



Health Systems Strengthening Evaluation
Collaborative

HSS Evaluations in Ghana

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Working Group 2: Priority 1

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Acronyms

DHIS2	District Health Information Software 2
GHS	Ghana Health Service
GIMPA	Ghana Institute of Management and Public Administration
HSMTDP	Health Sector Medium Term Development Plan
HS	Health System
HSS	Health System Strengthening
HSSEC	Health Systems Strengthening Evaluation Collaborative
KOFITH	Korea International Foundation for Health
NASA	National AIDS Spending Assessment
NHIA	National Health Insurance Authority
NHIS	National Health Insurance Scheme
PBF	Performance-based financing
PPBMED	Policy, Planning, Budgeting, Monitoring and Evaluation Directorate
UHC	Universal Health Care
WHO	World Health Organization

Executive Summary

Introduction

Health systems strengthening (HSS) evaluations are complex; they are difficult to design, implement and interpret. Understanding lessons learned from previous evaluation efforts, therefore, offers opportunities for improving HSS evaluations.

This case study examined the existing institutional structures, processes, needs, interests, and actors involved in HSS evaluations and the opportunities available for strengthening HSS evaluations in Ghana.

Approach and methodology

The study was built on a qualitative approach, comprising a review of relevant documents on HSS evaluations and key informant interviews with key stakeholders of HSS evaluations in Ghana. The data were collected between 6 December 2021 and 24 January 2022. The consultant interviewed 10 key stakeholders, comprising three policymakers and policy implementers; three academics and researchers; three multilateral and bilateral development partners; and one from a private not-for-profit organization. All interviews were conducted online using zoom links or over the phone by the consultant, which were audio-recorded and later transcribed by a research assistant. The consultant thematically analyzed the data with the aid of the NVivo 12 software.

Findings

This case study has revealed that Ghana does not have an agreed policy or agenda on HSS evaluation although routine HSS evaluations led by the Ministry of Health (MoH) have been embedded in Ghana's health sector strategic plans, and project-specific evaluations led by development partners, have been ongoing in Ghana.

Defining a domestic agenda for HSS and HSS evaluation has been constrained by the complexity of this concept, the limited domestic funding, the varied actors' interests and limited human resource capacity at the MoH. Although the MoH has a unit for the monitoring and evaluation (M&E) of health sector interventions, the unit has concentrated more on monitoring, and neglected evaluation. The MoH undertakes an annual holistic assessment of the health sector, based on the priority indicators enshrined in the five-year Health Sector Medium Term Development Plan (HSMTDP), and the findings of that assessment are discussed at the annual National Health Summit, as the basis of informing policy. Besides, a number of project or intervention-specific evaluations have been implemented by external development partners. The key development partners involved in HSS evaluations are as follows: USAID, World Health Organization (WHO), the United Nations Children's Fund (UNICEF), the Korea International Foundation for Health (KOFITH), the World Bank and Results for Development (R4D), among others. The study concludes that most of the development partners do not have a direct agenda for the evaluation of the overall health system. Their interest is only in the evaluations of the specific impacts of their projects. There is poor linkage and coordination across the HSS activities and the evaluation efforts of development partners, although coordination between the government and each of the development partners does exist. Gaps in HSS evaluations in Ghana include the following: the absence of a comprehensive database and management system for HSS evaluations, poor direction and guidance on HSS evaluations from the MoH, poor domestic funding opportunities, limited capacity of the M&E unit of the MoH and poor titling of HSS evaluations. There is potential for HSS evaluations to inform policy decision making in Ghana. However, limited fiscal space, limited opportunities for evidence dissemination, limited engagement of policymakers before evaluations and poor presentations of evaluation evidence are key barriers to the uptake of HSS evaluation evidence by policymakers.

Recommendations

The study recommends the following to improve HSS evaluations in Ghana:

- the development of a clear national policy guideline for the M&E of the health sector;
- the establishment of a comprehensive health data management system;
- building capacity of the M&E unit of the MoH;
- focusing HSS evaluations on the health system priorities of national governments;
- ensuring effective stakeholder engagement and participation in HSS evaluations;
- obtaining all local institutional approvals, including ethical clearance and permissions from key policy-making institutions before HSS evaluation;
- appropriate titling of HSS evaluations;
- the creation of more opportunities for the presentation of HSS evaluation evidence; and
- the application of a mixed-method approach in HSS evaluations (among others).

