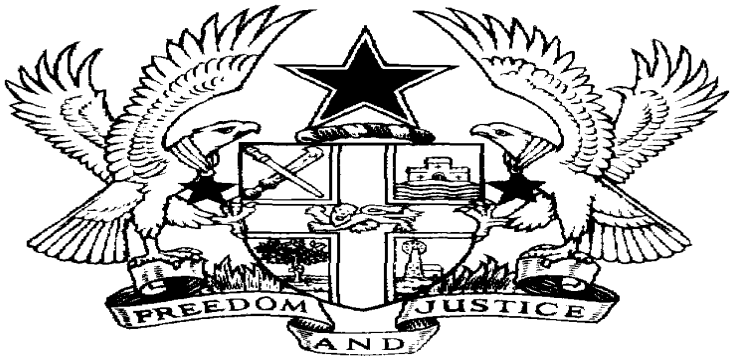

THE GHANA HEALTH SECTOR

2009 PROGRAMME OF WORK

Change for Better Results: Improving Maternal and Neonatal Health

MINISTRY OF HEALTH
OCTOBER 2009

ACRONYMS

AFP	Acute Flaccid Paralysis
ART	Anti-Retroviral Therapy
ARV	Anti-Retroviral
ARI	Acute Respiratory Infections
ASRH	Adolescent Sexual and Reproductive Health
ATF	Accounting, Treasury & Financial
BCC	Behaviour Change Communication
BMC	Budget Management Centres
BPEMS	Budget, Public Expenditure Management Systems
CAM	Complementary Alternative Medicine
CAN	African Cup of Nations
CEO	Chief Executive Officer
CHAG	Christian Health Association of Ghana
CHPS	Community Health based Planning & Services
CMS	Central Medical Stores
CMR	Child Mortality Rate
CPR	Cardio Pulmonary Resuscitation
C/S	Caesarean section
CSRPM	Centre for Scientific Research into Plant Medicine
DHMTs	District Health Management Teams
DP	Development Partners
DEENT	Department of Ear, Eye, Nose & Throat
ENT	Ear, Nose & Throat
EPI	Expanded Programme on Immunisation
FDB	Food & Drugs Board
5yPOW	Five-year Programme of Work
GCPS	Ghana College of Physicians & Surgeons
GHS	Ghana Health Service
GOG	Government of Ghana
GPRS	Growth and Poverty Reduction Strategy
HIRD	High Impact Rapid Delivery

HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HMIS	Health Management Information System
HR	Human Resource
ICC	Interagency Coordinating Committee
ICT	Information Communication Technology
IGF	Internally Generated Fund
IMCI	Integrated Management of Childhood Illnesses
IPT	Intermittent Preventive Treatment
ITNs	Insecticide Treated Nets
KATH	Komfo Anokye Teaching Hospital
KBTH	Korle Bu Teaching Hospital
MDAs	Ministries, Departments and Agencies
MDGs	Millennium Development Goals
MOESS	Ministry of Education, Science & Sport
MOH	Ministry of Health
MRI	Magnetic Resonance Imaging
MTEF	Medium Term Expenditure Framework
NCD	Non-Communicable Diseases
NDPC	National Development Planning Commission
NGOs	Non-Governmental Organisations
NHIC	National Health Insurance Council
NHIF	National Health Insurance Fund
NHIS	National Health Insurance Scheme
OPD	Out-patient Department
POW	Programme of Work
PPM	Planned Preventive Maintenance
RBM	Roll-Back Malaria
RHMT	Regional Health Management Teams
RHN	Regenerative Health & Nutrition
RTA	Road Traffic Accident
SARS	Severe Acute Respiratory Syndrome
STD	Sexually Transmitted Diseases
STG	Standard Treatment Guidelines

TB	Tuberculosis
TRIPS	Trade Related Intellectual Property Rights
TTH	Tamale Teaching Hospital
WHO	World Health Organisation

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MESSAGE FROM THE HON. MINISTER OF HEALTH

1. INTRODUCTION

The focus of the 2009 Programme of Work of the Health Sector is defined by a number of converging issues. Firstly, the Five Year Programme of Work (2007- 2011) enters its third year, which also represents the mid-term of its implementation. The year therefore provides opportunities for thorough review of strategies and programmes with the view to improving the potential of the sector meeting its medium term targets.

