

MINISTRY OF HEALTH

**THE HEALTH SECTOR PROGRAMME OF WORK: 2007-2011
CREATING WEALTH THROUGH HEALTH**

FINAL DRAFT

ACRONYMS

5yPOW	Five-year Programme of Work
ARI	Acute Respiratory Infections
ASRH	Adolescent Sexual and Reproductive Health
BCC	Behaviour Change Communication
BMC	Budget Management Centers
CHAG	Christian Health Association of Ghana
CHPS	Community Health Planning Systems
CIP	Capital Investment Plan
CMR	Child Mortality Rate
CSM	Cerebrospinal Meningitis
DPs	Development Partners
GDP	Gross Domestic Product
GES	Ghana Education Service
GHS	Ghana Health Services
GoG	Government of Ghana
GPRS	Growth and Poverty Reduction Strategy
GSS	Ghana Statistical Services
HIPC	Highly Indebted Poor Countries
HIRD	High Impact Rapid Delivery
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
HMIS	Health Management Information Systems
HMOs	Health Mutual Organizations
HPs	Health Partners
HR	Human Resource
HRD	Human Resource Directorate
HRH	Human Resources for Health
HRHD	Human Resources For Health Directorate
ICT	Information Communication Technology
IGF	Internally Generated Fund
ILO	International Labour Organization
IMCI	Integrated Management of Childhood Illnesses
IMNCI	

IMR	Infant Mortality Rate
IPT	Intermittent Preventive Treatment
MDAs	Ministries, Departments and Agencies
MDBS	Multi Donor Budget Support
MDGs	Millennium Development Goals
MLGRD	Ministry of Local Government and Rural Development
MBB	Marginal Budget Bottlenecks
MMR	Maternal Mortality Rate
MOE	Ministry of Education
MOH	Ministry of Health
MTEF	Medium Term Expenditure Framework
NCDs	Non-Communicable Diseases
NDPC	Notional Development Planning Commission
NHI	National Health Insurance
NHIC	National Health Insurance Council
NHIF	National Health Insurance Fund
NHIS	National Health Insurance Scheme
PE	Personnel Emoluments
PEM	Protein Energy Malnutrition
PFM	Public Financial Management
POW	Programme of Work
PPM	Planned Preventive Maintenance
PPME	Policy Planning Monitoring and Evaluation
PPP	Public Private Partnership
RHN	Regenerative Health & Nutrition
STI	Sexually Transmitted Infection
SWAp	Sector Wide Approach
THS	Teaching Hospital Services
TRIPS	Trade Related Intellectual Property Rights
UK	United Kingdom
WHO	World Health Organisation

TABLE OF CONTENT

1.0	Introduction	1
	Purpose of the document	2
	Structure of document	3
2.0	Strategic objectives 2007-2011	4
	The context for the 5YPoW 2007-2011	4
	Old and emerging challenges	4
	Guiding principles	5
	Strategic innovations	6
	Giving maximum attention to priorities	7
	Four strategic objectives for the Health 5YPOW 2007-2011	7
	Annual priority activities and implementation milestones	10
	The Five Year Strategic Objectives in detail	12
3.0	Activities to deliver the 5YPOW strategic objectives	19
3.1	Health lifestyles and healthy environment	19
3.2	Health, Reproductive health and nutrition services	21
3.3	General Health Systems Development	25
3.4	Governance and financing	28
4.0	Implementation arrangements	32
4.1	Roles and responsibilities government agencies	32
4.2	Implementing the 5YPOW	33
5.0	Monitoring and evaluation	35
5.1	Sector-wide indicators	35
5.2	The review process	41
6.0	Financing the health sector, 2007-11	42
6.1.	The costs of achieving the MDGs	42
6.2	The costs of existing and other POW priority activities	43
6.3	Total costs scenarios	46
6.4	Resource envelope projections	46
6.5	Overall patterns of growth in resources for health	48
6.6	Managing costs and resources	50
7.0	Assumptions and risks	53

MESSAGE FROM THE MINISTER

Ghana is now 50 years, what this means is that Ghana has come of age, and this calls for stock taking and reflection from immediate tasks. That is taking a broader look at the health of Ghana. This requires us to prepare the future, predict the impact of current trends, outline a common vision, set goals and strategise to achieve our health objectives.