Introduction

Health systems strengthening (HSS) is widely understood to be key to achieving universal health coverage and to ensuring robust responses to health emergencies. In recent decades, global health investors have put more attention and investment towards HSS, leading to accelerated efforts to evaluate HSS policies and programs initiated by those investments. Yet, a common definition and framework for how to evaluate HSS interventions remains elusive, hampering efforts to strengthen, coordinate and amplify HSS programs.

The Health Systems Strengthening Evaluation Collaborative (HSSEC) brings together key global and national stakeholders to suggest ways to strengthen the quality of evaluations of health systems strengthening (HSS) investments in LMICs and to improve coordination across stakeholders in this space. The Collaborative believes that to move HSS evaluation beyond its current fragmented form, leadership and commitment for advancing and changing ways of working must come at least partially from the joint action of three key groups of stakeholders: (i) country-level stakeholders, including governments, practitioners, and communities, (ii) donors that fund HSS and HSS evaluation, and (iii) evaluators and academics who are involved in HSS evaluation.

As part of the HSSEC, a working group was convened to look at HSS evaluations from a national perspective, and to identify lessons learned and opportunities for further strengthening HSS evaluations. The first priority of this group was to build a better understanding of the institutional structures and processes that support HSS evaluations, and opportunities to strengthen processes to enhance national HS evaluation capacity and to better respond to institutional needs. Three countries— Ghana, Rwanda and Kenya— were identified for these in-depth case studies. This report presents findings from the Ghana case study.

Objectives and key questions

The overarching objective was to examine stakeholders' interests and the needs of HSS evaluations, and to examine the institutional structures and processes that support HSS evaluation in Ghana.

The objectives of the Ghana case study were to:

- Examine the institutional structures and processes that support HSS evaluation in Ghana.
- Determine the interests and needs of HSS evaluations among various stakeholders in Ghana.
- Understand how HSS evaluations by external donors are designed, commissioned and experienced by stakeholders in Ghana.
- Identify opportunities for strengthening HSS evaluation in order to support Ghana's policy development and implementation.

Methodology

Study setting, design, and sampling

A case-study approach, utilizing qualitative methods, was used to understand the HSS evaluation ecosystem in Ghana (Yin, 1994; Paton, 2002). Documentation of the institutional structures, processes, interests and needs of HSS evaluations in Ghana can provide lessons for other countries and enable the identification of HSS evaluation gaps in Ghana and how such gaps can be filled to improve HSS evaluation at the country level. The qualitative approach to the study comprised a review of relevant documents on HSS evaluations and interviews with key stakeholders of HSS evaluation in Ghana. The study targeted national-level stakeholders who either have an interest (affected by or benefits from) in HSS evaluations, or are involved (initiates, formulates, funds,

manages and implements) in HSS evaluations in Ghana. The study initially aimed to cover 25 stakeholders involved in policy (governmental) formulation on HSS evaluation at the national level; academics within universities and research institutions in Ghana; private-sector organizations; and multilateral and bilateral development partners operating within the health sector of Ghana. However, due to difficulty in accessing some stakeholders, 10 stakeholders were interviewed, as illustrated in Table 1. Several attempts were made to interview other important stakeholders, such as WHO and USAID, but all the efforts failed. However, those stakeholders that were interviewed also made comments about the role of some of the other organizations, such as the WHO and USAID, in HSS and HSS evaluations in Ghana, which have also been reported in the study. The relevant stakeholder organizations were contacted either on the phone or by email to purposively identify the focal persons on HSS and HSS evaluations in those organizations for inclusion in the study.

Table 1: Stakeholders covered in the study

Stakeholder group	Stakeholder Organizations	Number of interviews
Government/policy level	<ul style="list-style-type: none"> • MoH • Ghana Health Service • National Health Insurance Authority (NHIA) 	3
Universities/research institutions	<ul style="list-style-type: none"> • University of Ghana • Dodowa Health Research Center • The Ghana Institute of Management and Public Administration (GIMPA) 	3
Multilateral/bilateral agencies	<ul style="list-style-type: none"> • UNICEF • The World Bank • KOFITH 	3
Private, not-for-profit/ other implementation organization	<ul style="list-style-type: none"> • R4D 	1

Data collection

Data were collected from both secondary and primary sources for the Ghana case study. The secondary data were obtained from document reviews and the primary data were generated through key informant interviews (KIIs) with the focal persons of HSS and HSS evaluations in the sampled organizations.

