THE GHANA HEALTH SECTOR ANNUAL PROGRAMME OF WORK

2004

MINISTRY OF HEALTH

January 2004

LIST OF ACRONYMS

AFP	Acute Flaccid Paralysis
ANC	Antenatal Care
ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral
ATF	Accounting, Treasury & Financial
BPEMS	Budget Planning Expenditure
BMCs	Budget Management Centres
CAGD	Controller & Accountant General's Department
CHAG	Christian Health Association of Ghana
CHPS	Community Health based Planning & Services
CSRPM	Centre for Scientific Research into Plant Medicine
CSO	Civil Society Organisation
CMA	Common Management Arrangement
CMS	Central Medical Stores
CWC	Child Welfare Clinic
DA	District Administration
DHMTs	District Health Management Teams
DOTS	Directly Observed Treatments
DPT3	Diphtheria Petasus Tetanus
EOC	Essential Obstetric Care
EPI	Expanded Programme on Immunisation
FDB	Food & Drugs Board
5YPOW	5 Year Programme of Work
GAFTRAM	
GHS	Ghana Health Service
GNFS	Ghana National Fire Service
GOG	Government of Ghana
GPRS	Ghana Poverty Reduction Strategy
HepB Hib	Hepatitis B
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune-Deficiency Syndrome
HIPC	Highly Indebted Poor Country
ICC	Interagency Coordinating Committee
ICT	Information Communication Technology
IDSR	Integrate Disease Surveillance
IGF	Internally Generated Fund
IMCI	Integrated Management of Childhood Illnesses
IPT	Intermittent Preventive Treatment
ITNs	Insecticide Treated Nets
LAN	Local Area Network
MDAs	Ministries, Departments & Agencies
M & E	Monitoring & Evaluation
MOH	Ministry of Health
MOE	Ministry of Education

MOI	Ministry of Information
MTEF	Medium Term Expenditure Framework
NA	Not Available
NADMO	National Disaster Management Organisation
NCD	Non Communicable Diseases
NDPC	National Development Planning Commission
NGOs	Non Governmental Organisations
NHIC	National Health Insurance Council
NHIS	National Health Insurance Scheme
NIDs	National Immunization Days
OHCS	Office of Head of Civil Service
OPD	Out Patient Department
PHC	Public Health Care
PLWHA	People Living With HIV/AIDS
PMCT	Prevention of Mother to Child Transmission
PPM	Planned Preventive Maintenance
PSC	Public Sector Commission
RH	Reproductive Health
RHMTs	Regional Health Management Teams
S.A.F.E	Skilled Attendance For Everyone
STI	Sexually Transmitted Infections
TB	Tuberculosis
THs	Teaching Hospitals
TT	Trichiasis
VCT	Voluntary Counselling Testing
WAN	Wide Area Network

MESSAGE FROM THE MINISTER OF HEALTH

The 5 Year Programme of Work (2002-2006) clearly presents Government's agenda for improving the health status of all Ghanaians and reducing inequalities in access to services. It spells the key objectives and targets and sets out the priorities, strategies and resources required to achieve them.

This year's Programme of Work marks the third year and mid-term in the implementation of the 5 YPOW and aims to consolidate the achievements of the last two years. The 2004 POW has an explicit focus on poverty that aims to take forward government's agenda for health that is defined in the GPRS. In that regard, the POW has introduced and in some cases consolidated initiatives aimed at reducing inequality in health. Some of these initiatives include scaling up the implementation of the NHIS with a view to reducing financial barriers to services arising from the cash and carry system. The CHPS programme would also be scaled up particularly in deprived areas to improve geographical access to health services.

The POW has also been structured to reflect the functions of the health sector more closely. It places the priority interventions and services at the centre and defines more explicitly capital and human resource investments and the organization and management arrangement required to achieve sector wide objectives.

The core message for this year is to scale up priority health interventions with a focus on the poor and vulnerable groups. This POW shows how we intend to do it.

I wish to acknowledge the contributions of staff in the Ministry of Health and Agencies and the Development Partners in the preparation of the POW and call on all stakeholders to appraise themselves of the content and contribute in diverse ways to implementation. Together we can make a difference.

DR KWAKU AFFRIYE

MINISTER FOR HEALTH

Table of Content

1. INTRODUCTION

In 2002, the Ministry of Health and Partners agreed a five-year Programme of Work (5YPOW) 2002-2006 that provided the framework for investments and actions within the health sector. The 5YPOW represents the health sector response to the Ghana poverty Reduction Strategy (GPRS) and aims to bridge the inequalities in health in the country. The document also defines the strategies to be implemented and the outputs and outcomes to be achieved.

In line with the Common Management Arrangements (CMA) guiding the implementation of the 5YPOW, the Ministry of Health develops annual programme of work which spells out in more detail the key priorities and activities to be implemented in a particular year. The programme of work draws on the lessons from previous reviews and the experiences with implementation. In that context, the POW builds on achievements of previous years and attempts to address constraints to implementation.

This programme of work, the POW 2004, marks the mid-term into the implementation of the five-year programme of work. It therefore aims to consolidate the positive changes that have been taking place in the health sector, whilst at the same time, dealing with the constraints. Its primary purpose is to consolidate the foundations for improving productivity of the health sector and for scaling up the delivery of the priority health interventions.

Currently, several opportunities for achieving the objectives and targets defined in the five year POW exist in the country. Government's development agenda as spelt out in the GPRS gives priority to the health sector. Government is also very committed to increasing the overall resources available for health and reducing inequalities in health. Our development partners and the international community have bought into Government's health and development agenda and have also demonstrated the willingness and commitment to work within Government's framework to address challenges facing the health sector. The cumulative effect is that resources available through the GOG budget and through donor earmarking to health sector or through budget support mechanism have been increasing.

However, it appears the recent increases in resources to the health sector have not been translated into improved service volumes and quality. The health sector has also been unable to capture the full efficiency and equity gains of the innovations such as CHPS. Indeed several inefficiencies exist both in resource allocation and within the hospitals.

The key thrust of the 2004 POW is therefore to harness the existing opportunities to improve the productivity of the health sector. To that end, the following priorities will be pursued:

- Consolidating the institutional reforms by supporting the Ministry of Health, Ghana Health Services, Teaching Hospitals and Statutory Bodies to play their complementary roles required to deliver comprehensive health services
- Promoting a pro-poor approach to health delivery and in resource allocation
- Scaling up the implementation of priority health interventions including the implementation of a national ambulance service.
- Ensuring the implementation of the health insurance scheme
- Implementing innovative strategies for stemming the brain drain and re-distributing health staff to deprived areas.

2. GOALS, OBJECTIVES AND TARGETS

The Government of Ghana is committed to working with development partners, the private sector, Non Governmental Organizations, individuals and communities to improve the health status and maximize the potential healthy life years of all individuals living in Ghana. Government seeks to improve child survival, promote adolescent health, safety of motherhood and ensure a healthy workforce by reducing the incidence and prevalence of illness, injury and disability and the prevention of premature death.

Vision of the Health Sector

- ***Improved health status and reduced inequalities in health outcomes of all people living in Ghana***

Goal

- ***Working together for equity and good health for all people living in Ghana***

The strategic objectives of the second Five-Year Programme of Work (5POW II) provide the basis for priority action in health with special emphasis on bridging the inequalities gap. The pro-poor agenda of the 5YPOW enables the development and targeting health programmes to address the needs of the most vulnerable in society such as the elderly and provide financial risk protection in times of emergency and catastrophic health events.

Within this broad framework and also in line with the Ghana Poverty Reduction Strategy, the four most deprived regions in the country, Central, Northern, Upper East and Upper West Regions, are being targeted for special attention to accelerate implementation of health interventions. The theme of the 5POW II, 'Partnerships for Health: Bridging the Inequalities Gap' also seeks to address issues of inequity in health care delivery through extensive partnership with other

agencies and providers such as other Ministries, the Private Sector and Civil Society.

The Strategic Objectives of the Five Year Programme of Work 2002 – 2006

- ***To increased geographical and financial access to basic services***
- ***To provide better quality of care in all health facilities and during outreaches***
- ***Improved efficiency in the health sector***
- ***Closer collaboration and partnership between the health sector and communities, other sectors and private providers both allopathic and traditional***
- ***Increased overall resources in the health sector, equitably and efficiently distributed.***
- ***Bridged inequity gap in access to quality health services with emphasis on the four deprived regions***
- ***To ensure sustainable financing arrangements that protects the deprived and vulnerable***

Sector wide targets for measuring progress towards the vision of the health sector have been defined in the table below. The table spells out where we were in 2001, the baseline, what had been achieved as at end of 2002 and the targets we intend to achieve by the end of 2004 and targets to be achieved by the 2006. Specific expected outputs have also been defined for each intervention.

Sector-wide Indicators and Targets

Indicator	2001 (baseline)	2002 (achievement)	2003 (targets)	2004 (targets)	2006 (targets)
Improved health status					
Infant Mortality Rate per 1000 live births	57				50
Under five mortality Rate per 1000 live births	108				95
Maternal Mortality Ratio per 100, 000 live births	214				150
Under five who are malnourished	25		23	22	20%
HIV sero prevalence	3	3.4(1.6-8.5)	3.8	3	2.6%
Tuberculosis Cure Rates	44.9%	48.9%	50%	65%	85%
Guinea worm cases	4733	5545	1000	800	0
Under five malaria case fatality rate	1.7%	NA	1.5%	1.2%	1%
Improved Service Outputs and Health Service Performance					
Outpatient per capita	0.49	0.48	0.55	0.6	0.6
Hospital admission rates per 1000 population	34.9	33.3	36	38	40
Bed occupancy rates	64.6%	60.0%	70%	65%	80%
% FP acceptors	24.9	21.6	25	28	40
% ANC coverage	98.4	133.4	99	99	99
% PNC coverage	54.2	76.1		55%	60%
% Supervised deliveries	50.4	74.7	55	80	60
EPI coverage (DPT3)	76.3%	111.6%	80%,	100%	85%
EPI coverage (measles)	82.4%	119.3%	85%	100%	90%
No. of specialized outreach services carried out	141	158	NA	158	NA
Improved Quality of Care					
% Tracer drug availability	70%	NA	85%	90%	95%
% Maternal deaths audited	10%	50 – 84%	20%	35%	50%
AFP non polio rate	2.8%	NA	3%	3.5%	4%
Improved Level and Distribution Health Resources					
Doctor to Population ratios by regions	1:22,811	1:21,086	1:20,500	1:20,500	1:16,500
nurse to Population ratios by regions	1:2043	1:2079	1:1800	1:1800	1:1,500
No. CHPS compounds established				400	
% GoG budget spent on health	9.1%	11.1%	8%	12.9%	10%
%GOG recurrent budget spent on health	10.2%	11%	12%	14%	15%
Proportion of non-wage recurrent budget spent at district level	48.6	40.9	43	43	43
% Donor funds Earmarked	62.3%	NA	50%	45%	40%
%IGF from pre-payment and community insurance schemes	3%	NA	5%	10%	20%
% Recurrent budget from GOG and health fund allocated to private sector, CSOs, NGOs and other MDAs	1.2%	NA	1.6%	1.8%	2%
% Recurrent budget spent on exemptions	3.6%	3.2%	5%	6%	8%

3. PRIORITY HEALTH INTERVENTIONS

A shortlist of priority health interventions aimed at addressing the priority health problems is shown and discussed below. This list does not represent the total package of services to be delivered by the health sector. Instead, because of their potential or actual impact on health and disparities in health outcomes, extra resources and effort would be specifically directed at scaling up their implementation.

Priority Health Interventions

- Disease Control
  - HIV/AIDS and STI Prevention and Control
  - Tuberculosis and Buruli Ulcer Control
  - Malaria Control
  - Guineaworm Eradication
  - EPI including Polio eradication and Measles Elimination
  - Prevention of Blindness
  - Non Communicable Disease Prevention and Control
- Services
  - Maternal and Reproductive Health Services
  - Child and Adolescent Health Services
  - Accident and Emergency Services
- Surveillance
- Intersectoral Collaboration and Action

HIV/AIDS and STI Prevention and Control

The health sector will focus on delivering the health components of the HIV/AIDS and STI prevention and control, but work with the Ghana AIDS Commission and other stakeholder to ensure that the other relevant components are monitored and implemented. The focus for 2004 would be to increase access to ART while still sustaining the traditional preventive and promotive strategies. To that end the following priority activities would be implemented:

- Developing and implementing a programme for scaling up access to ARV based on the 3/5 strategy
- Operationalizing the approved global fund proposals
- Strengthening the diagnostic and treatment capacity of targeted institutions to provide ARV therapy
- Increasing access to VCT services

- Strengthening the sentinel surveillance system for HIV/AIDS/STI and making the information increasingly available to policy makers and other stakeholders
- Scaling up implementation of PMCT
- Strengthening the capacity of public and private providers of health services in the management of STI and opportunistic infections
- Designing and implementing a behavioral change communication strategy for promoting individual and community perception of risk and vulnerability; increasing demand for condoms and VCT; and reducing stigmatisation of PLWHA.
- Providing technical support to the Ghana AIDS Commission and other relevant stakeholders involved in HIV/AIDS prevention and control

Expected Outputs

- 6 facilities providing ARV therapy
- VCT centres available in 60% of districts
- 2000 patients on ART
- 6000 mothers on PMTCT
- 40% of targeted health workers from public and private institutions trained in the management of STI and Opportunistic infections

Tuberculosis and Buruli Ulcer Control

Tuberculosis has been rising steadily from the HIV/AIDS epidemic and also from inadequate diagnosis, case holding and cure rates of the cases presenting to the health institutions. Buruli ulcer also continues to be a major cause of disability particularly among the poor; the poor cannot afford the high cost of treatment. Within the overall framework for TB and Buruli Ulcer control strategies, the priority activities to be implemented include:

- Training providers in public and private health institutions in the diagnosis and management of tuberculosis using the DOTS strategy
- Establishing a tuberculosis diagnostic center in each district.
- Strengthening systems for Tuberculosis defaulter tracing at district level
- Intensifying community education on TB prevention and management
- Integrating Buruli Ulcer surveillance into the surveillance system
- Training providers and equip health institutions to improve diagnosis and management of Buruli Ulcer
- Reviewing the exemption policy to incorporate the cost of treatment for Buruli ulcer

Expected Outputs

- 80 districts with functional TB diagnostic centres
- 65%TB cure rate
- Prevalence of Buruli Ulcer established
- Treatment of Buruli Ulcer included in the exemption package

