**Danida’s support to the Health Sector**

**Basic Information**

**Support at-a-glance**

***Duration of support:***

1994 – 2016 (22 years)

***Total disbursement:***

DKK 1.59 billion (approx.)

***Key national partners:***

Ministry of Health, Ghana Health Service, Ministry of Finance, Christian Health Associations of Ghana (CHAG), Ghana Aids Commission, National Health Insurance Authority.

***Geographical coverage:***

Upper West Region (1994-1997)

Northern, Upper East, Upper West and Central (1998-2007)

Northern, Eastern, Upper West and Brong Ahafo Regions (community-based health insurance scheme and support for exemptions)

All regions (support to the NHIS & CHAG, etc).

***Key Outcomes:***

* Halving the maternity mortality ratio from mid-1990s to 2014.
* Halving under-5 mortality rate from mid-1990s to 1994.
* Birth attendance by skilled staff increased from 445 in mid-1990s to 2014.
* 71 Danish-funded Masters of International Health in key management positions in districts and regions.

The Danish support to the health sector in Ghana started with the Ghana-Denmark Health Sector Support Programme (HSPS I: 1994-1997). The main activities under this project-based support included establishing a functional health system able to deliver accessible and quality healthcare to the people of the Upper West Region; developing and implementing a national tuberculosis control programme; and educating community health nurses and midwives as part of support to primary health care training institutions. Implementation of the project-based support was managed by a steering unit headed by a Danida Advisor. In addition to this, Danida supported the establishment of an estate management unit to develop the capacity of the Ghana Health Service in the areas of health estate management and building maintenance. In order to enhance research capacity in developing countries, Danida funded the Noguchi Memorial Institute at the University of Ghana to implement a malaria research project for a period of 10 years (1993-2003).

Danida’s support to the sector continued through the second phase of its Health Sector Programme Support (HSPS II: 1998-2002). This was through a sector-wide approach (SWAp). The support was in two parts, 66% were through a multi-donor health fund and the rest was earmarked support. The sector budget support was to implement the sector ministry’s 5-years programme of work within the framework of Ghana’s medium-term health strategy. Activities under the earmarked support comprised continued support to the primary health care system in the Upper West Region; health estate management and building maintenance; improving access to health care; strengthening districts and sub-district capacity; development of the private sector and increased collaboration with the private sector.

In the third phase of the Health Sector Programme Support (HSPS III: 2003-2007), the support targeted implementation of the sector ministry’s second 5-years programme of work which emphasized reducing inequalities in health outcomes (poor/rich, rural/urban, and across regions). Danida continued with the same aid modality consisting of sector budget support *via* SWAp (75%) and earmarked support. The earmarked support was for improving health estate management and planning; improving access to health care with a focus on the poor and issues addressing exemptions and health insurance; strengthening public and private service delivery at district and sub-district level, including focus on HIV/AIDS and gender equality; and strengthening central level capacity-building for policy and planning in both public and private sectors, financial management and regulations.

Danida also provided financial and logistic support to the Christian Health Association of Ghana (CHAG) to develop and implement its strategic plan. CHAG is an umbrella of Christian health institutions established to foster closer partnership between church-related health services and the health ministry to promote competent total health care. Danida also supported the newly established National Health Insurance Scheme (NHIS) in line with its main objective of removing financial barriers which limit access to health care and nutritional services, particularly by the poor and vulnerable sections of the population. Activities under this support included capacity building of the districts in the management of their health schemes. Danida co-funded the implementation of the HIV/AIDS national strategic framework II in 2006 together with DFID and the World Bank with activities including co-ordination and management of a decentralised multi-sectoral response; mitigating economic, socio-cultural and legal impacts; communication on prevention and behaviour change; and treatment, care and support. As part of its support to child health interventions, Danida also funded the National Polio Eradication Programme in 2004.

From the onset of the fourth phase of the Health Sector Programme Support (HSPS IV: 2008-2011), Danida provided sector budget support together with DfID and the Netherlands Embassy. The support programme consisted of 70% budget support (channelled through the Ministry of Finance) to the sector ministry’s programme of work; support to the private health sector including CHAG; and support to the fight against HIV/AIDS. Under this phase, Danida supported sexual and reproductive health and rights with the procurement of condoms.

Danida’s final support to the sector was through the fifth phase of the Health Sector Programme Support (HSPS V: 2012-2016). The support consisted of approximately 90% sector budget support to the sector ministry’s programme of work, and support to the private health sector, including CHAG. During the last two years of the programme, it was decided to provide earmarked support to the Millennium Development Goal (MDG5) Acceleration Framework (MAF) to combat the continued high maternal and child mortality. Support to the promotion of sexual and reproductive health and rights in this phase was through family planning services, safe abortions, and post-abortion care to reduce maternal mortality, gender-based violence, etc.