The Ministry of Health has made an extensive review of past successes and failures through consultations to produce this programme for the next five years of our working relationship. The future therefore cannot be viewed realistically without an informed understanding of the past. In addition the document incorporated the wisdom gained through experience and research of a cross section of policy planners, clinical workers, programme heads, regional, district and sub-district health workers and the development partners. Extensive time and effort has been spent thinking through the underlying issues and problems facing the health sector. Though the problems faced are not necessarily new, the solutions provided by this document are innovative.

In line with Ghana's national vision of attaining middle income status of US\$1,000 per capita by 2015, the health sector wishes to contribute to this task by creating wealth through health which is the theme of this 5YPOW. Underpinning this aim is the belief that to work and be productive, one must first be healthy.

This third POW covers a period of 5years that falls within the time-frame for achieving the health MDGs. It focuses on scaling up health delivery, human capital development and contributing to poverty reduction and wealth creation by reviewing and restating our understanding of the determinants of health and then pursuing the promotive and preventive measures to improving the health of the population, communities, families and individuals. For the next five years, this document will provide a framework for guiding and coordinating all activities of the main players that contribute to the health of all people living in Ghana.

The 5YPOW strategy is composed of four main thematic areas:

- Healthy lifestyles and the environment
- Health reproduction and nutrition services
- General health systems development
- Governance and financing.

Each theme spells out the specific programmes which will be implemented and combine together to deliver the new paradigm of creating wealth through health.

The Ministry of Health has innovative policies to implement this important document. In promoting healthy lifestyles and environment, the Ministry is convinced that improving lifestyles of individuals is the most cost-effective method in providing health care. An advocacy role is being pursued by the

Ministry of Health by educating the population through the RHNP to adopt healthy lifestyles.

The contribution of each and everyone in the production of this document is highly appreciated and the Ministry of Health is looking forward to working together with all its partners and other MDAs in the implementation of this document. It is my fervent hope that all our collaborators would consider the implications of this document for their own activities, and how they can best work together with the Ministry. This is a great opportunity for all of us to renew our commitment to providing Ghanaians with good health.

Major Courage E. K. Quashigah (Rtd)
Honourable Minister

FINAL DRAFT

1. INTRODUCTION

The 5YPOW has been developed at a time when Government is accelerating its efforts towards poverty reduction and wealth creation as part of the count down to Millennium Development Goals. The strategies and priorities articulated here have therefore been placed within the context of Government's development agenda as spelt out in the GPRS and of the three priority areas for transforming Ghana into a Middle Income Country by 2015 - Private Sector Development, Good Governance and Human Resource Development.

This 5YPOW derives and builds on the principles of primary health care and general health systems development. It takes its instructions from the health policy document which aims to create wealth through health. However, it defines more clearly the programmes to be implemented and the results to be achieved in the medium term. In that regard the 5YPOW creates the basis for the development of a medium term expenditure framework for the health sector. Its focus is to scale up health delivery and human capital development and contribute to poverty reduction and wealth creation.

The document also builds on the lessons of 5YPOW I and II. However, it is different in a number of ways. The goals, mission and strategic objectives of the health sector have been refined to respond to the challenges experienced under the previous POWs and the relatively slow improvements in health indicators. The four strategic objectives provide a more balanced approach to the known challenges of the health system in terms of the changing determinants of health, the unfinished agenda of service delivery, the weak and fragmented health system and the greater need for governance and sustainable financing. Third, a clearer link has been established between the objectives and targets, the cost of delivering results and the available resource envelope matched with a medium term expenditure framework.

The 5YPOW is a living document. It has been developed through a consultative process that began with a National Conference on Health in November 2005 and was followed by a series of consultations with key stakeholders at the national, district and regional level. Donors, other sectors and health workers at the national, district and regional level were involved. The document was presented and discussed at the November 2006 Health Summit. This was followed by a further series of consultations and workshops in 2007 that led to its finalization and adoption at the April 2007 health summit. Nevertheless, it will continue to be refined as new evidence becomes available and as experience accumulates in the course of its implementation. In that regard, the policy dialogue underpinning the health SWAp and annual programmes of work will constitute the processes and instruments for refining priorities and strategies and ensuring effective implementation.

Purpose of the document

The purpose of this document is to create a framework for guiding and coordinating the activities of the main actors that contribute to the health of Ghanaians over the next five years; public and private organisations and individual citizens and families. It reflects the objectives of the Ghana Poverty Reduction Strategy II and is guided by the pursuit of the Millennium Development Goals to which Ghana is both formally and in spirit committed. It proposes ways to implement the National Health Policy (see text box) between 2007 and 2011.

