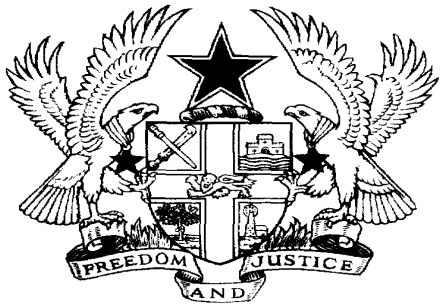

THE GHANA HEALTH SECTOR

2005 PROGRAMME OF WORK

Theme: Bridging the Inequality Gap: Addressing Emerging Challenges with Child Survival

MINISTRY OF HEALTH

January 2005

ACRONYMS

ACT	Amodiaquine-Artemisinin Combination
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
CHOs	Community Health Officers
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
CWIQ	Core Welfare Indicator Questionnaire
DA	District Administration
DHMTs	District Health Management Teams
DOTS	Directly Observed Treatments
DPT3	Diphtheria Pertussis Tetanus
EOC	Essential Obstetric Care
EPI	Expanded Programme on Immunization
FDB	Food & Drugs Board
5YPOW	5 Year Programme of Work
GAFTRAM	Ghana Federation of Traditional Medicine Practitioners
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 Organizations
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
PA	Procurement Agency
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
RBM	Roll Back Malaria
RH	Reproductive Health
RHMTs	Regional Health Management Teams
S.A.F.E	Skilled Attendance For Everyone
STI	Sexually Transmitted Infections
TB	Tuberculosis
TBA	Traditional Birth Attendant
THs	Teaching Hospitals
TT	Trichiasis
VCT	Voluntary Counselling Testing
WAN	Wide Area Network
WHO	World Health Organization

MESSAGE FROM THE MINISTER

Health is a central pillar in Government's human development agenda and indeed an underlying condition for Government's overall strategy for accelerated growth in the country. Government is therefore committed to improving the health status of all Ghanaians. In line with this commitment, the health sector has continued to attract increasing attention from central Government. Specifically, funding for the sector has been increasing in the last four years. The health sector has also been protected against budgetary cuts in the face of major resource constraints in the country.

Yet, progress in health status and health service indicators has been mixed. Infant and Under Five mortality rates have stagnated after a period of sustained improvements since independence in 1957. Guineaworm eradication stalled and access to clinical has stagnated. If these trends continue, Ghana will neither achieve the Five-Year Programme of Work targets by 2006 nor the Millennium Development Goals by 2015.

The 2005 Programme of Work is intended to lay the basis for reversing this trend. It is designed to focus the resources and efforts of key players in the health sector on what matters:

- Mainstreaming the pro-poor agenda in the health sector
- Improving the quality of clinical services and accelerating the key public health interventions, especially malaria control
- Pursuing intersectoral collaboration in order to address the broader determinants of health
- Increasing overall financial resources to the sector and ensuring pro-poor and equitable allocation
- Enhancing performance measurement, monitoring and use of information to improve productivity in the sector.
- Full implementation of the National Health Insurance Scheme
- Implementing the Ghana Ambulance Service

The programme of work acknowledges the role of the public sector in service delivery, regulations and stewardship, but recognises that the public sector alone cannot implement the above priorities. Consequently, institutional development within the public sector will be carried out along side partnership building. Partnerships will be forged between the public health sector and the private sector, other MDAs, communities and with development.

The programme of Work has set the agenda of what needs to be done. The challenge is to ensure implementation and accountability.

I therefore wish to call on all stakeholders to apprise themselves of the objectives, priorities, strategies and targets spelt out in the Programme of Work and to re-align their funds and activities in support of its implementation. Together we can confront the challenges in the health sector.

Major Courage Quashiga
Hon Minister of Health

TABLE OF CONTENT

1. INTRODUCTION

The Government of Ghana is committed to improving the health status and maximizing the potential healthy life years of all individuals living in Ghana by working in partnership with Development Partners, other Ministries, Departments and Agencies (MDAs), the private sector, Non Governmental Organizations, communities and individuals. This commitment to health is expressed through the Five Year Programme of Work 2002-2006 (5YPOW).

The 5YPOW spells out the objectives, strategies and targets to be achieved by the end of 2006. However, each year, an annual programme of work is developed to provide the policy thrust and resource envelope for that particular year. The progress and lessons from previous years nevertheless shape the policy thrust for the annual programme of work.

This year, 2005, marks the fourth year into the implementation of the 5YPOW. The thrust for the year is therefore based on achievements and constraints in the last three years with an eye on targets set for 2006. Progress during the first three years of implementing the 5YPOW has been mixed. For example the coverage of EPI and family planning services improved; outpatient per capita and coverage of DOTs were sustained. The sector however recorded a decline in both Guineaworm and polio eradication. Slow progress was recorded in scaling up known cost effective interventions such as Integrated Management of Childhood Illnesses (IMCI), and interventions such as ITNs and IPT that are required for preventing malaria.

The 2003 Demographic and Health Survey (published in 2004) revealed that the sustained decreases in infant and child mortality rates recorded since 1993 are being reversed, in spite of growing investments in the health sector. The reasons for this reversal are being analyzed. Nevertheless, the focus of this programme of work is to implement credible programmes that will put the country back on track towards the Millennium Development Goal of reducing child mortality by thirds of the 1990 level by 2015. We believe this is possible because of the positive trend in the Upper East region where Under Five Mortality Rates dropped by about 50% between 1998 and 2003.

The theme for the 2005 programme of Work is "***Bridging the inequalities gap: addressing emerging challenges with child survival'***. In line with this theme, the lessons in the Upper East Region will be documented and used to guide scaling up of child survival and development programmes to other regions. Other priorities to be addressed in the programme of work are:

- Mainstreaming the pro-poor agenda in the health sector
- Improving the quality of clinical services and accelerating the key public health interventions, especially malaria control
- Pursuing intersectoral collaboration in order to address the broader determinants of health

- Increasing overall financial resources to the sector and ensure pro-poor and equitable allocation
- Enhancing performance measurement, monitoring and use of information to improve productivity in the sector.
- Full implementation of the National Health Insurance Scheme
- Implementing the Ghana Ambulance Service

These priorities will be implemented in a changing and challenging health context. The national health insurance scheme will change the financing and provision of health services and lead to changes in patient expectations. The health system will need to be reconfigured to respond to these changes.

Secondly, efforts to increase access to health services through the expansion of health infrastructure are likely to be undermined by the ongoing brain drain of health professionals unless we implement credible programmes for retaining and attracting human resources in the sector.

Thirdly, even in the current environment in which the health sector is under-funded and under-resourced, there are still pockets of low productivity and wastage. Decentralization of health systems seems not to have been translated into improved productivity. Indeed, marked variations in regional performance have been recorded. Greater promotion of accountability and ensuring value for money investments will therefore be required.

The 2005 programme of work represents the collective response of the MOH, Agencies and Partners to these challenges and priorities. It is not an action plan. Instead, it is a re-iteration of the goals, objectives, targets and priorities defined in the 5YPOW. The priorities for 2005 are nevertheless based on the experiences in the last three years.

The POW is a tool for stewardship of MOH, Agencies, and Partners activities. It is a framework to guide Governments and Partners investments in the health sector and lays the basis for MOH and Partners to account for results and resources. It is also intended to guide the preparation of annual Medium Term Expenditure Framework (MTEF) plans by all Agencies and Budget and Management Centres (BMCs) in the health sector. The POW does not try to subvert local planning and replace it with centralized planning and control that is insensitive to the need of local communities, household and individuals.

As in the earlier documents, this programme of work is structured to reflect the health sector priorities and functions. It places the priority health interventions and services at the centre and defines more explicitly the capital and human resource investments required to achieve the sector-wide objectives. The programme of work is results driven; and states outputs and outcomes to be achieved.

2. GOALS, OBJECTIVES AND TARGETS

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) shown in box below provide the basis for priority action in health with special emphasis on bridging the inequalities gap. In line with the principles and objectives of the Ghana Poverty Reduction, implementation in 2005 will give priority to developing and targeting health programmes and services to the poor people, to the deprived regions and districts, and to the most vulnerable in society such as the elderly.

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

- ***Increased geographical and financial access to basic services***
- ***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***
- ***Sustainable financing arrangements that protects the deprived and vulnerable***

Also in line with the theme of the 5YPOW II, 'Partnerships for Health: Bridging the Inequalities Gap' the MOH will implement multiple strategies for addressing inequalities in health through extensive partnership with other agencies and providers such as other Ministries, the Private Sector and Civil Society.

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 2003, the targets we intend to achieve by the end of 2005 and targets to be achieved by the 2006. Specific expected outputs have also been defined for each intervention.

Sector-wide Indicators and Targets

Indicator	***Performance***			***Targets***		
	2001	2002	2003	2004	2005	2006
Improved health status						
Infant Mortality Rate per 1000 live births	57		64	NA	NA	50
Under five mortality Rate per 1000 live births	108		111	NA	NA	95
Maternal Mortality Ratio per 100, 000 live births	214			NA	NA	150
HIV sero prevalence (%)	3	3.4	3.6	3.6	3.4	2.6
Under five malaria case fatality rate (%)	1.7	3.67	3.70	3.50	3.00	1
Improved Service Outputs and Health Service Performance						
Outpatient per capita	0.49	0.48	0.5	0.55	0.6	0.6
Hospital admission rates per 1000 population	34.9	34.1	35.9	38	40	40
Bed occupancy rates (%)	64.6	65.5	64.1	65%	70	80
Under five who are malnourished	25	NA	33	33	NA	20
Tuberculosis Cure Rates (%)	44.9	48.9	53.8	58	60	63
% FP acceptors	24.9	21	22.6	24	30	40
% ANC coverage	98.4	93.7	91.2	94	98	99
% PNC coverage	52.5	53.6	55.8	57	65	
% Supervised deliveries	50.4	32	55	60	60	60
% EPI coverage (Penta)	76.30	77.9	76	80	85	85
% EPI coverage (measles)	82.4	83.70	79	85	90	90
Guinea worm cases	4733	5545	8290	5000	3500	0
No. of specialized outreach services carried out	141	158	NA	158	160	200
Improved Quality of Care						
% Tracer drug availability	70	NA	85	90	90	95
% Maternal deaths audited	10	50 – 84	85	85	85	50
AFP non polio rate (%)	2.80	NA	1.30	>1	>1	>1
Improved Level and Distribution Health Resources						
Doctor to Population ratios by regions	1:22,811	1:22,193	1:17,489	1:16,500	1:16,000	1:16,500
Nurse to Population ratios by regions	1:2,034	1:2,079	1:2,598	1:2,000	1:1,800	1:1,500
No. CHPS compounds established	19	39	55	85	250	400
% GoG budget spent on health	9.1	7.6	9.8	12.9	13	10
%GOG recurrent budget spent on health	10.2	10.5	12.1	14	14	15
Proportion of non-wage recurrent budget spent at district level	48.6	40.9	39.5	43	45	43

% Donor funds Earmarked	62.3	NA	5	45	40	40
% IGF from pre-payment and community insurance schemes	3	NA	NA	5	10	20
% Recurrent budget from GOG and health fund allocated to private sector, CSOs, NGOs and other MDAs	1.2	NA	NA	1.8	2	2
% Recurrent budget spent on exemptions	3.6	3.2	NA	6	7	8

3. PRIORITY HEALTH INTERVENTIONS

The priority for 2005 is to scale up implementation of priority health interventions of proven efficacy. These interventions are structured around four inter-related themes consistent with the health sector response to the burden of disease in the country. These themes have also been selected to provide us with a good opportunity for achieving the targets defined in the 5YPOW and lay the basis for achieving the Millennium Development Goals.

The first theme is improving maternal and child health. Under this theme we will package and deliver maternal and child health interventions that provide the greatest probability of improving maternal health and promoting child survival and development.

The second thematic area is communicable disease control. Our priority under this theme is to control communicable diseases such as HIV/AIDS, Tuberculosis, Malaria and Guinea worm for which a large unfinished agenda still exists in the country. We will also invest in the control of diseases such as Buruli ulcer, Filariasis, Leishmaniasis, Onchocerciasis, Yaws and Trachoma that almost exclusively affect the poor.

The third thematic area is non communicable disease. Our priority in this area is to develop policies and programmes for addressing the non communicable diseases that are slowly becoming major health problems and yet to date we do not have a credible control programme.

The fourth thematic area is health promotion and nutrition. The health promotion and nutrition thematic area constitute a crosscutting response aimed at addressing risk factors associated with diseases. Box below shows the list of priority interventions.

Priority Health Interventions

- Improving Maternal and Child Health
  - Child Health Services
  - EPI including Polio eradication and Measles Elimination
  - Maternal and Reproductive Health Services
  - Adolescent Health and Development Services
- Controlling Communicable Diseases
  - HIV/AIDS and STI Prevention and Control
  - Tuberculosis
  - Malaria Control
  - Guineaworm Eradication
  - Control of Neglected Communicable Diseases that affect the poor almost exclusively
- Preventing and Controlling Non Communicable Diseases
- Health Promotion and Nutrition

Improving Maternal and Child Health

Child Health Services

The 2003 Ghana Demographic and Health Survey (GDHS) reported a lack of improvement in child survival and development in Ghana. Against the expected trends established since 1988, the 2003 GDHS reported increases in Infant Mortality Rates (IMR) from 57 per 1000 live births in 1998 to 64 per 1000 live births in 2003. Similarly, Under Five Mortality Rate (U5MR) increased from 108 per 1000 live births in 1998 to 111 per 1000 live births in 2003.

If this trend continues, the 5YPOW target of 50 per 100 live births for IMR and 95 per 1000 live births for U5MR in 2006 will not be achieved. Similarly, the Millennium Development Goal (MDG) of reducing CMR by two-thirds of 1990 levels by 2015 will also not be achieved. In spite of the worsening IMR and CMR at the national level, the 2003 GDHS also showed significant reduction in IMR and CMR in Upper East regions where the Accelerated Child Survival and Development Programme is being implemented in all districts. In the Upper East region, CMR dropped from 155.8 in 1998 to 79 in 2003 while IMR dropped from 81.5 per 100 live births in 1998 to 33 per 1000 live births. This picture gives hope that with improved packaging, delivery and targeting of child health interventions, the worsening trends in child survival and development in the country may be reversed and indeed the MDGs may be achieved.

The implementation of the complete Integrated Management of Childhood Illnesses (IMCI) would be instrumental in this regard. IMCI has been established as a cost-effective approach to improving child survival and development. Ghana started implementing IMCI in November 1999 after baseline survey in 1998. Nevertheless, the pace of implementation of the IMCI has been rather slow. Currently 62 out of the 138 districts have at least one health personnel trained in IMCI and only 20 districts are implementing the full IMCI package including community IMCI. The lessons in implementation of ACSD and the constraints to implementing IMCI will be documented to guide scaling up interventions for improving child survival and development.

The priority activities for 2005 would include:

- Document and translate the lessons from the packaging and provision of Child Health interventions in the Upper East region into a national level strategy
- Evaluate constraints to the scaling up IMCI
- Scale up implementation of the complete IMCI package including community IMCI from 20 districts to all districts
- Support all pre-service training institutions to integrate IMCI into their curricula
- Organize Child health Week

Expected Output/Results

- *National strategic plan for packaging and provision of child health interventions developed in the light of lessons from Upper East*
- *138 districts implementing complete IMCI package*

EPI including Polio Eradication and Measles Elimination

The Expanded Programme on immunization (EPI) is a key strategy for improving child survival and development. EPI coverage in the country has been very encouraging even though a lot still remains to be done. In 2003, no district reported Penta3 coverage of less than 50%, 57% of districts reported penta 3 coverage of between 50 and 80%, and 53% of districts reported over 80% coverage. The high levels of coverage of up to 100% coverage recorded in NIDs combined with improved surveillance of Acid Flaccid Paralysis (AFP) and synchronization of National Immunization Days (NID) implementation between Ghana and neighbouring countries should enable us reverse the gains in polio eradication efforts. The thrust for the EPI programme is to sustain the high levels of immunization coverage, including sustaining NIDs, and targeting services to hard–to–reach areas. Recent initiatives aimed at improving quality of data through data quality audits and coverage surveys will also be sustained.

The priority activities would be to:

- Undertake four rounds of NIDs as part of the international programme to eradiate polio
- Support micro-planning exercise aimed at defining and targeting hard to reach areas
- Provide boat services to hard to reach and over seas communities
- Provide technical support to relatively poor performing districts to improve their immunization coverage
- Organize Measles and Neonatal Tetanus campaigns
- Maintain the AFP surveillance system through improving case detection rates, and timeliness and adequacy of stool specimen
- Revise and test EPI indicators to capture progress in hard to reach areas.
- Conduct data quality audits and EPI coverage survey.

Expected Output/Results

- *4 rounds of NIDs implemented with coverage not less than 95% in each NID*
- *80% coverage for DPT-Hib-Hep3 and OPV3*
- *No district has penta 3 coverage of less than 60% with at least 60% of districts having coverage more than 80%*
- *At least non-Polio AFP Rate of >1 per 100,000 achieved for all regions*
- *Over 80% of stool specimen of AFP taken in less than 14 days*

Maternal and Reproductive Health Services

Improving maternal health outcomes is a key priority of the 5YPOW. Progress in this area as measured by Maternal Mortality Ratio (MMR) in the country is however largely unknown. The 214 per 100 000 live births that is quoted in many document was estimated in 1994 by the Ghana Statistical Service. Indeed some commentators claim that the current MMR is probably higher than 1993 level. The MOH and Partners have therefore started planning for a maternal mortality survey that hopefully will be implemented in 2005.

The trends in key sector-wide indicators for Maternal and Reproductive Health services have shown steady and sustained increases since 2002. Coverage of antenatal care is over 90% in all regions. Coverage of supervised delivery, (excluding delivery by TBA), though rising, is still too low at 44.3%, with marked regional variations. There has also been a steady increase in family planning coverage. The contraceptive prevalence rate for modern methods has increased from 13% in 1998 to 19% in 2003. (2003 GDHS) However, the unmet need for family planning remains the same.