Malaria Control

Malaria is still the number one cause of mortality in children less than five years and the commonest cause of OPD attendance in the entire population even though efficacious tools and technologies like Insecticide Treatment Nets (ITNs) and Intermittent Preventive Treatment (IPT) in Pregnancy, and new funding sources are available. The focus for 2004 would be to scale up the implementation of the preventive interventions while at the same time improving case management. The priority activities include:

- Consolidating the studies on chloroquine resistance into an updated anti-malaria drug policy
- Revising the malaria control strategy to scale up the use of ITNs and IPT
- Consolidating the use of efficacious and pre-packed anti-malaria drugs in the treatment of malaria in homes and health institutions
- Increasing the availability, accessibility and use of ITNs in the population particularly among children under five and pregnant women
- Pilot ITN voucher system in the Volta Region

Expected Outputs

- Reviewed anti-malaria drug policy
- 43% of targeted population sleeping under ITNs
- 25% Case fatality rate of malaria in children under five in sentinel health institutions

Guineaworm Eradication

After a period of sustained improvements, the Guineaworm eradication programme has suffered major set backs in the last two years mainly from variables outside the control of health system. Due to intensified intersectoral effort implemented so far, the number of Guineaworm cases detected in 2003 is

lower than cases detected in 2002. During 2004, the downward trend will be sustained. The priority activities would include:

- Strengthening community based surveillance of Guineaworm
- Improving case containment
- Using the information from surveillance to develop appropriate advocacy messages for national, regional and district level intersectoral actions including advocacy for increased investments in portable water in endemic communities
- Monitoring the performance of the sectors in meeting their obligations related to the Guineaworm eradication and reporting to the Interagency Coordinating Committee (ICC)

Expected Outputs
- 800 Guineaworm cases
- 50% of endemic communities have potable water
- 70% Guineaworm cases contained

EPI including Polio Eradication and Measles Elimination

The EPI has progressed substantially. At present the coverage of pentavalent vaccine is above 80% in most districts and experiences from the polio eradication initiative have created opportunities for implementing a measles elimination programme. Progress towards polio eradication has however stalled with the identification of wild polio cases this year after two years of polio free status in the country. The priority activities to be implemented in 2004 include:

- Revising the national EPI strategy to incorporate targets for the elimination of measles and neonatal tetanus
- Sustaining the high levels of routine immunization coverage by reinforcing static and outreach services as well as targeted supplementary immunization activities based on evidence from micro-planning in districts
- Conducting nationwide NIDs
- Strengthening AFP and measles case-based surveillance
- Implement financial sustainability plan for immunization

Expected Outputs
- 100% DPT HepB Hib coverage achieved
- 100% Measles coverage achieved
- 6,000 Measles cases recorded
- wild polio eliminated
- 80% of stools from suspected AFP cases collected within 48 hours

Prevention of Blindness

At about 1% of the population, the prevalence of blindness is still too high in the country. About 80% of blindness is preventable. Blindness also contributes considerably to poverty. For 2004, the focus would be on increasing access to cataract surgery and strengthening the implementation of the SAFE strategy for Trachoma Control. The priority activities would include:

- Strengthening regional and district capacity to conduct cataract outreach and static surgery
- Promoting community based TT surgery
- Developing and implementing a programme for identifying children with refractive errors and provide corrective interventions

Expected Outputs

- 650 Cataract Surgery performed
- 1300 TT surgeries performed
- 85% Antibiotic coverage for Active Trachoma in endemic villages achieved

Non Communicable Disease Prevention and Control

Non-communicable diseases (NCD) including mental health disorders and substance abuse are becoming major public health problems in the country. Ageing and changes in lifestyle associated with tobacco and alcohol consumption, lack of exercise and poor eating habits are contributing to a silent NCD epidemic in the country. Yet, NCD surveillance and primary prevention have not been sufficiently emphasized in national and district programmes. Treatment for NCD is also not universal available or affordable, particularly to the poor. The focus for 2004 would be to provide an urgent and effective public health response to NCD in which health promotion is emphasized. The priority activities would include:

- Updating and implementing a national policy, strategy and programme for NCD prevention and control
- Establishing cancer register
- Promoting good practices and evidence based methods and strategies for promoting health at home, in communities, in workplace and in schools

- Establishing systems for surveillance and reporting on NCD
- Strengthening the capacity of health institutions to diagnose and manage NCD

Expected Outputs
- Updated NCD strategy
- 10% of target Health workers trained in management of NCD

Maternal and Reproductive Health Services

The maternal mortality ratio in Ghana, which is currently estimated at 214 per 100,000 live births, (this may be as high as 800 per 100,000 live births in some regions) is unacceptably high. Emphasis has been placed on preventive and promotive aspects of safe motherhood. A lot has gone into clinical skills training. In 2004, equal attention would be given to strategies for improving access to emergency and essential obstetric care. Family planning services would also be promoted in order to reduce unwanted pregnancies and harness the positive impact of family planning on prevention reproductive tract infections and STI including HIV/AIDS. Priority activities would include:

- Disseminating the revised Reproductive Health Service Policy and Standards and protocols for RH programmes.
- Strengthening institutional capacity to provide essential obstetric care
- Training personnel in public and private health institutions in life saving skills and delivery of family planning services
- Intensifying health promotion activities in safe motherhood and family planning
- Implementing exemptions for supervised delivery in the deprived areas
- Improve referral systems from community through health centres to hospitals by strengthening communication and transport systems.
- Institutionalise maternal death audits and advocating for making maternal mortality a notifiable event.
- Scaling up PMTCT sites
- Strengthening post abortion care services
- Scaling up screening for cervical cancer screening and management
- Integrating STI management into family planning and improving access to quality family planning services
- Ensuring Contraceptive commodity security
- Institutionalising male friendly services

Expected Outputs

- 80% supervised delivery
- 50% of Public health facilities meet standards for EOC
- 180/100,000 Maternal mortality rate in health institutions
- 28% family planning acceptor rates
- 1,200,000 Couple Year Protection (CYP)

Child and Adolescent Health Services

Improving child survival and adolescent health lay the foundations for healthier workforce. Nevertheless, child morbidity and mortality is still high in the country and the health needs of adolescent are not dealt with systematically within the health system. The priorities activities for child and adolescent health services for 2004 would include:

- Undertake child health week
- Improving growth monitoring of children and education of mothers on good and healthy nutrition using local ingredients
- Scaling up the implementation of the entire IMCI package in all districts
- Incorporating IMCI into the pre-service training curriculum
- Strengthening health institutions to be baby and adolescent friendly
- Establishing an ICC and developing a joint MOH/MOE strategic plan to repackage the school health programme

Expected Outputs

- Malnutrition rate among children attending CWC
- Proportion of districts implementing the complete IMCI package defined in the national guidelines
- Proportion of public and private health institutions providing maternity services that are baby friendly
- Proportion of private and public health institutions that are adolescent friendly
- Functional ICC for school health in place
- Proportion of pre-service training institutions teaching IMCI

Accident and Emergency Services

The health sector has been investing in improving accident and emergency services for some time now. Most health facilities are now providing 24 hour services. A national ambulance service policy has also been developed and submitted to cabinet for approval. The priority for 2004 would be to implement the service and support health institutions to improve management of emergencies. Priority activities would include:

- Operationalizing the national ambulance service
- Developing standards and protocols for emergency care in health institutions
- Re-equipping accident and emergency centres to bring up to defined standards
- Training emergency response teams in hospitals
- Reviewing the hospital fee exemption scheme to incorporate exemptions of emergencies
- Initiating steps to include payments for ambulance in the NHIS and vehicle insurance schemes.

Expected Outputs

- 5 regions linked to the ambulance service
- 20% of designated emergency hospitals meet functional criteria defined in national standards
- Availability of policy for including payment for ambulance service in the NHIS

Surveillance and Epidemic Response

The health sector has been implementing an integrated disease surveillance system that has been strengthened through the polio eradication initiative. However, reporting from health institutions is not always timely, accurate, and complete, and the community component is weak. The focus for 2004 is to improve sensitivity of the surveillance system, improve epidemic preparedness and ensure timely response to epidemics. The priority activities include:

- Revising guidelines for community based surveillance and strengthening the community based surveillance systems
- Revising the surveillance system to incorporate maternal mortality
- Strengthening public health reference laboratories
- Developing guidelines for epidemic preparedness and strengthen epidemic response mechanism in districts

- Strengthening capacity of districts and subdistricts to carry out surveillance activities
- Implement IDSR strategy

Expected Outputs
- 80% of districts with epidemic response mechanisms defined in the national guidelines
- 3.5% AFP Non Polio rates
- Revised guidelines for disease surveillance

Intersectoral Collaboration and Action

The performance of health sector is affected by the activities of other sectors because of the many known determinants of health such as female education, water and sanitation and poverty reduction, which are outside the direct control of the health sector. The focus for 2004 would be to give adequate attention to intersectoral collaboration and action. The priority activities would include:

- Developing a framework and guidelines for intersectoral collaboration
- Collaborating with other sectors including the Ministries of Education, Agriculture, Works and Housing (Water and Sanitation), Local Government, etc., to deal with the broader determinants of health
- Clarifying the contribution of the health sector to poverty reduction
- Conducting health impact assessment of activities of other sectors
- Establishing health action zones for implementing intersectoral action
- Establishing a focal point in the Ministry of Health for Intersectoral Collaboration

Expected Outputs
- Framework for intersectoral collaboration developed
- Performance of health related sectors assessed
- 2 Health Action Zones established

4. SERVICE DELIVERY

Access to Services

Improving access of the poor and vulnerable in particular to health services is one of the key strategic objectives of the 5YPOW. In the past, the focus had been on increasing access to health centres and district hospitals and supplementing such institutional based activities with outreach work. Community based delivery health services had been left out of the strategy. In the last two years however, the health sector has been implementing the Community-based Health Planning and Services (CHPS), which is aimed at bringing health services closer to the people. A national hospital strategy has also been developed to provide an appropriate balance between PHC and hospital services and reorient secondary and tertiary services to be supportive of primary care. The focus for 2004 would be to scale up implementation of CHPS and support the different levels of care to play their differentiated roles. The priority activities would include:

- Increasing number of deprived communities with Community Based Health Planning and Services
- Strengthening sub-districts and districts to provide support to CHPS
- Sustaining outreach services including outreaches for immunization, child welfare services, specialist care and other relevant health interventions.
- Operationalizing the hospital strategy
- Upgrading targeted health centres and rehabilitation of existing district hospitals to provide services up to the standard of a 'model district hospital'
- Developing and implementing proposals for improving the referral system
- Supporting the secondary, tertiary and teaching hospitals to play their specialized roles

Expected Outputs

- 400 operational CHPS zones
- 0.6 OPD per capita
- 158 specialist outreach clinics organized
- 65% Bed occupancy rates
- Hospital Strategy operationalised

Traditional Medicine

Over 70% of the population rely on traditional medicine. Yet traditional medicine is not adequately integrated into the formal health sector. Further, the practice is not adequately regulated and the quality of services cannot be assured. A traditional medicine directorate has been established and a code of ethics has been developed for traditional medicine practice. A draft Bill for Alternative

medicine Practice has also been developed. For 2004, the health sector would continue to promote the integration of Traditional and Alternative Medicine practice into the formal health system and support strategies to improve the quality of care provided by Traditional and Alternative Medicines practitioners. The priority activities would include:

- Strengthening the Traditional and Alternative Medicines directorate and establishing the Council to assist in monitoring of practitioners to improve quality of service.
- Training of traditional and alternative medicine practitioners
- Establishing model centres of Traditional and Alternative Medicines practice
- Facilitating dialogue between traditional, alternative and allopathic providers
- Supporting the cultivation of medicinal plants

Expected Outputs

- 40% of targeted traditional medicines practitioners trained
- Two centres for the practice of alternative medicine established
- Two medicinal farms established

Private providers including CHAG and NGOs

The health sector recognizes the important role of the private sector in health care delivery in the country. In view of this, a private sector policy has been developed and approved by cabinet. A draft strategic plan for the private health sector, which aimed at increasing the contribution of private sector to health delivery, has also been developed. The focus for 2004 would be to implement the private sector strategic plan. The priority activities would include:

- Disseminating the private sector strategy document
- Developing an incentive package for attracting the private sector to deprived areas
- Reorienting the regulatory bodies and other institutions to monitor quality of care provided in private institutions.
- Providing training and other logistic support to the private sector
- Encouraging private providers would be to use public facilities for a fee.

Expected Outputs

- 1.8% of health sector budget allocated to the private sector
- 20% of OPD services provided by the private sector
- 60% of private health institutions inspected

Quality Assurance

The Patient Charter and Code of Ethics have been developed and disseminated as part of the health sector quality assurance programme. Standard treatment guidelines and protocols have also been developed over the years. In preparation for the health insurance programme, instruments for accrediting health institutions have also been developed. The focus for 2004 would be to disseminate accreditation criteria extensively within the sector and support health institutions to implement strategies to meet the criteria for accreditation. In 2004, the priority activities would include:

- Disseminating the patients charter to the public
- Disseminating the accreditation criteria
- Assessing and accrediting health institutions
- Monitoring compliance of health institutions to clinical standards and protocols
- Supporting health institutions to institute quality improvement programmes
- Ensuring availability, accessibility and proper use of essential drugs and technologies

Expected Outputs

- 50%of health institutions assessed for accreditation
- 80% health institutions with quality improvement programmes
- 90% of health institutions with 90% availability of Tracer Drugs
- 90% of Health institutions with 90% availability of tracer non-drug consumables

Regulation

Regulation plays an important role in ensuring quality of health inputs such as drugs and the provision of health services. A number of legislative instruments and laws have been developed and regulatory bodies have been established to implement them. However, over the years the instruments used by statutory bodies have been fragmented and are inadequate to provide quality assurance and consumer protection in a pluralistic provider setting. Presently, the sector is faced with weak enforcement of regulatory regimes, and inadequate coordination and supervision of regulatory activities. In 2004, the focus would be to continue strengthening the regulatory framework and improving the regulatory environment for health services. Priority activities would include:

- Rationalizing the functions of the regulatory bodies
- Reviewing and updating laws governing regulatory bodies to bring them in line with emerging challenges
- Updating relevant public health laws
- Strengthening capacity of regulatory bodies to monitor and maintain standards including standards of drugs, health institutions, professional practices, health service provision and other issues of public health concern

Expected Outputs

- Consensus on functions of regulatory bodies achieved
- Legal instruments for two statutory bodies revised
- 50% of Statutory bodies with at least 60% of approved staff establishment at post

5. INVESTMENTS IN THE SECTOR

Human Resource Development

The delivery of health services is threatened by high attrition of trained health professionals and inequitable distribution of existing professionals. Further, wide disparities exist between the urban areas in the southern regions and the rural areas in the northern regions. Workforce motivation and productivity is also low despite Government's attempt to increase remuneration and incentives such as the Additional Duty Hours Allowances (ADHA). The focus for 2004 would be to implement innovative strategies for improving the retention, redistribution and productivity of health professionals as well as increase the productivity of training institutions. The priority activities would include:

- Reviewing the Human Resource policies and strategies to include a fair promotion scheme in which the existing workforce has considerable opportunities to climb up the hierarchy
- Emphasizing the development of service providers with regards to in-service training
- Institutionalizing appraisal and reward schemes that are geared towards meeting the health sector objectives
- Supporting the Ghana College of Physicians and Surgeons (GCPS) to train residents
- Instituting differential incentive packages to attract staff to the deprived areas
- Expanding capacity at Health training institutions to increase intake and restructure the institutions to take on board current and emerging trends in health practice.
- Implementing performance management systems.

