

Decentralizing climate action in health policies at the subnational level for sustainable action: The case of Ghana

Rudolf Abugnaba-Abanga

PhD Candidate FRNE, University for Development Studies, Ghana
| Deputy Chief Nutrition Officer, PHS, Ghana



Background



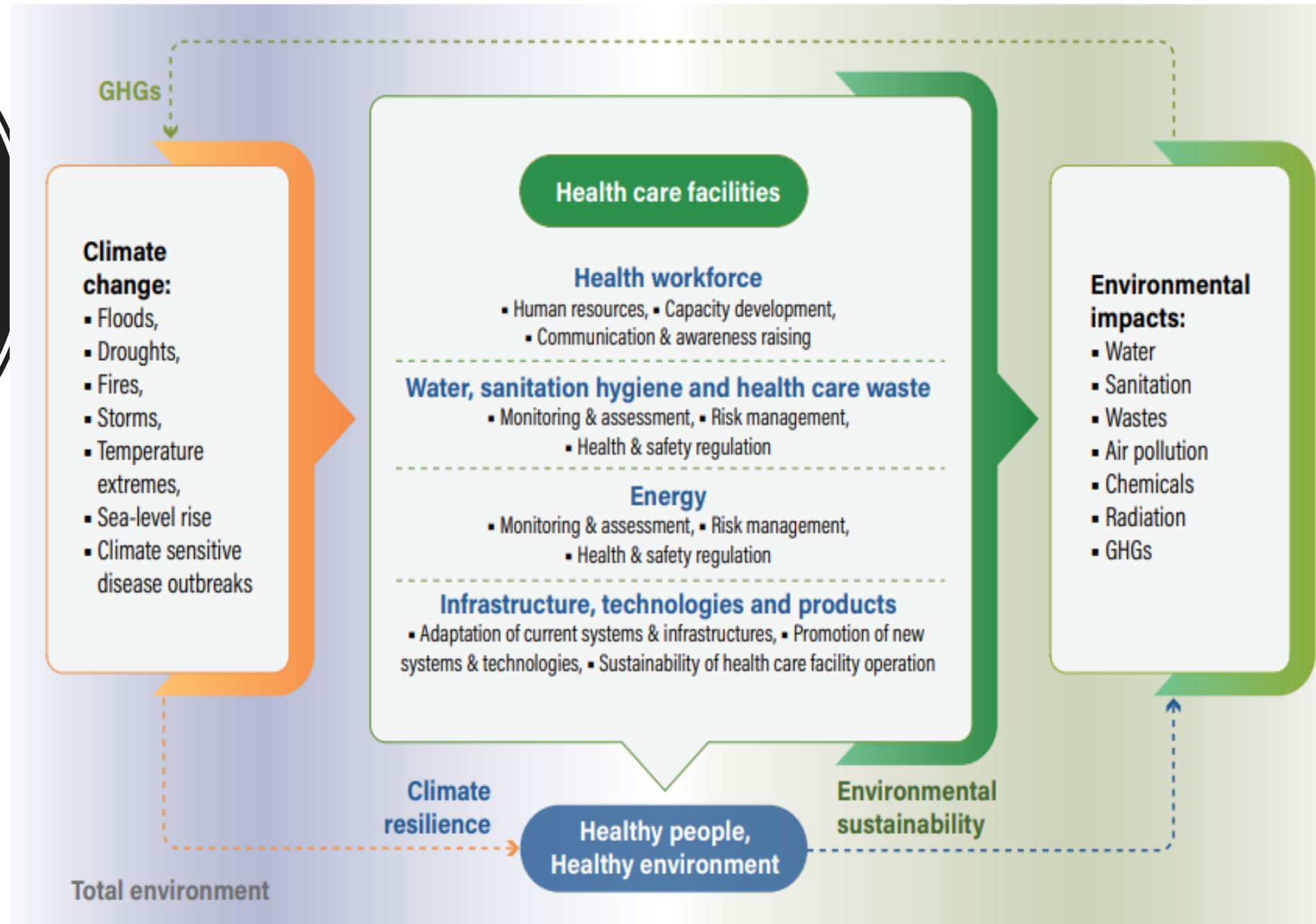
NEWS

The dead body of Korle Bu missing Dr. Aya Hayfron found

By Naa Lamptey - June 20, 2018

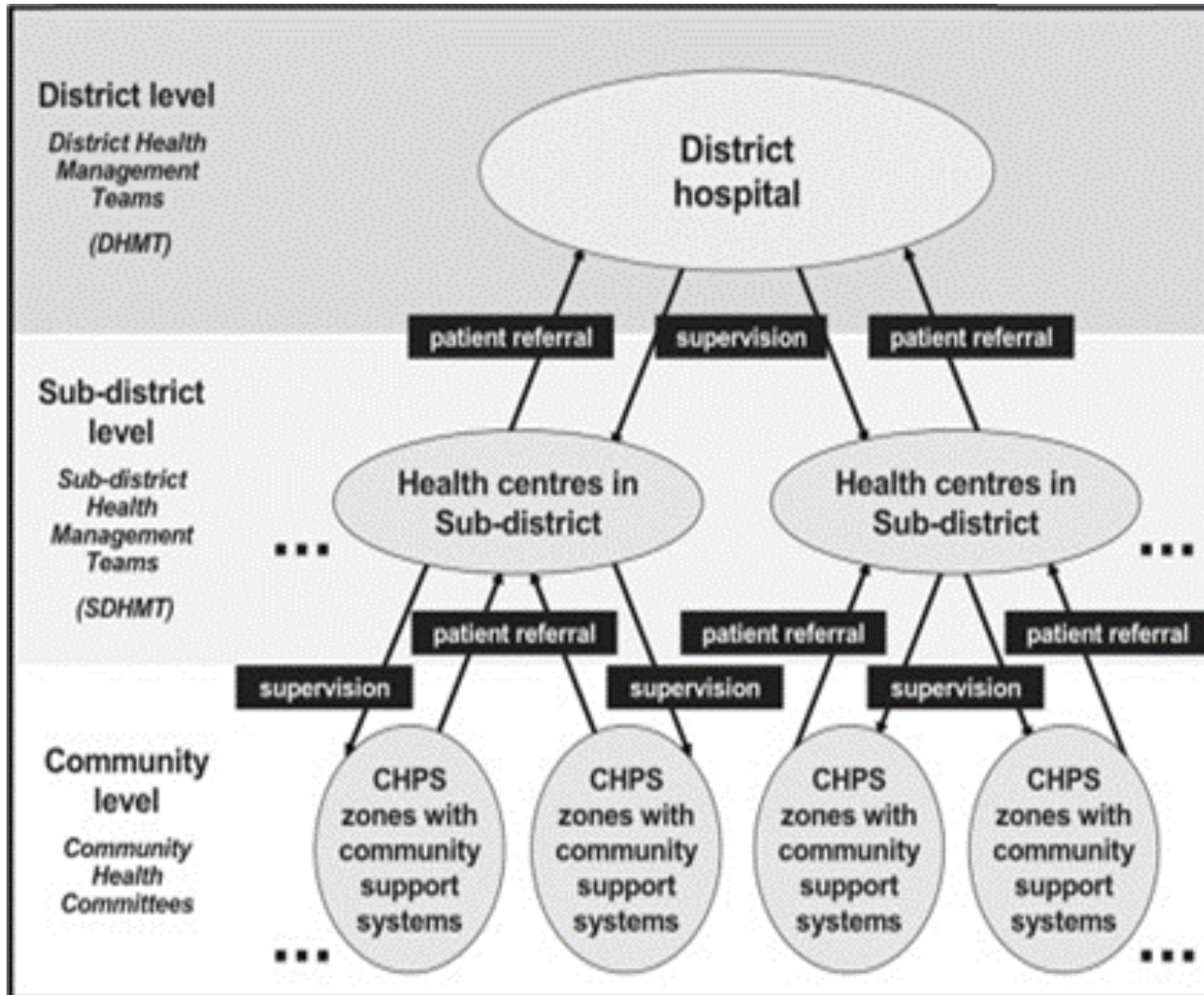


WHO
 Framework for
 Climate-
 resilient and
 environmentally
 sustainable
 Health Care
 Facilities



Community-Based Health Planning and Services(CHPS)

Organization of PHC in Ghana



- CHPS policy- a case study
 - Drafted 2016-after Ghana developed capacity
 - Climate change mainstreamed in the health sector MTDP(2010-2013, 2014-2017)
 - In ability to transition from pilot to scale(Tye & Waslander ,2021)
 - Most geographically spread: 65% of health facilities(GHS,2017)
 - Essential strategy for attaining UHC(MOH, 2016)

Methodology

- The READ Approach (Dalglish et al., 2020)
- Scoping the MOH website and identifying 31 policies and guidelines
- 4 complementary policies explored
- Extracting data using Keywords-in-context (Crawford, 2013)
- Analyzing differences/ similarities- WHO framework and Community-Based Health Planning and Services(CHPS) policy/guidelines.

Summary of Findings

Category	WHO Framework	CHPS Policy	Remark
Health Workforce	Sufficient number of health workers, empower, train, coordinate to respond climate risk and minimize envt threats from operations	3 CHOs- staff numbers can be varied, periodic fire assessments training/ safety procedures, mainstreaming planning for emergencies, Training on CHPS model, disease surveillance, Health education	Minimal