The national RH policy and standards document has been revised to provide new focus for improving access to quality RH services and for reducing maternal and neonatal morbidity and mortality towards the Millennium Development Goal for maternal health. The policy emphasizes preventive and promotive aspects of safe motherhood, improving access to emergency essential obstetric care and increasing coverage of family planning services to reduce unmet need for family planning and unwanted pregnancies, and prevent reproductive tract infections and STIs including HIV/AIDS.

The thrust for 2005 will be to increase access to quality essential obstetric and other reproductive health services emphasizing family planning services. Exemptions for ANC and for deliveries in all regions will also be sustained. The indicators for measuring reproductive health services will be revised to cover important strategic issues such as essential obstetric care. The CHPS programme will also be re-oriented to provide delivery services through the provision of midwifery skills to CHOs.

Priority activities would include:

- Develop a National Reproductive Health Strategic Plan
- Sustain the ANC coverage while improving its quality
- Sustain delivery exemption policies and document lessons including the impact of exemptions on maternal health outcomes
- Revise and pre-test indicators for measuring maternal health
- Conduct a survey on maternal mortality
- Assess the extent to which facilities are designed to respond to Maternal and Child Health services
- Strengthen health institutions through training of health providers and provision of existing health institutions in the delivery of package of RH services including Emergency Obstetric Care

- Access the availability of EOC
- Revise curriculum for training CHOs to provide delivery services
- Intensify integration of STI management into family planning
- Roll out the implementation of the contraceptive security strategy
- Make maternal death a notifiable event

Expected Output/Results

- *60% supervised delivery coverage*
- *28% FP acceptor rate*
- *98% ANC coverage*
- *65% PNC coverage*
- *85% maternal deaths audited*
- *100% CHO training institutions adopted curriculum for deliveries*
- *Revised sector-wide indicators for monitoring RH services*

Adolescent Health and Development Services

Traditionally the needs of young people have not been adequately incorporated in the design and provision of health services. However, this is changing. The revised National Reproductive Health Policy and Standards incorporates needs of adolescents. The health sector has also progressed steadily in incorporating adolescent friendly services in the public, CHAG, and private health institutions with the support of an established National Adolescent Health and Development resource team in the Ghana Health Service (GHS) and Christian Health Association of Ghana (CHAG). Training of trainers in delivery of adolescent health services have been organized in 9 out of 10 regions. A number of institutions have started providing adolescent friendly health services. In 2005, we intend to document lessons and good practices with the implementation of adolescent friendly services in health institutions. We will build on these lessons to scale up the implementation of adolescent friendly health services.

Priority activities would include:

- Document lessons and good practices from the various initiatives of adolescent friendly health services in the country
- Develop a strategy for integrating adolescent health services into routine health services and re-orienting service providers in public and private sector
- Develop guidelines for providing adolescent friendly health services
- Conduct rapid appraisal of the implementation of adolescent health and development programme in the health sector

Expected Output/Results

- *Adolescent health strategy developed*

- *Guidelines for implementing adolescent services in health institutions developed*
- *20% of health institutions with adolescent corners*

Control of Communicable Diseases

HIV/AIDS and STI Prevention and Control

HIV/AIDS prevalence has increased marginally from 3.4% in 2002 to 3.6% in 2004. At the current level, the HIVAIDS prevalence in the country is lower than the levels in Eastern, Central and Southern African countries. However, the HIV/AIDS prevalence is dangerously close to the 5% level at which an exponential increase in prevalence may occur. Notably, HIV/AIDS prevalence above the 5% mark has already been recorded in Central and Eastern regions and in 5 of the 29 sentinel sites, thus creating an uneasy calmness about the relatively low levels of HIV/AIDS.

A window of hope for consolidating the low levels of HIV/AIDS nevertheless exists in the country. The HIV prevalence among adolescents is decreasing. Synergies for keeping this relatively low level in the population could be derived from the greater emphasis the health sector is giving to adolescent health issues. The Ghana AIDS commission has just coordinated a national response for HIV/AIDS and is preparing a revised national strategic framework. Ghana has also adopted the WHO 3 by 5 initiative as the framework for scaling up HIV/AIDS, prevention, treatment and control. A workplace policy on HIV/AIDS has been developed and disseminated.

The focus within this broad framework will be to reduce transmission through scaling up Voluntary Counselling and Testing (VCT), Prevention of Mother to Child Transmission, condom use and STI treatment. Concurrently, access to treatment, care and support will also be increased. Collaboration with the Ghana AIDS Commission and other stakeholders involved in HIV/AIDS prevention and control will be strengthened in this regard. The HIV/AIDS programme will target high risk groups with services.

Priority activities would include:

- Establish at least one ARV treatment centre in each region
- Establish 240 VCT/PMTCT sites and provide VCT/PMTCT services
- Train public and private health institutions in the management of STI and opportunistic infections
- Manage sentinel sites and provide evidence for policy on HIV/AIDS
- Implement a programme to generate demand for VCT, PMTCT, condom use and safe sexual practices
- Target high risk groups with HIV/AIDS prevention and treatment services

Expected Output/Results

- *10 sites for ART established, 1 in each region*

- *1200 HIV/AIDS patients with advanced disease on ART*
- *240 VCT/PMTCT sites established*
- *16000 mothers on PMTCT*
- *50% of targeted health workers from public and private institutions trained in management of STI and opportunistic infections*

Tuberculosis

Tuberculosis is still a major public health problem in the country. The prevalence of TB in the population is currently estimated to be 0.28%. The case detection rate rose consistent between 1995 and 1998 after which it dropped from 35% to about 30%. It has since then stabilized just above the 30% mark over the last five years which is far below the WHO norm of 75%. The focus for 2005 will be to consolidate, expand and improve the quality of DOTS in health facilities and communities through adopting a public health approach to DOTS implementation.

The priority activities would include:

- Finalize the revised drug treatment policy to allow for treatment at the community
- Build capacity at all levels including advanced level training in TB control, logistics and supplies, financial and health information management for central TB staff and cohort analysis
- Intensify monitoring, supervision and evaluation of the TB programme
- Establish systems for case holding and defaulter tracing with active community participation
- Review TB training manuals
- Increase social mobilization and community education for DOTS implementation through the mass media, schools and one-on-one approach
- Support operational research to enhanced service delivery

Expected Output/Results

- *TB drug treatment policy revised*
- *60% Case Detection Rate*
- *70 % Cure rate*
- *36 Districts trained in TB community DOTS*
- *All regional TB teams trained*

Malaria Control

Malaria is the number one cause of OPD attendance accounting for over 40% of OPD cases. Malaria is also the number one cause of mortality in children less than five years. About 26% of the high levels of mortality in children under five years may be attributed

to malaria. Currently, the case fatality rate for children less than five years is about 3.5%, which is far above the 2006 target of 1%.

The Ministry of Health adopted the Roll Back Malaria initiative in 2000 as the strategy for malaria control. The strategy includes improving case management, Intermittent Preventive Treatment and promoting the use of Insecticide Treated Nets (ITNs). Currently, 40% of people with fever are treated correctly, only 20 districts are implementing IPT with 20% of pregnant women in the 20 districts currently on IPT, and 3.3% of household are using ITNs. The coverage of the malaria control interventions is still far below the 60% target proposed for each of the interventions in the Abuja declaration.

In 2004, the anti-malaria drug policy was revised to replace chloroquine with ACT (Amodiaquine-Artemisinin combination). The IPT policy for pregnant women was revised and implemented in 20 districts. Progress in the adoption and use of ITNs has been very slow with less than 4% of children sleeping under ITNs. A voucher scheme for ITN was however implemented in the Volta and Eastern regions. The focus for 2005 will be to scale up all the three RBM interventions i.e. case management, ITNs and IPT. The approved Global Fund proposal for malaria control should enable the health sector to scale up the implementation of malaria control interventions.

The priority activities would include:

- Implement the new ACT policy nationwide
- Promote home based care of malaria
- Develop an action plan for the production, procurement, promotion, distribution and re-treatment of affordable (subsidized) Insecticide Treated Nets (ITN) to cater for current and future need
- Scale up the implementation of ITN voucher scheme from Eastern and Volta regions to Ashanti region and the northern
- Support Upper East and Upper West regions to scale up ITN using the UNICEF model of ITN delivery
- Train health personnel, educate general public and sensitize of various stakeholders on malaria control
- Extend the implementation of IPT from 20 districts to all health institutions in the 138 districts
- Home based care for malaria

Expected Output/Results

- *New ACT Policy in place*
- *60% public health institutions stocking and dispensing ACT*
- *100% GHS and mission health institutions in all districts implementing IPT*
- *30% IPT coverage in pregnant women*
- *Voucher system for ITN extended to 3 more regions*

Guinea worm Eradication

Guinea Worm cases have been increasing over the last three years from 4739 in 2001 (baseline) to 5611 in 2002 and to 8290 in 2003. During 2004, the number of cases has reduced only marginally by 4% (from 6582 at October 2003 to 6317 at October 2004). The number of districts affected by the disease has reduced from 69 in 2001 to 62 in 2003 and 56 at October 2004. Only 20 districts account for 98% of Guineaworm cases in 2003 and 2004: 11 districts in the Northern Region are responsible for 70% of all cases; 2 districts in Volta Region are responsible for 24% of all cases; 3 districts in Brong Ahafo Region are responsible for 3% of all cases; and one district in Upper West Region and 3 districts in Ashanti Region are responsible for 1% of all cases. The problem is therefore focalized to the Volta Basin.

During the past two years efforts to reverse the situation have been intensified. A major investment drive to drill bore holes in Guineaworm endemic communities has started. The surveillance system has also been strengthened and made more comprehensive and sensitive. This has resulted in better case detection, case containment and reporting. The focus for 2005 will be to consolidate the gains in surveillance, improve case management/containment and revitalize other interventions to interrupt transmission by the end of the year. A well coordinated inter-sectoral approach to Guineaworm eradication will be pursued.

The priority activities would include:

- Implement an active and sensitive surveillance system in all villages that reported guinea worm in the last three years
- Conduct guinea worm case search as part of the NIDs
- Develop guidelines for the establishment and management of a sensitive integrated CBS system.
- Contain guinea worm cases detected
- Distribute filters to eligible villages accompanied by proper education on their correct use
- Treat eligible infected drinking water sources with abate
- Collaborate with Ghana Water Company, District Assemblies, Partners and Communities to provide potable water in endemic villages.
- Mobilize other sectors, communities and stakeholders to support guinea worm eradication efforts
- Targets are not ambitious – signed agreement to Carter to eradicate GW in four years

Expected Output/results

- *100% reporting from villages targeted for active surveillance, i.e., those that have reported guinea worm disease during the past three years;*
- *At least 80% of guinea worm cases detected contained*
- *100% household filter coverage in all eligible villages.*

- *Number of villages reporting guinea worm disease (905 at October, projected to 950 at December 2004) reduced by at least 25% to 700 or less.*
- *Number of guinea worm cases reduced to 3500.*

Neglected Diseases affecting the Poor almost exclusively

Six main diseases – Buruli ulcer, Trachoma, Leishmaniasis, Schistosomiasis, Onchocerciasis, Yaws, and Filiariasis - almost exclusively affect the poor. Apart from Buruli Ulcer and Onchocerciasis, which are fairly widespread, all the other diseases are focal. Trachoma is located predominantly in the northern and upper West regions. Leishmaniasis is an emerging disease, which is spreading especially in the Volta region. Filariasis is predominant in the Northern and Western regions. The general issues common to all these diseases are that they are under funded, have difficulties with treatment, and require community participation in their management. The focus for 2005 is to raise the profile of these diseases and ensure they are adequately funded within the district budget.

Priority activities would include:

- Establish the burden of diseases and distribution of these diseases
- Develop a strategic framework for the prevention and control of each of the five neglected diseases
- Provide guidelines and protocols for control of all neglected diseases
- Earmark and allocate poverty reduction funds at central level and funds within the district budget to support the prevention and treatment of these diseases.
- Incorporate the surveillance of these diseases into the integrated surveillance system
- Supporting relevant operational research into the management of these diseases.

Expected Outputs/Results

- *Programme for control of each of the five neglected diseases in place*
- *Baseline on the diseases established*
- *Strategic framework in place*
- *Proportion of budget allocated to these diseases*
- *Coverage of interventions increased*

Prevention and Control of Non Communicable Diseases

The burden of non-communicable diseases (NCD) in the country is largely unknown. However, NCD are increasingly responsible for outpatient attendance and admission. In 2003, hypertension was the 5th leading cause of outpatient morbidity in all ages, but second leading cause in both male and female adults older than 45 years. At KBTH, between 1990 and 1997, chronic diseases and complications accounted for more than two-thirds of all medical admissions and more than 50% of all deaths.

The major NCDs in Ghana are cardiovascular diseases, diabetes, chronic obstructive pulmonary disease and cancers. Chronic diseases share several preventable biological risk factors (high blood pressure, high blood cholesterol and overweight), and related major behavioral risk factors (unhealthy diet, lack of physical activity and tobacco use). Some of the widest inequalities in the burden of disease are observed with NCDs. Contrary to popular perception, poor households suffer a higher burden of chronic diseases. In one study, death rate from circulatory diseases was more than twice as high among residents of poor areas in Accra as that among those in the more affluent parts.

The thrust for 2005 is to further develop the NCD programme so that it is more visible at various levels. In addition to the chronic diseases, the NCD programme would seek to initiate the process for establishing an injury surveillance system.

Priority activities would include:

- Review of the draft national policy on NCDs
- Initiate the preparation of national strategic plan for NCDs
- Determine the prevalence of risk factors for chronic diseases
- Integrate NCD surveillance into the public health surveillance system
- Support the legislative framework against tobacco promotion and use (disseminate it and include in public health bill)
- Establishment of the national cancer registry
- Initiate dialogue among stakeholders towards a coordinated response to intentional and unintentional injuries

Expected Outputs/Results

- *Prevalence of risk factors for chronic diseases estimated*
- *Cancer registers developed and system for maintaining database introduced*
- *Revised NCD policy document drafted and disseminated*
- *Sentinel surveillance of NCDs initiated*

Health Promotion and Nutrition

Health Promotion

There is good evidence that changes in dietary habits, physical activity and tobacco control could lead to rapid changes in population risk factors and prevalence of chronic diseases. Health promotion will focus on making such healthy life choices easy choices through the use of multiple strategies including behavioral change communication, building health public polices, creating supportive environments and strengthening community actions. The thrust of this component will be to promote healthy lifestyles aimed at reducing common biological and behavioral risk factors such as overweight, high blood pressure and high cholesterol tobacco use, excessive consumption of alcohol,

unhealthy diet characterized by low consumption of fruits and vegetables and physical inactivity.

The priority activities would include:

- Strengthen the health promotion unit to lead the campaign for healthy living
- Develop a framework strategy for promoting health in schools, work places and communities
- Develop policy and legislation for occupational safety and health and institutionalize occupational health and safety in health sector
- Implement the conditions spelt out in the framework convention for tobacco control
- Mount IEC campaigns on healthy living including healthy eating and exercising
- Provide communication support to other programmes for uptake of interventions

Expected Output/Results

- *Strategic Framework for health promotion finalized*
- *Occupational health services institutionalized in the health sector*

Nutrition

Malnutrition is the single most important risk factor for diseases and death. Malnutrition manifests as under-nutrition (stunting and underweight) in children, micro-nutrient deficiency such as iodine deficiency, iron deficiency anaemia in pregnant women and Vitamin A deficiency, and over nutrition. Malnutrition is estimated to be an underlying cause of up to 50% of mortality in children less than five years. Yet levels of malnutrition (both stunting and underweight) in children have not changed significantly in the last five years in Ghana. Malnutrition is also higher among lowest wealth quintile and in rural areas thus linking it to poverty. It is therefore unlikely that the country will make much progress in reducing under-five mortality rate unless malnutrition in children is addressed. So far a number of initiatives including promoting exclusive breastfeeding, deworming of children and reducing micronutrient deficiencies through salt iodation and vitamin A distribution have been implemented. However a lot more remains to be done. In 2005 the sector will sustain the progress with the above initiatives while scaling up other priority interventions.

Priority activities would include:

- Intensifying promotion of exclusive breastfeeding.
- Training of health workers in Behaviour Change Communication including breastfeeding, complementary feeding and appropriate young child feeding.
- Providing Vitamin A supplementation, for children 6-59 months and post-partum mothers up to 8 weeks.
- Promoting consumption of iodized salt in all households.
- Implementing community based growth promotion programmes

- Providing targeted supplementary feeding for children 0-5 years, pregnant women and lactating mothers.
- Implementing communication strategies to improve intake of iron folate supplement in pregnant women and post-partum mothers.

Expected Outputs/Results

- *Increased rate of exclusive breastfeeding from 53% to 70%.*
- *Optimum breastfeeding, timely and appropriate feeding of infants and young children.*
- *100% Vitamin A supplementation in children 6-59 months; and 50% for post-partum women.*
- *Household iodized salt consumption increased to 90%.*
- *100% monthly adequate weight gain achieved in children 0-2 years in project communities.*

4. SERVICE DELIVERY

Access, quality and coverage Clinical Care

The health sector has adopted an integrated approach to delivery of health interventions. As part of this approach, health interventions are packaged and delivered in communities as part of CHPS and at outreaches, in health centres and in district, regional, tertiary and teaching hospitals. Access to health services have traditionally been addressed through increasing investments in health infrastructure but also through improving the distribution of human resources, both of which will be discussed in the investment section. Health institutions are providing 24 hour services opening hours as part of strategies for improving access. Outreach services are also organized to bridge the access gap to health facilities.

