

GHANA HEALTH SECTOR 2002 PROGRAMME OF WORK

Theme: Policy to Strategy: Consolidating the Framework for Action

List of Acronyms

ATF	Accounting, Treasury & Financial
BMC	Budget & Management Centre
CAGD	Controller & Accountant General Department (CAGD)
CMA	Common Management Arrangement
CSO	Civil Society Organisation
DP	Development partners
DPF	Donor pooled fund
EMU	Estates Management Unit
GHS	Ghana Health Service
GoG	Government of Ghana
GPRS	Ghana Poverty Reduction Strategy
HASS	Health Administration & Support Services
IGF	Internally Generated Funds
KATH	Komfo Anokye Teaching Hospital
KBTH	Korle Bu Teaching Hospital
MDA	Ministries, Departments and Agencies
MDC	Medical & Dental Council
MoH	Ministry of Health
MoF	Ministry of Finance
MTEF	Medium Term Expenditure Framework
MTHS	Medium Term Health Strategy
NGO	Non-Government Organisation
NMC	Nurses & Midwives Council
NGP	Non-Government Provider
PC	Pharmacy Council
PoW	Programme of Work
PPME	Policy, Planning, Monitoring & Evaluation
PPME	Policy, Planning, Monitoring & Evaluation
PUFMARP	Public Financial Management Reform Programme
RHA	Regional Health Administration
SB	Statutory bodies
SI	Specialised institution
SWAp	Sector-wide Approach
TA	Technical Assistance
TH	Teaching Hospital

1.0 PREFACE

The End-Term Review of the implementation of the Medium Term Health Strategy 1997-2001 spelt out in the Health of the Nation Report 2001 acknowledged the significant improvement made within the sector. There were marked achievements in several areas of public health delivery including immunization coverage with a corresponding reduction in maternal and child mortality.

However, there are continuing problems with other areas such as HIV/AIDS, Malaria, TB and Guinea Worm. The inadequacy of attention that these priorities were given in work programmes at the lower levels has been identified as a reason for their persistence. It is also recognised that targets have not been appropriately set to serve as benchmarks for measuring our efforts. Disparities in inter and intra regional performance in all programme areas, which go a long way to affect total performance and quality, was also noted.

Effective partnerships continue to be developed with both health donors and other providers. Here again, further progress has been constrained by the delay in establishing inter-sector linkages thus resulting in limited inter-sectoral action for goal and target achievement. Sector financing from both government and donors are still below expectation even though IGFs continue to increase exceeding projected figures. Although this may be attributed to improve financial reporting, there is the need to ensure that this does not constitute a health access barrier.

The new Health Sector 5-Year Programme of Work 2002-2002 with the theme 'Partnerships for Health: Bridging the Inequalities Gap' seeks to address these issues and improve upon the various gains made and develop new strategies to in tackling the lapses identified. Clear strategies have been developed for both service and systems interventions to ensure that this happens. The major focus being strategies for delivering pro-poor services, gender sensitivity, care for the elderly, the disabled and financial risk protection especially in terms of emergencies and other catastrophic events. Inter-sector action and private/CSO partnerships will play a key role in all of this.

The year 2002 therefore marks the beginning of the implementation of the second phase of the Sector-Wide Approach (SWAp II). This programme of work therefore is themed: 'Policy to Strategy: Consolidating the Framework for Action'. The programme for the year will seek to finalise the necessary strategic documents required to guide the delivery of the goals and aspirations of the new 5-year programme of work. It will take the necessary steps to delivery on the first set of necessary action in terms of service delivery and interventions to ensure that the gains achieved are consolidated and new action is defined.

It is government's sincerest hope that all health professionals and partners alike will commit to this programme of work to ensure that we deliver on this task that we have set ourselves.

Hon. Dr. Kwaku Afriyie, MP
Minister of Health

2. SECTOR PRIORITIES

2.0 The Preamble

Whilst maintaining the general priorities outlined in the 5-year programme of work – 2002-2006, the policy focus for the period will ensure that resources and efforts are directed towards actually delivering more and better services. In this regard, activities that will be undertaken to achieve the sector objectives and outputs have been developed into a prototype format based on the MTEF framework. This will be presented on the ‘ACTIVATE’ template after the agencies and their Budget Management Centers have made their necessary inputs, which will then become their budget requirement. The year 2002 is a consolidation and a transition year of the purely BMC level budgeting. Subsequent budgets for the ‘ACTIVATE’ template will only reflect agency activity lines.

2.1 Priority Service Package

Seven specific areas of service delivery would be emphasized for priority attention.