The 5YPOW provides strategic direction and sets out priorities but does not offer operational detail. These need to be developed by operational managers.

The Programme of Work 2007-2011 (5YPoW) is intended to create a bridge between the National Health Policy's broad ambitions for improvements in Ghanaians' health and the implementation details to be developed by in Annual Programmes of Work, taking into account local priorities. It builds on the work of the last Five Year Programmes of Work and learns lessons from them.

The 5YPOW has a number of key features. First, it places health at the centre of national development agenda by spelling out in concrete terms the role of the health sector in human development as well as in overall socio-economic development. Within this framework, it recognizes the role of increasing access to health services but acknowledges that better health and greater equity can be achieved only through inter-sectoral collaboration. Because the burden of disease is multi-determined, programmes are designed to exert leverage at multiple points, including education, environment and economics.

Second, the 5YPOW provides a framework for harmonization and alignment of investments and actions of key stakeholders in health around a common framework for health development. In that regard, it builds on the health SWAp that has been implemented in the health sector since 1997 and creates opportunities for wider stakeholder participation and more effective coordination of efforts.

Third, the 5YPOW emphasizes regenerative and preventive health and nutrition as a core strategy for improving health and reducing poverty. This is because of the

The National Vision

The national vision is to attain middle income status with 1000 USD per capita by the year 2015 by creating wealth through health.

The National Vision for Health

Create wealth through health and contribute to the national vision of attaining middle income status by 2015.

The Ministry of Health's Mission Statement

"The mission is to contribute to socio-economic development and wealth creation by promoting health and vitality, ensuring access to quality health, population and nutrition services for all people living in Ghana and promoting the development of a local health industry."

Health Sector Goal

The ultimate goal of the Ministry is to ensure a healthy and productive population that reproduces itself safely.

Health Sector Objectives

The goal of the health sector will be achieved through pursuing three inter-related and mutually reinforcing objectives:

- To ensure that people live long, healthy and productive lives and reproduce without risk of injuries or death
- To reduce the excess risk and burden of morbidity, mortality and disability especially in the poor and marginalised groups
- To reduce inequalities in access to health, population and nutrition services and health outcomes

physiological fact that the primary cause of disease is not the bacteria or virus, but the weakened resistance brought about by health-destroying living habits, physical and emotional stress, ageing and environmental sanitation. It also

Finally, it recognizes the role of clinical care and rehabilitation in overall health delivery and lays the foundations for scaling up and consolidating investments and actions towards achieving the health related MDGs.

Structure of document

This document is not a 5 year plan. Instead, it is a summary of goals, strategic objectives, programmes and related priority activities which will guide the development annual plans and budgets (MTEF). These have been placed in a financing framework based on estimates of costs and the projection of the funds available within the next 5 years. The targets and resource projections provided in this document are indicative and will need to be refined annually as more information becomes available.

The document is structured as follows. Section 2 begins by reviewing the demographic and epidemiological characteristic of Ghana's population and identifying the challenges facing the health system. It then presents a hierarchy of objectives, priorities and key strategic innovations designed to address these challenges which will be pursued over in the next five years. Section 3 identifies in more details the themes, programmes, key result areas and priority activities to be implemented. Section 4 summarises arrangements for implementation and Section 5 offers a framework for monitoring and evaluation. Section 6 deals with the financing the 5YPOW in terms of projected costs, including for achieving the MDGs, and the resource envelope likely to be available. More details and, in particular, allocations by strategic objectives, line item and level can be found in a background working paper, 'Financing the health sector, 2007-2011'. The document ends by identifying key risks and how they need to be managed in Section 7.

2.0 STRATEGIC OBJECTIVES 2007-2011

The context for the 5YPoW 2007-2011

Although about eight (8) million Ghanaians are estimated to be employed, the vast majority are rural peasant farmers and small scale traders in the informal sector with irregular incomes. Such poor people are more likely to get sick and stay sick and consequently have low productivity and income. Recognising this close relationship between poverty, ill health and economic growth, the Government of Ghana has drawn up a new comprehensive development policy framework, the Ghana Poverty Reduction Strategy II, as a means of ensuring sustainable economic growth and accelerated poverty reduction. Within this framework, health care as well as protection of the vulnerable within a decentralised, democratic environment have been given a new impetus.