In principle, Ghanaians expect the health system to meet their legitimate expectation when they are ill. Patients also expect to be treated well and correctly after getting into health institutions. So far the health system has made significant progress in this regard. The 2003 CWIQ found that about 78% of people interviewed are satisfied with the public hospitals and clinics, which is not very different from mission institutions (81.8%) and private institutions (83%). From 1997 to 2003 outpatient services increased from 0.36 to 0.55 per capita, while admission rates have grown from 24.8 to 35.9 per 1,000 per year.

In spite of this progress, outpatients of many big hospitals are still crowded, and client orientation of health institutions is weak with low levels of privacy, comfort and dignity of patients. Access to laboratory and other diagnostic services are still very limited particularly in deprived areas. Nursing care in wards is still inadequate and infection control including universal precautions and sterilization is still below standard. Unsafe disposal of waste is still pervasive in health institutions. The introduction of the National Health Insurance Programme will also require that health institutions are accredited. The thrust for 2005 will therefore be to enhance the responsiveness of health institutions to the legitimate expectations of clients while concurrently promoting effective clinical services.

The priority activities would include:

- Develop structured program to improve documentation and quality of nursing care, laboratory and emergency services as well as organization and management of health facilities
- Finalize the strategic framework for community health planning and services
- Roll out CHPS with priority to deprived areas and hard to reach communities
- Implement a programme to accredit health institutions
- Develop policies, procedures and guidelines for the referral system
- Monitor compliance with standards
- Disseminate the patient's charter
- Provide supportive supervision, peer reviews and other forms of quality assurance.

- Modernize all health care facilities and equipments to improve their standard and quality of services to the public

Expected Output/Results

- *0.6 OPD per capita*
- *40 hospital admissions per 1000*
- *70% bed occupancy rate*
- *Proportion (How many) of public and private Health institutions accredited*
- *Guidelines for referral developed*

Private Sector Development

In 2004, the Ministry of health developed a Policy and Strategic Framework to guide private sector development and promote public-private Partnership in health care delivery. Work to establish a strategic initiative fund was also initiated. The thrust for 2005 is to implement the initiatives identified in the strategic framework including operationalizing the strategic initiative fund and integrating the private sector into routine health information system. Further work is also required to segment the health care market and motivate the private sector to contribute to public health delivery.

The priority activities would include:

- Continuing dissemination of information and advocacy for Public Private Partnerships in health service delivery
- Operationalizing the strategic initiative fund
- Developing strategies for attracting private providers to deprived areas
- Encouraging peer review and structured monitoring to private institutions to improve quality of care
- Assisting private institutions in getting accreditation for health insurance
- Developing tools for segmenting the health care market to provide a basis for private sector participation in delivery of public health goods

Expected Output/Results

- 1.0% of health sector budget allocated to the private sector
- 30% of OPD services provided by the private sector
- 20% of private health institutions reporting in line with the national guidelines

Accident and Emergency Services

In 2004 MOH and Ghana National Fire Service, piloted an emergency ambulance service along the Accra – Kumasi Highway. Lessons from the pilot phase have been incorporated in the design of subsequent phases of the programme.

The focus in 2005 would be the scaling up of a pre-hospital emergency ambulance services that links effectively with hospital emergency care and the creation of an enabling environment for the operations of the GAS.

The priority activities would include:

- Create an establishment for Emergency Medical Technician and other cadres for GAS
- Train 400 EMT to man new stations
- Develop 50 ambulance stations that are linked by radio to ambulances and receiving hospitals
- Procure and distribute 50 ambulances
- Collaborate with GHS institutions and Teaching Hospitals to train emergency response teams in hospitals
- Collaborate with Attorney-General's Department to develop legal instruments
- Mount IEC campaigns to mobilize public support and educate public on roles, responsibilities and rights
- Establish a monitoring, evaluation and research programme for GAS

Expected Outputs

- Human Resource establishment for GAS approved
- 400 EMT trained and deployed to new ambulance stations
- 50 new ambulance stations developed and functional
- Legislation on GAS enacted
- Public education programme initiated

Surveillance and Epidemic Response

The health sector has adopted the Integrated Disease Surveillance and Response (IDSR) strategy as the framework for disease surveillance. Through the polio eradication initiative integrated surveillance system has been strengthened. Indeed, the surveillance system in the country has been improving steadily with non-polio AFP rate remaining greater than 1 per 100,000 children <15 years for some time. However the objective of the surveillance system which is to enable the health sector detect, rapidly verify and respond appropriately to epidemic prone diseases and emerging health threats is far from achieved. While reporting from health institutions are not always timely and accurate, the weakest link in the surveillance system is the community-based surveillance as shown by the rather low levels of case containment of Guinea worm that currently stands at 62%. The thrust for 2005 is therefore to improve Community-Based Surveillance system countrywide.

The priority activities would include:

- Establish functional community based surveillance systems in regions
- Train district and community teams in case definition and use of technical guidelines

- Prepare and disseminate fact sheets and weekly and monthly feed back bulletins to key stakeholders
- Rapid follow up of reports and response to outbreaks
- Review the surveillance system to incorporate emerging diseases such as Leishmaniasis, Trypanosomiasis and NCDs
- Coordinate meetings of epidemic management teams

Expected Output/Results

- *≥6 regions with functional CBS system in place*
- *≥80% of districts trained in the use of technical guidelines*
- *Non-polio AFP rate greater than 1 per 100,000 children <15 yrs*
- *≥80% Guinea worm cases contained*

Traditional Medicine

Traditional Medicine is a major source of health care for many Ghanaians. It is currently estimated that about 70-80% of Ghanaians use traditional medicine as their front line health service. However, the quality of traditional medicine has been difficult to assure. The regulation of the practice and the quality of services continue to pose major challenges to the sector. Although collaboration between traditional and allopathic has been fostered on several fronts as a strategy for improving quality of traditional medicine practice, integration of traditional medicine into the formal health sector has still not been fully realized. For 2005, 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:

- Develop a tool for accreditation of traditional and Alternative Medicines practitioners.
- Accredit Traditional Medicine/ Complementary and Alternative Medicine (TM/CAM) clinics for service.
- Develop first draft of essential traditional medicine list with standard treatment guidelines.
- Assess training needs of alternative medicine practitioners.
- Support the establishment of medicinal farms.
- Establish regional Traditional Medicine offices
- Establish the secretariat of the Traditional Medicine Practice Council (TMPC).
- Pursue the passing of the Alternative Medicine Practice Bill.
- Assess the impact of Traditional Medicine on health

Expected Outputs/Results

- *5 medicinal farms set up in middle and coastal belts of Ghana.*
- *Accreditation tool for TM/CAM practices developed.*
- *100 TM clinics accredited using accreditation tools and listed in a directory.*
- *3 Regional TM offices established for monitoring.*
- *List of circulating traditional medicines characterized with treatment guidelines.*
- *Key staff of TMPC recruited*
- *Alternative Medicine Practice Bill passed.*
- *Contribution of Traditional Medicine to national health assessed*

5. INTERSECTORAL COLLLABORATION AND ACTION

The performance of the 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. In 2004, the health sector did very little with regards to intersectoral collaboration. Giving the importance of ISC in the performance of the sector and the achievement of health sector objectives, there is the need to strengthen collaboration with other sectors. The thrust for 2005 would be to give adequate attention to intersectoral collaboration and action. The priority activities would include:

- Establish a desk/focal point in the Ministry of Health for Intersectoral Collaboration
- Develop a framework and guidelines for intersectoral collaboration
- Collaborate 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

Expected Output/Results

- *Framework for intersectoral collaboration developed*
- *Desk/focal point for ISC established*

6. NATIONAL HEALTH INSURANCE

The national insurance scheme has been introduced as a mechanism for the increasing funding to the health sector, reducing financial barriers and ensuring equitable access to services. The National Health Insurance Scheme has moved from the concept development and design phase to full implementation. The process for setting up the National Health Insurance Council Secretariat has begun and recruitment of requisite staff would continue to enable the Council perform it's regulatory function effectively. District Health Insurance Schemes are also being set up and are being networked. The thrust for 2005 is to create the necessary environment for the delivery of health insurance services to the people living in Ghana. DMHIS will be networked and their management capacity strengthened.

The priority activities would include:

- Organize structured training programme for scheme managers
- Set-up the decentralized offices for the National Health Insurance Council
- Embark on nationwide campaign to increase enrolment into the District Mutual health Insurance Schemes
- Undertake costing and actuarial studies to fine tune the health care benefit package
- Implement provisions in ACT 650 regarding identifying and targeting financing of premiums for the poor through the NHIF
- Review the identification system and ensure a unified system to make it compatible nationwide and network friendly.
- Install an ICT system for networking of schemes and health providers
- Initiate accreditation of health facilities using the accreditation tools
- Monitor the performance of scheme operations and providers

Expected Outputs/Results

- *16 decentralized offices set-up and staff appointed at all levels*
- *720 District Mutual Health Insurance Schemes personnel trained in various disciplines to manage the scheme*
- *An ICT system developed and networking initiated*
- *A unified identification system installed*
- *A detailed and an acceptable minimum healthcare benefit package and costed*
- *District level health facilities accredited*
- *Monitoring report disseminated.*

7. REGULATION

Regulation is a cross cutting theme for assuring quality of health services. An effective regulatory environment for the health sector is necessary for improving quality of care and ensuring value for money of investments. The health sector currently has eleven regulatory and statutory bodies. These are– (i) Medical and Dental Council, (ii) Nurses and Midwives Council, (iii) Pharmacy Council, (iv) Ghana Health Service Council, (v) Centre for Research into Plant Medicine Council, (vi) Food and Drugs Board, (vii) Ghana Post Graduate College of Physicians and Surgeons, (viii) Mental Health Council, (ix) Private Hospitals and Maternity Homes Board, (x) National Board for Mortuaries and Funeral Facilities, and (xi) Traditional Medicine Practice Council.

The first seven bodies listed are in operation whilst the others are yet to be constituted. However, all the laws are being reviewed. Other Statutory Bodies/laws that are being considered are –Allied Health Services Bill, Alternate Medicine Practice Bill and Public Health Bill.

The changing health environment requires that we revisit the laws setting up the statutory bodies as well as their mandates, roles and capacities to bring them in line with the new health demands and also to minimize deficiencies and potential areas of conflict. In 2002 the Ministry of Health initiated a process of strengthening the regulatory framework and improving the regulatory environment for health services. The Board and Councils have made inputs to be considered by a review team made up of members from the health sector and the Attorney General's Department. We intend to build on this progress in 2005.

The Priority activities would include:

- Continue with the review of the legal instruments of regulatory bodies to bring them in line with recent changes in the health environment
- Strengthen the role of the statutory and regulatory bodies to ensure efficiency and effectiveness in regulating both the private and public sector.
- Review policies of statutory bodies
- Review GHS and Local Government ACT

Expected Outputs/Results

- *Policy on regulatory environment and roles for statutory bodies Prepared*
- *Revised legal documents for the Regulatory and Statutory bodies laid before Parliament.*

8. INVESTMENTS IN THE SECTOR

Capital Investments

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 2005 capital programme would be to improve equity in access to services, enhancing procurement procedures, efficient implementation of capital projects. The ongoing planned preventive maintenance programme in all agencies will be further strengthened. The Ministry of Health will collaborate with other stakeholders including District Assemblies, and the Mission, Private Organisations and individuals to ensure that health institutions are sited equitably. The programme for the replacement of aging vehicles and equipment in the sector will also be continued.

The priority activities for the year would include:

- Scaling up Community-based Health Planning Services (CHPS) compounds in deprived areas and hard-to-reach communities.
- Construction of additional model health centres.
- Provision of physical facilities for the enhancement of maternal and child health care.
- Upgrading, rehabilitating, and re-equipping of selected health facilities.
- Building capacity and supporting agencies in the use of the Integrated Capital Investment Planning model.
- Construction of country-wide staff accommodation.
- Expansion of existing Training Institutions and setting up new ones.
- Provision of infrastructural support for the setting of trauma centres.
- Major rehabilitation of Tamale Regional Hospital.
- Provision of infrastructural support for Post-graduate training of medical personnel.
- Provision of infrastructural support to strengthen Regulatory Bodies.
- Streamlining the procedures for procurement and management of capital projects and equipment.
- Improve the management of healthcare technology and health care equipment to enhance quality of services
- Sustaining and monitoring the system for planned preventive

Expected Outputs/Results

- *18 CHPS compounds completed and commencement of 23 model health facilities.*
- *5 new District Hospitals and upgrading of 3 existing Polyclinics into District Hospitals started with emphasis on maternal and child care.*
- *2 Trauma Centres to take off at Amasaman and KATH.*
- *Major rehabilitation of Tamale Regional Hospital commenced.*

- *Expansion of 16 existing training institutions completed and infrastructure for 2 new ones constructed.*
- *Construction of office complexes for the GCPS, FDB and NMC commenced.*
- *Provision of Geographic Information System to strengthen monitoring and supervision of capital projects.*
- *Commencement of programme for the construction of country-wide staff accommodation.*
- *40% of District level BMCs preparing 2006 capital plans using the Integrated Capital Investment Planning Model*

Human Resource Development

Human resource development and management in the health sector has been inundated with a number of challenges. These challenges include inadequate number of staff, inequitable distribution of staff especially to the deprived areas, and staff retention. There also appears to be enormous differences between regions in the productivity of staff, interestingly with the overall output per staff member significantly higher in the poorer regions. For the brain drain in the sector, there has been a slight improvement in the case of doctors. This is evidenced by an improvement in the doctor-population ratio from 1:21,086 in 2002 to 1:17,489 in 2003. The focus for 2005 would be to mobilise resources to provide the needed incentives to motivate and retain staff, increase intake into health training institutions develop and decentralize further human resource management functions.

The priority activities would include:

- Review the key human resource initiatives the incentive package and develop pragmatic solutions to future implementation
- Negotiate with MOFEP for the decentralization of the human resource budget to the health sector
- Train auxiliary medical and nursing staff with clear roles and function for the lower levels including for the CHPS program.
- Continue the process of re-distributing health personnel to ensure equitable distribution.
- Strengthen the human resource information system to ensure regular up-date human resource information in support of evidence based decision making.
- Establish guidelines and system for attracting health workers overseas into Ghana health sector
- Initiate a system and programme for staff performance management in all agencies.
- Collaborate with District Assemblies/other partners in the recruitment of trainees and implementation of deprived area incentive schemes
- Provide continuing professional education to health workers

Expected Outputs/Results

- *Intake into health training institutions increased by 30%*
- *Health professionals redistributed with emphasis on deprived areas*
- *District Assemblies fully involved in sponsorship of trainees*
- *Deprived area incentive package reviewed the end of March 2005*

Information Systems Development

Effective management of the health system requires a comprehensive, timely and integrated information system. In 2004, the health sector commissioned a review of the information system. This review identified major weaknesses in the information system and recommended the establishment of the conducted consolidated information system. A road map for implementing the recommendations of the review and draft ICT policy and strategy have since been developed. The thrust for 2005 will be to disseminate and implement the draft ICT policy.

The priority activities would include:

- Review of the institutional architecture for data collection, analysis and management to introduce a high level of consistency and reliability in the information produced and its management.
- Set up a central system for storage and retrieval data that is accessible to all players in the sector.
- Support agencies to develop own central system of data collection and analysis in the short to medium term to support evidence based decision making.
- Deploy a computerized system for the National Health Insurance Scheme at the National secretariat and district level.
- Roll out MOH website and messaging system.
- Appoint ICT focal points in Agencies to coordinate roll out of ICT strategy
- Expand operations of ICT focal point at MOH headquarters to include database administration functions and maintenance of centralised information systems.
- Develop ICT operational procedures and policies.
- Network key health infrastructure

Expected Output/Results

- *LAN/WAN available at Regional Health Directorates, Teaching Hospitals, Statutory Bodies, and Other Agencies*
- *ICT focal points established at Regional Health Directorates, Teaching Hospitals, Statutory Bodies, and Other Agencies*
- *Functional MOH website and messaging system*
- *Architecture of consolidated database established*

9. ORGANISATION AND MANAGEMENT OF HEALTH SERVICES

Planning and Budgeting

The Medium Term Expenditure (MTEF) continues to provide the framework for planning and budgeting within the health sector. In addition, the POW developed annually as part of the common management arrangement is a strategic document that guides investments and actions of all players in the sector. At the June 2004 summit, it was agreed to adopt both a resource and needs based approach to planning. This approach is being implemented in 2005. The lessons with this planning will be documented to guide further improvements in planning systems. The pro-poor resource allocation criteria was adopted and applied to the 2004 and 2005 budget. The link between the priorities in the Programme of Work and MTEF plans, particularly district level plans, has however not been clearly established. The focus for 2005 would be to strengthen the planning systems in the Agencies and continue to apply resource allocation criteria that pro-poor without making any BMC worse off. Policy development will also involve all Agencies.

The priority activities would include:

- Develop a common planning timetable that synchronizes the agencies planning and budgeting cycle into the sector planning and budgeting cycle.
- Provide a framework within which agencies derive their priorities, plans and budgets from the overall national priorities for the sector.
- Provide training and technical support in the preparation of the 2006 Programme of Work and MTEF plans
- Strengthen or establish planning and budget units in agencies to track plans and budget.
- Implement a system for ensuring that agency perspectives are incorporated in the policy review and development process
- Review the criteria for allocating resource to BMCs to make them more pro-poor
- Review districts level plans and budget to ensure that they reflect the pro-poor agenda and national priorities.
- Revise the structure of programme of work and/or MTEF plans to demonstrate a clearer relationship between priorities and resource allocation

Expected Outputs

- *Timely preparation of the 2006 POW and MTEF plans by 30th November 2005*
- *98% staff in Agencies Budget units trained in preparation of plans and budget*
- *Reviewed criteria for allocating resources to BMCs*
- *All major Agencies of the Ministry have planning units*

Health Service Performance Agreement

In 2004 the Ministry of Health signed the first ever Health Service Performance Agreement (HSPA) with the GHS and THB. The purpose of HSPA is to promote accountability, consolidate decentralization process and introduce a performance management culture. Consequently, the Ghana Health Service and Teaching Hospitals were required to sign agreements with their Budget Management Centres as part of the agreement with the Ministry of Health. The focus for 2005 will be to deepen the use of health service performance agreements as tools for performance management. Lessons from implementing HSPA will documented and used to refine implementation.

