UPPER EAST REGION
HEALTH SECTOR

By
Dr. J. Koku Awoonor-Williams
RDHS, UER
14th September, 2009
Sogakope
Peculiarities of UER

- Surface Area is 8,842 sq. km (about 3.7% of the country)
- It has two international boundaries – Burkina Faso (north) and the Republic of Togo (East)
- Occupation is farming, trading and mining, etc
- Largely rural population (87%)
- Settlement pattern is highly dispersed in 911 communities.

Map of Upper East Region

- Population Density – 110 people/sq.km,
Regional Health Directorate, UER

• Reg. Public Health Unit: [Ag. DD-PH]
• Reg. Clinical Care Unit: [Ag. DD-CC]
• Reg. Health Support Services: [DD-HASS]
• District Health Systems, DHMTs, Regional Hospital, District Hospitals, SDHT & Community Health Compounds
• Training Institutions
Units Under the Office of RDHS

• Regional Director’s Office
• Finance Unit
• Health Information & ICT Unit
• Training Unit
• Internal Audit
• Operations Research Unit*
## Distribution of Health Facilities - UER

<table>
<thead>
<tr>
<th>District</th>
<th>Hosp</th>
<th>H/Centre</th>
<th>Clinic</th>
<th>CHPS</th>
<th>Mat. Home</th>
<th>Training Inst.</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bawku Mun.</td>
<td>1</td>
<td>6</td>
<td>9</td>
<td>10</td>
<td>1</td>
<td>1</td>
<td>27</td>
</tr>
<tr>
<td>Bawku West</td>
<td>1</td>
<td>3</td>
<td>9</td>
<td>10</td>
<td>0</td>
<td></td>
<td>23</td>
</tr>
<tr>
<td>Bolgatanga Mun.</td>
<td>1</td>
<td>2</td>
<td>10</td>
<td>6</td>
<td>0</td>
<td>3</td>
<td>15</td>
</tr>
<tr>
<td>Bongo</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>13</td>
<td>0</td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>Builsa</td>
<td>1</td>
<td>4</td>
<td>2</td>
<td>11</td>
<td>0</td>
<td></td>
<td>18</td>
</tr>
<tr>
<td>Garu-Tempane</td>
<td>0</td>
<td>6</td>
<td>5</td>
<td>5</td>
<td>0</td>
<td></td>
<td>16</td>
</tr>
<tr>
<td>KND</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>16</td>
<td>0</td>
<td></td>
<td>21</td>
</tr>
<tr>
<td>KNW</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>11</td>
<td>0</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td>TND</td>
<td>3</td>
<td>6</td>
<td>9</td>
<td>0</td>
<td></td>
<td></td>
<td>17</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>6</td>
<td>33</td>
<td>46</td>
<td>91</td>
<td>1</td>
<td>5</td>
<td>177</td>
</tr>
<tr>
<td>CATEGORY</td>
<td>GOV</td>
<td>QUASI GOV</td>
<td>CHAG</td>
<td>PRIVATE FOR PROFIT</td>
<td>TOTAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>---------------</td>
<td>-----</td>
<td>-----------</td>
<td>------</td>
<td>--------------------</td>
<td>-------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>REG. HOSP</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIST. HOSP</td>
<td>4</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>H/C</td>
<td>23</td>
<td>0</td>
<td>8</td>
<td>2</td>
<td>33</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MAT HOME</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CLINICS</td>
<td>21</td>
<td>1</td>
<td>15</td>
<td>6</td>
<td>46</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHPS</td>
<td>91</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>91</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Training Inst</td>
<td>4</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>154</td>
<td>1</td>
<td>15</td>
<td>10</td>
<td>182</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Total</td>
<td>85.5</td>
<td>0.6</td>
<td>8.3</td>
<td>5.6</td>
<td>100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>District</td>
<td>Hospital</td>
<td>H/C</td>
<td>Clinic</td>
<td>Mat Home</td>
<td>CHPS</td>
<td>Target</td>
<td>Balance</td>
</tr>
<tr>
<td>--------------</td>
<td>----------</td>
<td>-----</td>
<td>--------</td>
<td>----------</td>
<td>------</td>
<td>--------</td>
<td>---------</td>
</tr>
<tr>
<td>Bawku Mun.</td>
<td>1</td>
<td>5</td>
<td>9</td>
<td>1</td>
<td>11</td>
<td>25</td>
<td>14</td>
</tr>
<tr>
<td>Bawku West</td>
<td>1</td>
<td>4</td>
<td>7</td>
<td>0</td>
<td>9</td>
<td>25</td>
<td>16</td>
</tr>
<tr>
<td>Bolga Mun.</td>
<td>1</td>
<td>6</td>
<td>6</td>
<td>0</td>
<td>2</td>
<td>14</td>
<td>12</td>
</tr>
<tr>
<td>Bongo</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>0</td>
<td>13</td>
<td>36</td>
<td>23</td>
</tr>
<tr>
<td>Builsa</td>
<td>1</td>
<td>4</td>
<td>3</td>
<td>0</td>
<td>12</td>
<td>17</td>
<td>6</td>
</tr>
<tr>
<td>Garu-Temp</td>
<td>0</td>
<td>4</td>
<td>6</td>
<td>0</td>
<td>2</td>
<td>20</td>
<td>18</td>
</tr>
<tr>
<td>KN District</td>
<td>1</td>
<td>5</td>
<td>1</td>
<td>0</td>
<td>15</td>
<td>16</td>
<td>1</td>
</tr>
<tr>
<td>KNW District</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>12</td>
<td>14</td>
<td>2</td>
</tr>
<tr>
<td>Talensi-N</td>
<td>0</td>
<td>3</td>
<td>6</td>
<td>0</td>
<td>6</td>
<td>18</td>
<td>9</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>6</strong></td>
<td><strong>39</strong></td>
<td><strong>38</strong></td>
<td><strong>1</strong></td>
<td><strong>91</strong></td>
<td><strong>185</strong></td>
<td><strong>101</strong></td>
</tr>
</tbody>
</table>