Water, Sanitation, and Health Care Waste Interventions	WASH, waste, chemical safety regulation taking into consideration climate & envt sustainability, Strengthening staff capacity & regular assessments	Adherence to proper infrastructural, technological devt on health care waste , preventing surface & ground water pollution, periodic reviews, monitor adherence to SOPs	High(CHPS + HCW policy)
Energy Interventions	Green procurement, Renewable energy, staff capacity to manage energy related risk, assessments, PPM & Regulations on energy use	Provide electricity from national grid to CHPS, Solar for CHPS without access to grid, PPM, Train staff on safe and proper use of energy	Minimal(CHPS + HCW policy)
Infrastructure, Technology, and Products Interventions	Building regulations, construction, retrofitting are climate resilient & envt. sustain. Adopt and procure new tech and processes, with procure low environmental	Standard design. Technology taking into consideration local capacities. Radio communication where there is no communication system. IT to increase access to service and HMIS	Minimal(CHPS + NHP policy)

Conclusion



Ministry of Health and Medical Services

GUIDELINES FOR CLIMATE-RESILIENT AND ENVIRONMENTALLY SUSTAINABLE HEALTH CARE FACILITIES IN FIJI



*It is not how green you
make it that counts, but
how you make it green.*
—Judith Heerwagen



- **“Thick Mainstreaming”**- decentralizing into subnational policies and institutionalizing indicators- monitoring and accountability critical to sustainable action
 - Inadequate Subnational capacities
- **Missed opportunities**
 - Investments(63% increase from 2015)
 - Trust in the health care professionals and system
 - High political capital- **MPs NHIA FUND**
 - Legal backing- autonomous adaptations and indigenous knowledge
 - Developed intersectoral community structures and systems –DHC, SDHC, CHMC , Volunteers
 - Close to client(Clinical, outreach, engagement)

Thank you!