The priority activities would include:

- Refine results package of the GHS and TH to include poverty related targets
- Sign agreements with GHS and Teaching Hospitals
- Pre-test agreements with CHAG and Statutory Bodies
- Orient Councils and Boards in HSPA and empowering them to use HSPA as tools for stewardship
- Establish mechanisms for reviewing performance agreements
- Develop and build consensus on incentives and sanctions for performance and poor performance

Expected Outputs/Results

- *Performance agreement signed with GHS, THB, statutory bodies and CHAG*
- *Quarterly Performance review meetings held with agencies*

Financial Management

Public financial management is guided by the Financial Administration ACT, Public Procurement ACT and Internal Audit Agency ACT. As one of the most the decentralized agencies of Government, the Ministry of Health is responsible for ensuring effective implementation of these laws across the sector and ensuring prudent management of public and partner funds. Budget and Management Centres (BMCs) have been established and certified at all levels to manage service and administrative (items 2 and 3) components of the Government of Ghana and Donor Pooled Funds. Service delivery agencies also collect, retain, and manage user fees. The management of human resource and capital (items 1 and 4) components of the budget have however so far not been decentralized. The Ministry of Health is conducting an options appraisal to form the basis for the decentralization of the human resource budget.

The MoH has been implementing financial management systems that reinforce decentralization of resource management, improves efficiency in revenue mobilization and promotes prudent financial management. A framework including timetable and format for financial reporting and auditing has been agreed with partners in line with the common management arrangement. Uncertainties with cash flow, combined with slow and numerous steps involved in disbursements of funds to BMCs are however impacting

adversely on implementation at district and lower levels and undermining planning and accountability in the health sector. The national and regional levels have tended to access funds more rapidly and are therefore insulated from delays. The thrust for 2005 is to improve predictability in fund flow while strengthening internal control procedures through enhanced capacity for financial management and resource utilization. Efforts will also go into improving management reporting for decision making.

Priority activities for 2005 would include:

- Build in-house capacity and retain IT staff to adequately cope with all components of PUFMARP
- Orient managers on the Financial Administration Act, the Public Procurement Act and the Internal Audit Agency Act- effects on disbursement and financial reporting.
- Produce more timely quarterly financial statements and improve reporting and analysis capacity at all levels.
- Encourage agencies to generate own reports through BPEMS which is a more friendly FMS reporting tool
- Build capacity for policy dialogue on HIPC and GPRS to ensure increased resources for MOH and also ensure that expenditure tracking requirements are fully met.
- Agree an annual cash flow schedule with donor commitments and related disbursements
- Operate an integrated fund management that ensures prompt quarterly disbursement to BMCs
- Negotiate with MOFEP for release of GOG administration budget in bulk as is done with service budget
- Continue to re-organize the accounts of Central Medical Stores to provide information on transactions with BMCs
- Examine the possibilities of including Global Fund revenues into the Health Fund
- Comply with the Common Management Arrangements on disbursement and regularly communicate with donors on status of funds & disbursement.
- Work with health partners to channel earmarked funds through the "Aid pool Account" rather than directly to the regions and districts
- With the support of donors, build capacity and develop the internal audit at all levels.
- Improve quality of internal audit report through regular communication on content & format of audit reports.
- Ensure a functional audit report implementation committee (in accordance with the Audit Service Act 2000) to follow up and review responses to specific queries raised by the auditors and ensure compliance with recommendation.

Expected Output/Results

- *Improved strategies developed for cash flow management.*
- *Mechanisms developed to retain staff and reduce turnover of finance staff to below 5 %*
- *BPEMS concept deployed to GHS and 2 Teaching Hospitals*

- *Quarterly and annual financial statements produced with focus on strategic analysis and key trends.*

Procurement

In the year 2004, the health sector made substantial progress in the development of procurement capacity both at the central and peripheral levels. There has been a revision of the Procurement procedure manual and standard bidding documents to reflect current internationally accepted procurement practices. Despite the progress made, procurement planning poor and BMCs do not always adhere to guidelines in the procedure manual.

The focus for 2005 will be to continue strengthening systems for procurement through development of core procurement competencies and capacity building at all levels. Procurement of works in the health sector will also be streamlined and management of the Central Medical Stores and distribution will be strengthened. The activities in 2005 will be guided by the Public Procurement Law in Ghana (Act 663) and WTO TRIPS safeguards on access to medicines.

The priority activities would include:

- Develop Implementation guidelines for revised Procurement Procedure Manual
- Review of Procurement Training to modify the contents, target and mode of delivery to ensure effectiveness
- Monitor performance of procurement officers trained and appointed in 2003, and also organize training sessions to upgrade their skills in the use of revised Procurement Procedure Manual
- Develop and implement Procurement guidelines for medical equipment, service and civil works.
- Manage the Procurement Portfolio for 2005 and develop the procurement plan for 2006.
- Put in place reliable Data Management Systems
- Implement sound Financial Management procedures
- Finalize revision, launch and disseminate the STG and EDL
- Develop Implementation Guidelines for revised National Drug Policy.
- Launch and disseminate revised National Drug Policy
- Intensify training in Rational Drug Use (RDU)
- Build capacity in the health system to deal with flexibilities under TRIPS

Expected Outputs/Results

- *Implementation guidelines for Procurement Procedure manual developed*
- *Data Management Systems in place*
- *STG and EDL finalized and disseminated*

- *Implementation guidelines for revised National Drug Policy developed*
- *2006 Procurement Plan developed*

Monitoring and Evaluation

A functional and fairly established system for reviewing sector-wide performance has been in place since the inception of the first 5YPOW. MOH-Partners have agreed sector-wide indicators, a timetable and process for measuring sector-wide performance. The current system however fails to demonstrate clearly the performance of agencies and other subsystems of the health sector such as district, regional and hospital subsystems even though these sub systems have been accredited to be BMCs. New demands for demonstrating progress towards addressing the health sector objective of bridging the inequality gaps coupled with emerging information needs derived from the MDBS/PRSC process require that we revisit aspects of the monitoring and evaluation. The priority activities for 2005 would include:

- Review sector- wide indicators to include poverty, equity, and productivity and cost effectiveness indicators for possible adoption as part of the next five year program of work
- Harmonize MDBS/PRSC processes, indicators and timetable with the Sector-wide monitoring and evaluation framework
- Coordinate the review of the 2004 Programme of Work
- Develop an agenda for evaluations and commission these evaluations
- Conduct an environmental analysis towards the preparation of the next 5YPOW
- Introduce a system of league tables on performance
- Develop indicators for decentralization

Expected Output/Results

- *Sector-Wide Indicators and Agency-Specific Indicators revised*
- *2004 Programme of Work Reviewed*
- *Environmental Analysis Towards the 3rd 5YPoW conducted*

Broad Responsibility for Performance

The 2005 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.

National Health Insurance Council

The council would secure the implementation of the national health insurance policy that ensures access to basic health services to all residents. The council would register, licence and regulate health insurance schemes; supervise the operations of health insurance schemes and grant accreditation to healthcare providers and monitor their performance. The NHIC would ensure that healthcare rendered to beneficiaries of schemes by accredited healthcare providers are of good quality.

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.

10. FINANCING THE SECTOR

In 1996, the Ministry adopted a resource based approach to planning and budgeting. Under this approach the Ministry focused its efforts on improving the predictability of the resource envelope required to implement the Programme of Work and ensuring equitable resource allocation within the health sector. This approach to planning and budgeting has been found to be too restrictive with managers in the health sector focusing more on how to allocate resources rather than determining what would be required to achieve objectives and targets. In view of this, the June 2004 health summit requested the Ministry to incorporate a needs based budgeting system into the planning and budgeting process.

In line with the above Summit decision, the Ministry experimented with the need based budgeting for the first time during MTEF planning for 2005. The 2005 planning guidelines requested BMCs to estimate what will be required operationally to scale up priority health programmes. Concurrently, an estimate of the inputs and commodities required to scale up interventions was conducted at the central level. As in previous years, headquarters estimated the resource envelope and determined the resource gap by comparing the total needs with the resource envelope. 2005 should however be viewed as the year of learning.

Estimate of Resource Requirements

The resource requirements for the implementation of the 2005 Programme of Work, as aggregated from the BMC plans and budgets, is ¢7.696 trillion **(845.62 million USD)**. The breakdown of the resource requirements by line items is shown in the table below.

Item	Billion Cedis	Million USD
Item1 (Personal Emoluments)	1,466.7	161.16
Item 2 (Administration)	1,201.6	132.03
Item 3 (Service)	3,971.7	436.4
Item 4 (Investments)	1,056	116.03
Total	**7,696**	**845.62**

The 2005 Resource Envelope

The resource envelope for 2005 is based on provisions made in the consolidated budget statement and approved by Parliament, expected HIPC inflows and donor earmarked funds. The provisions in the Consolidated Fund include inflows from the Government of Ghana (GOG) regular budget, projected inflows from Internally Generated Funds (IGF) and National Health Insurance Levy (NHIL), and donor inflows into the health fund, loans and grants. Table below shows the resource envelope by source of funds.

Table 2: 2005 resource envelope by source (billion cedi/million US$)
(exch rate of US$1 to c9101)

Source	Captured in Consolidated Budget Statement	Not Captured in Consolidated Budget Statement	Total (billion cedi)	Total (million US$)	Proportion (%)
GOG	1,551.93	-	1,551.93	170.52	30.34
DONOR (Health Fund)	464.82	142.58	607.40	66.74	11.87
DONOR (Earmarked)	-	554.64	554.64	60.94	10.84
IGF	417.71	-	417.71	45.9	8.16
HIPC (expected)	-	209.00	209.00	22.96	4.09
NHIL	1,339.20	-	1,339.2	147.15	26.18
Loans	181.20	-	181.20	19.91	3.54
Grants	254.83	-	254.83	28.00	4.98
TOTAL	4209.69	906.22	5,115.91	562.13	100

The resource envelope for 2005 is ₵5,115.91 billion (US$562.13 million). This is US$23.9 per capita compared to an envelop of US$13.7 per capita in 2004. The sources of fund for the resource envelope are Government of Ghana through the regular budget (30.34%), Government of Ghana through HIPC inflows (4.09%), National Health Insurance Levy (26.18%) and Internally Generated Funds (8.16%). Inflows from loans and grants contribute ₵436.03 billion (US$47.91 million) which is 8.52% of the total resource envelope.

Development Partners (Donors) are expected to collectively contribute a total of ₵1,162.04 billion (US$27.68 million), which is about 22.71% of the total resource envelope. About 52.27% of the total contribution from the Development Partners will be disbursed into the health fund and 47.73% will be earmarked. The confirmed pledges of Development Partners are shown in table below.

Table 5: Donor Inflows 2005 (Million US$)

PARTNER	TOTAL	EARMARKED	HEALTH FUND
DFID	**14.000**	**0.000**	**14.000**
DANIDA	**10.750**	**2.910**	**7.840**
WLD BANK	**40.000**	**0.000**	**30.000**
DUTCH	**14.500**	**0.800**	**13.700**
UNICEF	**5.500**	**5.500**	**0.000**
WHO	**6.433**	**6.433**	

JICA	**5.800**	**5.800**	
E.U.	**1.200**	**0.000**	**1.200**
USAID	**17.000**	**17.000**	
UNFPA	**2.000**	**2.000**	
NORDIC	**4.000**	**4.000**	
GAVI	**5.000**	**5.000**	
GLOBAL FUND	**14.766**	**14.766**	**0.000**
BADEA	**1.5**	**1.5**	
AfDB	**5.0**	**5.0**	
TOTAL	**127.68**	**60.94**	**66.74**

Resource Allocation

This section shows how the various components of the health budget have been allocated. These components are the provision in the consolidated budget, donor earmarked funds, the targeted health fund (funds from development partners into the health fund but not included in the provisions of the consolidated budget), and expected HIPC inflows.

Allocation of Provisions in Consolidated Budget Statement
Table 3 and Fig 3 summarize the allocation of the resource envelope of ¢4.209. 69 billion approved in the consolidated fund to line items. All funds from the NHIL and IGF have been lodged under Item 3 (Service) because most of the from these sources pay for services rendered in health institutions.

Table 3: 2005 resource envelope by item (billion cedis)

	GOG	DONOR	IGF	NHIL	LOANS	GRANTS	TOTAL
PE	1,328.98						*1,328.98*
ADMIN	95.72	107.12					*202.83*
SERVICE	73.66	247.70	417.71	1,339.20			*2,078.27*
INVESTMENT	53.58	110.00			181.20	254.83	*599.61*
							-
TOTAL	1,551.93	464.82	417.71	1,339.20	181.20	254.83	*4,209.69*

Internally Generated Funds and National Health Insurance Levy

Internally Generated Funds (IGF) are funds generated from user fees. Internally generated Funds are collected and retained by BMCs and are designed to recover the complete cost of drugs and partial cost of non drugs consumables used in the provision of health care. A small consultation is also charged by health institutions. The National Health Insurance Scheme is designed to replace user fees. Both IGF and NHIL will contribute to the resource envelope and specifically to service budget (Item 3). However, they are not allocated centrally because BMCs will collect and retain such finds locally for services rendered.

Allocation of Other Components of the Health Budget

The rest of budget in the consolidated budget i.e. ¢2,452.78 billion has been allocated to all BMCs using the resource shift targets proposed in the five year programme of work. Table below shows the allocation to BMC categories.

Table 7: Percentage distribution of non-wage Recurrent budget (Items 2 and 3)

	TOTAL	PERSONAL EMOLUMENT	ITEM 2-4	TOT 2&3	ADMIN TOT	ADMIN GOG	ADMIN DONOR	TOT SERVICE	SERVICE GOG	SERVICE DONOR	TOT INVEST	INVEST GOG	INVEST DONOR	non-wage recurrent %
TOTAL HEALTH	2,452,781	1,328,975	1,123,806	524,194	202,834	95,716	107,118	321,360	73,659	247,701	599,612	53,577	546,035	**100**
Ministry of Health hq	1,311,860	765,248	546,613	64,774	23,330	10,462	12,868	41,444	11,411	30,033	481,839	21,000	460,839	**12.4**
Training Institutions total	86,620	55,527	31,093	31,093	11,236	5,013	6,223	19,857	5,467	14,390	-	-	-	**5.9**
G.H.S. HQ	96,056	8,974	87,082	53,082	19,182	8,558	10,624	33,900	9,334	24,567	34,000	9,000	25,000	**10.1**
Psychiatric Hospitals	46,155	13,893	32,262	31,562	11,405	5,088	6,317	20,157	5,550	14,607	700	700	-	**6.0**
Regl H. Service	128,998	66,742	62,255	51,440	18,950	8,454	10,495	32,491	8,221	24,270	10,815	10,815	-	**9.8**
District Hlth Serv	538,625	321,018	217,607	212,607	89,878	45,321	44,557	122,729	19,695	103,034	5,000	2,000	3,000	**40.6**
Subvented organizations	62,242	13,476	48,766	27,855	10,143	4,471	5,671	17,713	4,877	12,836	20,911	715	20,196	**5.3**
Teaching Hospitals	182,225	84,097	98,128	51,781	18,712	8,348	10,363	33,070	9,105	23,965	46,347	9,347	37,000	**9.9**

Ring-Fencing

The Ministry ring has fenced ¢879.98 of the component of the budget and lodged it in specific BMCs. These funds were ring-fenced to protect critical areas of the programme of work from the risk of under funding which might arise after funds have been disbursed to BMCs. Ring fencing is also used as an instrument for improving resource allocation within the sector by ensuring that the resource allocation pattern emphasises poverty alleviation and equity. Table 4 shows activities for which funds have been ring-fenced and where such funds have been lodged. Table five the relationship between the ring fenced budget and the total budget.

Ring fenced budget

Table 4: Allocation of Ring- fenced areas

2005 Resource Allocation (in billions of cedi)

Item 1	**Amount (billion cedi)**	**Where lodged**
Recruitment into the sector	*26.53*	*Office of Minister*

ADHA	*708*	*Office of the C.D.*
Item 2		
Overseas conferences	*6*	*Office of Minister*
Trainees Allowance (NTCs etc.)	*21*	*HRD of MoH*
Cuban Doctors	*11*	*Office of CD*
Cuban Doctors	*0.5*	*Office of D. G, GHS*
Fellowships (all sector)	*20*	*HRD of MoH*
Procurement	*4*	*Procurement directorate*
Item 3		
PPRIORITY HEALTH INTERVENTIONS		
Emergency preparedness	*4.6*	*District Health Services*
Emergency preparedness	*0.5*	*PHD, GHS*
Contraceptive initiative	*2.5*	*PHD, GHS*
Dental and Eye Specialist outreach	*1*	*ICD*
Specialist outreach services	*0.4*	*ICD*
HIV/AIDS	*0.5*	*PHD, GHS*
For EPI	*16.5*	*PHD, GHS*
Guinea worm eradication	*0.5*	*PHD, GHS*
Guinea worm eradication	*5*	*Office of Regl Pub Hlth, N.R.*
T.B.	*0.8*	*PHD, GHS*
Lymphatic filariasis / oncho	*0.5*	*HRU (PPME GHS)*
Clinical Trials, Sickle Cell	*0.3*	*KBTH*
PRO-POOR INVESTMENTS		
Poverty Reduction Activities	*0.5*	*PPME (MOH)*
Exemptions	*13*	*District Health Services*
For Deprivation	*29*	*District Health Services*
For deprivation	*1.85*	*Accra Psych. hosp*
For deprivation	*1*	*Pantang Psych. hosp*
For deprivation	*0.8*	*Ankaful Psych. hosp*
Psychotropic drugs	*1.2*	*Accra Psych. hosp*
Psychotropic drugs	*1*	*Pantang Psych. hosp*
Psychotropic drugs	*0.8*	*Ankaful Psych. hosp*
POLICY AND PROGRAMME DEVELOPMENT		
National Health Accounts	*0.2*	*PPME MOH*

Support to Health Summit	*0.5*	*PPME,MOH*
Total	**879.98**	

Table 5: Relationship between ring-fenced budget and the allocated budget

	Item 1	Item 2	Item 3	Item 4	Total
Ring-fenced	734.53	62.5	82.25	0.7	**879.98**
Allocation to routine activities	594.45	140.34	239.11	162.88	**1,136.78**
Total	**1,328.98**	**202.84**	**321.36**	**163.58**	**2,016.76**

Allocation of Targeted Health Fund

The "confirmed" donor pledges into the Health Fund of ¢607.40 billion (US$66.74 million) is more than the ¢464.82 billion (US$51.1 million) provided in the consolidated fund. The difference of ¢142.58 billion (US$15.64 million) is allocated under the banner of targeted health fund. The targeted health fund is also ring-fenced and allocated as per the table below. The table compares allocation in 2004, what is desired in 2005 and level of funding in 2005.