27/06/2010
Background - Health Situation

- 1.1 Million Pop. (2009 est.) - 51% F, 49% M
- Life Expectancy: 58.2 (F: 58.9yrs, M: 57.6yrs)
- U5 MR: 93/1000LBs (111, GDHS: 2003)
- MMR: 137/100,000
- TFR: 4.7 (4.4 (GDHS, 2003)
- HIV/AIDS Prevalence of 2% (2008 Sentinel)
- TB Cure Rate: 75.6%, Default Rate: 4.5%
- Under-weight (U5) 32% 22% (GDHS, 2003)
Background - Health Situation 2

- Malaria remains number one cause of morbidity & mortality
- NHIS since 2005 (79% Regional Coverage)
- Per capita OPD visit is 1.07
- Doctor/Pop. Ratio: 1:34,629
- Midwife/Pop Ratio: 1:4,203
- Medical Assistant/Pop Ratio: 1:35,865
Major Challenges

• Human resources for health: Serious shortfalls, poor mix and mal-distribution

• Poor and inadequate health infrastructure:
  – Several uncompleted capital projects
  – Health facilities and residential accommodation in serious state of disrepair (2007 & current floods)
  – Inadequate staff accommodation
  – Lack of District hospitals for new districts
  – Inadequate and obsolete equipment

• Inadequate & over-aged transport

• Lack of Regional Training/Conference Facility
Major Challenges -2

• Stagnating health service coverage/outcomes (high maternal and neonatal deaths)

• Poor attitudinal and behavioural practices of health stakeholders. Difficulty in harmonising health care delivery

• Poor data management and reporting at district level

• Dwindling, irregular and piecemeal flow of funds for health service delivery

• Poor leadership and staff capacity for effective planning and service delivery
Major Challenges - 3

- Poor staff attitude and customer care
- Poor health infrastructure and poor maintenance culture
- Poor implementation of the NHIS and implications on health infrastructure
- Quality of Care is still a major challenge
- High staff death rate
- Refusal of staff to accept posting to the region
Few Performance Indicators
Selected Performance - Clinical Care