Secondly, the Ghana Poverty Reduction Strategy (GPRS II) is in its last year of implementation. This will require increased efforts by the sector to meet the agreed targets while at the same time putting in place structures and mechanisms that will allow for the consolidation and sustenance of gains made so far. The 2009 Programme of Work therefore continues to be driven by the Medium Term Health Strategies, the GPRS II and national commitments towards the MDGs.

The year 2009 will be a transitional year for a new administration and although priorities have been clearly defined in the Five Year Programme of Work, the 2009 Programme of Work provides scope for new key government policies and priorities in the health sector to be incorporated.

In general the 2009 programme maintains the broad national direction towards attaining a middle income status by 2015 as contained in the Growth and Poverty Reduction Strategy II. The health sector is seen as a key contributor to this vision by ensuring that the country has a healthy human capital to support national development. The programme therefore keeps in focus the need to ensure the continued survival of children, safe reproduction, a significant reduction in the risk and burden of diseases and reducing inequalities in health outcomes.

The theme for 2009 is "Change for Better Results: Improving Maternal and Neonatal Health" This theme requires that in 2009, things are done differently to ensure better results and accelerate the attainment of targets. Particular emphasis will therefore be placed on refocusing programmes and activities to enhance the chances of the health sector meeting targets set for the medium term. In this direction, specific attention will be given to the implementation of policies targeted at accelerating expected changes in health indices. In particular policies on reducing maternal and neonatal deaths and improved health services for children will be enforced. Specific changes in human resource management will be made to improve productivity. Continued attention will be given to gender mainstreaming and methods and processes for the identification and provision of services to the poor. The gains made under the regenerative health and nutrition programme will be consolidated and expanded.

Efforts have been made to address specific health system bottlenecks observed during the review of the 2007 Programme of Work and the half year review of the 2008 programmes. Key among these is the need to improve policy coordination and programme alignment, budget execution and reporting, streamlining information management and data collection systems and linking procurement plans and cycles to the budget. In 2009 these will be reviewed and strengthened.

This programme of work provides an overview of the sector's priorities for 2009 and a reflection of how agencies in the health sector intend to meet the priorities.

It also indicates the overall spending priorities for the sector. The central theme is to ensure that agencies begin to refocus their priority activities in response to the medium term objectives and to meet the targets set for the period. Programmes and activities will therefore be developed to ensure change for better results in 2009.

2. POLICY FRAMEWORK

The policy framework underpinning the 2009 POW remains rooted in the overall national development agenda which is defined in the GPRS II, the National Health Policy and the five year POW 2007-2011.

2.1. VISION

The vision of the health sector is to create wealth through health and in so doing contribute to the national vision of attaining middle income status by 2015.

2.2. MISSION

Our mission is to contribute to national socio-economic development and wealth creation through (i) the promotion of health and vitality; (ii) ensuring access to quality health and nutrition services for all people living in Ghana; and (iii) facilitating the development of a local health industry.

2.3. POLICY OBJECTIVES

2.3.1. SECTOR GOAL

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

2.3.2. STRATEGIC OBJECTIVES

The goal is to be achieved through four strategic objectives that provide a more balanced approach to the known challenges of the health system in terms of the changing determinants of health, the unfinished agenda of service delivery, the weak and fragemented health system and the greater need for governance and sustainable financing. These **strategic objectives** are to:

(a) address risk factors to health by promoting an individual lifestyle and behavioural model for improving health and vitality, and strengthening inter-sector advocacy and actions;

(b) rapidly scale up high impact health, reproduction and nutrition interventions and services targeting the poor, disadvantaged and vulnerable groups and bridge the gap between interventions that are known to be effective and the current relatively low level of effective population coverage;

(c) strengthen the health system's capacity to expand access, manage and sustain high coverage of health services through investment; and

(d) promote good governance, partnerships and sustainable financing.