Activity Area	2004 Allocations (m US$)	2005 requirements (mUSD)	2005 Allocations (mUSD)[1]	Funding gap
Item 1				
Deprivation/hardship incentive	3.032	3.5	2	1.5
Item 3				
Maternal mortality survey	0	1.8	0	1.8
Contraceptive procurement	1.5	1.5	1.5	0
EPI	2.5	2.5	2	0.5
T.B	1	1	0.5	0.5
HIV/AIDS	1	1	1	0
NHIS	2.5	2.5	0.5	2
GNDP	0.92	0.5	0.5	0
Guinea worm	0	1.5	1	0.5
Malaria (ACT)	0	2.225	1.45	0.78
Malaria (ITN)	0	3.0	0	3
Lymphatic filariasis/Oncho	0	0.2	0.2	0
Item 4				
Vehicles	1	1	0	1

[1] anticipated inclusion of US$10 million from the WB which was to have been utilized in 2004 adds to bring the total to what it is. Without this the targeted Health Fund should actually be US$5.6451 million. Targeted Health Funds represent the component of HF not absorbed by the budget ceiling provided. This is targeted to priority areas of the health sector.

Medical equipment	3	3	2	1
Tamale Hospital	5	4	3	1
Total	**21.45**	**29.225**	**15.65**	**13.58**

Allocation of Expected HIPC inflows

HIPC inflows have not been confirmed yet. However, the Ministry projects to receive about ¢209 billion to support implementation of the activities in Table 7.

Table 7: Expected HIPC inflows (Billion cedis)

Aspect	**2003**	**2004** provision	**2005 expected**
Item 1			
Deprived area incentive		19	19
Item 3			
Exemptions for maternal deliveries	17.2	27	30
HIV/AIDS			
Guinea worm eradic activities (N.R.)	1.191	2	5
Lymphatic filariasis / onchocerciasis control			7
Ghana Ambulance Service		19.899	20
Support to mutual health insurance scheme	7.96	10.74	30
Item 4			
Expansion of Training institutions	10.005	37	30
Rehabilitation of Health Facilities			15
Rural transportation	3.0445	3	3
Model health centres	11.223	11	15
CHPS		10	15
Staff Accommodation			20
Total			**209**

Allocation of Donor Earmarked Funds

Development Partners have earmarked ¢554.64 billion (US$60.94 million) to support the implementation of the Programme of Work. Even though earmarked funds could theoretically be leveraged to fill the resource gap, the sector's ability to do so is limited by the management arrangements governing the allocation and use of earmarked funds. Further, earmarked funds are not always allocated in line with Government's budget structure. Indeed, some development Partners had already committed their earmarked funds to programmes and institutions at the time of developing the programme of Work. This reduces the flexibility of using earmarked funds to address priorities such as the maternal mortality survey that have emerged in the 2005. The Ministry will dialogue with Development Partners that have not allocated or completely committed their earmarked funds to explore opportunities for using earmarked funds to fill the resource gap.

Resource Gap

The total resource gap for the implementation of the 2005 Programme of Work is US$283.49 million. The challenge is to mobilize funds to fill this resource gap and also re-prioritize and adjust activities and targets to bring them in line with the resource envelope. As a first step the Ministry of Health has identified a number of priority activities that for which extra funding need to be mobilized urgently. The priorities are those identified under the targeted health fund and US$13.58 million is required to fund these activities.

Annex 1: CAPITAL INVESTMENT PLAN FOR 2005

ITEM	TITLE OF PROJECT	START DATE	COMPLETION DATE	STATUS OF COMPLETION %	ESTIMATED PROJECT COST (¢)	EXPENDITURE TO DATE (¢)	2005 BUDGET PROVISION (¢)	COST TO COMPLETION (¢)	SOURCE OF FUNDING		
	-				-		-	-	GOG (¢)	DONOR (¢)	EARMARKED
A	**GHS HEADQUARTERS**				-		-	-			
1	Remodelling of Workshops into Offices, Construction of 2-Storey Office Block, Paving of Yard and Improvement of Drainage System at LFC.	05.01.05	03.09.05	advance mobilization	5,971,633,796.00	1,536,636,489.75	4,497,330,000.00	971,633,796.00		4,497,330,000.00	
2	Construction of GHS Office Complex - Pre Contract Activities			new			1,000,000,000.00			1,000,000,000.00	
3	Redevelopment of Guesthouse at Adabraka into 2 no. Block of Flats (16 no. 2-Bedroom Flats)			new			3,000,000,000.00	0.00		3,000,000,000.00	
4	Rehabilitation of 5 no. Dental Clinics in the Greater Accra Region						900,000,000.00			900,000,000.00	
	Rehabilitation of Epidimiology Block at Korle Bu for GHS						2,000,000,000.00			2,000,000,000.00	

5	Construction and Completion of Physiotherapy Blocks at Koforidua & Ridge Hospital (Including additional Equipment required at Ridge Hospital)			new			1,000,000,000.00	0.00		1,000,000,000.00	
6	Cconstrcution of Biogas Plants in Selected Hospitals (Aflao District Hospital, Ashanti-Mampong District Hospital, & Wa Rgional Hospital)						2,000,000,000.00			2,000,000,000.00	
7	Construction of Staff Bungalows in all Regions (20 no. 2-Bedroom and 20 no. 3-Bedroom Bungalows) for GHS			new							
8	2004 Outstanding Bills Payable by GHS						2,000,000,000.00		2,000,000,000.00		
					5,971,633,796.00	**1,536,636,489.75**	**16,397,330,000.00**	**971,633,796.00**	**2,000,000,000.00**	**14,397,330,000.00**	
B	**PSYCHIATRIC HOSPITALS**										
	ACCRA PSYCHIATRIC HOSPITAL										
1	Completion of 2-Storey Block of Flats at Accra Psychiatric Hospital				600,000,000.00		600,000,000.00	600,000,000.00		600,000,000.00	

2	Rehabilitation of Selected Wards	15.07.04	22.10.04	83% done	700,000,000.00	425,789,656.00	700,000,000.00	274,210,344.00	700,000,000.00		
					1,300,000,000.00	**425,789,656.00**	**1,300,000,000.00**	**874,210,344.00**	**700,000,000.00**	**600,000,000.00**	
	PANTANG PSYCHIATRIC HOSPITAL										
3	Completion of 3 no. Staff Flats			advance mobilization	1,000,000,000.00	80,932,229.00	1,000,000,000.00	919,067,771.00		1,000,000,000.00	
4	Completion of Wards			pre-contract	1,000,000,000.00	69,070,000.00	0.00	930,930,000.00		1,000,000,000.00	
					2,000,000,000.00	**150,002,229.00**	**1,000,000,000.00**	**1,849,997,771.00**		**2,000,000,000.00**	
	ANKAFUL PSYCHIATRIC HOSPITAL							0.00			
5	Completion of OPD Complex	01.11.04	30.04.05	44% done	1,960,158,880.00	517,487,355.30	800,000,000.00	1,442,671,524.70		800,000,000.00	
6	Regravelling of Internal Roads with U-drains			11% done	1,000,000,000.00	63,437,906.12	1,000,000,000.00	936,562,093.88		1,000,000,000.00	
					2,960,158,880.00	**580,925,261.42**	**1,800,000,000.00**	**2,379,233,618.58**		**1,800,000,000.00**	
C	**GREATER ACCRA REGION**										
1	Completion of Health Centre at Madina				500,000,000.00		500,000,000.00	500,000,000.00		500,000,000.00	

2	Upgrade of Dodowa Hospital			OPD only in place							US$1,500,000
3	Construction of RHMT Office in Accra			new	1,000,000,000.00		1,000,000,000.00			1,000,000,000.00	
4	Completion of 2 Storey Block at Ussher Polyclinic				900,000,000.00		900,000,000.00			900,000,000.00	
5	Construction of Staff Bungalow at Ada Hospital Hospital - Phase 3	04.06.04	28.06.04	45%	2,232,974,093.00	1,216,699,326.00	1,200,000,000.00	1,016,274,767.00		1,200,000,000.00	
6	Completion of Health Centre at Bortianor				500,000,000.00		443,000,000.00			443,000,000.00	
7	Construction of Staff Accommodation for Health Professionals						2,000,000,000.00			2,000,000,000.00	
8	Construction of two (2) new Hospitals in Accra						500,000,000.00			500,000,000.00	
					5,132,974,093.00	**1,216,699,326.00**	**6,543,000,000.00**	**1,516,274,767.00**		**6,543,000,000.00**	
D	**CENTRAL REGION**				-		-				
1	Reahbilitation of Male Ward at Agona Swedru Hospital				300,000,000.00		300,000,000.00			300,000,000.00	
2	Construction of 1 no. Staff Bungalow At Fanti Nyankumasi				300,000,000.00		300,000,000.00			300,000,000.00	
3	Reahbilitation of Nkwantanum Health Centre				300,000,000.00		300,000,000.00			300,000,000.00	
4	Completion of Bisease Maternity Ward				300,000,000.00		300,000,000.00			300,000,000.00	

5	UPGRADE OF TWIFU PRASO HEALTH CENTRE TO DISTRICT HOSPITAL (HIPC)							0.00			
6	Construction of Male Ward at Dunkwa-Offin District Hospital				1,000,000,000.00		1,000,000,000.00			1,000,000,000.00	
7	Construction of 3 no. CHPS Facilities at Selected Areas				700,000,000.00		700,000,000.00			700,000,000.00	
8	CONSTRUCTION OF WINNEBA DISTRICT HOSPITAL			new			1,500,000,000.00	0.00		1,500,000,000.00	US$2,000,000
9	Construction of Staff Accommodation for Health Professionals						2,000,000,000.00			2,000,000,000.00	
10	Construction of Gomoa Dego Health Centre			new	500,000,000.00		443,000,000.00			443,000,000.00	
					2,900,000,000.00		**6,843,000,000.00**		**0.00**	**6,843,000,000.00**	
E	**WESTERN REGION**				-		-	0.00			
1	Construction of 4 no. Cluster Unit Semi Detached Quarters at Sekondi	01.11.04	01.05.05	advance mobilization	500,000,000.00	138,000,000.00	500,000,000.00	362,000,000.00		500,000,000.00	
2	Major Rehabilitation of Sefwi Wiaso District Hospital	01.11.04	01.02.05.	advance mobilization	1,000,000,000.00	168,680,400.00	600,000,000.00	831,319,600.00		600,000,000.00	US$1,500,000

3	Completion of Health Centre at Bonzain	01.11.04	01.02.05	advance mobilization	400,000,000.00	59,593,775.00	400,000,000.00	340,406,225.00		400,000,000.00	
4	Completion of Health Centre at Benso	01.11.04	01.02.05	advance mobilization	400,000,000.00	58,901,169.00	400,000,000.00	341,098,831.00		400,000,000.00	
5	CONSTRUCTION OF ADABOKROM HEALTH CENTRE	07.05.04	06.05.05	65% / 90%	6,294,867,387.50	3,901,981,528.50	2,500,000,000.00	2,392,885,859.00		2,500,000,000.00	
6	CONSTRUCTION OF ASAWINSO HEALTH CENTRE				2,500,000,000.00	187,676,045.00	2,500,000,000.00	2,312,323,955.00		2,500,000,000.00	
7	Completion of Staff Accommodation at Axim				500,000,000.00		500,000,000.00	500,000,000.00		500,000,000.00	
8	UPGRADE OF SHAMA HEALTH CENTRE	04.05.04	03.05.05	40% / 70%	5,504,423,106.30	2,019,961,021.77	2,500,000,000.00	3,484,462,084.53		2,500,000,000.00	
9	CONSTRUCTION OF NSAWORA HEALTH CENTRE (HIPC)				1,200,000,000.00	160,000,000.00	1,500,000,000.00	1,040,000,000.00		1,500,000,000.00	1,500,000
10	Construction of Staff Accommodation for Health Professionals						2,000,000,000.00			2,000,000,000.00	
11	Rehabilitation of General Ward at Dixcove				400,000,000.00		400,000,000.00	400,000,000.00		400,000,000.00	
					18,699,290,493.80	**6,694,793,939.27**	**13,800,000,000.00**	**12,004,496,554.53**	**0.00**	**13,800,000,000.00**	
F	**ASHANTI REGION**				-		-	0.00			

1	Upgrade of Kumasi South Health Centre to Regional Hospital			66% done	2,000,000,000.00	1,020,106,230.00	2,000,000,000.00	979,893,770.00		2,000,000,000.00	
2	Construction of 4-Storey Staff Accommodation Block at Abrepo				500,000,000.00	45,515,433.00	500,000,000.00	454,484,567.00		500,000,000.00	
3	Completion of X-Ray complex at Ejura Hospital				300,000,000.00		300,000,000.00	300,000,000.00		300,000,000.00	
4	REHABILITATION OF EFFIDUASE HOSPITAL (HIPC)							0.00			1,500,000
5	Upgrade of Manhyia Health Centre to a PolyClinic				1,000,000,000.00		1,000,000,000.00	1,000,000,000.00	1,000,000,000.00		
6	Construction of 1 no. CHPS Facility at Kwame Agyefrom-Offinso District				350,000,000.00		200,000,000.00	350,000,000.00		200,000,000.00	
7	Construction of Staff Accommodation for Health Professionals						2,000,000,000.00			2,000,000,000.00	
8	Upgrade of Old Tafo Hospital						2,000,000,000.00			2,000,000,000.00	
9	construction of Health Centre at Pankrono						1,000,000,000.00			1,000,000,000.00	
					4,150,000,000.00	**1,065,621,663.00**	**9,000,000,000.00**	**3,084,378,337.00**	**1,000,000,000.00**	**8,000,000,000.00**	
G	**VOLTA REGION**							0.00			

1	Rehabilitation of 3 no. Staff Flats at Hohoe			pre-contract	600,000,000.00	36,605,750.00	543,000,000.00	563,394,250.00		543,000,000.00	
2	Completion of DHMT at Keta				250,000,000.00		250,000,000.00	250,000,000.00		250,000,000.00	
3	Rehabilitation of 2 no. Bungalows of 3-Bedrooms and a Bedroom Boys Quarters at Ho Medical Village	28.10.03	11.02.04	55% done	500,000,000.00	175,307,087.00	500,000,000.00	324,692,913.00		500,000,000.00	
4	Construction of Offices for RHMT			new	600,000,000.00		600,000,000.00	600,000,000.00		600,000,000.00	
5	Installation of 4 no. Borehole pumps at Dambai, Jasikan, Dzemani and Kwamekrom Health Centres			new	300,000,000.00		300,000,000.00	300,000,000.00	300,000,000.00		
6	Upgrade of Galo Sota Health Centre to Hospital						800,000,000.00			800,000,000.00	
7	Construction of 3 no. CHPS Facilities at Kadjebi, Jasikan, and Hohoe.			new	750,000,000.00		700,000,000.00	700,000,000.00		700,000,000.00	
8	Construction of Staff Accommodation for Health Professionals						2,000,000,000.00			2,000,000,000.00	
					3,000,000,000.00	**211,912,837.00**	**5,693,000,000.00**	**2,738,087,163.00**	**300,000,000.00**	**5,393,000,000.00**	
H	**EASTERN REGION**							0.00			
1	REHAB OF KOFORIDUA REGIONAL HOSPITAL				1,000,000,000.00		1,000,000,000.00	1,000,000,000.00	1,000,000,000.00		

2	UPGRADE OF NEW ABIREM HEALTH CENTRE (HIPC)						2,000,000,000.00	0.00		2,000,000,000.00	1,500,000,000
3	Completion of Ward Block at Asamankese				800,000,000.00	69,000,000.00	800,000,000.00	731,000,000.00		800,000,000.00	
4	Rehabilitation of Health Centre at Abomosu				200,000,000.00		200,000,000.00	200,000,000.00		200,000,000.00	
5	Construction of Sewerage Treatment Plant at Koforidua Regional Hospital	21.09.04	07.02.05	55% done	600,000,000.00	230,504,535.00	600,000,000.00	369,495,465.00		600,000,000.00	
6	Completion of theatre at Nsawam Government Hospital				1,300,000,000.00		1,243,000,000.00		1,243,000,000.00		
7	Construction of Staff Accommodation for Health Professionals						2,000,000,000.00			2,000,000,000.00	
					3,900,000,000.00	**299,504,535.00**	**7,843,000,000.00**	**2,300,495,465.00**	**2,243,000,000.00**	**5,600,000,000.00**	
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I	**BRONG-AHAFO REGION**										