Under HSPS I, Danida provided technical assistants (TA) to the Ministry of Health and the estate management unit. Subsequently (from HSPS II to HSPS IV), technical support to the sector and coordination of its sector support programmes were provided through the Health Sector Support Office (HSSO) which was established as a project implementation unit. The office comprised long-term TA posted from Denmark and very competent Ghanaian technical staff. Under HSPS V Danida provided technical assistance to the following: Ministry of Health in the area of monitoring and evaluation and public financial management; CHAG to build its capacity to implement the health systems strengthening approach; and the National Health Insurance Authority for strategic planning, monitoring and evaluation.

**Results and Key Achievements**

The Joint Evaluation of the Ghana-Denmark Development Co-operation (1990-2006) Final Thematic Paper on Health Sector stated that Danida’s support to the health sector had been highly relevant and consistent with the health priorities of the sector. The Evaluation of the Ghana–Denmark Partnership (2007-2017) also noted that Danida’s support to developing the NHIS has been instrumental in transforming the provider payment system, i.e. the form, scale, quality and scope of health service delivery. The Danida Alumni Network of Ghana (DAN-G) includes 71 Ghanaians sponsored on a Master of International Health course in Denmark over the period of support. The majority of them later became district or regional directors in the Ghana Health Service or principals of health learning institutions.

Programme results for some respective programme periods are given as follows:

HSPS IV: 2008-2011: Increase in supervised deliveries and virtual eradication of guinea worm cases; continual growth in the NHIS with significant increase in out-patient visits and improved access to health services by poor people; scaling up of activities to intensify prevention and control of communicable and non-communicable diseases to promote healthy lifestyles; and strengthened capacity of CHAG for effective engagement with the sector ministry and its agencies on the rights of the poor. Others results included reduction of infection rate from 2.6% (2007) to 1.7% (2011) in the fight against HIV/AIDS; an increased focus on stigma reduction with innovative and bold initiatives; and an increase in the number of functional community health planning system (CHPS) zones providing minimum health care particularly to the poor in deprived areas.

HSPS V: 2012-2016:

Danida’s support played a key role in several areas, including improved capacity of the health sector; improved basic health infrastructure in remote areas; case management of annual outbreaks of cholera disease particularly in the Central Region; expansion of CHPS to every district in the country; increase in total number of outpatient attendance and total hospital admissions; and production of a documentation study of Danida’s 22 years in the health sector.

**Lessons Learned**

The long-term institutional support to CHAG strengthened its lobbying and advocacy work in the health sector which helped to improve ownership and quality of health care to the poorest and most vulnerable part of the population. Innovative measures adopted by CHAG currently serve as benchmarks in quality health delivery in Ghana. The collaboration between CHAG (which had a good representation at the rural level) and the Ministry of Health is considered best practice of an effective public-private partnership for enhanced ownership and sustainable development. Community participation and ownership are necessary for the accelerated attainment of results in rural areas. This was demonstrated through recognizing the role of traditional birth attendants in significantly reducing the maternal mortality rate in deprived areas. The oversight role played by the Office of the President under the support to HIV/AIDS related interventions contributed significantly to the successful results achieved.

During all the years, it remained a major challenge to ensure that funds allocated to the Ministry of Health at central level were transferred to regions and districts and eventually to the local-level health centres (CPHS) where most users are. Significantly better results could have been achieved, had the Ministry of Health given more priority to efficient financial management.

**Links**

* Evaluation of the Ghana-Denmark Partnership 2007-2017 (2018): <http://danida-publikationer.dk/publikationer/publikationsdetaljer.aspx?PId=8c80db97-19aa-4f83-858a-ee1189f4033d>
* Joint Evaluation of the Ghana-Denmark Development Co-operation 1990-2006 (2017): <https://um.dk/en/danida-en/results/eval/Eval_reports/publicationdisplaypage/?publicationID=78EEFD4A-6547-4CB8-A628-C0C3981817E1>
* Documentation study ‘A Healthy Partnership 1994-2015’ (2016): <https://ghana.um.dk/en/News/newsdisplaypage/?newsID=024751C2-DB08-4C70-8DC1-F55519D9CD59>
* Evaluation of the Danish Strategy for the Promotion of Sexual and Reproductive Health and Rights 2006-2013 (2014): <http://um.dk/en/danida-en/results/eval/Eval_reports/publicationdisplaypage/?publicationID=C420C0FC-09FB-4BF4-B107-4C6776F91FAF>
* Joint Evaluation of Budget Support to Ghana 2005-2015………………