The medium term priorities as defined in the health policy and five year Program of Work 2007-2011) are:

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

2.3.3. GUIDING PRINCIPLES

To achieve the objectives set for the year, the implementation of the 2009 Programme of Work will be people centered and will ensure maximum health gains with limited resources. However to accelerate the achievement of the targets set for the year and move more rapidly towards that of the medium term, agencies will need to implement changes that will lead to increased performance. In this direction programme design and development will:

- Ensure adequate provision for improving productivity within each agency.
- Pay particular attention to reprioritization for better results
- Ensure enhanced responsiveness to community health needs
- Ensure that District Assemblies are engaged to play a central role in programme implementation

Overall resource mobilization and allocation will continue to be guided by the principles of equity, efficiency and sustainability.

3. KEY LESSONS AND CHALLENGES IN 2008

Key challenges in implementing the 2008 POW include

- Coordination and alignment of policies, implementation plans and programmes.
    - Changes in plans as a result of changes in levels of resource s mobilised for the sector were not reflected in agency plans as a result of weakness in communicating the changes in promptly.
    - Significant commitments were not originally captured in plans and budgets and made it difficult to have a clear idea of the full scope of resources available to the sector.
    - Difficulties in aligning the procurement cycle to the budget due to unplanned procurement and the huge budget cuts during the year. This negatively impacted on the efforts to meet procurements targets.
- Major budgetary reallocation within the year to support the free maternal deliveries
- Reimbursement of claims and the entire area of claims management by the NHIS.
- Unpredictability of fund releases
- Untimely information on earmarked funds
- Nonalignment of finance and budget reporting systems
- Delays in accessing funds from MOFEP
- Inadequate capacity for monitoring of policy implementation at all levels
- Difficulties in enforcing agency reporting requirements
- Matching productivity with the wage bill
- Inequitable distribution of human resource
- Poor staff attitude within the sector
- Uncoordinated referral system
- Quality control of imported foods and drugs

4. 2009 PRIORITIES

Sector priorities for 2009 are aimed at consolidating achievements of 2008, expansion of key interventions aimed at reducing the burden of diseases and step up disease control activities with particular emphasis on polio eradication. Improving maternal and neonatal health and the consolidation of gains made with the High Impact and Rapid Delivery (HIRD) and Regenerative Health and Nutrition (RHN) programmes will be kept in focus. Priority will also be given to the introduction of improvements in the human resource management by rationalising productivity indices to assess performance of health workforce.

The Inter Agency Leadership Committee (IALC), which is made up of heads of agencies under the Ministry of Health, in the course of the year also reviewed key programmes and activities and provided priority areas to be tracked during the year. The priorities outlined for the year therefore represents those that are scheduled for 2009 in the Five Year Programme of Work (2007-2011), ongoing interventions requiring more intense follow up and those that have been agreed upon by the IALC, development partners and other stakeholders.

The Five Year Programme of Work nominates a set of priorities for 2009. These remain central to the framework for planning and budgeting for the year and will guide overall sector actions. These are:

- Target safe food and water
- Target quality of clinical care including referrals and emergency services
- Rationalize facility and service availability
- Strengthen Health sector budget and PFM systems

In the course of the year a number of issues emerged leading to the identification of other areas requiring attention. Various fora and reports such as the IALC, the Consultative Meeting on MDG5, the Round table Conference on Human Resources and the recommendations of the 2007 annual review, provided opportunities for the sector to take on additional priorities for the year. The recent isolation of wild polio virus in the northern region has also contributed to the additional priorities for 2009. These include the following:

- Improve maternal and neonatal health
- Intensify efforts to reduce the burden of Non Communicable Diseases
- Intensify EPI activities especially towards polio eradication
- Improve capacity to scale up coverage of ART
- Improve human resource productivity
- Improve existing information monitoring and evaluation systems
- Ensure commodity security
- Complete work on harmonization of Health Bills
- Rationalize and improve claims management under the NHIS
- Improve role of Regional Health Authorities in increasing performance
- Improve staff attitude at all levels
- Institute measures for gender mainstreaming

Priorities of programmes will continue to adopt approaches of reaching the poor within the Poverty Reduction strategy. Capital investments will continue to prioritize training

institutions as well as provision of infrastructure and equipment that contribute to quality improvements especially in maternal and neonatal health. Broad activities under these priorities will be found in annex1.

4.1. PROGRAMME PRIORITIES

PRIORITIES	BROAD ACTIVITIES	LEAD AGENCIES
STRATEGIC OBJECTIVE ONE: Healthy Lifestyle and environment		
Target safe food and water	• Collaborate with the relevant MDAs to develop relevant regulations and guidelines to ensure safety of food and water • Improve public awareness on food safety	Food and Drugs Board, Ghana Health Service, Ministry of Education, Civil Society Organisations (CSOs)
Reducing the Burden of Non communicable Diseases	• Improve data on risk factors and incidence of specific diseases • Develop cancer registry • Develop health education materials and improve control measures for non communicable diseases • Conduct general screening of the populace for breast and prostate cancers to facilitate early detection and prompt treatment • Improve clinical services for non communicable diseases	Ghana Health Service, CHAG, Teaching Hospitals, Private providers, CSOs
STRATEGIC OBJECTIVE TWO: Coverage of high quality health, reproduction and nutrition services		
Improve maternal and neonatal health	• Implement recommendations of Consultative Meeting on MDG5 • Monitor implementation of policy on free deliveries • Review agency responsibilities in repositioning family planning • Improve comprehensive abortion care services • Expand midwifery and nursing training • Deploy qualified nurses and midwives without delay	Ministry of Health, Ghana Health Service, CHAG, National Health Insurance Authority, District Mutual health Insurance Schemes, Teaching Hospitals, Nurses and Midwives Council, Private providers
Intensify EPI activities to maintain high coverage	• Review and improve EPI strategies	Ghana Health Service, CHAG, Private providers, CSOs
Improve capacity to scale up coverage of ART	• Increase number and skills of staff offering ART services • Expand ART centres • Ensure availability of ART Drugs	Ghana Health Service, CHAG, Private providers,
Introduce improvements in clinical care and strengthen emergency services	• Improve provision of Diagnostic/Scientific Equipment • Promote rational use of medicines • Develop and adopt protocol for referrals and improve overall referral system Expand coverage of Ambulance Services • Train and orient health facilities in emergency care • Provide support for National Trauma center at KATH • Improve management of blood transfusion services	Ministry of Health, Ghana Health Service, National Ambulance Service, Teaching Hospitals, National Blood Transfusion Service, Pharmacy Council