1	Rehabilitation of Health Centre at Nkrankwanta	14.10.04	30.12.04	100% done	200,000,000.00	170,483,880.00	181,000,000.00	29,516,120.00	181,000,000.00		
2	COMPLETION OF WORKS AT TANOSO HEALTH CENTRE (HIPC)	08.05.04	30.04.05	48%	2,043,494,709.80	572,695,351.00	500,000,000.00	1,470,799,358.80		500,000,000.00	
3	Rehabilitation of Health Centre at Wamfie				200,000,000.00		181,000,000.00	200,000,000.00	181,000,000.00		
4	Rehabilitation of Subinso Health Centre				400,000,000.00	196,782,547.00	181,000,000.00	203,217,453.00	181,000,000.00		
5	Constrcution of Surgical Ward at Bechem - Phase 1				300,000,000.00		600,000,000.00	300,000,000.00		600,000,000.00	
6	Rehabilitation of Sampa Hospital	10.11.04	28.03.05	40% done	600,000,000.00	142,093,284.00	600,000,000.00	457,906,716.00		600,000,000.00	
7	Construction of Health Centre at Dawadawa				300,000,000.00		300,000,000.00	300,000,000.00		300,000,000.00	
8	Rehabilitation of Health Centre at Sene				200,000,000.00		200,000,000.00	200,000,000.00		200,000,000.00	
9	Rehabilitation of Akrodie Health Centre	14.10.04	30.12.04	100% done	300,000,000.00	255,025,070.00	300,000,000.00	44,974,930.00		300,000,000.00	
9	Construction of Staff Accommodation for Health Professionals						2,000,000,000.00			2,000,000,000.00	
					4,543,494,709.80	**1,337,080,132.00**	**5,043,000,000.00**	**3,206,414,577.80**	**543,000,000.00**	**4,500,000,000.00**	
J	**NORTHERN REGION**										
1	Rehabilitation of	28.09.04	28.01.05	30% done	350,000,000.0	241,065,558.00	350,000,000.00	108,934,442.00		350,000,000.00	

	Wulensi Health Centre				0						
2	Construction of Health Centre at Sawla	18.09.04	18.03.05	26% done	850,000,000.00	213,313,163.00	600,000,000.00	636,686,837.00		600,000,000.00	
3	Construction of Health Centre at Yapei	18.09.04	18.03.05	30% done	850,000,000.00	250,180,484.00	600,000,000.00	599,819,516.00		600,000,000.00	
4	Provision of Electrical and Water Systems at Nkanchina Hospital	28.09.04	30.11.04	90% done	300,000,000.00	241,065,558.00	300,000,000.00	58,934,442.00	300,000,000.00		
5	Rehabilitation of 1 no. Ward at Damango Hospital	27.09.04	04.05.05	100% done	500,000,000.00	425,181,484.00	443,000,000.00	74,818,516.00	443,000,000.00		
6	Rehabilitation of Staff Houses at Saboba Hospital				300,000,000.00		400,000,000.00	300,000,000.00		400,000,000.00	
7	Construction of 3 no. CHPS Facilities at selected areas				750,000,000.00		700,000,000.00	750,000,000.00		700,000,000.00	
8	Construction of Staff Accommodation for Health Professionals						2,000,000,000.00			2,000,000,000.00	
					3,900,000,000.00	**1,370,806,247.00**	**5,393,000,000.00**	**2,529,193,753.00**	**743,000,000.00**	**4,650,000,000.00**	
K	**UPPER WEST REGION**										
1	Completion of Administration Block at Tumu Hospital			100%	400,000,000.00	376,149,270.00	300,000,000.00	23,850,730.00	300,000,000.00		
2	Extension of Water to Residential Facility at Airstrip, Wa						200,000,000.00			200,000,000.00	

3	CONSTRUCTION OF BAWIESIBELLE HEALTH CENTRE	01.11.04	05.08.05	75%	4,234,395,625.00	2,316,173,511.50	2,500,000,000.00	1,918,222,113.50		2,500,000,000.00	
4	REHABILITATION OF JIRAPA HOSP. (HIPC)				1,500,000,000.00		1,500,000,000.00	1,500,000,000.00		1,500,000,000.00	
5	Completion of Bungalow for Regional Hospital, Wa				350,000,000.00		350,000,000.00	350,000,000.00		350,000,000.00	
6	Major Rehabilitation of Wa Regional Hospital (Detail A+E Studies)				300,000,000.00		300,000,000.00	300,000,000.00		300,000,000.00	
7	Completion of Maternity Block at Nandom Hospital				600,000,000.00		600,000,000.00	600,000,000.00		600,000,000.00	
8	Completion of Twin Maternity Block at Nadowli				453,000,000.00		443,000,000.00	453,000,000.00	443,000,000.00		
9	Construction of 3 no. CHPS Facility at Lawra, Sissala, and Nadowli Districts				750,000,000.00		750,000,000.00	750,000,000.00		750,000,000.00	
10	Construction of Staff Accommodation for Health Professionals						2,000,000,000.00			2,000,000,000.00	
					8,587,395,625.00	**2,692,322,781.50**	**8,943,000,000.00**	**5,895,072,843.50**	**743,000,000.00**	**8,200,000,000.00**	

L	**UPPER EAST REGION**										
1	Construction of Mortuary at Zebilla District Hospital				300,000,000.00		243,000,000.00	300,000,000.00	243,000,000.00		
2	Rehabilitation of War Memorial Hopspital, Navrongo							0.00			1,500,000,000
3	Completion of Health Centre at Bongo-Soe				400,000,000.00		400,000,000.00	400,000,000.00		400,000,000.00	
4	Completion of Kologo Health Centre				3,252,034,285.00	1,721,398,320.00	500,000,000.00	1,530,635,965.00		500,000,000.00	
5	Completion of Health Centre at Sapeliga				400,000,000.00		400,000,000.00	400,000,000.00		400,000,000.00	
6	Rehabilitation of Chiana Health Centre				400,000,000.00	376,149,270.00	400,000,000.00	23,850,730.00	400,000,000.00		
7	Rehabilitation of Sandema District Hospital				400,000,000.00		400,000,000.00	400,000,000.00		400,000,000.00	
8	Completion of Fence Wall at Navrongo Hospital				400,000,000.00		400,000,000.00	400,000,000.00	400,000,000.00		
9	Construction of 3 no. CHPS Facilities at Selected areas.				500,000,000.00		500,000,000.00	500,000,000.00		500,000,000.00	
10	Construction of Staff Accommodation for Health Professionals						2,000,000,000.00			2,000,000,000.00	
11	Construction of Health Centre at Kologo	01.06.04	30.04.05	80%	3,980,773,000.00	2,500,537,105.75	0.00	1,480,235,894.25			
					6,052,034,285.00	**4,598,084,695.75**	**5,243,000,000.00**	**5,434,722,589.25**	**1,043,000,000.00**	**4,200,000,000.00**	

M	**MINISTRY OF HEALTH - NATIONAL**										
1	Matching Fund for BADEA Projects - Rehabilitation of Bolgatanga Regional Hospital	Apr-00	Jun-07	30%	63,891,100,000.00	7,998,464,110.00	4,000,000,000.00	55,892,635,890.00	4,000,000,000.00		
2	Matching Fund for ORET Programme supported by the Dutch Government			new	5,000,000,000.00		4,000,000,000.00	5,000,000,000.00	4,000,000,000.00		
3	Matching Fund for ADB III Projects				7,000,000,000.00		9,000,000,000.00	7,000,000,000.00	9,000,000,000.00		
4	Matching Fund for OPEC II Projects (Rural Health Centres)			project identification	5,200,000,000.00		1,000,000,000.00	5,200,000,000.00	1,000,000,000.00		
5	Matching Fund for SAUDI Fund Projects						7,500,000,000.00		7,500,000,000.00		
6	Refurbishment of Central Medical Stores				4,000,000,000.00		2,000,000,000.00	4,000,000,000.00		2,000,000,000.00	
97	Procurement of Transport and Eqquipment				5,000,000,000.00		3,000,000,000.00	5,000,000,000.00		3,000,000,000.00	
7	Outstanding Bills for MOH & Teaching Hospitals Projects				2,000,000,000.00		3,000,000,000.00	2,000,000,000.00		3,000,000,000.00	
8	Construction of classrooms and Offices for the School of Allied Health	12.07.04	11.09.06	5%	76,816,286,398.00	4,831,931,465.81	1,000,000,000.00	71,984,354,932.19		1,000,000,000.00	

9	Rehabilitation and Expansion Works at the Bio-medical Engineering Unit of the Ministry at Korle-Bu	15.02.05	31.07.05	25%	1,091,180,200.00	258,773,539.00	832,406,661.00				
10	Upgrading of 3 Polyclinics in Greatrer Accra Region (Maamobi, Mamprobi and Kaneshie)			15%	5,000,000,000.00	0.00	4,000,000,000.00	5,000,000,000.00	2,500,000,000.00	1,500,000,000.00	
					93,907,466,598.00	**13,089,169,114.81**	**39,332,406,661.00**	**161,076,990,822.19**	**28,000,000,000.00**	**10,500,000,000.00**	
N	**TRAINING SCHOOLS**										
1	Construction of 2-storey Hostel Blocks at Cape Coast NTC	Jan. 2004	Sept. 2005	10%	4,548,000,000.00	638,000,000.00	1,000,000,000.00	3,910,000,000.00		1,000,000,000.00	
2	Construction of Classroom and Hostel Blocks at Sekondi	13.01.05	12.07.05	15%	5,501,674,000.00	1,783,500,000.00	2,000,000,000.00	3,718,174,000.00		2,000,000,000.00	
3	Completion of Works at Fomena CHNTS				1,000,000,000.00		1,000,000,000.00			1,000,000,000.00	
4	Rehabilitation of Ho CHNTS (HIPC)				1,500,000,000.00		1,500,000,000.00			1,500,000,000.00	
5	Construction of Classroom and Hostel Blocks at Kintampo RHTS(Classroom Blk. ¢2,563,209,962.50 Hostel Block ¢7,590,341,352.00)	Decembe r, 2004	Dec-05	0.20	10,153,551,314.50	489,946,252.00	2,000,000,000.00	9,663,305,062.50		2,000,000,000.00	

6	Completion of Works at Navrongo CHNTS				1,500,000,000.00		1,000,000,000.00			1,000,000,000.00	
7	Construction of Classroom and Hostel Blocks at Kumasi NTC	Mar-05	Feb-06	mobilization	7,673,624,915.00	2,338,082,274.50	2,000,000,000.00	5,335,542,640.50		2,000,000,000.00	
8	Construction of Classroom Block at Midwifery Training School at Mampong				1,000,000,000.00		800,000,000.00			800,000,000.00	
9	Rehabilitation of Community Health School at Tamale				800,000,000.00		800,000,000.00			800,000,000.00	
10	Construction of Classroom and Library block at Midwifery Training School at Bolgatanga				1,000,000,000.00		800,000,000.00			800,000,000.00	
11	Rehabilitation of School of Hygiene, Korle- bu, Accra			30%	1,500,000,000.00		1,000,000,000.00			1,000,000,000.00	
12	Rehabilitation of School of Hygiene, Tamale				1,000,000,000.00		1,500,000,000.00			1,500,000,000.00	
13	Construction of CHNTS at Sefwi-Wiawso	07.11.03	21.02.04		1,500,000,000.00	299,341,992.00	500,000,000.00			500,000,000.00	
14	Construction of new NTC at Sefwi-Wiawso				1,500,000,000.00		500,000,000.00			500,000,000.00	
15	Rehabilitation and conversion of existing structure into Hostel, Classrooms, Library and Offices for new Sunyani NTC	07.02.05	06.11.05	2%	4,149,513,153.10	1,270,435,564.23	1,000,000,000.00	2,879,077,568.87		1,000,000,000.00	
16	Rehabilitation of Midwifery Training				3,500,000,000.00		1,000,000,000.00			1,000,000,000.00	

	School at Korle-Bu										
17	Rehabilitation of Adminstration and Classroom Block at Atibie Midwefiry Training School	Feb. 04	Dec. 2004	mobilization	1,780,428,485.00	556,845,545.44	1,000,000,000.00	1,223,582,939.56		1,000,000,000.00	
18	Expansion of Classroom and Hostel Blocks at Koforidua NTC/MTS				2,000,000,000.00		1,000,000,000.00			1,000,000,000.00	
19	Construction of Classroom Block at Pantang NTC	April, 2005	Mar-06	mobilization	3,177,412,143.75	0.00	1,000,000,000.00	3,177,412,143.75		1,000,000,000.00	
20	Rehabilitation of Hostel Block and construction of new Classroom Block at Korle Bu NTC	22.02.05	21.11.05	25%	3,963,754,784.00	923,243,911.80	2,000,000,000.00	3,040,510,872.20		2,000,000,000.00	
21	Rehabilitation of CHNTS at Winneba						1,000,000,000.00			1,000,000,000.00	
22	Rehabilitation of CHNTS at Tanoso	30.05.03	30.04.05	51%	1,065,776,508.60	540,886,699.20	1,500,000,000.00	524,889,809.40		1,500,000,000.00	
23	Construction of Classroom & Hostel Blocks at Essiama CHNTS	Mar-04	Dec. 2004	85.50%	5,915,694,053.00	4,240,386,199.41	1,000,000,000.00	1,675,307,853.59		1,000,000,000.00	
	MISSION TRAINING SCHOOLS										
24	Construction of Classroom and 3 no. Semi-detached Bungalow at Berekum NTC	28.01.05	28.07.06	mobilization / 8%	4,622,994,594.80	1,336,610,678.00	1,500,000,000.00	1,786,383,916.80		1,500,000,000.00	
25	Expansion of Agogo NTC	Feb. 04	Dec. 04	mobilization	5,423,341,297.00	1,614,218,129.13	200,000,000.00	3,809,123,149.87		200,000,000.00	

26	Construction of Classroom and Hostel Blocks at Bawku	19.01.05	19.09.05	25%	4,386,235,280.00	1,813,929,575.00	0.00	2,572,242,705.00		0.00	
27	Expansion of Midwifery School at Offinso	15.02.05	14.08.05	mobilization	4,930,446,000.00	1,060,468,800.00	1,000,000,000.00	2,174,427,200.00		1,000,000,000.00	
28	Expansion of Jirapa NTC	01.01.05	31.12.05	15%	6,285,659,319.32	1,766,832,621.60	1,000,000,000.00	4,518,826,697.72		1,000,000,000.00	
29	Construction of Classroom and Hostel Block at Nkawkaw NTC	03.01.05	12.01.05	mobilization	5,356,979,200.00	1,440,340,432.00	1,000,000,000.00	3,916,638,768.00		1,000,000,000.00	
					96,735,085,048.07	**22,113,068,674.31**	**31,600,000,000.00**	**53,925,445,327.76**		**31,600,000,000.00**	
O	**TEACHING HOSPITALS**				-		-				
	KORLE BU TEACHING HOSPITAL				-		-				
1	Refurbishment of the Medical Block				3,000,000,000.00		1,000,000,000.00	3,000,000,000.00		1,000,000,000.00	
2	Refurbishment of the Maternity Block			Technical studies by the Kuwaiti fund	5,360,000,000.00		500,000,000.00	5,360,000,000.00		500,000,000.00	
3	Renovation of OPD for Care for AIDS Patients				600,000,000.00		600,000,000.00	600,000,000.00		*600,000,000.00*	
4	Completion of 12 no Doctors' Flats	01.09.96		16 block; 4 completed & in use; 47% to 97% done on others	36,060,312,292.00	8,334,938,852.00	5,000,000,000.00	27,725,373,440.00		*5,000,000,000.00*	*27,000,000,000*

5	Completion of Radiotherapy and Nuclear Medicine Block			blockwork up to 2nd floor	500,000,000.00		500,000,000.00	500,000,000.00		*500,000,000.00*	
6	Refurbishment of the Childrens' Block				2,500,000,000.00		2,500,000,000.00	2,500,000,000.00		*2,500,000,000.00*	
	TOTAL				**48,020,312,292.00**	**8,334,938,852.00**	**10,100,000,000.00**	**39,685,373,440.00**		**10,100,000,000.00**	
	KOMFO ANOKYE TEACHING HOSPITAL										
1	Completion of Maternity and Childrens' Block	01.01.98	01.01.08	mat. Wing roofed; relocation of classroom completed	50,000,000,000.00		4,377,000,000.00	50,000,000,000.00	4,377,000,000.00		
2	Completion of Doctors' Flats	02.02.04	05.07.05	52.50%	10,313,653,885.00	3,544,305,590.00	2,000,000,000.00	6,769,348,295.00		2,000,000,000.00	

3	Completion of Nurses' Flats	01.10.04	01.10.05	substructure completed; !st floor columns in place; formwork for 2nd floor slab in progress	6,500,000,000.00		1,500,000,000.00	6,500,000,000.00		1,500,000,000.00	
4	Construction of Doctors' Bungalows			new			1,000,000,000.00			1,000,000,000.00	
5	Completion of Office Complex				1,000,000,000.00		1,000,000,000.00	1,000,000,000.00	1,000,000,000.00		
6	Minor Rerhabilitation Works at Polyclinic	18.04.04	22.02.05	50%	4,000,000,000.00	1,755,233,650.00	500,000,000.00	2,244,766,350.00		500,000,000.00	
	TOTAL				**71,813,653,885.00**	**5,299,539,240.00**	**10,377,000,000.00**	**66,514,114,645.00**	**5,377,000,000.00**	**5,000,000,000.00**	**-**
	TAMALE TEACHING HOSPITAL										
1	Minor Rehabilitation of Tamale Regional Hospital	15.12.03	30.04.05	98%	5,395,367,560.00	2,921,098,707.00	0.00	2,474,568,853.00			
2	Major Rehabilitation of Tamale Regional Hospital			pre-contract activities only	540,000,000,000.00	0.00	5,000,000,000.00	540,000,000,000.00	3,000,000,000.00	2,000,000,000.00	
					545,395,367,560.00	**2,921,098,707.00**	**5,000,000,000.00**	**542,474,568,853.00**	**3,000,000,000.00**	**2,000,000,000.00**	
P	**STATUTORY BODIES/SUBVE**										