This 5YPOW outlines the key areas of attention required within the health sector and the priorities for investment as part of the wider efforts to stimulate the creation of wealth for the people of Ghana. It takes its direction from the National Health Policy and from the government's agenda for poverty reduction as outlined in the GPRSII.

Old and emerging challenges

Although the health status of Ghanaians as measured by mortality, fertility and nutritional indices, has improved since Independence, this improvement has been slow compared to other countries especially in East and Southern Africa. Ghana's disease profile is characterized by high levels of communicable and pregnancy-related diseases and rising non communicable diseases. For example, nutritional indicators have not improved much over the last three decades. Over a third of children under three years of age remain stunted and underweight, while nearly 8% are wasted. Micronutrient deficiency is also common, particularly of vitamin A, iodine, and iron. Over 50% of pregnant women suffer from Iron Deficiency Anaemia. Within the last decade some earlier modest gains in other health indicators seem to be stagnating, in particular the mortality and fertility rates, and in some cases reversed. The pattern of disease has not changed very much over time. It continues to be dominated by communicable diseases, under-nutrition and poor reproductive health.

However, Ghana is also changing rapidly. It has entered the 'demographic transition' where the burden of non communicable diseases is rising rapidly while the incidence of communicable disease is not yet under control. Ghana's cities are growing rapidly, bringing new public health challenges. In addition, its growing middle classes are demanding 'modern medicine' while the government budget is fully stretched to deliver basic preventive and curative services.

Challenges facing the health sector

- Slow improvements in health outcomes
- Persistent under-nutrition
- The persistence of some diseases that could easily be controlled
- The neglect of other diseases which tend to intensify the incidence of poverty
- A growing burden of non-communicable diseases
- Uneven health system performance and productivity
- Missed opportunities for mobilising resources for health development

The consideration of gender issues in the sector remains important. Men and women are different in terms of their healthcare needs and their disease epidemiology, and

they have different roles to play in their response to health promotion and the reduction of barriers to accessing health services. The MOH draft gender policy is to be finalised by the end of 2007.

Two emerging challenges deserve particular mention. The Review of the 2006 Annual Programme of Work emphasises the emergence of pockets of urban poverty in Greater Accra and the lack of effective provision for primary and maternal care.

Ghana is poorly equipped to deal with outbreaks of potentially epidemic and pandemic diseases (SARS, Avian Flu, EBOLA) and its exposure to this risk has grown with globalisation and increasing international travel. There are two aspects of such preparedness: public health and clinical management aspects. Based on Ghana's experience with preparing for SARS and Avian Flu, it has become clear that it is better prepared to deal with the public health aspects (public education, surveillance etc) than with clinical management. This is primarily because there is no specialised intensive care unit, even in the Teaching Hospitals, dedicated solely to isolating and managing patients infected with potentially epidemic diseases.

Taking these challenges as a whole, solutions will require a reappraisal of the role of the public sector in health delivery, the strengthening of existing partnerships and the forging of new ones; the careful allocation of public resources between a growing set of priorities, fundamental changes in the way health workers are managed and motivated.

Guiding principles

The national health policy states that the objectives of the health policy will be achieved through a combination of programmes and investments underpinned by the following guiding principles:

1. The health sector is more than health services; it includes all activities, institutions and resources whose primary purpose is to promote, protect, restore and maintain health.
2. Health is **multi-dimensional in nature** and requires **partnerships**.
3. Programme design and development will:
 - a. be **people centred** focusing on individuals, families and households in their community settings,
 - b. recognise the **inter-generational benefits** of health
 - c. reinforce the **continuum of care** approach to health development
 - d. be **prioritized** to ensure maximum health gains for the limited resources
4. Planning, resource allocation and implementation will be **results-oriented** paying attention to equity, efficiency and sustainability

The 5YPOW 2007-2011 is grounded in these principles.

Strategic innovations

The 5YPOW 2007-2011 is innovative in a number of respects.