- (i) **Document review:** The consultant reviewed policy documents, guidelines, reports, news items and journal articles, etc., on HSS evaluations in Ghana. Relevant documents were identified and retrieved through a literature search and recommendations by the key stakeholders that were included in the interviews. The consultant searched the websites of key stakeholder institutions, including the MoH of Ghana, Ghana Health Services and the WHO, for relevant documents. Specific documents that were retrieved and reviewed included the following: the 2014–2020 medium-term development plan of the MoH; the health sector programs of work of the MoH; reports on the annual holistic assessments of the performance of the health sector, and other health sector assessment reports; the agenda; presentations and proceedings from the annual National Health Summit; and other evaluation reports by various development partners, accessible to the consultant.
- (ii) **Key informant interviews:** The consultant successfully conducted 10 key informant interviews, although approximately 25 people were contacted and invited to the interviews. The non-respondents cited issues of time constraints for their refusal, or their inability to honor the invitations to the interviews. The consultant is, however, confident that all key stakeholder perspectives have been covered in the study, despite the limited

sample size. All interviews were conducted in English and lasted 45–60 minutes, at the convenience of the respondent. All interviews were either conducted online (using zoom) or over the phone, based on the preference of the respondent. All interviews were audio-recorded and transcribed by a research assistant, who was recruited by the consultant.

A data extraction sheet and an interview guide were developed as instruments for data collection. Ethical clearance was obtained from the Ghana Health Service Ethics Review Committee before data collection. All data were collected between 6 December 2021 and 24 January 2022.

Data management and analysis

Thematic analysis was conducted on the interview transcripts, while a content analysis was undertaken for data from the documents. The NVivo 12 software was used to assist the data analysis. With the help of this software, inductive coding was conducted to identify the main and sub-themes. The coding and analysis of the data was done by the consultant. The results of the analysis were presented in themes, with supporting quotes from the interviews and documents to illustrate them. Tables and boxes have also been used to present the data.

Key findings

Stakeholders' perspectives on the concept of HSS and HSS evaluation

The study revealed varied understandings and interpretations of the concept of HSS evaluations by various stakeholders. Three main perspectives on HSS evaluations were discovered:

- An assessment of the performance of the overall health system (covering all aspects of the health system: service delivery, infrastructure and buildings, human resources, etc.) towards the achievement of the national health goals.
- An assessment of the impacts (successes and failures) of specific policies, programs and projects on any specific component or aspect of any of the six building blocks of the health system.
- An assessment to establish the extent to which the health system is strengthened, strong or resilient. This implies assessing the existing HSS and HSS evaluations systems, mechanisms, strategies and tools to determine how strong the evaluation systems are.

HSS and HSS evaluation policy in Ghana

Agreed agenda and policy for HSS and HSS evaluation

The interviews and document reviews revealed that there is no common agreed agenda or policy on HSS evaluations in Ghana. However, stakeholders argued that compared to other countries, HSS evaluation in Ghana is already in an advanced stage, since it is embedded in the strategic plans and all the five-year medium-term plans of the health sector in Ghana. Besides, specific programs, policies and interventions within the health system often have built-in mechanisms for evaluating their impacts on the health system. Some stakeholders, including academics and development partners, therefore argued that there is no need for a specific agenda or policy on HSS evaluations in Ghana, since M&E is already a routine governance function of the health system and has already been recognized within the Ghana Health System. They argued that perhaps what is required is to strengthen the overall M&E function of the health system to ensure that effective evaluation is actually carried out, instead of developing a specific policy for HSS evaluations.

“Well, we have not seen a clear-cut policy on health system strengthening or evaluation in Ghana. There are pieces of policies, but a clear-cut policy labelled as health systems strengthening, I really have not come across one.” (key informant, policy/governmental level)

“I have not sighted one yet but you see, there are a lot of things that are done by different organizations and then, from time to time [in] those organizations, you will hear that they are doing some evaluations on some interventions that have been done but I haven’t cited a policy document on that” (key informant, policy/governmental level)

“If you look at most of our strategic plans, you know, over the years all the five-year working plans, especially for the MoH, they always have the monitoring and evaluation aspect of them. The question is whether we actually do the evaluation, and how many times this is done, you know. I will say that there’s no policy per se on health systems strengthening evaluations, but we do within our strategic plans. We’ve built a framework that supports monitoring and evaluation of all our health programs and I think over the years there’ve been different types of evaluation on different areas of the health system. So, we may not have a policy per se on HSS evaluations or a framework per se but it’s embedded within the structure of how we plan and how we implement our project.” (key informant, academic/researcher)

“Monitoring and evaluation is a core component of any system that wants to survive. So, it is not clear to me that you will need a separate policy on health systems strengthening evaluation. What you would need is a strong policy and approach to monitoring and evaluation generally, that affects everything you do, because everything rests on the health system.” (key informant, academic/researcher)