PRIORITIES	BROAD ACTIVITIES	LEAD AGENCIES
STRATEGIC OBJECTIVE THREE: Strengthening Health Systems Capacity		
Rationalize facility and service availability	• Agree on facility rationalization based on service availability map and develop collaboration for investments in health industries	Ministry of Health, Ghana Health Service,
Improve human resource productivity Implement performance management contracts	• Match intake into training institutions with availability of practical training sites • Reintroduce community psychiatric and dental nursing training • Collect data on ageing health workforce and plan replacement strategies • Institutionalize Continuous Professional Development • Conduct study on human resource productivity	Ministry of Health, Ghana Health Service, Nurses and Midwives Council, Pharmacy Council, Medical and Dental Council, Training Institutions, Ghana College of Physicians and Surgeons
Improve existing monitoring and evaluation systems	• Consolidate and expand single reporting system at the district and regional levels • Introduce holistic assessment tool	Ministry of Health, Ghana Health Service, CHAG
Ensure Commodity Security	• Harmonize systems for planning, funding and procurement and distribution of health commodities • Work on system bottlenecks leading to increasing indebtedness to the CMS • Improve coordination in the sector	Ministry of Health, Ghana Health Service, Christian Health Association of Ghana
STRATEGIC OBJECTIVE FOUR: Promote Good Governance, Partnerships and Sustainable Financing		
Strengthen Health sector budget and PFM systems	• Align budget execution and financial reporting systems • Review and agree on reporting templates	All Agencies
Harmonization of Health Bills	• Develop policies for and finalize the harmonization of unified health bills • Complete work on the mental health bill for cabinet	Ministry of Health
Rationalize and improve claims management	• Monitor claims management to identify existing bottlenecks • Ensure prompt payment of claims • Pursue policy on de-linking children and take steps to ensure smooth implementation	Ministry of Health, National Health Insurance Authority, Ghana Health Service, CHAG, Teaching Hospitals, Private providers
Improve role of Regional Health Directorates in increasing performance	• Reorient RHDs to monitor the implementation of specific activities that will enhance performance of BMCs • Improve regional level capacity for in-depth analysis of BMC performance using benchmarking and league tables	Ghana Health Service
Improve staff attitude at all levels	• Define and clarify role of regulatory bodies and agencies in activities that will improve staff attitude towards patients and clients. • Institutionalize client satisfaction surveys • Institute innovative mechanisms for rewarding performance • Disseminate the "The New Charter"	Medical and Dental Council, Nurses and Midwives Council, Pharmacy Council, Ministry of Health, Ghana health Service

PRIORITIES	BROAD ACTIVITIES	LEAD AGENCIES
Institute measures for gender mainstreaming	• Finalize and disseminate guidelines on gender mainstreaming • Develop gender sensitive case management protocols • Train health sector management on gender dimensions of health	All agencies

4.2. EXPENDITURE PRIORITIES

Provisional pending finalisation of the budget

The sector resource envelope has increased in absolute terms from GH¢ 763.02 million in 2008 to GH¢ 867.17 million in 2009, ie an increase of GH¢ 104.15m or 13.6%[1]. Given current inflation rates, this reflects a (likely) small reduction in real terms and a greater reduction in real per capita terms. As a result, efforts to ensure the most efficient and equitable use of sector resources must be maintained if targets are to be met.

The allocation of resources within the sector has been guided by the policy priorities communicated to the agencies and BMCs with their ceilings earlier in the planning process. Work continues to improve the completeness of these ceilings across all sources of funds. Agencies and BMCs have prepared budgets which provide for existing commitments and which address the priorities outlined in the previous section. Some highlights are outlined below, while details of the activities can be found in Table x in Section y, and also in the agency-specific sections.

Although it is not always possible to separate out resources targeted at maternal and neonatal health across all four items of the budget, an effort has been made in Section x to highlight ring-fenced funds supporting maternal and child health more generally, or MDGs 4 and 5. This amounts to GH¢52m or 33% of available ring-fenced funding. Within this, a significant increase is envisaged on the 2008 allocation for contraceptives. This ring-fenced funding is of course supplemented by the Item 1 allocations to relevant professionals together with the growing component of the budget that is funded through IGF, and more specifically the National Health Insurance Scheme. There is also likely to be overlap with the allocations to the operational budgets of BMCs and the HIRD ring-fenced allocation. A significant increase in funding for contraceptives is envisaged.

In the context of the rapidly growing importance of NHIS in service delivery, a critical area for 2009 is improving claims management and reimbursement at all levels – providers, DMHIS, NHIA, and MOFEP. This will be a key activity under the broader plan to strengthen financial management in the sector (which is currently under development). Some GH¢ 1.1m has been allocated to this area[2].