Expected Outputs

- HR policy document reviewed and circulated
- Incentive packages operationalized with special emphasis on the deprived areas
- 16 training institutions expanded and restructured
- Functional GCPS
- Board of Governors/Directors established for all Health Training Institutions

Capital Investment and Management

The Capital Investment programme includes infrastructure development, replacement of equipment and transport. A five-year capital investment plan 2002-2006 covering all the components of capital investment has been developed for the health sector. Out of this plan an annual capital investment plan would be developed using the integrated capital investment model. The focus for 2004 capital programme would be to improve equity in access to services and efficient implementation of the planned preventive maintenance programme. Further, the Ministry of Health would collaborate with other stakeholders including District Assemblies, and the Mission and Private individuals to ensure that health institutions are sited equitably. The programme to replace aging vehicles and equipment in the sector would also be continued. The priority activities for the year would include:

- Constructing Community-based Health Planning Services (CHPS) compounds and new facilities, including model health centers
- Upgrading, rehabilitating, and re-equipping of existing health facilities
- Building capacity and supporting agencies in the use of the Integrated Capital Investment Planning model
- Constructing of model health facilities
- Strengthening the boat transport system for reaching inaccessible riverine areas.
- Streamlining the procedures for procurement and management of equipment.
- Sustaining and monitoring the system for planned preventive maintenance.

Expected Outputs

- 18 CHPS Compounds completed
- 15 model health facilities completed
- 4 district hospitals completed
- Boat and Ambulance services firmly established
- Procurement procedure for equipment streamlined
- Equipment policy manual finalised and disseminated
- 30% of District level BMCs preparing 2005 capital plans using the Integrated Capital Investment Planning Model

Information Systems Development

The recent international developments in information and communication technology have not been deployed efficiently in the health sector. Very few health workers at national, regional and district levels have Internet access, even

though the number of users is increasing. A coordinated approach to improving access is required to harness the benefits of the Internet. Increase access, and better and efficient use of the Internet would facilitate communication within the health sector. For 2004, the focus would be to improve Internet connectivity. The priority activities include:

- Establishing a focal point for Information and Communication Technology Management within the MOH and agencies
- Implementing a programme to increase access to internet
- Rationalizing the use of the Internet
- Providing technical support and training for users

Expected Output

- LAN/WAN available at Headquarters
- ICT focal points and programme available in Ministry of Health

6. ORGANISATION AND MANAGEMENT OF HEALTH SERVICES

Planning and Budgeting

The MTEF provides the framework for planning and budgeting within the health sector. In addition, the CMA requires that an annual POW is developed to guide

sector investments and actions. The focus for the 2004 would be to reinforce the systems for planning and ensure that the annual POW and the MTEF plans are synchronised. Planning within the agencies would also be synchronised with the general policy and planning process for the health sector. The priority activities would include:

- Agreeing on a planning timetable that synchronizes the agencies planning and budgeting cycle into the sector planning and budgeting cycle.
- Establishing the relationship between the overall national priorities for the sector and plans and budget of the agencies
- Providing training and technical support in the preparation of the 2005 Programme of Work and MTEF plans
- Strengthening the budget units in agencies to track plans and budget.
- Implementing a system for ensuring that agency perspectives are incorporated in the policy review and development process
- Reviewing the criteria for allocating resource to BMCs to make them more pro-poor

Expected Outputs

- Timely preparation of the 2005 POW and MTEF plans by 30th November 2004
- 98% staff in Agencies Budget units trained in preparation of plans and budget
- Reviewed criteria for allocating resources to BMCs

Health Service Performance Agreement

As part of the health sector programme to improve performance and establish a performance management culture, the performance agreement system between the MOH and agencies, and between Agencies and BMCs within the agencies is being introduced. In 2004 the system would be implemented and the lessons would be documented. The priority activities include:

- Signing performance agreements between the MOH and agencies
- Supporting agencies to develop a programme to contract with their BMCs
- Documenting lessons from performance agreement system
- Establishing a system for monitoring the performance agreement system
- Developing mechanisms for contracting services to the NGOs, Mission institutions and Private sector

Expected Outputs

- GHS and Teaching Hospitals have health service performance agreements
- Framework for signing performance agreement updated to include the private sector
-

Financial Management

Financial management including revenue mobilisation activities would be enhanced through the strengthening of controls in revenue collection. The disbursement procedure within the health sector would be streamlined. The institutional capacity of the MOH and agencies would also be strengthened to ensure improved compliance with the ATF rules. For the year 2004, the priority activities would include:

- Implementing BPEMS concept at MOH and deploying BPEMS to other agencies
- Examining the implication of the Financial Administration Act
- Spelling out the guidelines for disbursement
- Strengthening capacity of internal auditors.
- Improving capacity for financial reporting
- Setting up systems to consolidate Agency reports.

Expected Outputs

- BPEMS concept implemented at MOH and deployed to GHS and Teaching Hospitals
- Guidelines for disbursements spelt out
- 50% of internal auditors trained
- Consolidated financial reports for the health sector

Procurement

During the 2003 planning and budgeting sessions, efforts were made to harmonise the development of BMC procurement plans alongside the annual plans. The health sector procurement policy has been reviewed to bring it in line with the national procurement policy. These achievements would be consolidated in 2004. Efforts would also go into strengthening weak management systems at the CMS and reducing duplication of procurement between the MOH and agencies. The priority activities for 2004 would include:

- Disseminating the procurement policy and training targeted staff in implementation
- Developing a framework for procurement planning for MOH, GHS, and other agencies
- Providing adequate financial support for the re-organisation of the CMS

- Training targeted staff in the public sector stores management and in the maintenance of asset registers
- Strengthening capacity and systems for effective operations of the CMS

Expected Outputs

- 60% of targeted staff trained in procurement policy and public sector stores management
- Effective and Efficient management systems established at the CMS.
- 60% of BMCs with up to date assets resisters

Monitoring and Evaluation

As part of the common management arrangements, the health sector has institutionalized an annual system for monitoring and reporting on sector-wide performance. The performance of agencies and subsystems have however not been optimally assessed even though the sector reviews start with BMC and agency reviews. The link between research, monitoring and evaluation, and policy and programme development is weak. The focus for 2004 would be to support the use of evidence for decision-making and facilitate the assessment of sector and agency performance. Priority activities would include:

- Reviewing the 2003 Programme of Work
- Developing agency specific indicators for monitoring and reporting on performance
- Establishing a Monitoring and Evaluation System within the MOH
- Strengthening the link between Monitoring and Evaluation Units and Health research Units
- Developing a programme for training key health professionals in Monitoring and Evaluation
- Assessing operationalilty of BMCs including district health systems and establishing district profiles
- Improving the use of evidence and information for decision making, programming and action

Expected Outputs

- Agency specific performance indicators developed
- 2003 Programme of work reviewed
- M&E training programme developed
- 10% of BMCs assessed for operationality

7. FINANCING THE SECTOR

The policy thrust is to increase overall resource allocation to the health sector and ensure equitable allocation targeting deprived areas and vulnerable groups. Emphasis would also be given to efforts to further reduce the financial barriers to access created by the cash and carry system. To that end the national health insurance scheme would be scaled up to districts. Concurrently, the implementation of the exemptions policy, largely in its current form, would be enhanced while efforts to transfer the exemptions scheme to the NHIS are explored.

National Health Insurance Scheme

In 2003 Parliament passed the Law, Act 650, governing the establishment of the NHIS. Up to 75 districts were supported to establish district-wide schemes and initiate activities for recruiting and registering clients. The thrust for 2004 would be to scale up implementation of the NHIS. The priority activities would include:

- Establishing the NHI Council
- Finalising the Legislative instrument
- Inaugurating the NHIS
- Strengthening existing district NHIS offices
- Scaling up implementation of NHIS to districts
- Supporting the agencies to play their roles in the implementation of NHIS

Expected Outputs

- NHI Council established
- 60% of Districts have district-wide Mutual Health Insurance Schemes
- 10% of IGF from pre-payment schemes

2004 BUDGET

The total resource envelope for 2004 POW is ⊄2,435 billion (270.6 million USD). The resource envelope is about 121,000 cedis (approx 13 USD) per capita.

The main sources of finance are GoG (or Consolidated Fund), Internally Generated Funds (IGF), inflows from the HIPC fund and Donor contributions. Table 1 shows the absolute and proportional contributions by source of fund.

Table 1: 2004 Resource Envelop by Source of funding.

Source of Fund	Amount (million Cedis)	Percentage

		Contribution
GOG	1,027,473	42.2%
HIPC	122,840	5.0%
IGF	250,000	10.3%
Development Partners Contributions	1,034,530	42.5%
TOTAL	**2,434,843**	**100%**

The resource envelope is larger than the budget ceiling of ¢1,449 billion (161million USD) allocated by Ministry of Finance and Economic Planning (MOFEP) to the Ministry of Health. The budget ceiling includes the 1,027 billion cedis funds from the GoG and 421.99 billion cedis of funding from Development partners to be paid into the health fund. In other words, the ceiling excludes expected inflows from IGF, HIPC and earmarked funds from Development Partners. The budget ceiling represents 12.93% of total GoG and 13.89 % of Donor and GoG put together.

The resource envelop includes funding for implementing the Ghana Ambulance Service and partial funding for the National Health Insurance Scheme (NHIS). The rest of the budget for the NHIS would be financed outside the Ministry of Health budget through the extra-budgetary allocation.

Resource Allocation by Line Items

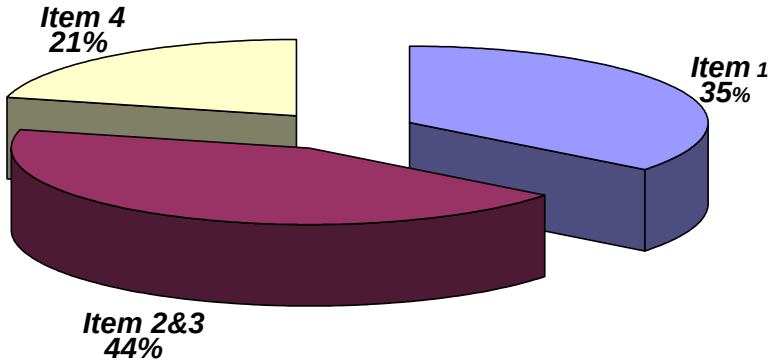
Table 2 below shows the allocations to the four line items. The earmarked donor funds of ¢427.8 billion (47.53million USD) is to cover the cost of specific projects as such no attempt have been made to segregate it by line item. 184.7billion has also been earmarked within the health fund to cover part of the service and investment cost.

Table 2: Allocation of 2004 Resource Envelop to Line Items (million cedis)

	PE	ADMIN	SERVICE	INVESTMENT	TOTAL	*ITEMS 2 & 3*
GOG	838,972.00	78,443.00	85,554.00	24,503.00	1,027,473.00	*163,997.00*
Donor-Health Fund	-	97,206.66	224,783.34	100,000.00	421,990.00	*322,000.00*
Targeted HF			103,770.00	81,000.00	184,770.00	103,770.00
Donor Ear-marked			177,616.00	250,154.00	427,770.00	177,616.00
IGF	18,500.00	56,750.00	163,000.00	11,750.00	250,000.00	219,750.00
HIPC inflows		7,000.00	53,840.00	43,000.00	103,840.00	60,840.00
TOTAL	857,472.00	239,399.66	808,563.34	510,407.00	2,415,843.00	1,047,973.00

As shown in fig 1 below, 37% of the resource envelope is allocated to items 2 and 3 and 28% is allocated to item 4. The allocation to item 1 was 857.5 billion cedis is 35% of the total budget. About 464.4 billion cedis (54.2%) of the item 1 allocation is to ADHA.

Fig 1: Resource Envelope Allocations by Items (Total = 2,434.84 billion cedis)



Allocation of Budget Ceiling

Table 3a below shows the allocation of the budget ceiling to four line items. The table shows that about 33.5% of the total budget ceiling is allocated to items 2 & 3.

Table 3a: Allocation of Budget Ceilings to Line Items

	PE	ADMIN	SERVICE	INVESTMENT	TOTAL	*ITEMS 2 & 3*
GOG	838,972	78,443	85,554	24,503	1,027,473	*163,997*
DONOR	-	97,206.657	224,783.342	100,000	421,990	*321,990*
TOTAL	838,972	**175,649.65**	**310,337.34**	**124,503**	**1,449,463**	**485,987**

Table 4 shows the allocation of the budget ceiling to levels and by line items. The allocations to the training institutions have been moved from the GHS to the MOH to ensure that consistency between the responsibility for managing the training institutions and budget.