Alternatively, stakeholders within the policy level, including the MoH and other stakeholders, argued that a common agenda and policy on HSS evaluations is important and needed. The stakeholders identified the following issues as barriers to defining a national agenda for HSS evaluations in Ghana:

- Complex and varied interpretations of the concept of HSS and HSS evaluations, which results in confusion about what actually constitutes HSS and HSS evaluations. This makes it difficult to generate a consensus on a potential HSS evaluation policy and agenda.
- Limited domestic funding opportunities for HSS evaluations in Ghana makes it difficult to design and effectively implement a policy on HSS evaluations.
- Inadequate human resource capacity at the MoH for HSS evaluation impedes the design and implementation of a policy on HSS and HSS evaluation
- The existence of varied and sometimes conflicting interests of the stakeholders regarding HSS evaluations makes it difficult to obtain wide-spread stakeholder support from both domestic and external actors for a common HSS evaluation agenda in Ghana.

Unit for HSS evaluations in Ghana

The study discovered that one of the 10 directorates of the MoH is the Policy, Planning, Budgeting, Monitoring and Evaluation Directorate (PPBMED). One of the eight units of this directorate is the M&E unit. The M&E unit is supposed to ensure the provision of an effective basis for assessing the effectiveness of the programs and projects of the MoH. Besides, many of the 26 agencies of the MoH in Ghana, including the Ghana Health Services and the NHIA, also have their own directorates, departments and units for M&E. However, in the interviews the stakeholders argued that although M&E units exist in the MoH and within some of its agencies, such units have predominantly focused on the monitoring component of their responsibilities, neglecting the evaluation aspect.

“Yes, so what we do, we do monitoring as the name stands, we do monitoring and then the evaluation will not be what you and I know in the academic cycle as evaluation. It’s another thing that people ask, whether what we do is actually evaluation. But, if we have a medium-term plan and the agencies, for example the Ghana Health Service, NHIA, are implementing them, then

there's a need for us to do monitoring. So, at times, not all times, in our calendar we do monitoring twice a year of services and other interventions. I have been emphasizing since I joined them, that monitoring should be program-based or intervention-based and not the usual routine monitoring, where you go to health service and then looking at how services are delivered based on the agreed indicators.” (key informant, policy/governmental level)

Routine and ongoing efforts to measure health system performance in Ghana

Routine domestic-driven evaluations

The MoH undertakes three main routine evaluations of the health system. These include mid-term evaluations and end-of-year evaluations, culminating in the holistic assessment of the health sector. In addition, the MoH prepares and submits annual performance review reports of the health sector, the Ghana Civil Service Commission and the National Development Planning Commission.

The holistic assessment of the health sector (Odame, 2021; MoH, 2021) is a sector-wide, agreed and comprehensive assessment of the health sector's performance. The holistic assessment of the health sector is an annual routine assessment, initiated and implemented by the MoH. It is usually done by the MoH and its agencies as part of the HSMTDP. The overall objective of this holistic assessment is to assess the performance of the overall health sector in implementing the annual activities and operational programs of action for the year, based on the indicators enshrined in the HSMTDP. The assessment often adopts a quantitative approach, relying largely on routine data from the District Health Management Information System (DHMIS2). A holistic assessment technical working group is often set up to lead the assessment. The recent holistic assessments are focused on the four main priorities of the 2014–2020 HSMTDP, which are as follows:

- Ensure sustainable, affordable, equitable, easily accessible healthcare services (Universal Health Coverage, or UHC)
- Reduce morbidity and mortality, intensify prevention and control of non-communicable diseases
- Enhance efficiency in governance and management
- Intensify prevention and control of communicable diseases and ensure the reduction of new HIV and AIDS and other STIs, especially among the vulnerable groups

Using a holistic assessment tool developed by the MoH, a bottom-up approach is implemented, beginning with assessment from the lowest unit of administration (the sub-district), through to the regional level, and then to the holistic assessment at the national level.

Non-routine evaluations in Ghana

The study also revealed that a number of evaluations have also been commissioned, funded or implemented by external organizations in Ghana within the past five years. The reports on each of these program-specific, driven or supported evaluations are not available in the public domain for detailed analysis. Box 1 presents a summary of the HSS areas on which such evaluations have been conducted. As illustrated in Box 1, the program-specific evaluations have predominantly focused on healthcare financing, primary healthcare, maternal and child health, vaccinations, information management and, recently, on the COVID-19 response.