- HIV/AIDS/STDs
- Malaria
- Guinea Worm
- Tuberculosis
- Reproductive and Child Health
- EPI
- Emergency Care

2.1.1 HIV/AIDS/STDs

Renewed efforts would be made to intensify HIV/AIDS activities in the country. Attention would be given to inter-sectoral action and advocacy among the political, traditional and business leaders so that HIV prevention is brought high on their agenda. Proper management of STDs through the syndromic approach would remain a key strategy for HIV control. The national level would continue to provide reagents for blood screening and technical guidelines and materials. The HIV/AIDS strategic framework that has been developed will be reviewed to form the basis for all intervention strategies. Other areas that would need further strengthening are mother-to-child transmission, post-exposure prophylaxis for rape and professional accidents in the health sector and clinical assistance to HIV-affected families including orphans. The introduction of HAART with DOTS will be undertaken on a pilot basis.

2.1.2 Malaria

The strategic Plan to Roll Back Malaria (RBM) will continue be implemented at all levels in partnership with other sectors and health partners. The focus will be on prevention and

environmental hygiene. The use of Insecticide Treated Materials (ITMs) especially for children under 5 and pregnant women, ensuring the proper home-based care of fevers by care givers and capacity building of health staff for the management of all types of malaria will also be emphasised. An intensive IEC multi-channel strategy will be adopted as a major component of malaria control.

The national level will concentrate on the development of implementation strategies and provide technical guidelines and educational materials for malaria control and RBM; technical and advocacy support and undertake national TOT.

2.1.3 Guinea Worm

The approach will be to promote continuing inter-sector action especially with the water sector, civil society organizations and the existing multi-sector agencies for the eradication of Guinea Worm. Surveillance will be intensified through the community base approach. Training and support will be provided to village workers and community base volunteers to serve as a programme sustainability group.

2.1.4 Tuberculosis

The TB strategy will aim at improving cure rates and case holding using the DOTS strategy. IEC activities will be undertaken to improve awareness and the significance of treatment compliance. Early case detection and the high defaulter rate will be targeted as an important intervention issue. Increased decentralization to the District will be undertaken to ensure ownership. The national level will be confined to technical advise and the evaluation of programme efficiency.

2.1.5 Reproductive and Child Health

It is determined that the Strengthening the delivery of family planning services (including integration of STI management, services for men), Improving the skills of health workers in life saving skills, Provision of essential obstetric care (basic and comprehensive) in levels B and C respectively, Improve Growth Monitoring Skills of professionals, Scaling up of IMCI services, Strengthening adolescent health services, Scaling up cervical cancer screening and management will be taken forward.

2.1.5 Expanded Programme of Immunisation

The introduction of Pentavalent Vaccine (DPT-Hep B-Hib) will be fully operational this year. Sentinel Surveillance on Pediatric Meningitis in the Teaching Hospitals and Effia Nkwanta Hospital will be conducted. Micro Planning Skills to assist in increasing low DPT 3 reporting districts and regions will be introduced and Supplementary Immunisation carried out in 9 Regions (excluding Central Region) for Children 9 months – 14 years

2.1.6 Emergency Care

An Effective Ambulance Strategy for Districts and Zones will be put in place. A system for rapid response to Obstetric and Gynaechological emergencies will be introduced. A general re-design of critical and emergency care reception in clinical facilities to improve efficiency will be undertaken on all facilities. To eliminate financial barrier to emergency care, a 'Care First' policy to eliminate demand for fees before treatment will be introduced.

3 The Strategic Pillars: Linkage to GPRS

3.0 The Preamble

The main focus will be based on two main strategies:

- The continuation of systems reforms and strengthening in order to ensure the improved management of the health sector
- The delivery of quality care and services based on meeting consumer demand and technical-medical expediency

It is not easy to decide what interventions should be made in order to judge the extent of the value of the total package of health service delivery to the people. However, the five sector objectives – critical intermediate performance criteria - will continue to provide the guide for sector performance and innovative approaches for developing the sector.

The Ghana Poverty Reduction Strategy

The GPRS has set proposed targets as below. It is expected that the work required to achieve these targets will involve some learning period and lessons learnt for the subsequent year which is more likely to give greater gains. The year 2002 therefore will aim to consolidate base year gains and move within 20% reach of the set targets.