Table 3b: Allocation of budget ceilings by Level and line items

	TOTAL	ITEMS 2&3	ITEM 1	ITEM 2	ITEM 3	ITEM 4	% ITEMS 2&3
TOTAL HEALTH	**1,449,461,999,999**	**485,987,000,000**	**838,971,999,999**	**175,649,657,936**	**310,337,342,064**	**124,503,000,000**	**100.00**
Ministry of Health hq	**575,303,836,553**	**54,089,435,865**	**486,714,400,688**	**27,382,383,561**	**26,707,052,304**	**34,500,000,000**	**11.13**
Training Institutions total	**68,119,442,556**	**28,709,406,917**	**22,410,035,639**	**9,547,822,592**	**19,161,584,325**	**17,000,000,000**	**5.91**
TOTAL GHS	**639,259,608,276**	**334,791,604,859**	**266,518,003,417**	**109,020,159,007**	**225,771,445,852**	**37,950,000,000**	**68.89**
G.H.S. HQ	*45,551,295,540*	*36,276,649,599*	*5,824,645,941*	*17,036,576,000*	*19,240,073,599*	*3,450,000,000*	*7.46*
Psychiatric Hospitals	*42,548,883,097*	*28,931,840,742*	*9,017,042,355*	*8,903,196,520*	*20,028,644,222*	*4,600,000,000*	*5.95*
Regl H. Service	*93,895,218,963*	*43,826,167,800*	*43,319,051,163*	*15,046,868,000*	*28,779,299,800*	*6,750,000,000*	*9.02*
District Hlth Serv	*457,264,210,676*	*225,756,946,718*	*208,357,263,958*	*68,033,518,487*	*157,723,428,231*	*23,150,000,000*	*46.45*
Subvented organizations	**26,977,635,602**	**13,678,220,438**	**8,746,415,164**	**6,315,800,274**	**7,362,420,164**	**4,553,000,000**	**2.81**
Innovations' Fund	**1,404,525,095**	**1,404,525,095**	**-**	**482,216,556**	**922,308,539**	**-**	**0.29**
Civil Servants' Exemption	**7,000,495,146**	**7,000,495,146**	**-**	**7,000,495,146**	**-**	**-**	**1.44**
Teaching Hospitals	**131,396,456,771**	**46,313,311,680**	**54,583,145,091**	**15,900,780,800**	**30,412,530,880**	**30,500,000,000**	**9.53**

In all about 46.5% of the budget ceiling is allocated to the district level. However for policy and management considerations, a number of allocations, termed special components, have been centralized to facilitate budget implementation. These special components include allocations for exemptions, deprivation, fellowships, ADHA and EPI. Table 5 shows the provisions for special components of the budget. Table 6 shows the allocations to levels after adjusting for the special components.

Table 4: Pooled components of the budget Ceilings

Special area	Amount (billion cedi)	Where lodged
Recruitment into the sector	8.53	Office of Minister
Overseas conferences	6	Office of Minister
ADHA	464.39	Office of the C.D.
Trainees (NTCs etc.)	20	HRD of MoH
Cuban Doctors (Travel & hotel)	11	Office of CD
Cuban Doctors (subsistence)	0.5	Office of D. G, GHS
Fellowships (all sector)	20	HRD of MoH
Procurement	4	Procurement directorate
Sch of Allied Health Sc	0.7	Training Institutions
Post Grad. College	0.2	Training Institutions
"Various initiatives"	0.15	Office of D. G, GHS
Deprived area incentives	36	Office of D. G, GHS
Emergency preparedness	0.5	PHD, GHS
Emergency preparedness	4.6	Off. of the Minister
Dental and Eye Specialist outreach	1.0	ICD, GHS
Contraceptive initiative	2.5	PHD, GHS
HIV/AIDS	0.5	PHD, GHS
For EPI	1.15 & 8.5 = 9.65	PHD, GHS
For EPI	6.85	PHD, GHS
Exemptions	26	Office of DG,GHS
For deprivation	1.85	Accra Psych. hosp
For deprivation	1	Pantang Psych. hosp
For deprivation	0.8	Ankaful Psych. hosp
Specialist outreach services	0.4	I.C.D, GHS
Psychotropic drugs	1.2	Accra Psych. hosp
Psychotropic drugs	1.0	Pantang Psych. hosp
Psychotropic drugs	0.8	Ankaful Psych. hosp
Total	**630.12**	

TABLE 5: Allocation of budget ceilings with pooled components centralized

	TOTAL	ITEMS 2&3	ITEM 1	ITEM 2	ITEM 3	ITEM 4
TOTAL HEALTH	**1,449,461,999,999**	**485,987,000,000**	**838,971,999,999**	**175,649,657,936**	**310,337,342,064**	**124,503,000,000**
Ministry of Health hq	**588,403,836,553**	**67,189,435,865**	**486,714,400,688**	**39,482,383,561**	**27,707,052,304**	**34,500,000,000**
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G.H.S. HQ	*120,051,295,540*	*110,776,649,599*	*5,824,645,941*	*25,536,576,000*	*85,240,073,599*	*3,450,000,000*
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District Hlth Serv	*369,664,210,676*	*138,156,946,718*	*208,357,263,958*	*47,433,518,487*	*90,723,428,231*	*23,150,000,000*
Subvented organizations	**26,977,635,602**	**13,678,220,438**	**8,746,415,164**	**6,315,800,274**	**7,362,420,164**	**4,553,000,000**
Innovations' Fund	**1,404,525,095**	**1,404,525,095**	**-**	**482,216,556**	**922,308,539**	**-**
Civil Servants' Exemption	**7,000,495,146**	**7,000,495,146**	**-**	**7,000,495,146**	**-**	**-**
Teaching Hospitals	**131,396,456,771**	**46,313,311,680**	**54,583,145,091**	**15,900,780,800**	**30,412,530,880**	**30,500,000,000**

Allocations of the other Sources of funds

The allocations of targeted health fund, earmarked and HIPC inflows are shown below. An estimate of 250 billion cedis has been made for IGF after analysing recent trends and incorporating marginal increases in NHIS.

Targeted Health Fund

From the Health Fund a total of 184.77 billion cedis ($20.532 million) has been allocated to the following activities:

Programme	Amount (bn cedis)
Deprivation /hardship incentive	27.29 (3.032 million US$)
EPI	22.5 (2.5 million US$)
Contraceptive procurement	13.5 (1.5 million US$)
Vehicles	9.00 (1 million US$)
Medical equipment	27.00 (3 million US$)
HIV/AIDS	27.00 (1 million US$)
T.B	9.00 (1 million US$)
Tamale Hospital	45.00 (5 million US$)
NHIS	22.5 (2.5 million US$)
TOTAL	**184.77 (20.532 million US$)**

Earmarked Funds

A total of 427.77 billion cedis (47.53 million US$) of donor funds has been earmarked to the following activities:

Programme	Amount (bn cedis)
Contraceptive procurement	27.9 (3.1 million US$)
Radio communication	4.05 (0.45 million US$)
Public Private Service Delivery	7.56 (0.84 million US$)
Strategic initiative Fund	3.00 (0.333 million US$)
Improved Estate Management	6.704 (0.756 million US$)
Health Insurance	7.434 (0.826 million US$)
Child welfare	7.20 ($0.8 million US$)
Counter value	4.50 ($0.5 million US$)
Vaccines etc	59.94 ($ 6.66 million US$)
HIV/AIDS	27.09 ($3.01 million US$)
TB	7.29 ($0.81 million US$)
Malaria	14.85 ($1.65 million US$)
PROJECTS: ADBIII etc.	250.2 ($27.80 Million US$)
TOTAL	**427.77 ($47.53 million US$)**

HIPC Inflows

A total of 103.85 billion cedis (11.54 million US$) of the expected HIPC inflows has been allocated to the following:

Programme	Amount (bn cedis)
Expanding Health Training Institutions	22 (2.4 million US$)
Training of Health care Assistants	7.848 (0.97 million US$)
Deprived Area Incentive	19 (2.56 million US$)
Rehabilitating Health Facilities	11 (1.22 million US$)
Support to District Mutual Health Insurance Scheme	7 (1.0 million UD$)
Community-based Health Planning & Services	10 (1.11 million US$)
Maternal Delivery Exemption	27 (3.0 million US$)
Ghana Ambulance Service	19 (2.12 million US$)
TOTAL	**122.848 ($13.65)**

8. BROAD RESPONSIBILITIES FOR PERFORMANCE

The 2004 POW would be implemented within the framework of the laws establishing the Ministry of Health and its Agencies and also the Common Management Arrangements (CMA). For that reason, achieving the objectives and outputs in this POW would be the joint responsibility of the Ministry of Health, Ghana Health Service, Teaching Hospitals, Statutory Bodies and Development Partners. It recognises the complementary roles of the public and private sectors as well as individuals and communities in the delivery of quality health services. The involvement and support of communities and other stakeholders in health would be critical for effective implementation.

Ministry of Health

The Ministry of Health (MoH) would provide stewardship to the entire sector. In this regard, MoH would focus on policy and institutional development, strategic planning, resource mobilization, coordination of all Agencies and Partners involved in health development. MoH would coordinate investments in the sector including capital investments and the management of training institutions. To address the broader determinants of health, MoH would engage other MDAs, including the Ministries of Education, Finance and Local Government, Manpower and Employment, National Development Planning Commission, Women and Children's Affairs, Works and Housing, whose activities impact on health.

The Ghana Health Service and Teaching Hospitals

The Ghana Health Service and Teaching Hospitals are semi-autonomous government agencies collectively responsible for the provision of health services. GHS would be responsible for ensuring the maintenance of high level of performance in the provision of public health and clinical care services at the sub-district, district and regional levels as well as the management of institutions at these levels. This will require the development of technical guidelines for service delivery and coordination of activities of DHMTs and RHMTs. GHS would also provide tertiary services in selected disciplines like mental health.

The Teaching Hospitals would provide tertiary services and ensure that the processes for accepting patients are reviewed to enable them focus on referred cases that require specialist care. In playing this role, The Teaching Hospitals would maintain appropriate balance between service delivery and the training of students.

With the introduction of the NHIS both GHS and Teaching Hospitals would prepare their institutions to meet the requirements of service provision under the scheme.

Statutory Bodies

The Statutory Bodies would manage the regulatory machinery of the sector to ensure that service delivery is more responsive to the legitimate expectations of all people living in Ghana. The Statutory Bodies would monitor and enforce the ethics and standards of practice of various professional and technical groups within the sector. Each Statutory body would also mount comprehensive public relations programme with a specific aim of empowering the public on their rights to seek better service.

Development Partners

All activities of the Development Partners would be within the framework of the 5YPOW and the CMA. Development Partners would support Government in the development and implementation of policies. They would engage in the policy dialogue in the health sector and facilitate the implementation of sector-wide programmes through the provision of technical and financial support. The Development Partners would facilitate access of the health sector to international best practices.

ANNEX 1: LOG FRAME FOR PROGRAMME IMPLEMENTATION

<table>
<tr><th colspan="2">Priority Health Interventions</th></tr>
<tr><td colspan="2">COMPONENT: HIV/AIDS, STI Prevention and Control
RELATED SECTOR-WIDE OBJECTIVES: Increased Geographical and Financial Access to
Basic Services
LEAD AGENCY: GHS
COLLABORATORS: GAC</td></tr>
<tr><td>PERFORMANCE OUTPUTS</td><td>PRIORITY ACTIVITIES</td></tr>
<tr><td>• 6 facilities providing ARV therapy
• 2000 patients on ART
• VCT Centres available in 60% of districts
• 6000 mothers on PMTCT
• 40% of targeted Health workers from public and private institutions trained in the management of STI and Opportunistic infections</td><td>• Developing and implementing a programme for scaling up access to ARV based on the 3/5 strategy
• Operationalizing the approved global fund proposals
• Strengthening the diagnostic and treatment capacity of targeted institutions to provide ARV therapy
• Increasing access to VCT services
• Strengthening the sentinel surveillance system for HIV/AIDS/STI and making the information increasingly available to policy makers and other stakeholders
• Scaling up implementation of PMCT
• Strengthening the capacity of public and private providers of health services in the management of STI and opportunistic infections
• Designing and implementing a behavioral change communication strategy for promoting individual and community perception of risk and vulnerability; increasing demand for condoms and VCT; and reducing stigmatization of PLWHA.
• Providing technical support to the Ghana AIDS Commission and other relevant stakeholders involved in HIV/AIDS prevention and control</td></tr>
<tr><td colspan="2">COMPONENT: Tuberculosis and Buruli Ulcer Control
RELATED SECTOR-WIDE OBJECTIVES:
Increased Geographical and Financial Access to Basic Services
Better Quality of Care in Health Facilities and Outreaches
LEAD AGENCY: GHS</td></tr>
<tr><td>PERFORMANCE OUTPUTS</td><td>PRIORITY ACTIVITIES</td></tr>
<tr><td>• 80 districts with functional TB diagnostic centres
• 65%TB cure rate</td><td>• Training providers in public and private health institutions in the diagnosis and management of tuberculosis using the DOTS strategy
• Establishing a tuberculosis diagnostic center in each district.
• Strengthening systems for Tuberculosis defaulter</td></tr>
</table>

• Prevalence of Buruli Ulcer established • Treatment of Buruli Ulcer included in the exemption package	tracing at district level • Intensifying community education on TB prevention and management • Integrating Buruli Ulcer surveillance into the surveillance system • Training providers and equip health institutions to improve diagnosis and management of Buruli Ulcer • Reviewing the exemption policy to incorporate the cost of treatment for Buruli ulcer
COMPONENT: *Malaria Control* **RELATED SECTOR-WIDE OBJECTIVES**: *Increased Geographical and Financial Access to Basic Services* *Better Quality of Care in Health Facilities and Outreaches* **LEAD AGENCY:** GHS	
PERFORMANCE OUTPUTS	**PRIORITY ACTIVITIES**
• Anti-malaria drug policy reviewed • 43%of targeted population sleeping under ITNs. • 25% Case fatality rate of malaria in sentinel health institutions.	• Consolidating the studies on chloroquine resistance into an updated anti-malaria drug policy • Revising the malaria control strategy to scale up the use of ITNs and IPT • Consolidating the use of efficacious and pre-packed anti-malaria drugs in the treatment of malaria in homes and health institutions • Increasing the availability, accessibility and use of ITNs in the population particularly among children under five and pregnant women • Pilot ITN voucher system in the Volta Region
COMPONENT: *Guinea Worm Eradication* **RELATED SECTOR-WIDE OBJECTIVES**: *Increased Geographical and Financial Access to Basic Services* *To Provide Better Quality Of Care In All Health Facilities And During Outreaches* *Closer Collaboration And Partnership Between The Health Sector & Communities, Other Sectors And Private Providers Both Allopathic And Traditional* **LEAD AGENCY:** *GHS* **COLLABORATORS:** *MOH/ Works and Housing/ Local Government*	
PERFORMANCE OUTPUTS	**PRIORITY ACTIVITIES**
• 50% of endemic communities with portable water • Guinea worm cases reduced 800 • 70% of Guinea worm cases contained	• Strengthening community based surveillance of Guinea worm. • Using the information from surveillance to develop appropriate advocacy messages for national, regional and district level intersectoral actions including advocacy for increased investments in portable water in endemic communities.