Box 1. Summary of HSS areas of recent program-specific evaluations

1. An evaluation of the implementation of the Ghana Health Financing Strategy was done in 2019 by an academic consultant, contracted by R4D with funding from USAID.
2. An evaluation of the Ghana Diagnostic-Related Groups Payment System as a provider of payment mechanisms in Ghana has been done.
3. An actuarial evaluation of the NHIS(National Health Insurance Scheme) benefits package has been done with external technical and financial support.
4. An evaluation of the cold-chain management of vaccines in Ghana was conducted by UNICEF in collaboration with Gavi.
5. A cross-programmatic evaluation analysis of the alignment of vertical programs with health system goals was done by the WHO.
6. National AIDS Spending Assessment (NASA) is being done periodically to assess expenditure on HIV.
7. An evaluation of the activities of the network of practice to support primary healthcare was done by an academic consultant, with funding from USAID.
8. An evaluation of a community, performance-based financing project, implemented by Ghana Health Service and funded by the World Bank was commissioned but could not be completed due to challenges.
9. An evaluation of quality-improvement tools for newborn care was done in Ghana.
10. An evaluation of the quality of the data generated at health facility levels was conducted by a consultant who was contracted by R4D.
11. A review of the Ghana essential health service package was done by a consultant, with support from the WHO and R4D.
12. An evaluation of Ghana's COVID-19 response was funded by the World Bank.

Actors involved in HSS evaluation in Ghana

Table 2 presents the key actors involved in HSS and HSS evaluations in Ghana and their interests and roles in HSS evaluations in Ghana. As shown in Table 2, many of the external actors do not have a direct interest in overall HSS evaluations. The stakeholders argued that their interest has been in HSS activities in general. However, as part of their activities to strengthen the health system, they sometimes commission or undertake evaluations to assess the specific impacts of their projects.

“Our work is mainly about strengthening the system and not necessarily just going out to evaluate the system, but as we go along, we find out whether what has been done is working and that comes out of the feedback that we have.” (key informant, private-not-profit implementation organization)

Table 2: Key actors involved in recent HSS and HSS evaluations in Ghana

Actor	Interest/role in HSS /HSS evaluations
Internal actors	
MoH	<ul style="list-style-type: none"> • Provides policy framework and tools for M&E of the health sector • Leads the holistic assessment of the health sector • Coordinates and approves all HSS and HSS evaluations • Has unit for M&E of health sector activities • Undertakes joint monitoring of projects implemented by development partners in Ghana
All 26 agencies of the MoH	<ul style="list-style-type: none"> • Each agency has a unit for M&E • Participate in the holistic assessment of the health sector • Produce periodic reports on the performance of their agencies • Implement HSS and HSS evaluations commissioned by external bodies
Academics/researchers	<ul style="list-style-type: none"> • Consultants to the MoH, its agencies and external development partners on HSS and HSS evaluations

External actors	
UNICEF	<ul style="list-style-type: none"> • Evaluates impacts of its specific projects but not overall health system performance • HSS evaluation approaches are embedded in its programming • UNICEF has a budget of USD 100,000 a year to support the holistic assessment of the health sector • Recently conducted evaluation into vaccine supply's cold chain management in Ghana
World Bank	<ul style="list-style-type: none"> • Does not commission and implement evaluations but only provides funding for the MoH and other organizations to undertake evaluations • M&E framework is embedded in all World Bank-funded HSS projects and is project driven • Has future plans of supporting government on HSS, especially in the area of primary health care • Recently funded the Maternal, Child Health and Nutrition project with specific activity to evaluate the impact of a community PBF (Performance-based financing) component • Funded an evaluation of Ghana's COVID-19 response
R4D (Accelerator)	<ul style="list-style-type: none"> • Focuses on HSS but not really on HSS evaluations • Carries out baseline assessments for its projects and implementation of research relating to its projects • Supports the MoH to develop health system information policy • Contributed to funding the 2020 virtual health summit for the discussion of the holistic assessment results by providing audio-visual, Zoom account, printing of brochures, snacks, lunch and the conference coordination, etc.
KOFITH	<ul style="list-style-type: none"> • Does not clearly focus on HSS evaluations but has projects related to HSS, which are monitored and evaluated • Undertakes joint monitoring of projects with MoH, Ghana Health Service and regional health directorates • Provides financial support to national systems, such as NHIA, MoH, GHS (Ghana Health Service), and district health systems to implement projects
USAID	<ul style="list-style-type: none"> • Have specific interest in HSS • Provided technical support for the 2020 virtual National Health Summit to disseminate results of the holistic assessment of the health sector • Has a unit for HSS
WHO	<ul style="list-style-type: none"> • Has unit for HSS • Interested in supporting the development of health systems information policy and systems

Linkages in the HSS evaluation ecosystem

The study revealed that all externally driven HSS evaluations must receive ethical approvals from the Ghana Health Service and the clear support of the MoH before they can be implemented in Ghana. A number of development partners, such as the World Bank and KOFITH often rely on existing national health system structures to implement HSS and HSS evaluation activities in Ghana. Also, for donor-funded projects, the MoH do embark on joint monitoring of such projects with development partners. Donors and external partners also often provide funding and technical assistance for the implementation of domestically driven evaluations, such as the holistic assessment of the health sector done by the MoH.

