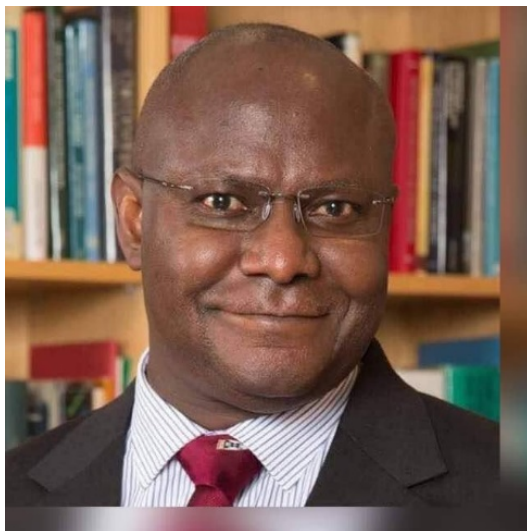


IN MEMORIAM
Frank K. Nyonator, MB, ChB, MPH
1953-2018

Ghana Med J 2018; 52(4): 175-176 doi: <http://dx.doi.org/10.4314/gmj.v52i4.2>

The sudden death of Dr. Frank Kwadjo Nyonator on August 13, 2018 was a shock to his colleagues and the health sector in Ghana and abroad. At the time of his death, he was the Project Director of the USAID supported initiative of Management Systems International (MSI) that is known as Evaluate for Health (E4H). He took up this position after his retirement from the Ghana Health Service, where he spent most of his career in the public health system. He served at operational and leadership levels and rose through the ranks from medical officer, Medical Superintendent, District Director of Health Services, Regional Director of Health Services, Director of Policy Planning Monitoring and Evaluation, and Acting Director General of the Ghana Health Services.



At all stages of his distinguished career, Frank was devoted to bridging between health science and action, between humanitarian goals and policy, and between policy and implementation. Dr. Nyonator's dedication to health development in Ghana is internationally acclaimed. He served on advisory boards and task forces of the World Health Organization, Global Alliance for Vaccines and Immunization. (GAVI) and the World Bank. He served as Health Systems Advisor for the WHO Country Office in Abuja, Nigeria from June 2008 to December 2009 where he facilitated the development of National Health Strategic Plan of Nigeria.

He was a member of the Technical Steering Committee of the Child and Adolescent Health (CAH) Department, WHO Headquarters, Geneva (2005 - 2007).

From June 2007 to June 2008, he served as the Vice Chair of the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR) Joint Coordinating Board (JCB) and later chair of the WHO African Regional Meeting Programs Sub-Committee.

His many publications have been an inspiration to the global health policy community. Yet, in pursuing these national and international leadership roles, he regarded frontline workers and community stakeholders as his primary advisors.

Frank was an architect of Ghana's flagship initiative for achieving "Universal Health Coverage" (UHC), known to all Ghanaians as the Community-based Health Planning and Services (CHPS), a passion that he pursued by developing CHPS champions at every level of the Ghana Health Service system:

"For me, championing leadership in pursuit of universal health coverage in Ghana is extremely important. In fact, it is a non-negotiable effort."

To this end, he was at the forefront of developing policies for building a system of care that extended upwards from communities to services at sub-districts, to the district hospitals, to regional authorities and referral hospitals, and to national initiatives that reflect a human centered perspective.¹ As he noted in 2015:

I have over the years developed a personal passion for community-based health services delivery. This is a major health system change that we must all embrace. That is why it must always be on our agenda.

Frank was also an influential academic. He served as a formative Acting Dean of the University of Health and Allied Sciences School of Public Health, a role that was critical to the founding of this institution.

He was a Co-investigator and an advisor to Columbia University's Mailman School of Public Health for its collaborative programme of health systems research in Ghana and served as the Gro Harlem Brundtland Senior Leadership Fellow at Harvard University.

In the 1990s, his widely cited critical commentary on inadequate health coverage asked the question, “Health for Some?”² Later, he characterized his solution to the health coverage problem with the admonition to “scale-down to scale up” –an appeal to learn from the people before taking large-scale action.³

Transitioning to health for all, he argued, required systematic listening to the people through the application of “qualitative systems appraisal” for marshalling advice from community members, frontline workers, their supervisors, and district managers.⁴ This work was communicated to a WHO taskforce where leaders of the science of scaling up health system innovation could learn from Frank’s philosophy and actions.⁵

Frank’s efforts to extend Ghana’s achievements to other countries included a process of sharing strategies for community-based care with implementation teams from other countries. National leaders and implementers from Burkina Faso, Ethiopia, Sierra Leone, Nigeria, and Kenya witnessed CHPS start-up activities and returned home to replicate Ghana’s success. In 2009, Frank collaborated with Tanzanian counterparts to develop a technical and learning exchange for transferring Ghana’s evidence-driven and people-centered programme to Tanzania while bringing to Ghana Tanzania’s planning technology. Funded by the Doris Duke Charitable Foundation, this framework contributed to an international programme for health systems learning that is known as the Africa Health Initiative.

In Ghana and internationally, Frank was both a scientist and a committed health activist, determined to translate evidence into impactful services. Once action was launched, activities were accompanied by a process of continuous learning. His projects never ended, it seems, because for him learning was a process that could never stop. Information systems were therefore a passion; evidence was the core of everything that Frank aimed to be communicating. Improving health and wellbeing was his core outcome. Research that deviated from this agenda had no value.

This commitment to bridging between disciplines for putting knowledge to use will be missed, but never forgotten. His many friends and colleagues include managers, physicians, nurses, social scientists, statisticians,

computer and information scientists, journalists, writers, and politicians.

But most importantly, his friends include the many men, women, and children in communities throughout Ghana who have benefitted from Frank’s compassionate, wise, and thoughtful leadership.

Koku Awoonor-Williams, MD, MPH, MPP, PhD
Director, Policy Planning Monitoring and Evaluation Division

Ghana Health Service, Accra, Ghana

E-mail: koku.awoonor@ghsmail.org

Conflict of interest: None declared

James F. Phillips, MS, PhD

Columbia University,

New York, USA

E-mail: jfp2113@cumc.columbia.edu

Conflict of interest: None declared

REFERENCES

1. Nyongator FK, Awoonor-Williams JK, Phillips JF, Jones TC, Miller RA. The Ghana Community-based Health Planning and Services Initiative for scaling up service delivery innovation *Health Policy Plan.* 2005; 20(1):25-34.
2. Nyongator FK, Kutzin J. Health for some? The effects of user fees in the Volta Region of Ghana. *Health Policy Plan.* 1999;14(4):329-341.
3. Nyongator FK, Awoonor-Williams JK, Phillips JF. Scaling Down to Scale-up: Accelerating the Expansion of Coverage of Community-based Health Services in Ghana. In: Dakar, Senegal: International Family Planning Conference, Dakar Senegal; 2011.
4. Nyongator FK, Jones TC, Miller RA, Phillips JF, Awoonor-Williams JK. Guiding the Ghana Community-Based Health Planning and Services Approach To Scaling Up With Qualitative Systems Appraisal. *Int Q Community Health Educ.* 2005;23(3):189-213. doi:10.2190/NGM3-FYDT-5827-ML1P
5. Nyongator FK, Akosa AB, Awoonor-Williams JK, Phillips JF, Jones TC. Scaling up experimental project success with the Community-based Health Planning and Services initiative in Ghana. Scaling up Heal Serve Deliver From Pilot Innovations to Policies Program Geneva WHO. 2007:89–11