	• Monitoring the performance of the sectors in meeting their obligations related to the Guineaworm eradication and reporting to the Interagency Coordinating Committee (ICC) • Improving case containment
COMPONENT: *EPI including Polio Eradication and Measles Elimination* **RELATED SECTOR-WIDE OBJECTIVES**: *Better Quality of Care in all Health Facilities and during Outreaches* *Increased Financial and Geographical Access to Basic Services* **LEAD AGENCY**: *GHS*	
PERFORMANCE OUTPUTS	**PRIORITY ACTIVITIES**
• 100% DPT HepB Hib coverage achieved • 100% Measles coverage achieved • 6000 polio cases recorded • Wild polio eliminated • 80% of stools collected from suspected AFP cases collected within 48 hours	• Revising the national EPI strategy to incorporate targets for the elimination of measles and neonatal tetanus. • Sustaining the high levels of routine immunization coverage by reinforcing static and outreach services as well as targeted supplementary immunization activities based on evidence from micro planning in districts. • Conducting nationwide NIDs. • Strengthening AFP and measles case-based surveillance. • Implement financial sustainability plan for immunization.
COMPONENT: *Prevention Of Blindness* **RELATED SECTOR-WIDE OBJECTIVES**: *Increased Financial and Geographical Access to Basic Services* **LEAD AGENCY**: *GHS*	
PERFORMANCE OUTPUTS	**PRIORITY ACTIVITIES**
• 650 Cataract Surgery performed • 1300 TT surgeries performed • Antibiotic coverage for Active Trachoma in endemic villages achieved	• Strengthening regional and district capacity to conduct cataract outreach and static surgery • Promoting community based TT surgery • Developing and implementing a programme for identifying children with refractive errors and provide corrective interventions
COMPONENT: *Non Communicable Disease Prevention and Control* **RELATED SECTOR-WIDE OBJECTIVES**: *Better Quality of Care in all Health Facilities and during Outreaches* *Increased Financial and Geographical Access to Basic Services* **LEAD AGENCY:** *GHS*	
PERFORMANCE OUTPUTS	**PRIORITY ACTIVITIES**
• Updated NCD strategy • 10% of targeted Health workers trained in management of NCD	• Updating and implementing a national policy, strategy and programme for NCD prevention and control. • Establishing cancer register. • Promoting good practices and evidence based methods and strategies for promoting health at home, in communities, in workplace and in schools • Strengthening the capacity of health institutions to diagnose and manage NCD • Establishing systems for surveillance and reporting on NCD

COMPONENT: *Maternal and Reproductive Health Services* **RELATED SECTOR-WIDE OBJECTIVES**: *Better Quality of Care in all Health Facilities and during Outreaches* *Increased Financial and Geographical Access to Basic Services* *Bridged inequity gap in access to quality health services with emphasis on the four deprived areas* **LEAD AGENCY**: *GHS*	
PERFORMANCE OUTPUTS	**PRIORITY ACTIVITIES**
• Proportion of health facilities meeting standards for EOC Percentage supervised delivery • Proportion of exemption budget spent on deliveries • Maternal mortality rate in sentinel health institutions	• Developing standards and protocols for essential obstetric care • Strengthening institutional capacity to provide essential obstetric care • Training personnel in public and private health institutions in life saving skills • Granting exemptions for deliveries in the four most deprived regions • Improving the referral systems from the community level through health centres to hospitals by strengthening communication and transport systems • Making maternal and neonatal mortality reportable conditions • Scaling up screening for cervical cancer
COMPONENT: *Child And Adolescent Health Services* **RELATED SECTOR-WIDE OBJECTIVES**: *Increased Financial and Geographical Access to Basic Services* *Closer Collaboration and Partnership Between the Health Sector & Communities, other Sectors and Private Providers both Allopathic and Traditional* **LEAD AGENCY**:*GHS*	
PERFORMANCE OUTPUTS	**PRIORITY ACTIVITIES**
• Malnutrition rate among children attending CWC • Proportion of districts implementing the complete IMCI package defined in the national guidelines • Proportion of public and private health institutions providing maternity services that are baby friendly • Proportion of private and public health institutions that are adolescent friendly • Functional ICC for school health in place • Proportion of pre-service training institutions teaching IMCI	• Undertake child health week • Improving growth monitoring of children and education of mothers on good and healthy nutrition using local ingredients • Scaling up the implementation of the entire IMCI package in all districts • Incorporating IMCI into the pre-service training curriculum • Strengthening health institutions to be baby and adolescent friendly • Establishing an ICC and developing a joint MOH/MOE strategic plan to repackage the school health programme

COMPONENT: *Accident and Emergency Services* **RELATED SECTOR-WIDE OBJECTIVES:** *Increased Financial and Geographical Access to Basic Services* **LEAD AGENCY:** *GAS/THS/GHS* **COLLABORATORS:** *GNFS*	
PERFORMANCE OUTPUT	**PRIORITY ACTIVITIES**
• 5 regions linked to the ambulance service • 20% designated emergency hospitals meeting functional criteria defined in national standards • Availability of policy for including payment for ambulance service in the NHIS	• Operationalizing the national ambulance service • Developing standards and protocols for emergency care in health institutions • Re-equipping accident and emergency centres to bring up to defined standards • Training emergency response teams in hospitals. • Reviewing the hospital fee exemption scheme to incorporate exemptions of emergencies • Initiating steps to include payments for ambulance in the NHIS and vehicle insurance schemes.
COMPONENT: *Surveillance and Epidemic Response* **RELATED SECTOR-WIDE OBJECTIVES**: *Improved Efficiency in the Health Sector* *Better Quality of Care in all Health Facilities and during Outreaches* **LEAD AGENCY**:*GHS* **COLLABORATORS:** *NADMO*	
PERFORMANCE OUTPUT	**PRIORITY ACTIVITIES**
• 80 of district with epidemic response mechanisms defined in the national guidelines • 3.5% AFP Non Polio rates • Revised guidelines for disease surveillance	• Revising guidelines for community based surveillance and strengthening the community based surveillance systems • Revising the surveillance system to incorporate maternal mortality • Strengthening public health reference laboratories. • Developing guidelines for epidemic preparedness and strengthen epidemic response mechanism in districts • Strengthening capacity of districts and sub districts to carry out surveillance activities. • Implement IDSR strategy
COMPONENT: *Intersectoral Collaboration And Action* **RELATED SECTOR-WIDE OBJECTIVES**: *Closer Collaboration and Partnership Between the Health Sector & Communities, other Sectors and Private Providers both Allopathic and Traditional* **LEAD AGENCY**: *MOH/GHS* **COLLABORATORS:** *Other MDAs*	
PERFORMANCE OUTPUTS	**PRIORITY ACTIVITIES**
• Framework for intersectoral collaboration • Performance of health related sectors assessed • 2 Action Zones established	• Developing a framework and guidelines for intersectoral collaboration • Collaborating with other sectors including the Ministries of Education, Agric, Water and Sanitation, Local Government, etc., to deal with the broader determinants of health • Clarifying the contribution of the health sector to

	poverty reduction • Conducting health impact assessment of activities of other sectors • Establishing a focal point in the Ministry of Health for Intersectoral Collaboration • Establishing health action zones for implementing intersectoral action
Service Delivery	
COMPONENT: *Access to Services* **RELATED SECTOR-WIDE OBJECTIVES**: *Increased Financial and Geographical Access to Basic Services* *Bridged inequity gap in access to quality health services with emphasis on the four deprived areas* *Improved efficiency in the health sector* **LEAD AGENCY**: *GHS/THs* **COLLABORATORS:** *CHAG/Private Providers/Quasi-Government/NDPC*	
PERFORMANCE OUTPUTS	**PRIORITY ACTIVITIES**
• 400 operational CHPS zones • 0.6 OPD per capita • 158 specialist outreach clinics organised • 65% Bed occupancy rates • Hospital Strategy operationalised	• Increasing number of deprived communities with Community Based Health Planning and Services. • Strengthening sub districts and districts to provide support to CHPS. • Sustaining outreach services including outreaches for immunization, child welfare services, specialist care and other relevant health interventions. • Upgrading targeted health centres and rehabilitation of existing district hospitals to provide services up to the standard of a 'model district hospital' • Operationalizing the hospital strategy. • Developing and implementing proposals for improving the referral system • Supporting the secondary, tertiary and teaching hospitals to play their specialized roles
COMPONENT: *Traditional Medicine* **RELATED SECTOR-WIDE OBJECTIVES**: *Better Quality of Care in all Health Facilities and during Outreaches* *Increased Financial and Geographical Access to Basic Services* **LEAD AGENCY**: *MOH* **COLLABORATORS:** *CSRPM/GAFTRAM/FDB*	
PERFORMANCE OUTPUTS	**PRIORITY ACTIVITIES**
• 40% of targeted traditional medicines practitioners trained • 2 centres for the practice of alternative medicine established • 2 medicinal farms established	• Strengthening the Traditional and Alternative Medicines directorate and establishing the Council to assist in monitoring of practitioners to improve quality of service. • Training of traditional and alternative medicine practitioners • Establishing model centres of Traditional and Alternative Medicines practice • Facilitating dialogue between traditional, alternative and allopathic providers • Supporting the cultivation of medicinal plants

COMPONENT: *Private Providers including CHAG and NGOs*
RELATED SECTOR-WIDE OBJECTIVES:
Increased Financial and Geographical Access to Basic Services
Better Quality of Care in all Health Facilities and during Outreaches
Closer Collaboration and Partnership Between the Health Sector & Communities, other Sectors and Private Providers both Allopathic and Traditional
LEAD AGENCY: *MOH*
COLLABORATORS: *CHAG/CSOs*

PERFORMANCE OUTPUTS	**PRIORITY ACTIVITIES**
• 1.8% of health sector budget allocated to the private sector • 20% of OPD services provided by the private sector • 60% of private health institutions inspected	• Disseminating the private sector strategy document • Developing an incentive package for attracting the private sector to deprived areas • Reorienting the regulatory bodies and other institutions to monitor quality of care provided in private institutions. • Providing training and other logistic support to the private sector • Encouraging private providers would be to use public facilities for a fee.

COMPONENT: *Quality Assurance*
RELATED SECTOR-WIDE OBJECTIVES:
Better Quality of Care in all Health Facilities and during Outreaches
Improved Efficiency in the Health Sector
LEAD AGENCY: *GHS/THs/CHAG/Other Providers*
COLLABORATORS: *Statutory Bodies/NHIC*

PERFORMANCE OUTPUTS	**PRIORITY ACTIVITIES**
• 50%of health institutions assessed for accreditation • 80% health institutions with quality improvement programmes • 90% of health institutions with 90% availability of Tracer Drugs • 90% of Health institutions with 90% availability of tracer non-drug consumables	• Disseminating the accreditation criteria • Disseminating the patients charter to the public • Assessing and accrediting health institutions • Supporting health institutions to institute quality improvement programmes • Monitoring compliance of health institutions to clinical standards and protocols • Ensuring availability, accessibility and proper use of essential drugs and technologies

COMPONENT: *Regulation*
RELATED SECTOR-WIDE OBJECTIVES:
Improved efficiency in the health sector
Better Quality of Care in all Health Facilities and during Outreaches
LEAD AGENCY: *Statutory Bodies*
COLLABORATORS: *MOH*

PERFORMANCE OUTPUTS	**PRIORITY ACTIVITIES**
• Consensus on functions of regulatory bodies achieved • Legal instruments for 2 statutory bodies revised	• Rationalizing the functions of the regulatory bodies • Reviewing and updating laws governing regulatory bodies to bring them in line with emerging challenges • Updating relevant public health laws

• 50% of Statutory bodies with at least 60% of approved staff establishment at post	• Strengthening capacity of regulatory bodies to monitor and maintain standards including standards of drugs, health institutions, professional practices, health service provision and other issues of public health concern

INVESTMENTS

COMPONENT: HUMAN RESOURCE DEVELOPMENT
RELATED SECTOR-WIDE OBJECTIVES:
Bridged inequity gap in access to quality health services with emphasis on the four deprived areas
Increased Overall Resources in Health Sector, Equitably and Efficiently Distributed
Improved Efficiency in the Health Sector
LEAD AGENCY: *MOH*
COLLABORATORS: *GHS/ THs/ MOF/CAGD/PSC*

PERFORMANCE OUTPUTS	**PRIORITY ACTIVITIES**
• HR policy document reviewed and circulated • Incentive packages operationalized with special emphasis on the deprived areas • 16 training institutions expanded and restructured • Functional GCPS • Board of Governors/Directors established for all Health Training Institutions	• Reviewing the Human Resource policies and strategies to include a fair promotion scheme in which the existing workforce has considerable opportunities to climb up the hierarchy • Emphasizing the development of service providers with regards to in-service training. • Supporting the Ghana College of Physicians and Surgeons (GCPS) to train residents • Instituting differential incentive packages to attract staff to the deprived areas • Institutionalising appraisal and reward schemes that are geared towards meeting the health sector objectives • Expanding capacity at Health training institutions to increase intake and restructure the institutions to take on board current and emerging trends in health practice. • Implementing performance management systems.