However, stakeholders argued that there is poor coordination, integration and harmonization of HSS and HSS evaluation activities across the development partners, thereby leading to the fragmentation of funding and the duplication of efforts. This also leads to an overburdening of health sector staff, who are expected to implement these multiple vertical- evaluation programs , whilst also providing their routine health services. Stakeholders attributed the poor coordination across donor-funded HSS evaluations to the absence of a comprehensive national agenda, with clear goals and objectives on HSS evaluations in Ghana.

“I think what also contributes to that (poor coordination) is the fact that we don’t have a comprehensive health system strengthening program in the country. I mean within the health sector, there are bits and pieces (of HSS evaluations) scattered all over. And then we also have donor funding doing some few here and there, you know. Within the Ghana Health Service, we may have pockets of evaluation exercises and activities scattered across the division, and then, you know, even at the ministerial level, so these are the things that make it difficult if one wants to undertake such an activity.” (key informant, multilateral/bilateral development organization)

To ensure the effective coordination of HSS evaluations, stakeholders recommended that all external evaluations should be integrated into a routine national evaluation system. Some respondents also argued that to ensure effective coordination within the HSS evaluations ecosystem, there is the need to return to the concept of ‘basket funding’, where all development partners will channel their funding support to HSS and HSS evaluations into a common fund and allow the MoH to spend the money in line with the national priorities of the health sector. The stakeholders, however, acknowledged that the challenge with basket funding is that donors are not comfortable with not being able to monitor and assess the impacts of their specific projects and not being able to hold implementors accountable for funding under a basket- funding approach. Besides, the respondents suggested that the M&E unit of the MoH, or a separate unit within the MoH should be strengthened to effectively coordinate HSS evaluation activities.

Evidence, interests and needs

HSS evaluation priorities

The recent routine health system performance assessments implemented by the MoH have been focused on the four health system priority areas captured in the 2014–2020 HSMTDP. As indicated earlier, these four issues have been the focus of the annual holistic assessments of the health sector. Externally commissioned and funded evaluations have often focused on the interests of the external development partner or funder. In general, stakeholders argued that the interest for evidence in terms of HSS evaluations in Ghana should be on the following:

- Evaluations that support the implementation of strategies to achieve UHC and the Sustainable Development Goals.
- Policy-relevant evaluations (evaluations informing policy formulations), however not only those that are conducted after a policy has already been implemented
- Evaluations incorporating qualitative data, not only quantitative data
- Evaluations focused on assessing how sustainably strengthened the health system has become, and not simply an evaluation that generates health outcome figures as system performance scores
- Evaluations that are comprehensive in nature, not covering only the outcomes relating to health service use, but also those relating to non-service aspects of the health system
- Evaluations that employ bottom-up approaches to incorporate information from all levels of the health system
- Building of a strong, resilient internal routine evaluations system and ensuring that external evaluations are passed through the existing domestic system
- Evaluations incorporating civil society involvement, citizenship accountability and private sector participation

Observations on the nature of recent HSS evaluations and HSS evaluation gaps in Ghana

The stakeholders reported that recent HSS evaluations in Ghana have predominantly focused on assessing institutional-level health outcomes and have largely adopted quantitative methods that are only capable of producing quantitative health outcome results. They also argued that, apart from the holistic assessment of the health sector, other evaluations in the health sector have predominantly focused on donor-funded projects. The stakeholders indicated that when it comes to the evaluation of domestically funded projects, the concentration is usually on routine monitoring of the implementation activities of the programs, neglecting the evaluation needed to establish the impacts of such domestically funded projects.