3.1 Increasing Access

The focus on increasing access would be on developing and improving healthcare delivery to keep pace with social development. Here, emphasis will be on:

- Community-Based Health Services (CHPS)
- Exemptions
- Gender
- Poverty Alleviation
- Issues of Social Inequalities

3.2 Quality of Care

The strategies to strengthen quality of care will involve the improvement on standards and protocols with emphasis on quality audit and supervision. The key areas for attention will be:

- Rational Drug Use
- Intensification of the Inspectorate Role of the national and regional levels
- Regulation of the Sector
- Consumer rights and protection

3.3 Increasing Efficiency

Human resource and staff performance improvement would be an essential feature in improving efficiency. In addition, attention will be paid to lower level capacity building to enhance the management and running of the functional areas of the sector. Effort would be intensified to address the following:

- Develop a Human Resource strategy
- Decentralise Human Resource Management
- Training and Orientation of Staff
- Financial Management
- Health administration
- Transport Procurement
- Management Information Systems
- Information and Communication Technology

3.4 Partnerships and Inter-Sectoral Collaboration

Effective partnerships will continue to be developed with health partners in the private health sector and non-governmental organizations working in health. To strengthen the capacity of the districts and lower levels for effective service delivery, the period will see emphasis in three areas.

- Developing and Strengthening partnership with District Assemblies
- Developing and Strengthening partnership with other Ministries e.g. Education and Works and Housing
- Review and Expand Contracting Relationships with Private Sector, NGOs and CSOs

3.5 Expanding the Resource Base

There is still a lot to be done to adequately resource the sector for effective programme implementation. The focus of the common pool concept will be maintained as the treasury base for financial resources with a commitment to sending more funds to the action point. Attention is to be paid to:

- Improving GoG/Partner fund flow
- Reviewing the Resource Allocation Criteria
- Reviewing IGF generation and Usage
- Developing Health insurance with emphasis in Social/Community Healthcare Financing Schemes and Mutual Funds development
- Costing of Services

4 Human Resource

Human Resource for health is the most crucial resource in the delivery of health services. It accounts for between 65-80% of recurrent budget available to the health sector in most countries. In Ghana the wage proportion has been determined to account for 71% of the recurrent budget. It is widely recognized that trained health personal significantly affects healthy systems performance.

The development of systems and protocols for the management and delivery of health services are very crucial to the delivery of efficient and cost effective health care however, the most important system is the HRH.

As we begin to execute the 2nd 5YPOW major challenges still persist in the health sector in human resource for health.

Staff motivation and reward systems are inadequate and there are no specific incentive packages to attract health professionals to underserved areas of the country. Reward systems are not linked to health worker performance and recognition of additional professional and academic qualifications is not formalised. Retention of health staff is major problem. In recent times most graduating classes of medical officers lose up to 50% of their number within one year of graduating. In the nursing ranks the attrition is worse in the experienced group of nurses who have served for a minimum of six years in the public health sector.

The need to review the skills mix of health staff in the light of health needs and expected quality of health services is paramount. Planning, developing and implementing training efforts across instituted for the health sector is not well coordinated. The need for the coordination of training efforts and an urgent need for comprehensive HR planning to determine numbers of personal required with appropriate skills at the right time and place are crucial to achieving a comprehensive HR strategy. The HRH programme of work 2002 will address among others incentives to retain and attract staff with appropriate skills to places where they are most needed and opportunities for career development. Specifically, it will

- Assess existing HRH plans and Policies
- Document and review all Documents, Research produced as part of the Health Sector Reforms for HRH and other government organisational forms and research data related to HRH.
- Define the gaps in HRH policy Development
- Conduct and Commission HRH research
- Recommend Strategies for comprehensive HRH policy.
- Develop a costed Comprehensive Strategy HRH Policy/Plan for the Health Sector to focus on the regional priorities and the concept of CHPS

5 Procurement and Capital Planning

5.1 Procurement

At the beginning of POW1 procurements procedures were fragmented in line with multiple funding sources. The vision for POW1 was therefore to build MOH capacity to support a MOH procurement system that efficiently supports all sources of funding management by MOH.

This had been done in the context of a national procurement code, which is currently under consideration. In line with decentralization, institutional capacity has been developed at all budget and management centres to plan and execute procurement according to agreed thresholds and methods.

There however remain major constrains in procurement. The human resource capacity at the central procurement unit at the moment is rather thin. The written procurement procedures have been poorly implemented. The Ministry of Finance with little involvement of MOH principally coordinates civil works contracts. The Procurement of technical assistance and consultancy service is still under specific donor guidelines depending on which donor is funding. The overall environment for public procurement in Ghana is constrained by the country's dependence on Aid, limited manufacturing capacity, high level of inflation and lack of predictability of funding.