Creating wealth through health

The fundamental hypothesis driving this 5YPOW is that Ghanaians will

Improving lifestyles is as important for better health as supplying better health care

Everyone wants to live a long, healthy happy life. Some hazards to health are inescapable but many can be reduced by individual actions. In this 5YPOW, citizens, families and communities are not the passive recipients of the state's largesse but active partners able to exercise choice in the pursuit of better health. This 5YPOW gives as much emphasis to the responsibilities of individuals, families and their communities for better health, as to the responsibilities of health services to provide high quality healthcare when people have accidents or become sick.

benefit socially and economically if they are healthier. This seems to be self-evidently true but in fact reverses the usual causal emphasis. On average, the Ghanaian economy grew below the population growth rate over the past fifty years, resulting in deteriorating living conditions. Many factors are responsible but poor health and low levels of education are seen to be the salient contributing factors. Poor health is expensive to individuals, society and the economy. It affects the supply and efficient use of agricultural labour resulting in low agricultural growth and a consequent loss of income for the country. On the contrary, healthy individuals are more productive, more creative, more innovative, better able to adjust to economic change and better able to build and sustain good social relations than those who are sick.

Making sure that National Health Insurance works well

For the first time, National Health Insurance has a central role in this 5YPoW. It has huge potential for changing the way health services are financed. It will also induce changes in the access poor people have to healthcare, in provider incentives and in organisational arrangements in the sector. But it will also bring challenges. Costs will need to be contained. There will need to be active service quality management. Changes in the sector's organisational arrangements will need to be managed carefully (see Strategic Objective 4). But we need to make absolutely sure that health insurance works to improve health, particularly of mothers, children, and the poor, through better targeting and more effective and equitable health service delivery.

Limiting health inequities

It is clear that new approaches are required if inequalities in access to good health, between rich and poor and between regions, are to be reduced. The problem is not new but the strategies proposed are innovative. They relate to adjustments in both the structure and the motivations of the health workforce. They are unlikely to produce instant results but need to be set in motion as a matter of urgency if poor people are to be healthier and make a greater contribution to their own, and to Ghana's prosperity.

Giving maximum attention to priorities

The following are the medium term priorities for the health sector:

- Ensuring **healthier mothers and children** through scaling up implementation of high impact and rapid delivery health interventions
- Promoting **good nutrition** across the life span, **food security** and **food safety**
- Combating **communicable diseases** such as HIV/AIDS, Malaria, Tuberculosis, epidemic prone diseases and diseases that almost exclusively affect the poor such as Buruli Ulcer, Guinea worm, Leishmaniasis, Lymphatic Filariasis, schistosomiasis, etc.
- Effectively collaborating with relevant MDAs and stakeholders to improve **housing, personal hygiene, environmental sanitation** and access to **potable water**
- Reducing **risk factors associated with non communicable diseases** such as tobacco and alcohol use, lack of exercise, poor eating habits, unsafe driving and stress
- Strengthening **clinical management** of diseases as well as prevention and management of blindness and promotion of mental health
- Strengthening **surveillance and response to epidemics and emergencies**

- Strengthening the **regulatory framework** within the health sector
- Forging stronger, integrated, effective, equitable and accountable **health systems** including strengthening financing, human resources management, information management and private sector

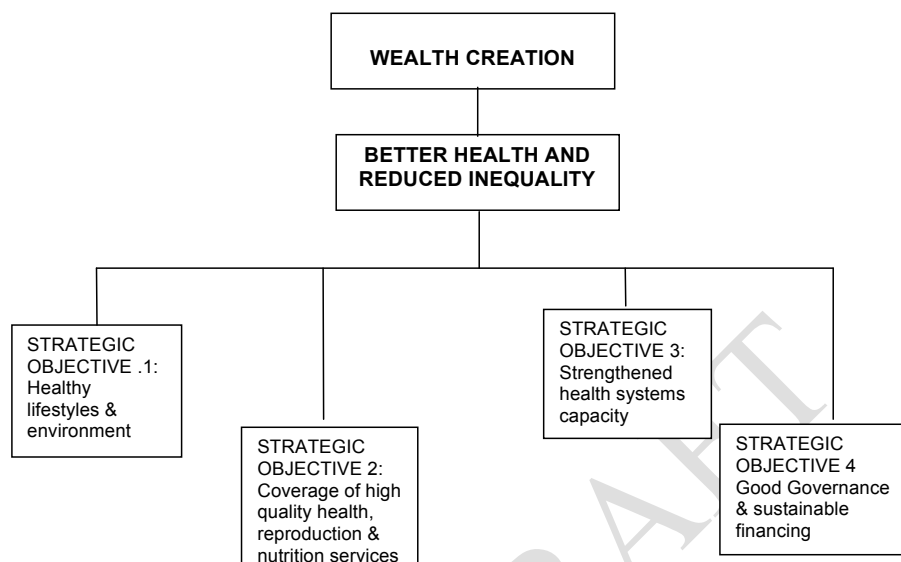
This 5YPOW also departs from past practice by setting out priorities that must lead to concentrated action in each year's Annual Programme of Work. These priorities are not intended to be exclusive as local managers will also need to address other key local issues. However, everyone each year will be required to attend to a limited number of national priorities so that we make real progress on some of the most important challenges facing the sector.

