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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PRESENTATION OUTLINE

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

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