The Objective will be to:

- Strengthen procurement planning and implementation for agencies and BMCs
- Increase use of a unified procurement procedure for all procurement using established and agreed procedures
- Continue annual ex-post procurement audit and post audit action
- Begin Procurement reform effort
- World Bank to continue prior review of International Competitive Bidding

5.2 Capital Planning

The MOH will handle the procurement of civil works and bulk drug purchases at its headquarters where such procurement is an offshore purchase or drugs on behalf of the public sector, new project, expansion or major redesign. All minor rehabilitation and maintenance will be dealt with by the various agencies provided the expenditure involved is no more than or does not exceed the level threshold on any single project. All other procurements e.g. internal drug purchase for facility use, office equipment, stationery, vehicles and consultancy will be dealt with by the various agencies.

Refer the details of the equipment, transport and capital plan refer to the Capital and Equipments Plan 2002-2006.

6 Monitoring and Evaluation

The sector would continue its drive towards reducing general mortality due to ill health, infant mortality rate, under five-mortality rate and maternal mortality rate. The sector-wide indicators will be reviewed during the first quarter of the year and this will provide the elements for ensuring that the critical factors for achieving these objectives are met. The output-base approach will inform this activity with emphasis on the following:

- Performance Monitoring
 - 2002 Programme of Work Evaluation
 - Partners Quarterly Meeting/Summit
 - Research
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- National technical and management performance monitoring will be done at the Agency levels. At all national levels, the appropriate statutory bodies will be engaged to participate in bi-annual technical performance monitoring. The Ministry of Health will be engaged in all management performance monitoring. A clear time schedule developed by every agency in collaboration with the respective statutory bodies and the Ministry of Health will be used to guide this process.
 - For the tertiary institutions, internal monitoring will be the responsibility of the Heads of the different departments with the support of an internal review team.
 - At the Regional Hospitals, the Hospital Management Teams will have primary responsibility for technical and management performance measurement. A House Management Team will monitor the Districts Hospitals internally. The Clinical Division of the Regional Administration of the GHS will serve as the external monitoring team to all GHS facilities based on a quarterly time schedule. The Regional Health Administration (Office of the Regional Director) will also be responsible for Public Health Services monitoring and management performance.
 - The key monitoring responsibilities will be to ensure that technical and management standards are met and that BMCs perform within the framework of agreed performance levels indicated by the annual plans and budgets. These service providers will include private providers and other NGOs in health who have or have not been commissioned to perform the function.

7.0 Summary Key Activities for Agencies and Selected BMCs

These summaries form the basis for the MTEF plans and will be appropriately reflected in the Ministry of Finance MTEF budget for the sector for the year.

7.1 MINISTRY OF HEALTH

The Ministry of Health will focus on building capacity to develop policies for the sector and to manage the sector monitoring and evaluation programme. The year will focus on putting in place the required structures particularly with respect of appointments and definition of work schedule to enhance efficiency.

Key activities will include the setting up or continuing mandate of seven committees, which will be instrumental in ensuring that the object of the ministry is carried out as follows.

- Policy Advisory Board
- Act 525 Implementation Committee
- Cash and Carry/Exemptions Rationalisation and Implementation Committee
- Health Insurance Committee
- Service Delivery System Strategy Committee (to include GPRS implementation)
- HIV/AIDS/TB Implementation and Review Committee (Health Sector Response)
- Private Sector Development Committee (Service)

7.2 TEACHING HOSPITALS

Systems and Infrastructure

The appointment of substantive heads of organization and departments of the teaching hospitals will be priority under the aegis of their respective boards. However, the Act 525 Implementation Committee will have oversight responsibility to ensure that this happens. New appointment letters will be issued to all staff with the appropriate conditions of service indicated. The distinction between the Medical School and the Hospitals will be clarified with the necessary contract arrangements worked out and signed with consultants of the Medical School. Emergency care for accidents, obstetrics and gynaecological care will be reviewed in line with the priority interventions focus of the sector. Appropriate timetables for short-term placement of specialists in regions and districts will be completed and implemented. Linkages with the Ghana Health Service to decongest the Maternity Blocks using GHS facilities will also be pursued.