COMPONENT: *Capital Investment and Management*
RELATED SECTOR-WIDE OBJECTIVES:
Bridged inequity gap in access to quality health services with emphasis on the four deprived areas
Increased Overall Resources in Health Sector, Equitably and Efficiently Distributed
Improved Efficiency in the Health Sector
LEAD AGENCY: *MOH*
COLLABORATORS: *GHS/ THs/ MOF*

PERFORMANCE OUTPUTS	**PRIORITY ACTIVITIES**
• 18 CHPS Compounds completed • 15 model health facilities completed • 4 district hospitals completed • Boat and Ambulance services firmly established • Procurement procedure for equipment streamlined • Equipment policy manual finalised and disseminated • 30% of District level BMCs	• Constructing Community-based Health Planning Services (CHPS) compounds and new facilities, including model health centers • Upgrading, rehabilitating, and re-equipping of existing health facilities • Building capacity and supporting agencies in the use of the Integrated Capital Investment Planning model • Constructing of model health facilities • Strengthening the boat transport system for reaching inaccessible riverine areas. • Streamlining the procedures for procurement and management of equipment.

preparing 2005 capital plans using the Integrated Capital Investment Planning Model	• Sustaining and monitoring the system for planned preventive maintenance.
COMPONENT: *Information Systems Development* **RELATED SECTOR-WIDE OBJECTIVES:** *Improved Efficiency In The Health Sector* **LEAD AGENCY***: MOH/THs/GHS* **COLLABORATORS***: MOF/MOE/MOI*	
PERFORMANCE OUTPUTS	**PRIORITY ACTIVITIES**
• LAN/WAN available at Headquarters • ICT focal points and programme available in Ministry of Health	• Establishing a focal point for Information and Communication Technology Management within the MOH and agencies. • Implementing a programme to increase access to internet • Rationalizing the use of the Internet • Providing technical support and training for users
ORGANISATION AND MANAGEMENT	
COMPONENT: Planning and Budgeting **RELATED SECTOR-WIDE OBJECTIVES:** *Bridged inequity gap in access to quality health services with emphasis on the four deprived areas* *Improved Efficiency in the Health Sector* **LEAD AGENCY:** *MOH/GHS/THs/Statutory Bodies* **COLLABORATORS:** *MOF/NDPC*	
PERFORMANCE OUTPUTS	**PRIORITY ACTIVITIES**
• Timely preparation of the 2005 POW and MTEF plans by 30th November 2004 • 98% staff in Agencies Budget units trained in preparation of plans and budget • Reviewed criteria for allocating resources to BMCs	• Agreeing a planning timetable that synchronizes the agencies planning and budgeting cycle into the sector planning and budgeting cycle. • Establishing the relationship between the overall national priorities for the sector and plans and budget or the agencies • Providing training and technical support in the preparation of the 2005 Programme of Work and MTEF plans. • Strengthening the budget units in agencies to track plans and budget. • Implementing a system for ensuring that agency perspectives are incorporated in the policy review and development process • Reviewing the criteria for allocating resource to BMCs to make them more pro-poor
COMPONENT: *Health Service Performance Agreement* **RELATED SECTOR-WIDE OBJECTIVES:** *Improved Efficiency in the Health Sector* **LEAD AGENCY:** *MOH/GHS/THs* **COLLABORATORS:** *OHCS/ Office of the President*	
PERFORMANCE OUTPUTS	**PRIORITY ACTIVITIES**
• GHS and Teaching Hospitals have health service performance agreements	• Signing performance agreements between the MOH and agencies • Supporting agencies to develop a programme to contract

• Framework for signing performance agreement updated to include the private sector	with their BMCs • Documenting lessons from performance agreement system • Establishing a system for monitoring the performance agreement system • Developing mechanisms for contracting services to the NGOs, Mission institutions and Private sector
COMPONENT: *Financial Management* **RELATED SECTOR-WIDE OBJECTIVES:** *Improved efficiency in the health sector.* ***LEAD AGENCY:*** MOH/GHS/THs/Statutory Bodies	
PERFORMANCE OUTPUTS	**PRIORITY ACTIVITIES**
• BPEMS concept implemented at MOH and deployed to GHS and Teaching Hospitals • Guidelines for disbursements spelt out • 50% of internal auditors trained • Consolidated financial reports for the health sector	• Implementing BPEMS concept at MOH and deploying BPEMS to other agencies • Examining the implication of the Financial Administration act • Spelling out the guidelines for disbursement • Strengthening capacity of internal auditors. • Improving capacity for financial reporting • Setting up systems to consolidate Agency reports.
COMPONENT: *Procurement* **RELATED SECTOR-WIDE OBJECTIVES:** *Improved efficiency in the health sector* **LEAD AGENCY:** *MOH/GHS/THs/Statutory Bodies*	
• 60% of targeted staff trained in procurement policy and public sector stores management • Effective and Efficient management systems established at the CMS. • 60% of BMCs with up to date assets resisters	• Disseminating the procurement policy and training targeted staff in implementation • Developing a framework for procurement planning for MOH, GHS, and other agencies • Providing adequate financial support for the re-organisation of the CMS • Training targeted staff in the public sector stores management and in the maintenance of asset registers • Strengthening capacity and systems for effective operations of the CMS
COMPONENT: *Monitoring and Evaluation* **RELATED SECTOR-WIDE OBJECTIVES:** *Improved Efficiency in the Health Sector* **LEAD AGENCY:** *MOH/GHS/THs/SBs* **COLLABORATORS:** *NDPC/Office of the President*	
PERFORMANCE OUTPUTS	**PRIORITY ACTIVITIES**
• Agency specific performance indicators developed • 2003 Programme of work reviewed • M&E training programme developed	• Reviewing the 2003 Programme of Work • Developing agency specific indicators for monitoring and reporting on performance • Establishing a Monitoring and Evaluation System within the MOH • Strengthening the link between Monitoring and

• 10% of BMCs assessed for operationality	Evaluation Units and Health research Units • Developing a programme for training key health professionals in Monitoring and Evaluation • Assessing operationalilty of BMCs including district health systems and establishing district profiles • Improving the use of evidence and information for decision making, programming and action
FINANCING	
COMPONENT: *National Health Insurance* **RELATED SECTOR-WIDE OBJECTIVES:** *Bridged inequity gap in access to quality health services with emphasis on the four deprived areas* *Increased Overall Resources in Health Sector, Equitably and Efficiently Distributed* *Sustainable financial arrangements that protect the deprived and vulnerable ensured* **LEAD AGENCY:** *MOH/Local Government/DAs* **COLLABORATORS:** *NDPC/Office of the President*	
PERFORMANCE OUTPUTS	**PRIORITY ACTIVITIES**
• NHI Council established • 60% of Districts have district-wide Mutual Health Insurance Schemes • 10% of IGF from pre-payment schemes	• Establishing the NHI Council • Finalising the Legislative instrument • Inaugurating the NHIS • Strengthening existing district NHIS offices • Scaling up implementation of NHIS to districts • Supporting the agencies to play their roles in the implementation of NHIS

Annex 2: Human Resource Development Plan

COURSE	NUMBER	UNITCOST (£)	TOTALCOST (£)	TOTAL COST (CEDIS)
Master of Tropical Paediatrics	4	20,000	80,000.00	1,200,000,000.00
			-	-
MSc in Child Health	4	20,000	80,000.00	1,200,000,000.00
MA/MSc in Orthopaedic	4	20,000	80,000.00	1,200,000,000.00
MSc in Neuro Surgery	6	20,000	20,000.00	1,800,000,000.00
MSc in Radiation Oncology	4	9,000	36,000.00	540,000,000.00
PG Dip in Paediatric Surgery	4	9,000	36,000.00	540,000,000.00
MSc in Psychiatry	3	9,000	27,000.00	405,000,000.00
PG Dip in Pathology	2	9,000	18,000.00	270,000,000.00
MA/MSc in Clinical Dermatology	2	20,000	40,000.00	600,000,000.00
Clinical Attachment Obs and	4	9,000	36,000.00	540,000,000.00
Clinical Attachment Surgery	4	20,000	80,000.00	1,200,000,000.00
Clinical Attachment Family Practice	4	9,000	36,000.00	540,000,000.00
Masters in Medical Imaging	2	9,000	18,000.00	270,000,000.00
PG Cert in AE	4	9,000	36,000.00	540,000,000.00
Cert/MA in Management of	4	9,000	36,000.00	540,000,000.00
Attachment Paediatrics	4	9,000	36,000.00	540,000,000.00
Cert in Diabetic Nursing	4	9,000	36,000.00	540,000,000.00
MSc/PG Dip in Geriatric	4	9,000	36,000.00	540,000,000.00
Cert in Oncology Nursing	4	9,000	36,000.00	540,000,000.00
Cert in Paediatric Nursing/	50	9,000	450,000.00	6,750,000,000.00
Cert on Community Eye Health	50	9,000	450,000.00	6,750,000,000.00
MA in Institutional Mgt (Local)	10	4,000	40,000.00	600,000,000.00
Cert in Information	4	9,000	36,000.00	540,000,000.00
MSc in Medical Electronics	2	9,000	18,000.00	270,000,000.00

COURSE	NUMBER	UNITCOST (£)	TOTALCOST (£)	TOTAL COST (CEDIS)
MSc/Cert in Surgical/Restorative/ Periodontology	2	20,000	40,000.00	600,000,000.00
MSc Physiotherapy	2	9,000	18,000.00	270,000,000.00
MSc Med. Cytology	2	20,000	40,000.00	600,000,000.00
MSc Med. Toxicology	2	9,000	18,000.00	270,000,000.00
MSc in Health Quality	6	9,000	54,000.00	810,000,000.00
MSc in Statistics with Applications in Medicine	4	20,000	80,000.00	1,200,000,000.00
MSc Pharmaceutical Services	4	9,000	36,000.00	540,000,000.00
Cert in Health Learning	6	9,000	54,000.00	810,000,000.00
MSc Med. Logistics Mgt	10	9,000	90,000.00	1,350,000,000.00
Cert in Hospital Management	4	9,000	36,000.00	540,000,000.00
MA Hospital Management	4	20,000	80,000.00	1,200,000,000.00
Cert/MA in Health Economics	2	20,000	40,000.00	600,000,000.00
MA Human Resources Mgt	4	9,000	36,000.00	540,000,000.00
MA in Health Policy, Planning	4	9,000	36,000.00	540,000,000.00
Cert/PG Dip in Quality	4	9,000	36,000.00	540,000,000.00
Cert in Accountability and Law	6	20,000	120,000.00	1,800,000,000.00
A and E Nursing	10	9,000	90,000.00	1,350,000,000.00
				-
Grand Total			**2,801,000.00**	**42,015,000,000.00**

YEARLY ENROLMENT OF MEDICAL /PHARMACY & OTHER HEALTH STUDENTS
SPANNING 1996-2004

INSTITUTION	1996	1997	1998	1999	2000	2001	2002	2003	2004
UGMS	80	84	85	93	102	102	104	136	130
KNUST (SMS)	81	138	109	110	114	148	100		120
UDS (MED.SCH)	12	24	26	22	27	24	24	-	25
KNUST (PHARMACY)			110	120	111	106	196	146	150
NURSING SCHS				622	684	706	912	1,204	1,200
CHNTS				356	362	397	509	667	700
MIDWIFERY				135	140	139	144	150	180
SCH.OF HYG. (T.O)				51	38	36	39	50	50
SCH OF HYG.(ASST.)				88	92	70	77	130	130
RHTS (T.O)				40	39	62	86	100	100
RHTS (F.T)						40	-	100	100
RHTS (M.A)							40	55	55

ANNEX 3: CAPITAL INVESTMENT PROGRAMME

BMC CATEGORY	TITLE OF PROJECT	ESTIMATED COST	START DATE	COMPLETION DATE	EXPENDITURE TO DATE	2004 FORECAST	RESOURCE ALLOCATION		
							GOG (¢)	DONOR (¢)	EARMARKED
GHS HQ									
NATIONAL	CONSTRUCTION OF PHYSIOTHERAPY BUILDINGS - Koforidua and Ridge Hospital		31/03/2004	31/12/2004	0	1,000,000,000		1,000,000,000	
NATIONAL	REDEVELOPMENT OF GUESTHOUSE AT ADABRAKA (Demolition works and Prec-contract activities)		31/03/2004	31/12/2004	0	700,000,000		700,000,000	
NATIONAL	OUTSTANDING BILLS PAYABLE BY GHS					1,250,000,000	1,250,000,000		
NATIONAL	REMODELLING OF WORKSHOPS INTO OFFICES, PAVING OF YARD AND IMPROVEMENT OF DRAINAGE SYSTEM LFC	3,600,000,000	31/03/2004	30/06/2004	0	1,000,000,000		1,000,000,000	
NATIONAL	REHABILITATION OF 5NO. DENTAL CLINICS AT IN THE GREATER ACCRA REGION		31/03/2004	31/12/2004		600,000,000		600,000,000	
NATIONAL	CONSTRUCTION OF GHS HEAD OFFICE COMPLEX - Pre Contract Activities		31/03/2004	31/12/2004	0	500,000,000		500,000,000	
	Total					**5,050,000,000**	**1,250,000,000**	**3,800,000,000**	
PSYCHIATRY	**ACCRA**								
	COMPLETION OF 2-STOREY BLOCK OF FLATS AT ACCRA MENTAL		31/03/2004	31/12/2004		600,000,000		600,000,000	
	REHABILITATION OF WARDS		31/03/2004	31/12/2004		700,000,000	700,000,000		
	Total					**1,300,000,000**	**700,000,000**	**600,000,000**	

PANTANG	COMPLETION OF 3NO. STAFF FLATS		31/03/2004	31/12/2004		1,000,000,000		1,000,000,000	
	COMPLETION OF WARDS		31/03/2004	31/12/2004		1,000,000,000		1,000,000,000	
	Total					**2,000,000,000**		**2,000,000,000**	
ANKAFUL PSYCHIATRIC HOSPITAL	COMPLEX OF ODP COMPLEX		31/03/2004	31/12/2004		800,000,000		800,000,000	
	REGRAVELLING OF INTERNAL ACCESS ROADS, REHAB OF STAFF FLATS		31/03/2004	31/12/2004		1,000,000,000		1,000,000,000	
	Total					**1,800,000,000**		**1,800,000,000**	
GAR	COMPLETION OF HEALTH CENTRE,MADINA		31/03/2004	31/12/2004		300,000,000		300,000,000	
	UPGRADE OF DODOWA HOSPITAL		31/03/2004	31/12/2004					
	CONSTRUCTION OF STAFF BUNGALOW AT ADA HOSPITAL - PHASE 3		31/03/2004	31/12/2004		600,000,000		600,000,000	
	COMPLETION OF HEALTH CENTRE AT BORTIANOR		31/03/2004	31/12/2004		300,000,000		300,000,000	
	CONSTRUCTION OF HEALTH CENTRE AT TESHIE	609,855,096	15/12/2001	31/12/2003	609,855,096.00				OPEC
	CONSTRUCTION OF HEALTH CENTRE AT OLD NINGO	609,101,641	15/12/2001	31/12/2003	609,101,641.00				OPEC
	CONSTRUCTION OF HEALTH CENTRE AT OYIBI	609,323,854	31/03/2002	30/03/2004	609,323,854.00	98,000,000			OPEC
	CONSTRUCTION OF RHMT OFFICE		01/04/2004	31/12/2006		600,000,000		600,000,000	
	COMPLETION OF 2 STOREY BLOCK AT USHER FORT		31/03/2004	31/12/2004		600,000,000		600,000,000	
	Total					**2,498,000,000**		**2,400,000,000**	
CR	REHABILITATION OF MALE WARD, AT		31/03/2004	31/12/2004		300,000,000		300,000,000	