“With the holistic assessment, the objectives for the assessments were so much focused on the health outcomes: maternal mortality ratios, NHIS population coverage, doctor to population ratio, nurses and all those stuffs. But when it comes to the issues of quality, we don’t have that. When it comes to issues of citizen accountability, we don’t have that. We don’t have the voices of the citizens captured in the evaluations.” (key informant, policy/governmental level)

“One of the things I should point out is that not all the programs or plans that we have implemented are evaluated, especially if they are not externally driven. So, for most of the external funds that go into health systems strengthening, they would want to know whether the impacts have been positive or negative. So, they would find some way of funding an evaluation but in day-to-day basis within our health sector, normal day-to-day implementation of programs I don’t see evaluation as being a top priority for us. Yes, we monitor, we may monitor progress.” (key informant, academic/researcher)

Based on the above observations on the nature of recent HSS evaluations in Ghana, the following gaps in HSS evaluations were identified from the interviews and document reviews:

- The absence of a comprehensive database and management system for HSS evaluations: The stakeholders argued that the routine evaluations of the health sector, especially that of the holistic assessment, rely predominantly on data from DHIS2 (District Health Information Software 2), which is not a data registry of the MoH. They argued that DHIS2 belongs to the Ghana Health Service, which is just one of the agencies of the MoH. The other 25 agencies of the MoH are often unwilling to feed their data into the DHIS2, in order not to be perceived as being under the Ghana Health Service. The other agencies have their own systems of managing their data, which are not under the direct control of the MoH. To carry out an evaluation, each of the agencies of the MoH had to be written to for their data to be released to the evaluation team for analysis. This fragmentation in data sources and management often led to delays in obtaining data for evaluations. The interviews with staff from the MoH and other stakeholders revealed that the MoH has commenced a process of drafting a policy and a strategy on comprehensive health system information management, which will ensure that a common information management system is established within the MoH for the collection of data from all its agencies. This common health data management platform is supposed to be implemented by 2025. A number of development partners have expressed interest in supporting the MoH implement this proposal.
- There is poor direction and guidance on HSS evaluations from the MoH due to the absence of a concrete policy and M& E framework on HSS and HSS evaluations.

- There are poor domestic funding opportunities for HSS evaluations, resulting in overreliance on external funding for evaluations, leading to the fragmentation of vertical programs.
- There is a lack of a clear understanding of its mandate and responsibilities by the M&E unit of the MoH
- HSS evaluation not clearly standing out in titles of evaluations work focusing on HSS

Use of evidence in decision making

Use of evidence from evaluation to inform policy decisions

The study revealed few instances of the use of HSS evaluations to inform health sector decision making and policy reform in Ghana. It was revealed that the presentation of the routine holistic assessment results of the health sector for the past year at each annual health summit, serves as the basis for health sector dialogue and policy discussions for the next year. The holistic assessment results are usually presented at the annual health summit and the outcomes of the discussions of the evaluation results are captured in an *aide-memoire*. The annual National Health Summit is usually attended by stakeholders from the ministries and departments, all health sector agencies, development partners, implementing partners, civil societies and other non-governmental organizations. Stakeholders argued that the consistent and successful organization of the health summit over the years and the sustained interest of stakeholders in attending the annual event demonstrates the commitment of policymakers to use evaluation evidence in decision making.

It was also revealed that some specific HSS evaluations, driven by external donors and with support from local actors, have also had influence over policy decisions in Ghana. Some of these instances when HSS evaluations have influenced policy decisions include the following:

- The evaluation of the cold chain management of vaccines, led by UNICEF, resulted in the enhancement of the cold chain through the deployment of additional cold chain equipment, as reflected in the following words of the key informant from UNICEF:

“I think that ultimately it led to a whole new project to beef up the cold chain. I think a cold chain utilization platform even came up, that, for me, has been very instrumental, even for the Covid response because over 2,700 cold chain equipment were then deployed across the country and at the same time, there was also the effort to support working cold rooms with remote temperature sensors. So, a whole other recommendation was made for Ghana to improve on its cold chain equipment. It was a major evaluation, and the results were really used for supporting and improving Ghana’s cold chain equipment systems.” (key informant, multilateral/bilateral development organization)

- The evidence from the evaluation of the Ghana essential health package is being used to advocate for a redefinition of the health insurance benefits package to cover only primary health care, in order to ensure a proper alignment of the NHIS benefit package with the essential health package of Ghana. Also, the inclusion of family planning in the NHIS benefit package was also driven by evidence from HSS evaluations.
- Recommendations from the cross-programmatic assessment has resulted in ongoing efforts to integrate vertical programs into national health programs.

Barriers to effective HSS evaluations and the uptake of HSS evaluations by policymakers

The study revealed that much of the evidence from HSS evaluations in Ghana has not been used to inform health policy reform. The respondents attributed this to a number of factors serving as barriers to the uptake of HSS evaluations by policymakers in Ghana. Some of these barriers include the following:

- Limited fiscal space to accommodate recommendations from HSS evaluations
- Lack of interest of policymakers in the results of certain HSS evaluations
- Limited engagement of key policymakers before commencement of evaluations
- Evaluations not well built into the existing decision-making structure
- Limited opportunities to present HSS evaluation results to policymakers
- Too much external influence over evaluations with conflicting interest to national development priorities. The varied interests surrounding evaluation evidence create tension and a lack of consensus on the relevance of recommendations from evaluations for policymaking.