MOH is working with the Department of Social Welfare to harmonise activities to increase coverage of the non-indigent poor under the NHIS. A seemingly reduced amount has been allocated to this activity in 2009. In part this is due to the significant contribution to expanding NHIS access to pregnant women, which has limited the available resources. However, this may change as issues are ironed out regarding potential duplication of funding between the ministries.

As already noted, clinical care will be increasingly funded through NHIS. In addition, NHIS will continue to contribute to strengthening the capacity of selected providers to improve

[1] The 2008 figure is taken from the Budget Statement for 2008 rather than from the Health Sector POW, the figures in which included some element of double-counting, both within donor funding (earmarked) and within IGF (NHIS claims) [Table x].

[2] this currently excludes funding for this activity under NHIS pending receipt of the details of the proposed allocation formula.

their quality, to the training of Health Assistants, and to the procurement of key public health commodities, namely vaccines, contraceptives and reagents. Funding has been ring-fenced for initiatives to strengthen the referral system and emergency care more generally, details of which can be found in the table in Section x.

Additional funding has been made available to support the psychiatric hospitals, given their limited capacity to generate IGF and the particular nature of additional costs incurred by their patients. Work to ensure the passing of the Mental Health Bill will also continue.
The item four budget will prioritize the completion of on-going projects aimed at rehabilitation and refurbishment of health facilities within deprived and peri-urban areas; rehabilitation and expansion of training institutions particularly the provision of staff accommodation in deprived regions; health information systems and vehicle replacement targeting over-aged vehicles in deprived districts.

5. HUMAN RESOURCES FOR HEALTH

The Ministry's objective for Human Resources for Health is to ensure adequate numbers and mix of well motivated health professionals distributed equitably across the country to manage and provide health services to the population. A strategic plan which seeks to improve and sustain the health of the population by supporting appropriate human resource planning, management and training is being implemented. This strategic plan is addressing among others the imbalance of health workers in favour of highly trained professionals through scaling up the training of middle level health cadres, as well as addressing the mal-distribution of health professionals.

The productivity of the health work force varies considerably across the country and is generally perceived to be low. In order to enhance productivity which will propel the attainment of the health related MDGs as envisaged in the GPRS II the sector will institute annual award systems at all levels. The ministry will also ensure that performance contracts and appraisals are signed at all levels.

The new salary structure has considerably increased the wage bill. It is expected that this will translate into higher productivity at all levels. In 2009, initiatives would be put in place to assess productivity in the health sector as part of the productivity improvement initiative for better results. This will include a reassessment of the staff mix and distribution at the various levels.

The policy thrust for human resources for 2009 is to ensure high productivity of the health workforce through effective and efficient management.

Key Activities

- Develop productivity indices for the health workforce and build consensus on methodology for its application.
- Review and strengthen the performance contract system.
- Review and implement existing staffing norms for the sector
- Restructure the Integrated Personnel Payroll Data (IPPD) unit
- Institute innovative mechanisms for rewarding performance
- Collaborate with relevant MDAs to effectively train and distribute health personnel.

Expected Results

- Productivity indices developed
- Intra-agency performance contract systems institutionalised
- Staffing norms established
- IPPD unit restructured

6. AGENCY SPECIFIC PROGRAMMES OF WORK

6.1. GOVERNANCE AND FINANCING

6.1.1. MINISTRY OF HEALTH HEADQUARTERS

The Ministry of Health is responsible for coordination and alignment of policies and programs of agencies in line with the agreed priorities and mobilise and allocate resources for the implementation of programmes by agencies. In addition the MOH also monitors the implementation of policies and programmes and coordinate processes for evaluation of the programme of work as well as coordinate the development and implementation of the Capital Investment Plan.

