

Ghana

Health Sector Support (P000949)

Date Effective: 10/21/1997

Date Closed: 06/30/2002

Project Description: The project was designed to assist the Government of Ghana in reforming the health sector through the implementation of its Medium-term Health Strategy "Towards Vision 2020" and the Program of Work 1997-2001. This strategy was supported by several bilateral agencies and multilateral organizations including IDA. The IDA contribution to the program was the Health Sector Support Project which used an innovative approach, i.e., a sector-wide approach (SWAP).

Impact: *Implemented as a flagship operation, the HSSP has been, so far, the most successful sector-wide operation in the Africa Region. Although the approach was new for both the Bank and the Borrower at the time it was approved, the project has been completed on time and fully disbursed, and has had substantial impact, as noted below.*

Some Highlights:

- Some health outputs improved (for example, outpatient visits per capita rose from 0.39 in 1996 to 0.49 in 2001; births attended by skilled health staff rose from 38% to 50%); Polio immunization rate increased from 49% in 1996 to 98% in 2001; and substantial progress was made in the integration of vertical programs (TB, Leprosy and Maternal and Child Health).
- There is clear evidence that the geographic accessibility to health services has increased as a number of new health facilities have been built and existing infrastructure have been rehabilitated, re-equipped, and expanded. There are now 2 new district hospitals and 11 health centers upgraded to district hospitals, 126 new health centers, and 3 new regional hospitals.
- Provision of round-the-clock services was introduced in hospitals, the package of primary health care services was improved (including retraining of health workers and the continuous supply of essential drugs which led to 95-100% drug availability at district level), and outreach services were expanded. The latter resulted, *inter alia*, in improved immunization rates, but not in the substantial coverage of mother and child health activities. Community health services called Community-based Health Planning and Services were also set up.
- Hospital bed occupancy rates increased in the northern regions (the poorest) but decreased nationally from a level of 70% to 65% over the project period.
- Decentralization of decision making to regional and district management teams was strengthened through funding, training, and equipment.
- The Ministry of Health was reorganized including separation of the purchasing and regulation function from the service delivery function.

Total Financing: Total project cost was \$692.4 million. IDA contributed \$34.2 million, the Government of Ghana, \$530.60 million, and other donors—including Denmark, the UK, the Netherlands, and Norway--\$127.6 million.

IDA Contribution:

The Bank initiated the SWAP process after an analysis of the situation in the sector, sensitized the other donors about the need for reform and the benefits of a comprehensive approach, playing catalytic and convening roles, and helping the Borrower in both the reform process and SWAP preparation. This was remarkable given that SWAP constituted a new and innovative system of development assistance delivery with no prior testing or lessons learned. It also implied a major change from business as usual to comprehensive sector-wide policy development and planning with the involvement of numerous partners who shared developmental objectives but had different procedures. Challenges were equally great for the Bank, because although there was consensus on and support for SWAP processes, the organization was not quite ready in terms of the legal, disbursement, and procurement procedures required for the implementation of such an innovative program.

Additionally, the Bank took the bold step of channeling all support to the health sector through the health fund. This allowed the sector to take full charge of its program. However, although IDA took a back seat, it provided critical technical support especially in the area of financial management and the development of the procurement system. The local office was crucial in providing technical support for the development of the procurement manual, bidding documents and the management of the tendering processes through prior review of procurement packages. This was done on behalf of all contributing partners and ensured the development of confidence in the procurement system.

Linkages:

Access improved through construction of new facilities and some rehabilitation.

- Working under the umbrella of a Memorandum of Understanding for participating donors, common financing and implementation arrangements were introduced. This streamlining of assistance reduced duplication and wastage.
- The Ministry of Health was reorganized and a participative process of sector review and planning has been institutionalized.
- Decentralization of decision-making to the regions was strengthened, with a system which created a clearer relation between planning, budgeting, and performance. Over 400 Budget and Management Centers are now operating, the majority of which meet their financial targets, compared with only about a quarter of Budget and Management Centers at project initiation.
- Financial management and procurement capacity at both the central and local levels was improved, and the transparency of the procurement process throughout the public health sector has greatly increased.

Next Steps:

The follow-up IDA credit will bring to the health sector approximately US\$90 million, or more than double the amount of Health Sector Support Project which was about US\$35 million. Other foreign sources are expected to contribute US\$325 million (against US\$192 million during 1997-2001), and Government US\$638 million (against US\$500 million in 1997-2001) while the total estimated program cost for five years will increase from US\$824 million to US\$1,113 million. The preparation of the Bank's follow-up project (recently approved by the Board) provided the opportunity to update and adjust some of the Bank procedures to the requirements of the sector-wide approach (in particular in areas of procurement and financial management).