Four strategic objectives for the Health 5YPOW 2007-2011

The 5YPOW focuses on results to be achieved through combination of interventions to be delivered at individual, household, community based, outreaches, and clinics. Many different sectors will contribute to and benefit from the successful execution of the 5YPOW. However, the next five years will focus on critical need to bridge the gap between interventions that are known to be effective and the level of current implementation. The approach is therefore to scale up the coverage of promotive, preventive and treatment interventions proven to have an impact on mortality, morbidity and disability.

The 5YPOW has four strategic objectives:

1. Promoting an individual lifestyle and behavioural model for improving health and vitality by addressing risk factors and by strengthening multi-sectoral advocacy and actions
2. Rapid scaling up within the existing capacity, high impact interventions and services targeting the poor, disadvantaged and vulnerable groups
3. Investing in strengthening health system capacity to sustain high coverage and expand access to quality of health services
4. Promoting governance, partnership and sustainable financing



The figure above shows the four strategic objectives for the 2007-2011 5YPOW, how they are related and how they serve the broader National Health Policy objectives. Objectives 1 and 2 address respectively individual and health systems responsibilities for better health. They relate to 'front-office' services where health service consumers and suppliers meet. Objectives 3 and 4 reflect major areas where further 'back-office' developments are required in capabilities (Objective 3) and in the sector's governance and financial management (Objective 4).

Strategic Objective 1 is concerned with addressing risk factors associated with ill health. It places strong emphasis on healthy lifestyles and the environment in recognition of the basic role they play in health development. Ghanaians need to be persuaded to adopt a different lifestyle model. The public role is to provide information for making healthy life style choices. People also need to be protected from the effects of poor environmental sanitation and uncertain food safety, particularly in towns and cities where small scale food retailing is growing rapidly. This requires the enactment, review and better enforcement of legislation. The main targets will be schools, homes, food retailers and workplaces.

Strategic Objective 2 is concerned with service delivery and complements Strategic Objective 1. Although, the need for medical interventions may be reduced by healthier lifestyles, communicable diseases still require public action. When people fall sick, they need access to good curative care. The development of a holistic, integrated and seamless health care service comprising allopathic and traditional health care providers will be pursued over the period. Although the emphasis will be on disease prevention, critical curative interventions of proven value will be scaled up to improve health outcomes.

Strategic Objective 3 is concerned with the health system and is designed to build capacity to deliver Strategic Objectives 1 and 2. Capacity development will be approached on four major fronts. Human resource management will be improved. This will cover both technical and managerial cadres with emphasis on the district health care systems. Systems to improve distribution, retention and recruitment will

be put in place with increasing emphasis on decentralised human resource management. There will be a major emphasis on improving workforce productivity so that key services can be scaled up using existing capacities. A cautious approach to infrastructure development will be pursued in order to keep the recurrent cost implications of investments within the resource envelope for the period. Specific attention will be paid to the completion of existing projects. The equipment renewal and maintenance plan will be rolled out. The procurement and distribution of essential logistics will be increasingly decentralised. A local health industry will be developed to support service delivery.

Strategic Objective 4 is concerned with achieving results. It addresses issues of governance, partnerships and sustainable financing in order to improve productivity effectiveness, efficiency, equity, sustainability and accountability in the sector. Improvements are sought in five areas: (i) the organisational arrangements for managing the sector efficiently; (ii) managerial processes including policy formulation, planning, priority setting, resource allocation, expenditure management, accounting, monitoring and evaluation, (iii) partnerships and coordination mechanisms including stakeholder participation in policy development and service delivery, harmonization and alignment of support within the sector, the management of internal service agreements and of contracts with non-government agencies; (iv) the assessment of performance and accountability for results and (v) regulation.

Table 1 below outlines in general terms the way the 5YPOW 2007-2011 is to be implemented. Priority activities have been identified which will attract additional funding in each year. These are intended to focus management attention on a limited number of activities each year but are not intended to diminish the importance of other priorities or to reduce the flexibility of managers to address local priorities in their annual work plans. Progress will be assessed against high-level implementation milestones shown in Table 2.