	AGONA SWEDRU								
	REHABILITATION OF HEALTH CENTRE AND CONSTRUCTION OF 1 NO. 2 BEDROOM AT FANTI NYAKUMASI		31/03/2004	31/12/2004		300,000,000		300,000,000	
	REHABILITATION OF NKWANTANUM HEALTH CENTRE		31/03/2004	31/12/2004		300,000,000		300,000,000	
	CONSTRUCTION OF HEALTH CENTRE AT MANKESIM	1,882,319,723	30/03/2003	30/03/2004	1,394,278,199.00	488,041,524			SAUDI
	CONSTRUCTION OF HEALTH CENTRE AT ABAKRAMPA	1,810,341,795	30/03/2003	30/03/2004	1,379,834,030.00	430,507,766			SAUDI
	COMPLETION OF BISEASE MATERNITY		30/03/2002	31/12/2004		300,000,000		300,000,000	
	UPGRADE OF TWIFU PRASO HEALTH CENTRE TO DISTRICT HOSPITAL (HIPC)	7,500,000,000	30/09/2003	30/06/2005	2,001,000,000.00	1,500,000,000			HIPC
	CONSTRUCTION OF MALE WARD AT DUNKWA DISTRICT HOSPITAL ACCOMMODATION FOR RHA		31/03/2004	30/06/2005		1,000,000,000		1,000,000,000	
	CONSTRUCTION OF 3 NO. CHPS FACILITIES AT SELCETED AREAS		31/03/2004	31/12/2005		700,000,000		700,000,000	
	CONSTRUCTION OF WINNEBA DISTRICT HOSPITAL		30/06/2004	31/12/2005		18,000,000,000			$2m Equivalent ORET
	CONSTRUCTION OF GOMOA DEGO HEALTH CENTRE		31/03/2004	31/03/2005		500,000,000		500,000,000	
	CONSTRUCTION OF HEALTH CENTRE AT AGONA NSABA	637,372,948	15/12/2001	31/12/2003	637,372,948.00				OPEC
	CONSTRUCTION OF HEALTH CENTRE AT JUKWA	613,445,799	15/12/2001	31/12/2003	613,445,799.00				OPEC
	Total					**23,818,549,290**		**3,400,000,000**	

WR	CONSTRUCTION OF 2 NO. ADDITIONAL SEMI-DETACHED QUARTERS AT SEKONDI		31/03/2004	31/12/2005		500,000,000	500,000,000		
	MAJOR REHAB OF SEFWI WIAWSO DISTRICT HOSPITAL	13,500,000,000	30/06/2004	31/12/2005		600,000,000		600,000,000	ORET
	REFURBISHMENT TARKWA HOSPITAL								ADB
	COMPLETION OF HEALTH CENTRE AT BONZAIN		31/03/2004	31/12/2005		400,000,000		400,000,000	
	CONSTRUCTION OF HEALTH CENTRE AT SOWOUM	1,961,389,709	31/03/2003	30/03/2004	1,516,137,290.00	445,252,420			SAUDI
	CONSTRUCTION OF HEALTH CENTRE AT AKOTOMBRA	1,873,285,583	31/03/2003	30/03/2004	1,487,491,285.00	385,794,298			SAUDI
	COMPLETION OF HEALTH CENTRE AT BENSO		31/03/2004	31/12/2005		400,000,000		400,000,000	
	CONSTRUCTION OF ADABOKROM HEALTH CENTRE	3,500,000,000	31/03/2004	31/12/2005	245,000,000.00	1,500,000,000		1,500,000,000	
	CONSTRCUTION OF 4 NO. CLUSTER UNIT SEMI DETACHED QUARTERS AT SEKONDI		31/03/2004	31/12/2005		500,000,000		500,000,000	
	CONSTRUCTION OF ASAWINSO HEALTH CENTRE	3,500,000,000	31/03/2004	31/12/2005		1,500,000,000		1,500,000,000	
	COMPLETION OF STAFF ACCOMMODATION AT AXIM		31/03/2004	31/12/2005		500,000,000		500,000,000	
	UPGRADE OF SHAMA HEALTH CENTRE	7,000,000,000	31/03/2004	31/12/2005	268,000,000.00	1,500,000,000		1,500,000,000	
	CONSTRUCTION OF NSAWORA HEALTH CENTRE (HIPC)	5,000,000,000	30/09/2003	31/12/2005	1,305,000,000.00	500,000,000			HIPC
	REHABILITATION OF GENERAL WARD AT DIXCOVE		31/03/2004	31/12/2005		400,000,000		400,000,000	

	UPGRADE OF HEALTH CENTRE TO DISTRICT HOSPITAL-JUABESO	6,253,908,991	15/12/2001	31/03/2004	3,745,542,914.00				OPEC
	CONSTRUCTION OF HEALTH CENTRE AT NKROFUL	673,463,006	15/12/2001	31/12/2003	673,463,006.00	7,200,000,000			
	Total					**16,331,046,718**	**500,000,000**	**7,300,000,000**	
	CONSTRUCTION OF HEALTH CENTRE AT SAMEYE	662,479,973	15/12/2001	31/12/2003	662,479,973.00				
AR	UPGRADE OF KUMASI SOUTH HEALTH CENTRE TO REGIONAL HOSPITAL		30/03/2000	31/12/2005		2,000,000,000		2,000,000,000	
	REFURBISHMENT BEKWAI HOSPITAL								ADB
	CONSTRUCTION OF HEALTH CENTRE AT AFRAMSO	1,807,767,506	31/03/2003	30/03/2004	1,380,343,112.00	427,424,448			SAUDI
	CONSTRUCTION OF HEALTH CENTRE AT ANHIASO	1,766,810,170	31/03/2003	30/03/2004	1,263,449,287.00	503,360,883			SAUDI
	CONSTRUCTION OF HEALTH CENTRE AT KTOKUOM	1,804,880,172	31/03/2003	30/03/2004	1,168,544,484.00	636,332,268			SAUDI
	CONSTRUCTION OF 3-UNITS JSQ AT ABREPO		30/03/2002	31/12/2004		500,000,000		500,000,000	
	COMPLETION OF XRAY COMPLEX AT EJURA HOSPITAL		30/03/2002	31/12/2004		300,000,000		300,000,000	
	REHABILITATION OF EFFIDUASE HOSPITAL (HIPC)	4,000,000,000	30/09/2003	30/06/2005	2,105,000,000.00	1,500,000,000			HIPC
	UPGRADE OF MANHYIA HEALTH CENTRE TO A POLYCLINIC		31/03/2000	31/12/2005		1,000,000,000	1,000,000,000		
	CONSTRUCTION OF 1 NO. CHPS FACILITY AT KWAME AGYEFROM-OFFINSO DISTRICT	200,000,000	31/03/2003	31/12/2004		200,000,000		200,000,000	

	CONSTRUCTION OF HEALTH CENTRE AT NKAWIE	667,347,229	15/12/2001	31/12/2003	667,347,229.00				OPEC
	UPGRADE OF HEALTH CENTRE TO HOSPITAL-NEW EDUBIASE	6,036,850,391	15/12/2001	31/03/2004	4,486,444,719.00	3,188,405,672			OPEC/GOG
	Total					**10,255,523,271**	**1,000,000,000**	**3,000,000,000**	
VR	REHABILITATION OF 3 NO. STAFF FLATS AT HOHOE		31/03/2002	31/12/2004		600,000,000		600,000,000	
	CONSTRUCTION OF HEALTH CENTRE AT JUAPONG	1,804,079,132	31/03/2003	30/03/2004	1,191,970,932.00	612,208,201			SAUDI
	CONSTRUCTION OF HEALTH CENTRE AT ADUTOR	1,886,684,391	31/03/2003	30/03/2004	1,586,976,277.00	299,708,114			SAUDI
	CONSTRUCTION OF HEALTH CENTRE AT ANYANUI	1,915,201,640	31/03/2003	30/03/2004	1,484,902,755.00	430,298,885			SAUDI
	COMPLETION OF DHMT AT KETA		31/03/2002	31/12/2004		250,000,000		250,000,000	
	REHABILITATION OF 2NO. BUNGALOWS OF 3-BEDROOMS & A 2-BEDROOM BOYS QUARTERS EACH AT MEDICAL VILLAGE		31/03/2002	31/12/2004		500,000,000		500,000,000	
	REAHBILITATION OF 3 NO. FLATS AT HO MEDICAL VILLAGE		31/03/2002	31/12/2004		600,000,000		600,000,000	
	INSTALLATION OF 4 NO. BOREHOLES PUMPS AT DAMBAI, JASIKAN, DZEMENI AND KWAMEKROM HEALTH CENTRES		31/03/2002	31/12/2004		300,000,000	300,000,000		
	CONSTRUCTION OF 3 NO. CHIPS FACILITY AT KADJEBI, JASIKAN, HOHOE		31/03/2003	31/12/2004		750,000,000		750,000,000	

	UPGRADE OF HEALTH CENTRE TO DISTRICT HOSPITAL-NKWANTA	6,272,667,299	15/12/2001	31/03/2004	6,165,904,908.00	1,744,762,391			OPEC/GOG
	CONSTRUCTION OF HEALTH CENTRE AT POASE CEMENT	645,592,497	15/12/2001	31/12/2003	645,592,497.00				OPEC
	CONSTRUCTION OIF HEALTH CENTRE AT KYINDERI	630,803,393	15/12/2001	31/12/2003	630,803,393.00				OPEC
	CONSTRUCTION OF OFFICES FOR RHMT AT HO					600,000,000		600,000,000	
	Total					**6,686,977,591**	**300,000,000**	**3,300,000,000**	
ER	REHAB OF KOFORIDUA REGIONAL HOS		31/03/2004	31/12/2004	452,208,288.00	1,000,000,000	1,000,000,000		
	UPGRADE OF NEW ABIREM HEALTH CENTRE (HIPC)	7,000,000,000	28/02/2004	31/12/2005	1,305,000,000.00	1,500,000,000			HIPC
	CONSTRUCTION OF HEALTH CENTRE AT POKROM	1,801,483,483	31/03/2003	30/03/2004	1,571,146,291.00	230,337,192			SAUDI
	CONSTRUCTION OF HEALTH CENTRE AT AJENA	1,785,350,037	31/03/2003	30/03/2004	1,331,079,587.00	454,270,449			SAUDI
	CONSTRUCTION OF HEALTH CENTRE AT ADEISO	1,747,888,162	31/03/2003	30/03/2004	1,233,513,151.00	514,375,011			SAUDI
	COMPLETION OF WARD BLOCK AT ASAMANKESE		31/03/2004	30/03/2005		800,000,000		800,000,000	
	REHABILITATION OF HEALTH CENTRE AT ABOMOSU		31/03/2004	31/12/2004		200,000,000		200,000,000	
	CONSTRUCTION OF SEWERAGE TREATMENT PLANT AT KOFORIDUA REGIONAL HOSPITAL		31/03/2004	31/12/2004		600,000,000		600,000,000	
	CONSTRUCTION OF HEALTH CENTRE AT APERADE	598,816,683	31/03/2004	31/12/2004	598,816,683.00				OPEC
	Total					**5,298,982,652**	**1,000,000,000**	**2,600,000,000**	

BAR	REHABILITATION OF HEALTH CENTRE AT NKRANNKWANTA		31/03/2004	31/12/2004	50,096,960.00	200,000,000	200,000,000		
	COMPLETION OF WORKS AT TANOSO HEALTH CENTRE (HIPC)	3,500,000,000	31/03/2004	31/12/2005	1,305,000,000.00	500,000,000			HIPC
	REHABILITATION OF HEALTH CENTRE AT WAMFIE		31/03/2004	31/12/2004		200,000,000	200,000,000		
	REHABILITATION OF SUBINSO HEALTH CENTRE		31/03/2004	31/12/2004		200,000,000	200,000,000		
	CONSTRUCTION OF HEALTH CENTRE AT BANDA AHENKRO	1,868,396,200	31/03/2003	30/03/2004	1,382,303,871.00	486,092,329			SAUDI
	CONSTRUCTION OF HEALTH CENTRE AT KWAME DANSO	1,863,130,140	31/03/2003	30/03/2004	1,242,120,372.00	621,009,768			SAUDI
	CONSTRUCTION OF SURGICAL WARD AT BECHEM HOSPITAL		31/03/2004	31/12/2004		300,000,000		300,000,000	
	REHABILITATION OF SAMPA HOSPITAL		31/03/2004	31/12/2004		600,000,000		600,000,000	
	CONSTRUCTION OF HEALTH CENTRE AT DAWADAWA		31/03/2004	31/12/2004		300,000,000		300,000,000	
	REHABILITATION OF HEALTH CENTRE AT SENE		31/03/2004	31/12/2004		200,000,000		200,000,000	
	REHABILITATION OF AKRODIE H. CTR		31/03/2004	31/12/2004		300,000,000		300,000,000	
	CONSTRUCTION OF HEALTH CENTRE AT DROMANKESE	667,347,229	15/12/2001	31/12/2003	667,347,229.00				OPEC
	CONSTRUCTION OF HEALTH CENTRE AT PRANG	643,839,467	15/12/2001	31/12/2003	643,839,467.00				OPEC
	Total					**3,907,102,097**	**600,000,000**	**1,700,000,000**	
NR	REHABILITATION OF WULENSI HEALTH CENTRE		31/03/2004	31/12/2004		350,000,000		350,000,000	
	CONSTRUCTION OF HEALTH CENTRE AT SAWLA		31/03/2004	31/12/2004		600,000,000		600,000,000	

