
- Overall parasite prevalence reduced significantly from 27.5% (MICS 2011) to 20.6% (MIS 2016).



Preparatory activities

- Orientation on HBHI in Mauritania for two NMCP staff (January 2019)
- Planning and preparatory meeting with NMCP technical staff
 - Pre-meeting information gathering (4th -7th June 2019)
 - Technical support from WHO AFR and HQ
 - Information gathering to pre-fill the HBHI template
- Stratification meeting (10th-14th June 2019)
 - Mapping of the country
 - Support from WHO



Stakeholders Meeting

- It was a four-day meeting (17th -20th June 2019)
- Multi-sectoral meeting to discuss new strategies to help reduce the malaria burden in the country
- Brought together relevant local and international stakeholders from all levels:
 - Regional, district, service delivery
 - Development partners – WHO, USAID and its implementing partners (S4H, C4H) PMI, DFID, Malaria No More, ALMA, UNICEF,
 - Local Institutions –Teaching Hospitals, NHIA, Parliamentary Select Committee on Health, research institutions, civil societies etc.



Format of Stakeholders meeting

- Two key participatory approaches were adopted
- First approach: focus on a broader presentation on the country malaria situation
- Second Approach - group workshops on the 4 response elements
 - Groupings were based on interest, technical area and had a careful mix of partners e.g. WHO, USAID etc.
- Main task of groups:
 - Review of country self assessment template
 - Identify current activities done and gaps
 - Identify partners to support NMCP in the implementation of the agreed activities
- Plenary sessions were held at the end of each day for feedback and inputs by larger group
- Groups also completed the log frame indicating proposed activities and timelines



Summary of key recommendations 1/2

Need to get strong, top-down mandate for malaria as a national priority (i.e. from President) to activate stakeholders at all levels to take action to support the National Strategic Plan

- **Political Structures:** Implement a Presidential Council to End Malaria to convene high-level stakeholders from multiple sectors to escalate the visibility, financial and operational needs of the NMCP
- **Accountability:** Develop an overarching accountability framework with clear allocation of roles and responsibilities across NMCP and other stakeholders
- **Financing:** Sustain and increase financing from existing sources and new sources
- **Awareness:** Implement national and sub-national malaria champions and promote ownership of malaria across diverse stakeholders through the “Zero Malaria Starts with Me” campaign



Summary of key recommendations 2/2

- Complete development of malaria data repository and deploy to all levels for use for action
- Recruit additional NMCP staff with relevant expertise at national level
- Design strategies to improve guideline dissemination to tertiary facilities
- Conduct regular Onsite Training and Supportive Supervision (OTSS), mentorship and coaching for health care workers
- Incorporating malaria training into free mandatory Continuous Professional Development (CPD) programmes for professionals such as doctors



Post-workshop activities

- Identifying a coordinator within NMCP for HBHI activities (Aug-Sept 2019)
- Establish the malaria data repository database (July-Dec 2019)
- Malaria Programme Review (MPR) – September 2019
- National Strategic Plan development (1st Quarter, 2020)
- Concept Note for GF application (2nd Quarter, 2020)
- Establishment of Presidential Malaria Council & Ghana Malaria Foundation (Aug-Dec 2019)
- Capacity building on malaria data repository database and surveillance for sub-national staff (Oct-Dec 2019)



Challenges

- HBHI tool did not come with clear guideline for completion
 - Technical assistance from WHO officials
- Difficulty in bringing together all the stakeholders due to conflicting schedules and activities
 - Follow ups and reminders



Lessons learnt

- Support from WHO, RBM and partners was very instrumental toward the success of the activities
- Active participation of other institutions and organizations was very critical in ensuring success of the stakeholders meeting



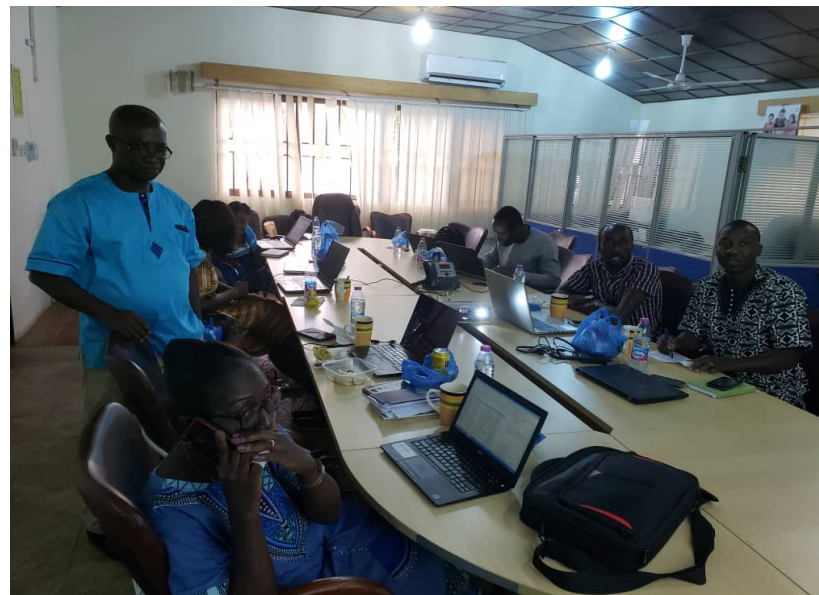
Pre-meeting to fill the HBHI template



Stratification meeting



Stakeholders meeting



THANK YOU