	NTED ORG.										
1	Construction of Offices & Lecture Halls for the Ghana College of Physicians and Surgeons at Ridge, Accra	25.10.04	24.03.06	substructure	29,262,742,480.00	7,646,835,333.28	3,000,000,000.00	21,615,907,146.72		3,000,000,000.00	
2	Construction of Offices and Laboratories for Food and Drugs Board	19.01.05	06.03.06	mobilization	24,491,143,074.51	4,082,081,746.87	2,000,000,000.00	18,409,061,327.64		2,000,000,000.00	
3	Office Complex and Training Centre for National Ambulance	24.04.04	24.03.05	40%	4,959,998,593.00	1,609,501,218.00	3,000,000,000.00	3,350,497,375.00		3,000,000,000.00	
4	Construction of Offices for the PHMHB			new	800,000,000.00		400,000,000.00	800,000,000.00		400,000,000.00	
5	Construction of Offices for the Nurses and Midwives Council			new	13,893,672,812.00	0.00	2,000,000,000.00	13,893,672,812.00		2,000,000,000.00	
6	Investment Requirement for CSRIPM at Kampong-Akwapim				1,500,000,000.00		500,000,000.00	500,000,000.00		500,000,000.00	
7	Rehabilitation & Extension of Offices for Pharmacy Council	13.12.04	15.08.05	2.60%	2,676,578,751.00	751,676,710.50	500,000,000.00	1,924,902,040.50		500,000,000.00	
8	Completion Office accommodation and construction of staff accommodation for Medical and Dental Council										
9	Support for CHAG						500,000,000.00			500,000,000.00	

	Secretariat										
	TOTAL				**77,584,135,710.51**	**14,090,095,008.65**	**11,900,000,000.00**	**60,494,040,701.86**	**0.00**	**11,900,000,000.00**	
Q	**SUMMARY**										
1	GHS HEAD QUARTERS - PROJECTS				5,971,633,796.00	1,536,636,489.75	16,397,330,000.00	971,633,796.00	2,000,000,000.00	14,397,330,000.00	
2	MOH - HQ AND MATCHING FUNDS PROJECTS				93,907,466,598.00	13,089,169,114.81	39,332,406,661.00	161,076,990,822.19	28,000,000,000.00	10,500,000,000.00	
3	ACCRA MENTAL HOSPITAL				1,300,000,000.00	425,789,656.00	1,300,000,000.00	874,210,344.00	700,000,000.00	600,000,000.00	
4	PATANG PSYCHIATRIC HOSPITAL				2,000,000,000.00	150,002,229.00	1,000,000,000.00	1,849,997,771.00	0.00	2,000,000,000.00	
5	ANKAFUL				2,960,158,880.00	580,925,261.42	1,800,000,000.00	2,379,233,618.58	0.00	1,800,000,000.00	
6	GREATER ACCRA REGION				5,132,974,093.00	1,216,699,326.00	6,543,000,000.00	1,516,274,767.00	0.00	6,543,000,000.00	
7	CENTRAL REGION				2,900,000,000.00	0.00	6,843,000,000.00	0.00	0.00	6,843,000,000.00	
8	WESTERN REGION				18,699,290,493.80	6,694,793,939.27	13,800,000,000.00	12,004,496,554.53	0.00	13,800,000,000.00	
9	ASHANTI REGION				4,150,000,000.00	1,065,621,663.00	9,000,000,000.00	3,084,378,337.00	1,000,000,000.00	8,000,000,000.00	
10	VOLTA REGION				3,000,000,000.00	211,912,837.00	5,693,000,000.00	2,738,087,163.00	300,000,000.00	5,393,000,000.00	

11	EASTERN REGION				3,900,000,000.00	299,504,535.00	7,843,000,000.00	2,300,495,465.00	2,243,000,000.00	5,600,000,000.00	
12	BRONG-AHAFO REGION				4,543,494,709.80	1,337,080,132.00	5,043,000,000.00	3,206,414,577.80	543,000,000.00	4,500,000,000.00	
13	NORTHERN REGION				3,900,000,000.00	1,370,806,247.00	5,393,000,000.00	2,529,193,753.00	743,000,000.00	4,650,000,000.00	
14	UPPER WEST REGION				8,587,395,625.00	2,692,322,781.50	8,943,000,000.00	6,895,072,843.50	743,000,000.00	8,200,000,000.00	
15	UPPER EAST REGION				6,052,034,285.00	4,598,084,695.75	5,243,000,000.00	5,434,722,589.25	1,043,000,000.00	4,200,000,000.00	
16	TRAINING SCHOOLS				96,735,085,048.07	22,113,068,674.31	31,600,000,000.00	53,925,445,327.76	0.00	31,600,000,000.00	
17	KORLE-BU TEACHING HOSPITAL				48,020,312,292.00	8,334,938,852.00	10,100,000,000.00	39,685,373,440.00	0.00	10,100,000,000.00	
18	KOMFO ANOKYE				71,813,653,885.00	5,299,539,240.00	10,377,000,000.00	66,514,114,645.00	5,377,000,000.00	5,000,000,000.00	
19	TAMALE				545,395,367,560.00	2,921,098,707.00	5,000,000,000.00	542,474,568,853.00	3,000,000,000.00	2,000,000,000.00	
20	STATUTORY BODIES & SUBVENTED ORG.				77,584,135,710.51	14,090,095,008.65	11,900,000,000.00	60,494,040,701.86	0.00	11,900,000,000.00	
	OVERALL TOTAL				**1,006,553,002,976.18**	**88,028,089,389.46**	**203,150,736,661.00**	**969,954,745,369.47**	**45,692,000,000.00**	**157,626,330,000.00**	
											-
R	**SUMMARY OF AGENCIES**										
	AGENCY/ITEM				**TOTAL BUDGET**		**% POINT**				
1	MOH - HQ AND MATCHING FUNDS PROJECTS				36,332,406,661.00		**17.88**				

2	GHANA HEALTH SERVICE				94,841,330,000.00		**46.69**				
3	REPLACEMENT OF EQUIPMENT & TRANSPORT				3,000,000,000.00		**1.48**				
4	TAMALE TEACHING HOSPITAL				5,000,000,000.00		**2.46**				
5	STATUTOTY BODIES				11,900,000,000.00		**5.86**				
6	KOMFO ANOKYE TEACHING HOSPITAL				10,377,000,000.00		**5.11**				
7	TRAINING SCHOOLS				31,600,000,000.00		**15.55**				
8	KORLE BU TEACHING HOSPITAL				10,100,000,000.00		**4.97**				
	OVERALL TOTAL				**203,150,736,661.00**		**100.00**				

ANNEX 2: HUMAN RESOURCE DEVELOPMENT FELLOWSHIP PLAN

PROGRAMME	COURSE	NO	COUNTRY OF STUDY	STATUS	UNIT COST	TOTAL COST
					£	£
Clinical	Advanced counselling in Psychology	1	GHANA	L	2,000	2,000
Clinical	General Surgery	1	GHANA	L	3,000	3,000
Clinical	Ophthalmic Laser Applications	1	OVERSEAS	SH	8,000	8,000
Clinical	Trauma and Orthopaedics	1	GHANA	L	3,000	3,000
Clinical	Traumatology	1	GHANA	L	3,000	3,000
Clinical	Urology	1	GHANA	L	3,000	3,000
Clinical Care	Accident and Emergency	3	GHANA	L	3,000	9,000
Clinical Care	Anaesthesia	3	GHANA	L	3,000	9,000
Clinical Care	Intensive care	1	GHANA	L	3,000	3,000
Clinical Care	Biomedical Sciences	1	OVERSEAS	L	20,000	20,000
Clinical Care	Bsc Nursing	2	GHANA	L	3,000	6,000
Clinical Care	Clinical Dermatology	1	OVERSEAS	L	20,000	20,000
Clinical Care	Clinical Psychology	1	OVERSEAS	L	20,000	20,000
Clinical Care	Critical Care	3	GHANA	L	3,000	9,000
Clinical Care	Dental Surgery	1	OVERSEAS	L	20,000	20,000
Clinical Care	Endoscopic Urology and Bladder Surgery	1	OVERSEAS	L	20,000	

						20,000
Clinical Care	ENT	1	OVERSEAS	L	20,000	20,000
Clinical Care	Family Practice	1	OVERSEAS	L	20,000	20,000
Clinical Care	Glaucoma	1	OVERSEAS	L	20,000	20,000
Clinical Care	General Surgery	1	GHANA	L	3,000	3,000
Clinical Care	Internal Medicine	1	OVERSEAS	L	20,000	20,000
Clinical Care	Lab. Medicine	2	OVERSEAS	L	20,000	40,000
Clinical Care	Mental Health/Psychiatry	1	OVERSEAS	L	20,000	20,000
Clinical Care	MSc Clinical Pharmacy	1	OVERSEAS	L	20,000	20,000
Clinical Care	Msc Paediatric Nephrology	1	OVERSEAS	L	20,000	20,000
Clinical Care	O & G	1	GHANA	L	3,000	3,000
Clinical Care	Oncology Nursing	1	OVERSEAS	L	20,000	20,000
Clinical Care	Opthalmology	2	GHANA	L	3,000	6,000
Clinical Care	Paediatric Emergencies	2	GHA NA	L	3,000	6,000
Clinical Care	Paediatric Surgery	5	GHANA	L	3,000	15,000
Clinical Care	Pathology	1	OVERSEAS	L	20,000	20,000
Clinical Care	Peri-Operative	2	OVERSEAS	SH	8,000	16,000
Clinical Care	Radiation Oncology	2	GHANA	L	3,000	6,000
Clinical Care	Radiation Therapy	5	GHANA	L	3,000	

						15,000
Clinical Care	Restorative Dentistry	1	OVERSEAS	SH	8,000	8,000
Clinical Care	Surgery Urology	1	GHANA	L	3,000	3,000
Clinical Care	Transoesophageal Echocardiography	3	GHANA	L	3,000	9,000
Clinical Care	Traumatology	2	GHANA	L	3,000	6,000
Clinical Care	Urology Nursing	1	OVERSEAS	L	20,000	20,000
Clinical Care	Business Administration (Health Financial Mngt.)	1	OVERSEAS	L	20,000	20,000
Management	Education Management	15	GHANA	L	3,000	45,000
Management	Executive Management	5	GHANA	L	3,000	15,000
Management	Health Economics	1	OVERSEAS	L	20,000	20,000
Management	Health Management Information Systems	1	OVERSEAS	L	20,000	20,000
Management	Health Services Management	2	GHANA	L	5,000	10,000
Management	MA Health Statistics	1	OVERSEAS	L	20,000	20,000
Management	MA Hospital Management	2	OVERSEAS	L	20,000	40,000
Management	Health Management Policy and Planning	1	OVERSEAS	L	20,000	20,000
Management	Masters in Human Resource Development	2	OVERSEAS	L	20,000	40,000
Management	MBA in Health, Population and Nutrition	1	OVERSEAS	L	20,000	20,000
Management	Office Management	2	GHANA	L	3,000	6,000
Management	Procurement and Logistics	1	OVERSEAS	L	20,000	20,000

Management	Quality Assurance	2	OVERSEAS	SH	8,000	16,000
Management	Senior Management	2	GHANA	SH	1,500	3,000
Management	Standardization and Quality Control	3	OVERSEAS	SH	8,000	24,000
Management	Training Management	2	GHANA	SH	1,500	3,000
Management	Applied Epidemiology	1	OVERSEAS	L	20,000	20,000
Management	CDC Atlanta	1	OVERSEAS	L	20,000	20,000
Public Health	Diploma Community Health	1	OVERSEAS	L	20,000	20,000
Public Health	Diploma in Reproductive Health	1	OVERSEAS	L	20,000	20,000
Public Health	Disease Surveillance	2	OVERSEAS	SH	8,000	16,000
Public Health	Epidemiology	1	OVERSEAS	L	20,000	20,000
Public Health	Health Promotion	3	GHANA	L	3,000	9,000
Public Health	HIV/AIDS	2	OVERSEAS	SH	8,000	16,000
Public Health	IMCI & Adolescent Health	2	OVERSEAS	SH	8,000	16,000
Public Health	Integrated Management of Child Health	1	OVERSEAS	L	20,000	20,000
Public Health	Masters in Community Health	1	OVERSEAS	L	20,000	20,000
Public Health	Masters in Medical Anthropology	1	OVERSEAS	L	20,000	20,000
Public Health	Masters in Public Health	8	GHANA	L	3,000	24,000
Public Health	Nutrition	1	OVERSEAS	SH	8,000	8,000

Public Health	Reproductive Health and STDs	2	OVERSEAS	SH	8,000	16,000
Public Health	Reproductive/Child Health	1	OVERSEAS	SH	8,000	8,000
	TOTAL	**135**				**1,109,000**

LEGEND
EXCHANGE RATE FOR THE POUND =17,000 CEDIS
1,109,000.00 * 17,000.00 = 18,853,000,000.00
SH = Short course
L = Long course

Total amount available for fellowships in cedis	20,000,000,000
Commitments (stipend to be paid for continuing fellowships)	1,147,000,000
Estimated cost of fellowships for 2005 (fees, stipends and air flights)	18,853,000,000

ANNEX 3: PROCUREMENT PLAN

Procurement Category	Value of Goods (US$)	%	Procurement Method	Prior Review	Procurement Executive
Health Equipment _ BEU	**$6,000,000.00**	**7.37%**	**ICB**	**Yes**	**PA**
Office Equipment & Furniture	**$987,500.00**	**1.21%**	**LS**	**Yes**	**MoH PU**
Vehicles	**$6,000,000.00**	**7.37%**	**ICB/LS**	**Yes**	**PA**
Office Supplies and Stationery	**$216,731.00**	**0.27%**	**LS**	**No**	**MoH PU**
Health Service Supplies					
Essential Drugs				**Yes**	**PA**
General Drugs	$4,000,000.00	4.91%	ICB/LS		
Psychotropic Drugs	$1,592,180.00	1.95%	ICB		
TB Drugs	$2,136,000.00	2.62%	ICB		
Anti Snake Vaccines	$1,500,000.00	1.84%	ICB		
Anti Rabbies Vaccines	$300,000.00	0.37%	ICB		
HIV AIDS				**Yes**	**PA**
Anti Retroviral Drugs	$6,000,000.00	7.37%	LIB		
Diagnostic reagents	$1,000,000.00	1.23%	LIB		
Drugs for Oportunistic Infections	$1,064,000.00	1.31%	ICB		
Contraceptives	**$4,000,000.00**	**4.91%**	**LIB**	**Yes**	**DFID/USAID/UNFPA**
EPI	**$9,950,000.00**	**12.22%**	**LIB/ICB**	**Yes**	**UNICEF**
Consumables/Vaccines					
Guinea Worm	**$467,936.00**	**0.57%**	**ICB**	**Yes**	**PA**

Malaria Control	**$5,500,000.00**	**6.75%**	**ICB**	**Yes**	**PA**
Non-Drug Medical Consumables	**$4,000,000.00**	**4.91%**	**ICB/LS**	**Yes/No**	**PA**
Prosthetic Supplies	**$500,000.00**	**0.61%**	**ICB/NCB/LS**	**Yes/No**	**MoH PU**
National Blood Transfusion Ser.	**$1,000,000.00**	**1.23%**	**LIB**	**Yes**	**PA**
Printing & Medical Forms	**$1,500,000.00**	**1.84%**	**NCB/LS**	**Yes**	**MoH PU**
Capital Plan	**$23,737,554.91**	**29.14%**	**QCBS/ICB**	**Yes**	**PA**
Total	**$81,451,901.91**	**100.00%**			

ANNEX 4: LOGFRAME FOR PROGRAMME IMPLEMENTATION

Priority Health Interventions	
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**
• *National strategic plan for packaging and provision of child health interventions developed in the light of lessons from Upper East* • *138 districts implementing complete IMCI package* • *20% health institutions with adolescent corners*	• Document and translate the lessons from the packaging and provision of Child Health interventions in the Upper East region into a national level strategy • Evaluate constraints to the scaling up of IMCI • Scale up implementation of the complete IMCI package including community IMCI from 20 districts to all districts • Support all pre-service training institutions to integrate IMCI into their curricula • Develop strategy for integrating adolescent health services into routine health services and re-orienting service providers in public and private sector • Provide guidelines for establishing adolescent corners in health institutions • Organise Child health Week
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
• *4 rounds of NIDs implemented with coverage not less than 95% in each NID* • *80% coverage for DPT-Hib-Hep3 and OPV3*	• Undertake four rounds of NIDs as part of the international programme to eradiate polio • Support micro-planning exercise aimed at defining and targeting hard to reach areas • Provide boat services to hard to reach and over seas communities • Provide technical support to relatively poor performing districts to improve their immunization coverage • Organize Measles and Neonatal Tetanus campaigns • Maintain the AFP surveillance system through improving case detection rates, and timeliness and adequacy of stool specimen • Revise and test EPI indicators to capture progress in hard to reach areas. • Conduct data quality audits and EPI coverage survey
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**
• *60% supervised delivery coverage* • *28% FP acceptor rate* • *98% ANC coverage* • *65% PNC coverage* • *85% maternal deaths audited* • *100% CHO training institutions*	• Develop a National Reproductive Health Strategic Plan • Sustain the ANC and delivery exemption policies and document lessons including the impact of exemptions on maternal health outcomes • Revise and pre-test indicators for measuring maternal health

adopted curriculum for deliveries • *Revised sector-wide indicators for monitoring RH services*	• Conduct a survey on maternal mortality • Assess the extent to which facilities are designed to respond to Maternal and Child Health services • Strengthen health institutions through training of health providers and provision of existing health institutions in the delivery of package of RH services including Emergency Obstetric Care • Access the availability of EOC • Revise curriculum for training CHOs to provide delivery services • Intensify integration of STI management into family planning • Intensify training and support for family planning practitioners • Roll out the implementation of the contraceptive security strategy
COMPONENT: *HIV/AIDS, STI Prevention and Control* **RELATED SECTOR-WIDE OBJECTIVES:** *Increased Geographical and Financial Access to Basic Services* **LEAD AGENCY:** *GHS* **COLLABORATORS:** *GAC*	
PERFORMANCE OUTPUTS	**PRIORITY ACTIVITIES**
• *10 sites for ART established, 1 in each region* • *240 VCT/PMTCT sites established* • *50% of targeted health workers from public and private institutions trained in management of STI and opportunistic infections*	• Establish at least one treatment centre in each region • Establish 240 VCT/PMTCT sites • Training public and private health institutions in the management of STI and opportunistic infections • Manage sentinel sites and provide evidence for policy on HIV/AIDS • Implement a programme to generate demand for VCT, PMTCT, condom use and safe sexual practices