	REHABILITATION OF JIMLE HEALTH CTR (HIPC) Relocation		31/03/2004	31/12/2005	1,305,000,000.00	500,000,000			HIPC
	CONSTRUCTION OF HEALTH CENTRE AT YAPEI		31/03/2004	31/12/2004		600,000,000		600,000,000	
	PROVISION OF ELECTRICAL AND WATER SYSTEMS AT NKANCHINA HOSPITAL		31/03/2004	31/12/2004		300,000,000	300,000,000		
	REHABILITATION OF 1 NO. WARD AT DAMANGO HOSPITAL		31/03/2004	31/12/2004		500,000,000	500,000,000		
	REHABILITATION OF STAFF HOUSES AT SABOBA HOSPITAL		31/03/2004	31/12/2004		300,000,000		300,000,000	
	CONSTRUCTION OF 5 NO. CHPS FACILITIES AT SELCETED AREAS		31/03/2004	31/12/2004		750,000,000		750,000,000	
	UPGRADE OF HEALTH CENTRE TO HOSPITAL-BIMBILLA	6,932,892,331	15/12/2001	31/03/2004	5,473,402,453.00	3,739,489,878			OPEC/GG
	CONSTRUCTION OF HEALTH CENTRE AT MPAHA	656,083,807	15/12/2001	31/12/2003	656,083,807.00				OPEC
	CONSTRUCTION OF HEALTH CENTRE AT ABROMASE	648,539,967	15/12/2001	31/12/2003	648,539,967.00				OPEC
	Total					**7,639,489,878**	**800,000,000**	**2,600,000,000**	
UWR	COMPLETION OF ADMINISTRATION BLOCK AT TUMU HOSPITAL		31/03/2004	31/12/2004		300,000,000	300,000,000		
	CONSTRUCTION OF BAWIESIBELLE HEALTH CENTRE	2,350,000,000	31/03/2004	31/12/2005		1,500,000,000	1,500,000,000		
	EXTENSION OF WATER TO RESIDENTIAL FACILITY AT AIRSTRIP		31/03/2004	31/12/2004		200,000,000		200,000,000	
	REHABILITATION OF JIRAPA HOSP. (HIPC)		31/03/2004	31/12/2004	2,001,000,000.00	1,000,000,000			HIPC

	COMPLETION OF BUNGALOW FOR REGIONAL HOSPITAL AT WA		31/03/2004	31/12/2004		350,000,000		350,000,000	
	MAJOR REHABILITATION OF WA HOSPITAL (DETAILED A+E STUDIES)		31/03/2004	31/12/2004		300,000,000		300,000,000	
	COMPLETION OF MATERNITY BLOCK AT NANDOM HOSPITAL		31/03/2004	31/12/2004		600,000,000		600,000,000	
	COMPLETION OF TWIN MATERNITY BLOCK AT NADOWLI		31/03/2004	31/12/2004		430,000,000	430,000,000		
	CONSTRUCTION OF 3 NO. CHPS FACILITIES SISSALA, NADOWLI AND LAWRA DISTRICTS		31/03/2004	31/12/2004		750,000,000		750,000,000	
	Total					**5,430,000,000**	**2,230,000,000**	**2,200,000,000**	
UER	CONSTRUCTION OF MORTUARY AT ZEBILLA DISTRICT HOSPITAL		31/03/2004	31/12/2004		300,000,000	300,000,000		
	REHABILITATION OF WAR MEMORIAL HOSPITAL, NAVRONGO (HIPC)		31/03/2004	31/12/2004	1,827,000,000.00	1,000,000,000			HIPC
	COMPLETION OF HEALTH CENTRE AT BONGO-SOE		31/03/2004	31/12/2004		400,000,000		400,000,000	
	COMPLETION OF KOLOGO HEALTH CENTRE		31/03/2004	31/12/2004		500,000,000		500,000,000	
	COMPLETION OF 2 HEALTH CENTRE AT SAPELIGA		31/03/2004	31/12/2004		400,000,000		400,000,000	
	REHABILITATION OF CHIANA HEALTH CENTRE		31/03/2004	31/12/2004		400,000,000	400,000,000		
	REHABILITATION OF SANDEMA DISTRICT HOSPITAL		31/03/2004	31/12/2004		400,000,000		400,000,000	

	REHABILITATION OF WARINYANGA HEALTH CENTRE		31/03/2004	31/12/2004		400,000,000	400,000,000		
	CONSTRUCTION OF 3 NO. CHPS FACILITIES AT SELCETED AREAS		31/03/2004	31/12/2004		500,000,000		500,000,000	
	COMPLETION OF FENCE WALL AT NAVRONGO					400,000,000	400,000,000		
	CONSTRUCTION OF HEALTH CENTRE AT BUGRI	612,913,600	15/12/2001	31/12/2003	612,913,600.00				OPEC
	Total					**4,700,000,000**	**1,500,000,000**	**2,200,000,000**	
MOH-HQ	MATCHING FUND PROJECTS FOR OPEC		31/07/2002	31/12/2004		2,000,000,000	2,000,000,000		
	MATCHING FUND PROJECTS FOR BADEA		31/03/2004	31/12/2006		2,000,000,000	2,000,000,000		
	MATCHING FUND FOR ORET PROGRAMME SUPPORTED BY THE DUTCH GOVT		30/08/2004	31/12/2006		2,000,000,000	2,000,000,000		
	MATCHING FUND PROJECTS FOR ADB III		31/03/2004	31/12/2006		2,000,000,000	2,000,000,000		
	REHABILITATION OF MOH-HQ BUILDINGS AND OFFICES FOR AMBULANCE SERVICES		15/02/2004	31/12/2004		2,500,000,000		2,500,000,000	
	REFURBISHMENT OF CENTRAL MEDICAL STORES		31/01/2004	31/10/2004		8,000,000,000		8,000,000,000	
	PROCUREMENT OF TRANSPORT AND EQUIPMENT		31/03/2004	31/12/2004		15,000,000,000		15,500,000,000	
	CONSTRUCTION OF CLASSROOMS AND OFFICES FOR THE SCHOOL OF ALLIED HEALTH		30/07/2004	31/12/2007		2,000,000,000		2,000,000,000	
	UPGRADING OF POLYC LINCS IN GT ACCRA		31/03/2004	31/07/2006					

	REGION(MAAMOBI, MAMPROBI & KANESHIE					3,000,000,000			HIPC
	OUTSTANDING BILLS FOR 2003/MOH/TEACHING HOSPITALS					3,000,000,000	3,000,000,000		
						41,500,000,000	**11,000,000,000**	**28,000,000,000**	
TRG. SCHS	REFURBISHEMNT OF NTC IN CAPE COAST		31/03/2004	30/06/2005		1,500,000,000		500,000,000	1,000,000,000 HIPC
	EXPANSION OF CLASSROOOMS AND DORMITORIES AT NTC - SEKONDI		31/03/2004	30/06/2005		1,500,000,000		1,000,000,000	500,000,000 HIPC
	CONSTRUCTION OF HOSTELS & CLASSROOMS FOR CHNTS, ESIAMA		31/03/2004	30/06/2005	1,305,000,000	300,000,000			HPIC
	COMPLETION OF WORKS AT THE CHNTS, FOMENA		31/03/2004	30/06/2005	2,175,000,000	2,500,000,000			HPIC
	COMPLETION OF REHAB WORKS AT RHTS KINTAMPO		31/03/2004	30/06/2005	2,175,000,000	500,000,000			HIPC
	COMPLETION OF WORKS AT CHNTS, NAVRONGO (HIPC)		31/03/2004	30/06/2005	2,175,000,000	300,000,000			HIPC
	EXPANSION OF KORLE BU NTC					2,500,000,000			HPIC
	EXPANSION OF PANTANG NTC					2,000,000,000			HPIC
	EXPANSION OF TAMALE NTC					1,500,000,000			HPIC
	EXPANSION OF HO NTC					2,000,000,000			HPIC
	COMPLETION OF SUNYANI NTC					2,000,000,000			HPIC
	REFURBISHMENT OF NTC IN KUMASI		31/03/2004	30/06/2005		2,000,000,000			HIPC
	CONSTRUCTION OF CLASSROOMS AT MIDWIFREY TRAINING SCHOOL AT MAMPONG		31/03/2004	30/06/2005		1,000,000,000		1,000,000,000	

	REHABILITATION OF COMMUNITY HEALTH SCHOOL - TAMALE		31/03/2004	30/06/2005		1,000,000,000		1,000,000,000	
	PROVISION OF ADDITIONAL CLASSROOMS & LIBRARY AT MIDWIFREY TRAINING SCHOOL, BOLGATANGA		31/03/2004	30/06/2005		900,000,000		500,000,000	400,000,000 HIPC
	REHABILITATION OF SCHOOL OF HYGIENE IN ACCRA		31/03/2004	30/06/2005		1,000,000,000		1,000,000,000	
	REHABILITATION OF SCHOOL OF HYGIENE AT TAMALE		31/03/2004	30/06/2005		1,000,000,000		1,000,000,000	
	EXPANSION OF CLASSROOMS AND DORMITORIES AT KOFORIDUA NTC		31/03/2004	30/06/2005		1,500,000,000		1,000,000,000	500,000,000 HIPC
	CONSTRUCTION OF CHNTS, SEFWI WIAWSO					600,000,000		600,000,000	
	MISSION TRAINING SCHOOLS								
	CONSTRUCTION OF CLASSROOMS AND 3 NO. SEMI-DETACHED QTER'S AT BEREKUM NTC		31/03/2004	30/06/2005		1,000,000,000		500,000,000	500,000,000 HIPC
	EXPANSION OF AGOGO NTC		31/03/2004	30/06/2005		1,000,000,000			HIPC
	EXPANSION OF MIDWIFERY SCHOOL AT OFFINSO		31/03/2004	30/06/2005		500,000,000			HIPC
	EXPANSION OF NKAWKAW NTC		31/03/2004	30/06/2005		1,000,000,000		500,000,000	500,000,000 HIPC
	EXPANSION OF ATIBIE, MTS					500,000,000			HIPC
	EXPANSION OF JIRAPA NTC					1,000,000,000			HIPC
	EXPANSION OF BAWKU NTC					1,000,000,000			HIPC
	TOTAL					**30,600,000,000**		**8,600,000,000**	

TERTIARY									
K'BU TEACH. HOSP.	REFURBISHMENT OF MEDICAL BLOCK		31/03/2004	31/12/2005		2,000,000,000		2,000,000,000	
	REFURBISHMENT OF MATERNITY BLOCK		31/03/2004	31/12/2005		2,000,000,000		2,000,000,000	
	RENOVATION OF OPD FOR CARE FOR AIDS PATIENTS		31/03/2004	30/06/2004		600,000,000		600,000,000	
	COMPLETION OF 14NO SSNIT FLATS		31/03/2004	30/06/2005		25,000,000,000			SSNIT
	REHABILITATION OF CHILDREN'S BLOCK		31/03/2004	31/12/2005		1,500,000,000		1,500,000,000	
	REHABILITATION OF OFFICES FOR CLINICAL GEN.		31/03/2004	31/12/2004		400,000,000	400,000,000		
	TOTAL					**31,500,000,000**	**400,000,000**	**6,100,000,000**	
KOMFO ANOKYE TEACH. HOSP.	COMPLETION OF MATERNITY AND CHILD. BLOCK		31/03/2004	31/12/2006		3,000,000,000	3,000,000,000		
	CONSTRUCTION OF DOCTORS FLATS		28/02/2004	30/06/2005		3,000,000,000		3,000,000,000	
	CONSTRUCTION OF NURSES FLATS		30/04/2004	29/04/2005		2,000,000,000		2,000,000,000	
	COMPLETION OF WORKS AT POLYCLINIC		28/02/2004	31/12/2004		2,000,000,000		2,000,000,000	
	TOTAL					**10,000,000,000**	**3,000,000,000**	**7,000,000,000**	
TAMALE	TAMALE TEACHING HOSPITAL		30/06/2004	31/12/2006		**14,000,000,000**		**14,000,000,000**	
STAT/SUB.	CONST.OF OFFICES OF PHYSICIANS AND SURGEONS		31/03/2004	31/12/2004		6,000,000,000		6,000,000,000	
	CONST.OF OFFICES AND LAB FOR FOOD AND DRUGS BOARD		31/03/2004	31/12/2004		1,500,000,000		1,500,000,000	
	CONST.OF FIRST AID AND TRG CENTRE		31/03/2004	31/12/2004		500,000,000	500,000,000		
	CONST.OF OFFICES FOR PHMHB		31/03/2004	31/12/2004		800,000,000		300,000,000	
	CONST. OF OFFICES FOR NURSES AND MIDWIVES		31/03/2004	31/12/2004		1,500,000,000	2,000,000,000		
	REHABILITATION OF PHARMACY COUNCIL		31/03/2004	31/12/2004		300,000,000		300,000,000	

	TOTAL					**10,600,000,000**	**2,500,000,000**	**8,100,000,000**	
			31/03/2004	31/12/2004					
	OVERALL TOTAL					**234,915,671,497**			
	SUMMARY FOR 2004 BUDGET (Excluding HIPC, and turnkey sources)								
	GHS HEAD QUARTERS - PROJECTS					5,050,000,000			
	MOH - HQ AND - MATCHING FUNDS PROJECTS					39,000,000,000			
	REPLACEMENT OF EQUIPM,ENT AND TRANSPORT					15,000,000,000			
	ACCRA MENTAL HOSPITAL					1,300,000,000			
	PATANG PSYCHIATRIC HOSPITAL					2,000,000,000			
	ANKAFUL					1,800,000,000			
	GREATER ACCRA REGION					2,400,000,000			
	CENTRAL REGION					3,400,000,000			
	WESTERN REGION					7,800,000,000			
	ASHANTI REGION					4,000,000,000			
	VOLTA REGION					3,600,000,000			
	EASTERN REGION					2,600,000,000			
	BRONG-AHAFO REGION					2,300,000,000			
	NORTHERN REGION					3,400,000,000			
	UPPER WEST REGION					4,430,000,000			
	UPPER EAST REGION					3,700,000,000			
	TRAINING SCHOOLS					8,600,000,000			
	KORLE-BU TEACHING HOSPITAL					6,500,000,000			
	KOMFO ANOKYE					10,000,000,000			
	TAMALE					14,000,000,000			

	STATUTORY BODIES/SUBVENTED ORG.					10,600,000,000			
	OVERALL TOTAL					**150,880,000,000**			
	SUMMARY BY LEVELS					**TOTAL BUDGET**	**% POINT**		
	GHANA HEALTH SERVICE					47,780,000,000	31.7		
	MINISTRY OF HEALTH					39,000,000,000	25.8		
	TAMALE TEACHING HOSPITAL					14,000,000,000	9.3		
	STATUTOTY BODIES					10,6000,000,000	7.0		
	KOMFO ANOKYE TEACHING HOSPITAL					10,000,000,000	6.6		
	TRAINING SCHOOLS					8,600,000,000	5.7		
	KORLE BU TEACHING HOSPITAL					6,500,000,000	4.3		
	REPLACEMENT OF EQUIPMENT & TRANSPORT					15,000,000,000	9.9		
	TOTAL					**150,880,000,000**	**100**		

NB: Allocation to MOH/HQ is mainly for the matching-fund for turnkey projects