• Per capita OPD visit of 1.01
• 12.7% of OPD cases managed by CHO's
• Set up laboratory facilities at sub-districts (Trained Lab. Assistants & Equipment)
• All 6 hospitals provide ART Services
• 98% Essential Medicines Availability
• 79% of population have financial access to services (NHIS)
• Case management & disease surveillance performance standard for clinicians (Circulars & Appraisals)
Performance- Maternal & Child Health

• Consistent reduction in institutional maternal mortality since 2006 (from 215/100,000 to 137/100,000)
• Supervised delivery significantly increased from 22.6% in 1997 to 44.2% in 2008
• Infant mortality significantly reduced from 80.5/1,000LB in 1998 to 52/1,000LB in 2008.
• Kangaroo Mother Care initiative on track
• All 74 facilities in this region where skilled deliveries are done are baby-friendly designated
• Exclusive breastfeeding for six months 93% (2009)
Performance - Maternal and Child Health

- PMTCT/CT sites increased to 84 with 65.9% service uptake
- Increased ITN utilisation among pregnant women (43.9%) though below target (national 55.9%)
- U5 Malaria CFR reduced from 2.6% in 2006 to 1.9% in 2008
Performance - Disease Prevention, Control & Management

- No measles deaths reported since 1999.
- Annual CSM outbreaks: endemic but easily contained.
- No indigenous Guinea Worm Case since 1992 and no case this year. Leprosy still a concern
- HIV prevalence reduced from 2.6% in 2007 to 2% in 2008 (Sentinel Survey, 2008)
- TB Cure/Success Rate is 75.6%
- No wild polio virus seen in the region for the past 4 years (2005 – 2008)
Performance - Health Systems Strengthening

- High community participation in Community-based Health Service Delivery.
- Regional data validation team - improves data quality
- RDHS Initiatives: 1. Labour/maternity ward improvement (EmONC Needs Assessment Planned)
- RDHS Initiatives: 2. Staff working & living environment improvement initiative (attraction and retention strategy)
- RDHS Initiatives: 3. Health Training School Infrastructure improvement (Development Levy, Proposal for Kuwait funding etc)
Performance- Health Systems Strengthening

- Leadership capacity development through training, reshuffle and performance standard monitoring
- Quarterly/Monthly BMC procurement and financial audit for necessary action.
- RMS Scheduled Commodity Delivery introduced
- Harnessing resources and expertise in the region and dialogue with Development Partners for High Impact Health Delivery
Direction for 2009 - 2010

- Implement, monitor and evaluate 2009-2011 POW
- Special focus on best practices documentation, sharing, and replication to improve health outcomes
- Continuous harnessing of resources and expertise of all health stakeholders in health planning and delivery
- Special focus on staff attraction and retention initiatives with emphasis on attitudes and skills improvement
- Look for funds to carry out renovation of dilapidated structures
- Special focus on CHPS and HIRD
Direction for 2009 - 2010

• Strengthen programme on non-communicable diseases, emergency preparedness of health facilities, QA System and other PH concerns

• Strengthen Public Health Units of hospitals in collaboration with CCD and hospital managers

• Improve Reporting & Rapid Responsiveness

• Rehabilitate flood affected health facilities and CHPS Compounds

• Facility Scheduled Delivery
Recommendations GHS Hqtrs/Council

• Support the region’s Human Resource for health attraction and retentions initiatives
• Special funds to address flood challenges
• Continue to support the region’s resource mobilisation efforts
• Resource allocation criteria for northern regions
• Support the region’s proposed Health Insurance fund for facility improvement for the three Northern regions
Conclusion

• Achieving MDGs are seriously challenged by acute shortage and aging skilled health professionals (doctors, midwives, nurses, MAs etc) and financing bottlenecks

• Special needs of the three northern regions must be recognised and addressed

• Many challenges but modest health gains made
National Launch of World TB Day in Bolgatanga
Thank you