Key Challenges in implementing the 2008 POW include coordination and alignment of policies. An Inter- Agency Leadership Committee was formed to provide the platform for agency heads to interact with the Minister and the MoH on issues related to the implementation of key policies and programmes. It is however too early to access the effect of the committee on the overall coordination of implementation of policies in the health sector. Changes in levels of resources mobilised for the sector were not reflected in agency plans. There were difficulties in aligning the procurement cycle to the budget due to budget cuts during the year.

Resource flow to the sector remained erratic and cash flow from GoG and Partners largely remain a challenge. Predictability of fund releases also made for difficulties in adherence to time frames outlined in plans. Information on earmarked funds also remains a challenge with the MoH still not having comprehensive information on the allocation and disbursements. Budget execution and financial reporting still operate on different templates making it difficult to obtain comprehensive allocation and disbursement reports.

The policy thrust of the Ministry of Health in 2009 is to align policies and programmes, ensure good governance and improve productivity.

Priority activities

Policy Coordination

- Develop policy framework for bills awaiting parliamentary approval
- Strengthen the role of the Inter Agency Leadership Committee in the implementation of sector plans and programmes
- Refine and improve alignment of procurement plans to the budget.

Resource Mobilisation and Financial Management

- Continue dialogue with MOFEP and Development partners to improve predictability of resource inflows
- Harmonise reports of budget execution within the Ministry by instituting a joint expenditure monitoring system.
- Work with Controller and Accountant Generals Department to fully implement BPEMS
- Develop plans for the implementation of recommendations of the PFM needs assessment.

Information Monitoring and Evaluation

- Conduct mid-term review of the 5YPOW
- Work with agencies to review the performance hearing systems to make it more responsive to the Annual Review process.
- Improve harmonisation of data collection system to include private sector through the DHIMS.
- Provide policy guidelines to ensure more comprehensive data collection through the DHIMS.
- Finalise coordinating and funding mechanisms supporting research agenda and implement priority research on the POW.

Health systems

- Develop strategic document for pharmaceuticals and review and adapt policy tools for monitoring and supervision of agencies to increase efficiency
- Review and reform existing systems for reducing waste and enhancing quality of logistics support to agencies.
- Map and analyse the health industry to create awareness and increase access to supplies
- Develop a convergence platform for life sciences

Expected Results

- Complete policy framework with cabinet memos for all outstanding bills
- Midterm review of the 5 year POW conducted
- Monitoring reports on budget execution and expenditure
- BPEMS fully implemented
- Health industry mapping report
- Convergence platform created

Collaborators

Agencies of the Ministry of Health, MDAs, Development Partners, District Assemblies, Regional Coordinating Councils, Private Sector, NGOs/Civil society, Media, Public, Ghana AIDS Commission, Population Council, Ghana Statistical Services, National Development Planning Commission,

6.1.2. NATIONAL HEALTH INSURANCE AUTHORITY

The National Health Insurance Scheme (NHIS) was established by the National Health Insurance Act, 2003 (Act 650) to ensure universal access to quality basic health care services to all residents of Ghana. The National Health Insurance Authority (NHIA) regulates and supervises Health Insurance Schemes, accredits and monitors healthcare providers and manages the NHIF. As part of its mandate of managing the NHIF, the Authority secures

access to free healthcare to exempt groups under the National Health Insurance Act and provides subsidies and re-insurance to District Mutual Health Insurance Schemes.

The NHIS began the implementation of Government's free maternal care/delivery program policy and over 200,000 women had been registered as at the end of August 2008. A proposal for the amendment of the legislation on decoupling of children from their parents is before parliament. The proposals aim to de-link registration of children from their parents. The NHIS accreditation tools were reviewed, appropriate software was developed and the tools piloted in two regions.

Submission of reports by schemes to ensure early release of funds continued to be a problem. Requests for reinsurance continued to increase. A new tariff based on diagnosis related groupings (DRGs) was implemented in the second quarter of the year and revised medicines list was also developed. Work is ongoing to develop prescription guidelines.