Service

- The Teaching Hospitals will Provide Outpatient care
- Provide Inpatient Services
- Improve Pharmaceutical Services
- Perform Pathological Services
- Perform Surgical Services

- Provide efficient pharmaceutical
- Ensure Efficient Blood Transfusion Services
- Intensify Disease Surveillance Activities
- Improve Quality Assurance in the Hospital
- Provide clinical support and improve referral services
- Strengthen Physiotherapy Services
- Organize conference/workshops/seminars to Improve Managerial Efficiency
- Conduct research & Surveys
- Strengthen Procurement systems
- Improve assets management
- Streamline personal management procedures
- Improve Financial Management AND internal control Procedures

7.3 GHANA HEALTH SERVICE

Systems and Infrastructure

The appointment of substantive heads of organization and departments will be priority under the aegis of the Ghana Health Service Council. However, the Act 525 Implementation Committee will have oversight responsibility to ensure that this happens. New appointment letters will be issued to all staff with the appropriate conditions of service indicated. The distinction between the Ministry and the GHSs will be clarified with the necessary contract arrangements worked out and signed with the Executive. Emergency care for accidents, obstetrics and gynaecological care will be reviewed in line with the priority interventions focus of the sector. Appropriate timetables for short-term placement of specialists in regions and districts will be completed and implemented. Linkages with the Teaching Hospitals to decongest their Maternity Blocks using GHS facilities will also be pursued.

- **Policy and institutional development**

The main focus for policy development in the year will be to improve the planning, policy development and dissemination process. Expansion of the involvement of the mission, NGO, CSO and private sector, particularly the private for profit sector will be further pursued. The search for alternative-financing mechanisms will also continue with a focus on expansion of community based schemes. Resource allocation will be fine tuned by reviewing the resource allocation criteria in addition fund disbursement will be streamlined. Further improvement in information dissemination and performance monitoring will receive special focus.

The policy development and documentation process in the health sector will be streamlined through the introduction of an agreed framework. A review of the following policies will be conducted:

- Exemptions policy
- User fees and cost recovery
- Institutional feeding

Strategies for increasing access to basic health care will be supported by defining basic guidelines for replication of Community-Based Health Planning and Services (CHPS) programme (the Navrongo initiative).

Local health financing initiatives will be supported and lessons from existing initiatives will be documented.

Improving the planning and budgeting process in the context of MTEF will be done by reviewing and documenting the planning process and providing continuing support to in the development of annual plans and budgets. The capital planning process will be improved by improving and initiating the implementation of hospital strategy. Regions and districts will be supported to develop/update master plans for facility development.

Information management and performance monitoring will be further enhanced through the improvement of information dissemination and information sharing strategies. Systems for data collection and analysis in health facilities will be improved through the completion of the development and dissemination of the Medical Records Policy and Standards. The deployment and use of Information technology will be streamlined with the completion of the Information and communication technology policy.

Performance monitoring will be improved by streamlining and institutionalizing performance hearing and reintroduce contract agreement system with BMCs.

Private sector involvement will be expanded through:

- Improved contract management capacity
- Expanding scope of contract agreement to cover more mission facilities and a limited number of private self financing providers
- Improved coordination and funding of NGOs/CSOs in health
- Improved reporting on health by private sector

Financing and resource allocation will be improved by:

- Refining resource allocation criteria to address health inequities
- Streamlining fund earmarking
- Reviewing, finalizing and documenting government position on health insurance and alternative financing mechanisms.

Research activities will focus on developing capacity at the district level to undertake operational research. This will include a series of training on proposal development, data collection and analysis and reporting. In addition specific research will be conducted to support policy review and policy formulation and to provide information on programme management issues. The following areas will be of interest in the year.

- Documenting process of service integration and determining more effective ways of rendering integrated services from a client and provider perspective.

- Review of the reform process to feed into the next 5 year programme of work.
- Continuing work on health inequalities with a focus on mechanisms for bridging the gaps.
- **Human Resource Development**

Human Resource Development will focus on Human resources arrangements and systems development, manpower production issues, motivation of staff and Postings to hardship/deprived areas.

The priority activities will include:

- Equitable distribution and redistribution of staff by decentralizing Human Resource Management, reviewing and enforcing staffing norms (clinical and public health) and the development of an up to date human resource management information system. This should respond to the CHPS programme.
- Retraining staff to expand scope and provide quality care. This will be done through the development of Curricula for training of health staff, development, printing and distribution of relevant culturally acceptable Health Learning Materials to staff and retraining and rotation of district and sub district level staff.
- Operationalising the Structured In-service Training programme (SIST) by identifying, screening and orienting Resource Persons, developing curricula for SIST courses, finalizing Training Information System and development Log Book and monitoring system.

Refurbishment of structures and provision of equipment, Learning Materials to Regional Training/Resource Centers and the mounting of SIST based on regional priorities and POW objectives.

