



Resource Mobilization Strategy for Ghana's Sample Registration System (SRS)

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Background

- Ghana's progress in civil registration is commendable, but the current completeness level is estimated at **39% as of 2023**, which is a bottleneck for health planning and national development.
- Current systems are **fragmented and retrospective**, missing real-time epidemic signals such as the COVID-19 Pandemic.
- We rely on periodic surveys like the DHS, which are retrospective and infrequent, or facility-based data, which excludes the majority of deaths occurring at home that lack **cause-of death** details.
- Ghana is currently unable to track progress on **SDG 3.2 (Under-5 Mortality)** and monitor progress towards **achieving UHC**.
- The SRS is designed as a scalable model and interim measure to accelerate **long-term CRVS reforms** and **continue production of cause-of-death data**.



Strategic Implementation and Learning- Phased Rollout Strategy

- **Phased 1:** Completed with the GF planning grant.
- **Phase 2 (Years 1–2):** To deploy in **8 priority regions** representing all three ecological zones to optimize resources and allow for learning and refinements.
- **Phase 3 (Years 3–4):** National scale-up to all **16 regions**.
- **Phase 4 (Year 5+):** Full institutionalization into government budget lines.
- **Target:** 1.7 million people under active surveillance by Year 3.
- By Year 5, SRS will be embedded in the Ghana Health Service (GHS) and the Ghana Statistical Service (GSS) and fully interoperable with CRVS and other mortality data systems.



A Cost Sharing Financing Investment Proposal

- Total SRS Project Value: **\$10,150,924** (5-year cycle).
- GoG Commitment: **(53%)** as Anchor/Recurrent partner.
- Donor Assistance: **(47%)** as Catalytic/Start-up partner.
- This is a shared-risk, shared-reward model. The Government of Ghana is the lead investor, covering 53% of the total estimated cost.
- We are seeking donor funding to cover catalytic costs: Vehicles, Digital hardware, Training, Capacity building, and initial field work.



The Resource Mobilization Plan

- The framework utilizes a blended financial model seeking to pool resources from multiple sources:
 1. Leverage existing institutional infrastructure and assets.
 2. Target development partners and donor funding mechanisms to finance specific components of the SRS, without duplication.
 3. Leverage GoG/MoF Budgetary locations as anchor and long-term funder.
- The Ghana SRS framework is a digital enhancement and not a capital-intensive system.
- Provides an explicit transition plan from donor to domestic financing by 2030.



Leveraging Existing National Infrastructure/Assets

- **The NIA (Ghana Card)** will provide unique IDs to enhance interoperability and prevent data duplication.
- **CHPS nurses** already embedded in communities (7,300 CHPS facilities) will conduct Verbal Autopsies, supported by CHV/CKIs as notifiers.
- **HDSS sites** (Navrongo, Dodowa, and Kintampo) will serve as premier research centers for training, M&E and data validation.
- **RIPS (University of Ghana) as a center of excellence in population studies in West Africa** to lead the education, capacity building, and research on CRVS reforms and SRS scale-up within the sub-region.
- **DHIMS2/CRVS** will integrate SRS modules into current digital platforms.
- By using existing government employees, we drastically reduce operational costs and ensure long-term sustainability.

Co-Funding Mechanisms: Strategic Partner Alignment

- We have mapped the SRS components to specific partner priorities:
 - **BMGF/UNICEF:** Catalytic funding for digitalization, mortality and causes of death data and CRVS strengthening, child mortality and birth registration linkages.
 - **World Bank/GFF:** Fiduciary integrity and tracking outcomes related to **RMNCAH+N** (*Reproductive, Maternal, Newborn, Child, and Adolescent Health plus Nutrition*).
 - **Global Fund/UNICEF/WHO:** Providing verifiable mortality metrics to assess the impact of HIV, TB, and malaria mortality trends.
 - **US-CDC/DoS/CIDA/WHO:** Identify early warning signals for Health systems strengthening and Global Health Security.

Long-Term Sustainability: From External Dependency to Domestic Ownership

- Sustainability is the core design principle in the RMP. We aimed to move away from donor dependency by Year 5 through:
 - **Fiscal Earmarking:** Exploring models like the **Ghana Trust Fund (Mahama Care)** for NCD surveillance.
 - **Budgetary Integration:** Phasing SRS operational costs (salaries/supplies/equipment) into GSS/MOH/GHS annual budgets.
 - **Data-as-a-Resource:** Positioning mortality data as a national asset for NHIS resource allocation.
 - **Conditional Funding:** Linking donor releases to domestic resource mobilization milestones, while alignment with specific SRS models.
- By integrating SRS costs into existing agency budgets, the "**marginal cost**" of data collection declines over time.

National Governance, Stewardship and Institutional Roles

- **National Steering Committee:** High-level policy and strategic oversight.
- **RIPS (University of Ghana):** Technical lead and Project Secretariat.
- **MoH and GHS-HDSS:** Lead for policy implementation and field operations (VA and death notifications).
- **Ghana Statistical Service:** Custodian of sampling, national data quality and statistics production.
- **Major funders and Development Partners:** as strategic overseers.
- **MoF:** As financial authority.
- Data ownership remains firmly with the Government of Ghana.



Next Steps

- We have identified four clear next steps:

1. **Domestic Commitment:** The initial milestone involves the MoF and the MoH committing to the transition plan, within the co-funding framework, to phase in recurrent costs by Year 4.
2. **Leverage Funding:** Secure the BF Funding to finalize the ICT architecture, procure vehicles, provide training, and initiate mortality surveillance.
3. **Synchronize Donor Funding:** Align donor funding, such as the US-CDC applications, with the 2026 Global Health Security Agenda (GHSA) cycle.
4. **Continue High Level Government engagement** on SRS funding mechanism – No tangible commitment has been reached.
5. **Continue national stakeholders' meetings** to co-create, implement, and evaluate the SRS protocol.



Conclusion

- Ghana stands at a crossroads. We can either continue with fragmented, retrospective estimates or implement a reliable, continuous mortality system.
- The SRS is a high-value investment that strengthens CRVS, promotes health equity, supports rapid epidemic responses, enables accurate SDG monitoring, and saves lives.
- We are looking forward to a positive evaluation of the Ghana SRS proposal and blended financing or resource mobilization framework.
- The SRS will establish Ghana as the regional leader and "**Learning Hub**" for mortality surveillance in West Africa.

Acknowledgement



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