COMPONENT: *Tuberculosis* **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**
• *TB drug treatment policy revised* • *60% Case Detection Rate* • *70 % Cure rate* • *36 Districts trained in TB community DOTS and cohort analysis* • *All regional TB teams trained in TB management and control*	• Revise the drug treatment policy to allow for treatment at the community • Build capacity at all levels including advanced level training in TB control, logistics and supplies, financial and health information management for central TB staff • Intensify monitoring, supervision and evaluation of the TB programme • Establish systems for case holding and defaulter tracing with active community participation • Review TB training manuals • Conduct district level training in cohort analysis and monitoring and evaluation • Increase social mobilisation and community education for DOTS implementation
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**

• *New ACT Policy in place* • *Proportion of public health institutions stocking and dispensing chloroquine* • *100% GHS and mission health institutions in all districts implementing IPT* • *30% coverage of pregnant women on IPT* • *Voucher system for ITN extended to 3 more regions*	• Implement the new ACT policy nationwide • Promote home based care of malaria • Develop an action plan for the production, procurement, promotion, distribution and re-treatment of affordable (subsidized) Insecticide Treated Nets (ITN) to cater for current and future need • Scale up the implementation of ITN voucher scheme from Eastern and Volta regions to Ashanti region and the northern • Support Upper East and Upper West regions to scale up ITN using the UNICEF model of ITN delivery • Train health personnel, educate general public and sensitize of various stakeholders on malaria control • Extend the implementation of IPT from 20 districts to all health institutions in the 138 districts • Home based care for malaria
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**
• *100% reporting from villages targeted for active surveillance, i.e., those that have reported guinea worm disease during the past three years;* • *At least 80% of guinea worm cases detected contained* • *100% household filter coverage in all eligible villages.* • *Number of villages reporting guinea worm disease (905 at October, projected to 950 at December 2004) reduced by at least 25% to 700 or less.* • *Number of guinea worm cases (6,317 at October, projected to 6,500 at December 2004) reduced by 50% to 3,250.*	• Implement an active and sensitive surveillance system in all villages that reported Guinea worm in the last three years • Conduct guinea worm case search as part of the NIDs • Develop guidelines for the establishment and management of a sensitive integrated CBS system. • Contain guinea worm cases detected • Distribute filters to eligible villages accompanied by proper education on their correct use • Treat eligible infected drinking water sources with abate • Collaborate with Ghana Water Company, District Assemblies, Partners and Communities to provide potable water in endemic villages. • Mobilize other sectors, communities and stakeholders to support guinea worm eradication efforts
COMPONENT: *Neglected Diseases affecting the poor almost exclusively* **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*	
PERFORMANCE OUTPUTS	**PRIORITY ACTIVITIES**

• *Programme for control of each of the five neglected diseases in place* • *Baseline on the diseases established* • *Strategic framework in place* • *Proportion of budget allocated to these diseases* • *Coverage of interventions increased*	• Establish the burden of diseases and distribution of these diseases • Develop a strategic framework for the prevention and control of each of the five neglected diseases • Provide guidelines and protocols for control of all neglected diseases • Earmark and allocate poverty reduction funds at central level and funds within the district budget to support the prevention and treatment of these diseases. • Incorporate the surveillance of these diseases into the integrated surveillance system • Supporting relevant operational research into the management of these diseases.
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**
• *Prevalence of risk factors for chronic diseases estimated* • *Cancer registers developed and system for maintaining database introduced* • *Revised NCD policy document drafted and disseminated* • *Sentinel surveillance of NCDs initiated*	• Review of the draft national policy on NCDs • Initiate the preparation of national strategic plan for NCDs • Determine the prevalence of risk factors for chronic diseases • Integrate NCD surveillance into the public health surveillance system • Support the legislative framework against tobacco promotion and use • Establishment of the national cancer registry • Initiate dialogue among stakeholders towards a coordinated response to intentional and unintentional injuries
COMPONENT: *Health Promotion and Nutrition*	

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:** *GHS/TH*	
PERFORMANCE OUTPUTS	**PRIORITY ACTIVITIES**
• *Strategic Framework for health promotion finalized* • *Occupational health services institutionalized in the health sector*	• Strengthen the health promotion unit to lead the campaign for healthy living • Develop a framework strategy for promoting health in schools, work places and communities • Develop policy and legislation for occupational safety and health and institutionalize occupational health and safety in health sector • Implement the conditions spelt out in the framework convention for tobacco control • Mount IEC campaigns on healthy living including healthy eating and exercising • Provide communication support to other programmes for uptake of interventions
Service Delivery	
COMPONENT: *Access, quality and coverage Clinical Care* **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 OUTPUT	**PRIORITY ACTIVITIES**
• *0.6OPD per capita* • *40 hospital admissions per 1000*	• Develop structured program to improve documentation and quality of nursing care, laboratory and emergency services as well as organisation and management of

• *70% bed occupancy rate* • *Proportion of public and private Health institutions accredited* • *Guidelines for referral developed*	health facilities • Roll out implementation of CHPS with priority to hard to reach communities • Implement a programme to accredit health institutions • Develop policies, procedures and guidelines for the referral system • Monitor compliance with standards • Provide supportive supervision, peer reviews and other forms of quality assurance. • Modernise all health care facilities and equipments to improve their standard and quality of services to the public
COMPONENT: *Private sector development* **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 OUTPUT	**PRIORITY ACTIVITIES**
• *1.0% of health sector budget allocated to the private sector* • *30% of OPD services provided by the private sector* • *20% of private health institutions reporting in line with the national guidelines*	• Continuing dissemination of information and advocacy for Public Private Partnerships in health service delivery • Operationalizing the strategic initiative fund • Developing strategies for attracting private providers to deprived areas • Encouraging peer review and structured monitoring to private institution to improve quality of care • Assisting private institutions in getting accreditation for health insurance
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**
• *Establishment for GAS approved* • *400 EMT trained and deployed to new ambulance stations* • *50 new ambulance stations developed and functional* • *Legislation on GAS enacted* • *Public education programme initiated*	• Create an establishment for Emergency Medical Technician and other cadre for GAS • Train 400 EMT to man new stations • Develop 50 ambulance stations that are linked by radio to ambulances and receiving hospitals • Procure and distribute 50 ambulances • Collaborate with GHS institutions and Teaching Hospitals to train emergency response teams in hospitals • Collaborate with Attorney-General's Department to develop legal instruments • Mount IEC campaigns to mobilize public support and educate public on roles, responsibilities and rights • Establish a monitoring, evaluation and research programme for GAS
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**

• *≥6 regions with functional CBS system in place* • *≥80% of districts trained in the use of technical guidelines* • *Non-polio AFP rate greater than 1 per 100,000 children <15 yrs* • *≥80% Guinea worm cases contained*	• Establish functional community based surveillance systems in regions • Train district and community teams in case definition and use of technical guidelines • Prepare and disseminate fact sheets and weekly and monthly feed back bulletins to key stakeholders • Rapid follow up of reports and response to outbreaks • Review the surveillance system to incorporate emerging diseases such as Leishmaniasis, Trypanosomiasis and NCDs • Coordinate meetings of epidemic management teams
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**
• *5 medicinal farms set up in middle and coastal belts of Ghana.* • *Accreditation tool for TM/CAM practices developed.* • *100 TM clinics accredited using accreditation tools and listed in a directory.* • *3 Regional TM offices established for monitoring.* • *List of circulating traditional medicines characterized with*	• Develop a tool for accreditation of traditional and Alternative Medicines practitioners. • Accredit Traditional Medicine/Complementary and Alternative Medicine (TM/CAM) clinics for service. • Develop first draft of essential traditional medicine list with standard treatment guidelines. • Assess training needs of alternative medicine practitioners. • Support the establishment of medicinal farms. • Establish regional Traditional Medicine offices • Establish the secretariat of the Traditional Medicine Practice Council (TMPC).

treatment guidelines. • *Key staff of TMPC recruited* • *Alternative Medicine Practice Bill passed.* • *Contribution of Traditional Medicine to national health assessed*	• Pursue the passing of the Alternative Medicine Practice Bill. • Assess the impact of Traditional Medicine on health
REGULATION	
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**
• *Policy on regulatory environment and roles for statutory bodies Prepared* • *Revised legal documents for the Regulatory and Statutory bodies passed by Parliament.*	• Continue with the review of the legal instruments of regulatory bodies to bring them in line with recent changes in the health environment • Strengthen the role of the statutory and regulatory bodies to ensure efficiency and effectiveness in regulating both the private and public sector. • Review policies of statutory bodies
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
• *Intake into health training institutions increased by 30%* • *Health professionals redistributed with emphases on deprived areas* • *District Assemblies fully involved in sponsorships* • *Deprived area incentive package reviewed the end of March 2005*	• Establish an inter-agency team to review the key initiatives including the Human Resource for Health strategy and the incentive package and develop pragmatic solutions to guide its implementation. • Negotiate with MOFEP for the decentralisation of the human resource budget to the health sector • Train auxiliary medical and nursing staff for the lower levels especially for the CHPS program. This should take into consideration the clear functions of these cadres and the role expected of them. • Re-distribution of personnel to ensure equitable distribution. • Strengthen the human resource information system to ensure regular up-date so as to eliminate the incidence of ghost workers. • Re-engage health workers who return from overseas • Motivate staff through performance appraisals • Strengthen collaboration with District Assemblies/other partners

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 and commencement of 23 model*	• Scaling up Community-based Health Planning Services (CHPS) compounds.

health facilities. • *5 new District Hospitals and upgrading of 3 existing Polyclinics into District Hospitals started with emphasis on maternal and child care.* • *2 Trauma Centres to take off at Amasaman and KATH.* • *Major rehabilitation of Tamale Regional Hospital commenced.* • *Expansion of 16 existing training institutions completed and infrastructure for 2 new ones constructed.* • *Construction of office complexes for the GCPS, FDB and NMC commenced.* • *Provision of Geographic Information System to strengthen monitoring and supervision of capital projects.* • *Commencement of programme for the construction of country-wide staff accommodation.* • *40% of District level BMCs preparing 2006 capital plans using the Integrated Capital Investment Planning Model*	• Construction of additional model health centres. • Provision of physical facilities for the enhancement of maternal and child health care. • Upgrading, rehabilitating, and re-equipping of selected health facilities. • Building capacity and supporting agencies in the use of the Integrated Capital Investment Planning model. • Construction of country-wide staff accommodation. • Expansion of existing Training Institutions and setting up new ones. • Provision of infrastructural support for the setting of trauma centres. • Major rehabilitation of Tamale Regional Hospital. • Provision of infrastructural support for Post-graduate training of medical personnel. • Provision of infrastructural support to strengthen Regulatory Bodies. • Streamlining the procedures for procurement and management of capital projects and equipment. • Sustaining and monitoring the system for planned preventive

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 Regional Health Directorates, Teaching Hospitals, Statutory Bodies, and Other Agencies* • *ICT focal points established at Regional Health Directorates, Teaching Hospitals, Statutory Bodies, and Other Agencies* • *Functional MOH website and messaging system*	• Review of the institutional architecture for data collection, analysis and management to introduce a high level of consistency and reliability in the information produced and its management. • Set up a central system for storage and retrieval data that is accessible to all players in the sector. • Support agencies to develop own central system of data collection and analysis in the short to medium term to support evidence based decision making. • Deploy a computerised system for the National Health Insurance Scheme at the National secretariat and district level. • Roll out MOH website and messaging system. • Appoint ICT focal points in Agencies to coordinate roll out of ICT strategy • Expand operations of ICT focal point at MOH headquarters to include database administration functions and maintenance of centralised information systems. • Develop ICT operational procedures and policies. • Network key health infrastructure

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 2006 POW and MTEF plans by 30th November 2005* • *98% staff in Agencies Budget units trained in preparation of plans and budget* • *Reviewed criteria for allocating resources to BMCs* • *All major Agencies of the Ministry have planning units*	• Develop a common planning timetable that synchronizes the agencies planning and budgeting cycle into the sector planning and budgeting cycle. • Provide a framework within which agencies derive their priorities, plans and budgets from the overall national priorities for the sector. • Provide training and technical support in the preparation of the 2006 Programme of Work and MTEF plans • Strengthen or establish planning and budget units in agencies to track plans and budget. • Implement a system for ensuring that agency perspectives are incorporated in the policy review and development process • Review the criteria for allocating resource to BMCs to make them more pro-poor • Review districts level plans and budget to ensure that they reflect national priorities.
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**
• *Performance agreement signed with GHS, THB, statutory bodies and CHAG* • *Quarterly Performance review meetings held with agencies*	• Refine results package of the GHS and TH to include poverty related • Sign agreements with GHS and Teaching Hospitals • Pre-test agreements with CHAG and Statutory Bodies • Orient Councils and Boards in HSPA and empowering

	them to use HSPA as tools for stewardship • Establish mechanisms for reviewing performance agreements • Develop and build consensus on incentives and sanctions for performance and poor performance
COMPONENT: *Financial Management* **RELATED SECTOR-WIDE OBJECTIVES:** *Improved efficiency in the health sector.* **LEAD AGENCY**: *MOH/GHS/THs/Statutory Bodies*	
PERFORMANCE OUTPUTS	**PRIORITY ACTIVITIES**
• *Improved strategies developed for cash flow management.* • *Mechanisms developed to retain staff and reduce turnover of finance staff to below 5 %* • *BPEMS concept deployed to GHS and 2 Teaching Hospitals* • *Quarterly and annual financial statements produced with focus on strategic analysis and key trends.*	• Build in-house capacity and retain IT staff to adequately cope with all components of PUFMARP • Orient managers on the Financial Administration Act, the Public Procurement Act and the Internal Audit Agency Act- effects on disbursement and financial reporting. • Produce more timely quarterly financial statements and improve reporting and analysis capacity at all levels. • Encourage agencies to generate own reports through BPEMS which is a more friendly FMS reporting tool • Build capacity for policy dialogue on HIPC and GPRS to ensure increased resources for MOH and also ensure that expenditure tracking requirements are fully met. • Agree an annual cash flow schedule with donor commitments and related disbursements • Operate an integrated fund management that ensures prompt quarterly disbursement to BMCs • Examine the possibilities of including Global Fund revenues into the Health Fund • ***Comply with the Common Management Arrangements on disbursement and regularly communicate with donors on status of funds & disbursement.***

	• Work with health partners to channel earmarked funds through the "Aid pool Account" rather than directly to the regions and districts as the fungibility of such funds become blurred. • With the support of donors, build capacity and develop the internal audit at all levels. • Improve quality of internal audit report through regular communication on content & format of audit reports. • Ensure a functional audit report implementation committee (in accordance with the Audit Service Act 2000) to follow up and review responses to specific queries raised by the auditors and ensure compliance with recommendation.
COMPONENT: *Procurement* **RELATED SECTOR-WIDE OBJECTIVES:** *Improved efficiency in the health sector* **LEAD AGENCY:** *MOH/GHS/THs/Statutory Bodies*	
• *Implementation guidelines for Procurement Procedure manual developed* • *Data Management Systems in place* • *STG and EDL finalized and disseminated* • *Implementation guidelines for revised National Drug Policy developed* • *2006 Procurement Plan developed*	• Develop Implementation guidelines for revised Procurement Procedure Manual • Review of Procurement Training to modify the contents, target and mode of delivery to ensure effectiveness • Monitor performance of procurement officers trained and appointed in 2003, and also organize training sessions to upgrade their skills in the use of revised Procurement Procedure Manual • Develop and implement Procurement guidelines for medical equipment, service and civil works. • Manage the Procurement Portfolio for 2005 and develop the procurement plan for 2006. • Put in place reliable Data Management Systems • Implement sound Financial Management procedures • Finalize revision, launch and disseminate the STG and

	EDL • Develop Implementation Guidelines for revised National Drug Policy. • Launch and disseminate revised National Drug Policy • Intensify training in Rational Drug Use (RDU) • Build capacity in the health system to deal with flexibilities under TRIPS
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**
• *Sector-Wide Indicators and Agency-Specific Indicators revised* • *2004 Programme of Work Reviewed* • *Environmental Analysis Towards the 3rd 5YPoW conducted*	• Review sector- wide indicators to include poverty, equity, and productivity and cost effectiveness indicators for possible adoption as part of the next five year program of work. • Harmonize MDBS/PRSC processes, indicators and timetable with the Sector-wide monitoring and evaluation framework • Coordinate the review of the 2004 Programme of Work • Develop an agenda for evaluations and commission these evaluations • Conduct an environmental analysis towards the preparation of the next 5YPOW • Introduce a system of league tables on performance
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**
• *16 decentralised offices set-up and staff appointed at all levels* • *720 District Mutual Health Insurance Schemes personnel trained in various disciplines to manage the scheme* • *An ICT system developed and networking initiated* • *A unified identification system installed* • *A detailed and an acceptable minimum healthcare benefit package and cost* • *District level health facilities accredited* • *Monitoring report disseminated.*	• Organize structured training programme for scheme managers • Decentralized offices for the National Health Insurance Council set-up • Embark on nationwide campaign to increase enrolment into the District Mutual health Insurance Schemes • Undertake costing and actuarial studies to fine tune the health care benefit package • Review the identification system and ensure a unified system to make it compatible nationwide and network friendly. • Install an ICT system for networking of schemes and health providers • Initiate accreditation of health facilities using the accreditation tools • Monitor the performance of scheme operations and providers