- Reviewing training systems to ensure efficiency by implementing recommendations on Rationalization of Training Institutions, Setting up Accreditation and Certification Board for all Health Training Institution and making all three – year post SSS programmes Diploma Awarding programmes. Provision of equipment, health learning materials and expansion of facilities to allow for increased intake will also be focused on.
- Operationalising incentive/reward schemes and to Motivate Health Workers by developing management systems for Decentralized Reward Management, mapping out various categories of deprived areas available by Region and determining incentive packages by category and implementing Performance Related Reward Systems at all levels.

- **Support services**

The overall thrust for the support services will be to strengthen the central administrative function for the Ghana Health Service at all levels. Specifically manuals and guidelines will be developed on Registry practices and Capital projects management and supervision. Manuals for preventive maintenance for hospitals will be finalized. Policy and guidelines for the management of civil works will be completed and disseminated.

Support to the regions and Teaching Hospitals in the application of health care technology will be a key activity. Two technical support teams for Clinical laboratory services and Medical Gas and Anesthesia will be set up and mobilized to provide preventive maintenance and other services to the regions.

- **Supplies management**

The transition of CMS into the envisaged quasi- market organization will continue and mechanisms for pricing of goods will be formulated while establishing a good management system for the Cost Recovery Schemes.

Efforts will be made to establish appropriate linkages between the procurement system and the storage and distribution system (s) for all goods and establish the timely procurement of all consumable goods for the public health sector. Standard bidding documents for Healthcare equipment Civil works and services will be finalized and Standard Operating Procedures for Stores will be introduced. The creation of the establishment of Procurement Officers for 800 BMCs will be pursued

- **Financial management**

The main thrust for the year will be to continue to enforce the rules and regulations as defined by the FAR, FAD and the ATF. In this regard, financial management systems will be strengthened particularly at the district level by strengthening audit management and procedures, intensifying monitoring activities and improving timely reporting. In collaboration with the PPME, financial reporting will be linked to activity reporting as a way of measuring performance routinely.

Response to Internal and external audit and the implementation of the recommendations will be a priority for the year and steps will be taken to ensure that is institutionalised. Quarterly review of financial reports and reconciliation of books of accounts will made a routine activity.

Services

7.3.1 National level (Headquarters)

- **Public health services**

The focus for the year 2002 will be to operationalise the implementation of the Integrated Disease Surveillance (IDS) strategy, including the strengthening of Community-Based Surveillance systems countrywide.

The national level will perform systematic assessment of the Surveillance system countrywide and produce guidelines and protocols for disease surveillance and epidemic control. It will provide technical support to the regions and districts in areas of:

Epidemic Investigation and Management

Epidemiology Mapping

Control of Selected Endemic Diseases e.g. Malaria, TB

A Software for quick transfer of all data to national level will be developed as part of the overall improvement in disease and health information management.

The Expanded Programme on Immunisation will increase coverage of all antigens to at least 80% and to reduce the morbidity and mortality of vaccine preventable diseases. The disease specific objectives will be to eradicate polio, eliminate neonatal tetanus, accelerate the control of measles, control yellow fever and introduce hepatitis B vaccine into EPI.

The strategic plan for the control of Yaws and Buruli ulcer will be operationalised. Strategic documents for the control of Bilharzia and Filariasis will also be developed and operationalised.

The Oncho Control Programme will be devolved. Control activities and all such activities will be integrated into the Integrated Disease Surveillance System, while at the same time ensuring that focus is not lost on the disease.

The success chalked in Leprosy control will be maintained and improved upon using the CBS strategy.

A strategy document for the control of these non-communicable diseases will be developed and a database generated to provide valuable information on the diseases. The nutrition education strategy will focus on child feeding and micronutrients. The strategy will utilise behaviour change communication methods (BCC strategy). The main activities under that will comprise the formation of task forces to develop materials, organisation of various TOT's to train relevant personnel at all levels on counselling techniques and the use of counselling guidelines, and the organisation of advocacy seminars and workshops. Micro nutrient deficiency control will consolidate gains made in IDD control, Vitamin A and Iron deficiency control and will continue to monitor project activities in target regions. It will also organise various training programmes for staff of the Central Medical Stores and centre attendants and monitor the haulage of food commodities from regions and districts.

The Reproductive Health Programme will pilot IMCI in selected regions and provide training on IMCI skills for various categories of health workers, orientation workshops on IMCI, workgroup meetings and materials development.