Conclusions and recommendations

The Ghana case study has revealed that Ghana does not have an agreed policy or agenda on HSS evaluations, although routine HSS evaluations led by the MoH have been embedded in Ghana's health sector strategic plans, and project-specific evaluations led by development partners have been ongoing in Ghana.

Defining a domestic agenda for HSS and HSS evaluations has been constrained by the complexity of the concept of HSS and HSS evaluations, limited domestic funding for HSS and HSS evaluations, varied actor interests and limited human resource capacity at the MoH. Although the MoH has a unit for monitoring and evaluating the health sector interventions, the unit has concentrated on monitoring, and neglected evaluation. The MoH undertakes an annual holistic assessment of the health sector, based on the priority indicators enshrined in the five-year HSMTDP and the findings of that assessment are discussed at the annual National Health Summit as the basis of informing policy. Besides, a number of project or intervention-specific evaluations have been implemented by external development partners with collaboration from local actors, such as the MoH, its agencies and local academics and researchers.

Key development partners involved in HSS evaluations are as follows: USAID, the WHO, UNICEF, KOFITH, the World Bank and R4D, among others. The study concludes that most of the development partners do not have a direct agenda for the evaluation of the overall health system. Their interest is only in the evaluations of the specific impacts of their projects. There is poor linkage and coordination across the HSS activities and the evaluation efforts of development partners, although coordination between the government and each of the development partners does exist.

The case study has established that the priorities of HSS evaluations in Ghana are based on the priorities of Ghana's HSMTDP. Specific donors fund evaluations that are aligned with their project interests. Gaps in HSS evaluations in Ghana include the following: the absence of a comprehensive database and management system for HSS evaluations; poor direction and guidance on HSS evaluations from the MoH; poor domestic funding opportunities; the limited capacity of the M&E unit of the MoH; and poor titling of HSS evaluations. There is the potential for HSS evaluations to inform policy decision making in Ghana. However, limited fiscal space, limited opportunities for evidence dissemination, limited engagement of policymakers before evaluations and poor presentations of evaluation evidence are key barriers to the uptake of HSS evaluations by policymakers.

The study concludes by making the following recommendations to improve HSS evaluations in Ghana:

- The MoH, with the support of development partners and other stakeholders, should develop clear national policy guidelines for the M&E of health sector interventions in general, and for HSS evaluations in particular.

- The MoH should be provided with both technical and financial support to complete the process of establishing a comprehensive health data management system, that integrates the data systems of all the agencies of the MoH, hosted at the MoH and managed by a well-equipped unit within the Ministry .
- The M&E unit of the MoH should be well equipped with experts and the capacity of the existing staff should be built upon to enable them to effectively lead and coordinate HSS evaluations
- HSS evaluations must be focused on the health system priorities of national governments and driven by national governments, with the support of development partners. There is, therefore, the need for development partners to reconsider a return to the basket-funding concept.
- Effective stakeholder engagement and participation in HSS evaluations will generate policymakers' interest and expectations in evaluation results and create a sense of ownership and acceptance of the evaluation results among policymakers.
- To enhance stakeholder acceptance of the evaluation results, all necessary local institutional approvals, including ethical clearance and permissions from key policymaking institutions should be obtained before the commencement of the evaluations.
- To produce policy-relevant evaluation results, evaluators and academics need to understand the national health policy priorities and system dynamics by undertaking sabbaticals within national health systems. This will ensure that academics do not only generate theoretically relevant evaluations for scientific publications for their own academic promotion, but that such evaluations are policy relevant.
- More opportunities, including regular seminars and the activities of communities of practice should be created for the presentation of findings from HSS evaluations
- The presentation of findings from HSS evaluations should be simplified and written to suit the consumption of policymakers.
- HSS evaluators should ensure that their HSS evaluations are well titled to reflect the concept of HSS evaluations.
- Current routine evaluation tools, especially those used for the holistic assessment, should be revised and improved to capture comprehensive information.
- There is the need for effective evaluation planning to ensure that evaluations are included in the designs of all HSS programs before their implementation.
- Given the complexity of the concept of HSS, HSS evaluations should employ mixed-method approaches to be able to effectively capture both the quantitative and qualitative dimensions of the evaluation evidence.

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