Health education programmes for the year 2002 will focus on the development and dissemination of health education materials (posters, booklets, leaflets) on HIV/AIDS, Buruli ulcer, Yellow fever, Malaria, long-term family planning methods, IMCI, breastfeeding, polio and nutrition. There will also be mass media campaigns and other activities will include training for health workers on the use of the Health Education Toolkit (CHESTKIT) and the provision of logistic support for regions.

Identification and highlighting of occupational health concerns and support for efforts to improve the occupational health concerns of the workforce in Ghana will remain the focus for the year. A database of locally prevalent occupational health conditions will be developed and training and sensitisation of relevant staff in occupational health conditions will be undertaken. Operational research on occupational health matters will be conducted.

- **Clinical services**

A number of policies, guidelines and protocols have been developed in the last couple years some are in the initial stages of development. In 2001, the thrust will be on the completion of these documents and their dissemination.

The following policy documents will be specifically focused on:

- Laboratory services policy
- Accidents and Emergency care policy
- Hospital development strategy
- Quality Assurance Strategy
- Mental Health Policy
- National Oral Health Policy
- Policy On Prosthetics and Orthotics
- Policy and guidelines for nurses
- Guidelines on Catering services
- Blood Safety

The following clinical guidelines, standards and protocols will also be completed and disseminated.

- Accident and Emergency Care manual
- Quality Assurance manual
- Standard list of laboratory reagents and equipment
- Nursing management standards
- Laboratory standards for patient care

Quality Assurance will be extended to include more Regional hospitals, District hospitals, Psychiatric hospitals, Teaching hospitals and health centers. In addition awareness among managers at the national level on quality assurance will be raised to create a common understanding and to foster commitment. A national QA plan will be developed.

Regional clinical care units will be strengthened and district clinical care units established. Monitoring and supervision of clinical services will be strengthened at all levels and good clinical practices and QA experiences will be disseminated.

The operation of the Specialist outreach programme will be decentralized to the regions who will be required to plan and budget for accommodation and feeding of Specialists on outreach. Dental, eye and community psychiatry outreach services as well as technical support visits from regional hospitals to district hospitals will be institutionalized.

GHS-Regional BMCs

- Design and Implement Specialist Support Programmes for the District and Regional Hospitals and reduce waiting list
- Develop and implement a public/private sector referral system including private sector practice in public institutions at the regions
- Sign Contract agreements with District BMCs
- Monitor implementation of regional strategy on Emergency care
- Evaluate exemptions situation for all facilities in the region and provide quarterly up date
- Redistribute staff based on regional balance determination
- Develop time table for short term placement of health staff-all categories in deprived districts and monitor implementation
- Develop an ISC programme for Innovations and Strategic Initiatives
- Hold Regional Health Summit for MDAs, CSOs and Private Sector on ‘State of the Regions’s Health’
- Monitor Regional Progress on National Policy and Priority Interventions

GHS-District BMCs

- Enhance integrated services including IMCI,TB, Malaria and HIV/AIDS
- Establish effective primary level of Emergency Care: Accidents, Obstetrics and Gyneacology
- Review Opening Hours to suit localities – flexi hours
- Expand within Lead CHPS Districts and Support them with adequate logistics
- Identify new Districts and prepare them for CHPS
- Increase Community Based Services
- Explore and Implement Contract Arrangements with at least two Private Sector institutions to deliver MCH services in deprived areas
- Develop combined action plans with district assemblies and CSOs
- Contract out services to CSOs especially community based IE&C
- Develop Time Table for receiving short term professional placements; all categories in the district and sub-district

7.4 PSYCHIATRIC HOSPITALS

Systems and Infrastructure

The orientation of the Psychiatric Hospitals will be re-designed to actively integrate Civil Society Participation in care delivery to ensure the appropriate rehabilitation of patients. In this regard, the Psychiatric facilities will develop an outreach wing to support main stream service delivery in the Ghana Health Service by helping to establish psychiatry wards in regional and district facilities for continuing care. The decision to relocate the Accra Psychiatric hospital will be revisited by the Policy Advisory Board for appropriate action.

Service

Provide Outpatient care

- Provide Inpatient Services
- Improve Pharmaceutical Services
- Perform Pathological Services
- Perform Surgical Services
- Ensure efficient Pharmaceutical Services
- Provide Efficient Blood Transfusion Services
- Improve Quality Assurance in the Hospital
- Provide clinical support and improve referral services
- Strengthen Physiotherapy Services
- Improve management information systems
- Hold quarterly mgt meetings to review and adapt key/new policies to Mental health situations

7.5 HEALTH TRAINING INSTITUTIONS

The main strategy for making up for the shortfalls will continue to be through production. It is envisaged that the five main components of qualified staff and specialisation will be addressed in a composite manner.

- **Basic Training Programmes**

The basic (pre-service) training programs consist of two levels. The professional/technical and the auxiliary levels. The professional/technical level training consists of the Medical, Pharmaceutical, SRN, Medical Laboratory, Radiography, Environmental Health Officers, and Community Health Officer programs. These will be critically reviewed to meet the specific needs of the country. Intakes will be increased and quality of teaching monitored to ensure a better pass rate in all institutions.

The training of a new cadre of auxiliary staff aimed to augment the gap created by the conversion of enrolled nurses to SRNs will begin during the year. Additionally, a new crop of health workers with a focus for working in communities will also begin. This will be undertaken

using both continuing education for a core group of professionals as well as the training of new ones. Other activities will be as follows:

- Improve library facilities
- Provide sports and entertainment facilities
- Review the boarding and lodging system for students to allow for increase intake
- Organise and support in-service training and continuing education
- Support individual and institutional research programmes
- Identify areas for collaboration with District Assemblies, private providers, NGOs and civil society.

7.6 STATUTORY BODIES

The health sector is a single sector that operates within a pluralist setting, with many more possible agents of service and public policy: families, communities, civil society, public sector providers, Non-Governmental Providers (NGP), related health service sectors and the private sector. There is the danger of over or under provision of some services; the exclusion of some consumers within a free market setting and the pursuit of cost efficiency rather than cost benefit may lead to sub-standard provision of services. To ensure efficiency therefore, critical attention will be paid to regulating:

- The protection of right to basic package of care
- The volume of services to be provided
- The price at which these services must be provided and
- The quality of these services

In 2002, all statutory bodies will be brought to speed in terms of management capacity to deliver services. They will develop comprehensive public education programmes on the right to health care and what to expect in terms of services. They will support service providers with the appropriate technical expertise and sanction recalcitrant ones. Specifically:

- The different laws will be reviewed and updated as appropriate
- Collaboration will be forged with Civil Society Organizations to ensure their involvement in regulation
- Appropriate codes of ethics will be disseminated to all the relevant professionals and interpreted to ensure that it is understood
- A comprehensive database will be developed on all providers and stakeholders by the different responsibility agencies
- Service quality and standard monitoring will be undertaken

2002 Global Resource Envelope (Billions of Cedis: \$:7000)

Item	GOG	Health Fund	Earmarked Fund	IGFs	Total Excl. IGF	Total Incl. IGF
1. Personal Emoluments	311				311	311
2. Administration	68.45	35.29			103.74	103.74
3. Service	65.967	166.39	188.1	96	420.457	516.457
4. Investments	21.219	31.13			52.34	52.34
Total	466.63	232.81	188.1	96	890.537	986.537

Note: The resource allocation criteria will be in conformity with the targets determined in the 5-year programme of work.

SUMMARY OF PROPOSED CAPITAL PROJECTS - 2002¹

Proposed Project	Quantity	Estimated Budget (US \$)
Sub-District		
Health Centres (New)	10	1,000,000
Health Centres (Rehab)	40	2,800,000
Community Health Post (Health Compound for CHPS)	40	3,200,000
Provision of Staff Accommodation	40	400,000
District		
District Hospitals (New)	1	18,000,000
Upgrade of Health Centres to District Hospital (new)	2	4,000,000
Rehabilitation of District Hospitals	10	18,000,000
Region		
Rehabilitation of Regional Hospitals (Tamale, Koforidua, Bolga and Wa)	4	26,000,000
Extensions to Regional Hospitals (Psychiatry Wings)	2	4,000,000
Construction of RHMT office	1	340,000
Refurbishment of Training Institutions	7	1,000,000
Physiotherapy Project	9	950,000

¹ All figures and estimates are provisional and subject to half-year review

Ghana Health Service		
Headquarters	Phase 1	10,000,000
Teaching Hospitals		
Korle-bu	Multiple Projects	5,000,000
KATH	Multiple Projects	2,000,000
Post Graduate Medical College	Phase 1	3,000,000
Psychiatry		
Pantang and Ankaful	Multiple Projects	200,000
Statutory Bodies		
Construction of Food and Drugs Board Offices	Phase 1	1,050,000
Construction of Nurses and Midwives Council Offices	Phase 1	300,000
Construction of PHMHB Offices	Phase 1	300,000
Pharmacy Council	Relocation of Toilets	30,000
Construction of Medical and Dental Council Library Block	1	72,000