Key challenges of the NHIS include weak portability, inefficient claims processing and delays in claims payment by DMHIS, and the provisional regime of accreditation.

The policy thrust for the year 2009 is to consolidate gains made in the registration of members, formalize the accreditation of health providers and improve claims management.

Priority Activities

- Expand membership towards universal coverage.
- Accelerate the deployment of ICT to enhance portability and facilitate claims processing, payment and data management.
- Formalize a system for accrediting both public and private health facilities to promote quality of care.
- Build capacity of schemes in governance and financial management.
- Build capacity of the NHIA for monitoring and evaluation.

Expected Results

- NHIS membership coverage increased to 65% of Ghana's population.
- ICT functional in 145 districts and NHIS fully portable through uniform ID card.
- Improved promptness of payment of claims to providers (at least 30% claims paid within 30 days).
- At least 1,000 facilities inspected under the formal accreditation system.

Collaborators

Ministry of Health, Ministry of Finance and Economic Planning, Private Hospitals and Maternity Homes Board, Medical and Dental Council, Pharmacy Council, Nurses and Midwives Council, Teaching Hospitals, Ghana Health Service, Christian Health Association of Ghana, Society of Private Medical and Dental Practitioners, Ghana Association of Quasi-Government Health Institutions, Ghana Registered Midwives Association, Association of Community Pharmacists and Association of Private Medical Laboratories, Development Partners.

6.2. SERVICE DELIVERY

6.2.1. GHANA HEALTH SERVICE

The Ghana Health Service (GHS) was established under Act 525 to ensure access to health services at the community, sub-district, district and regional levels.

In 2008, significant progress was made in a number of areas. The incidence of Guinea worm reduced considerably and indicators on specific programmes, such as EPI, TB control, malaria, HIV/AIDS and nutrition showed positive trends. However, high maternal mortality, neonatal mortality and infant mortality continue to persist due to poor coverage of known effective interventions.

The GHS also faces a growing burden of communicable and non-communicable diseases due to poor personal and environmental hygiene and unhealthy lifestyle choices. Poor environmental sanitation and inadequate access to potable water contribute to high prevalence of communicable diseases particularly in the rural and peri-urban areas and impact negatively on service efforts in addressing diseases of public health importance. The persistence of some neglected diseases that are easily controllable and which tend to intensify the incidence of poverty have not received adequate attention. The rollout of CHPS which is a proven effective strategy to take health to the doorstep of the community has been extremely slow.

In the light of government interventions such as the National Health Insurance Scheme, National Ambulance Service and the free maternal health care initiative, the GHS is faced with challenges of improving the quality of clinical care services to ensure the sustainability of these initiatives.

The policy thrust is to continue to strengthen the health system for effective and efficient delivery of services to households and communities to improve maternal and child health outcomes.

Priority Activities

- Improve access to quality maternal, newborn and reproductive health services
- Improve quality of clinical care services
- Promote awareness on healthy lifestyles and diseases of public health importance
- Develop HR capacity to plan, implement and evaluate reproductive health and nutrition activities.
- Disseminate and implement the occupational health and safety policy
- Improve early detection, reporting and management of communicable and non communicable diseases.
- Strengthen disease surveillance, emergency preparedness and response
- Promote the reduction of malnutrition especially in children
- Improve access and quality of oral health and eye care services

Expected Results

- Reduction in institutional maternal mortality

- Increased coverage of reproductive health services
- Reduction in neonatal deaths
- Occupational health and safety policy disseminated.

Collaborators
Ministry of Health, Ghana Statistical Service, Ministry of Education Science and Sports (MESS), Ministry of Local Government, Rural Development and Environment (MLGRDE), Christian Health Association of Ghana (CHAG), Quasi-government institutions, Teaching hospitals, Private Sector including NGOs, Research Institutions, Professional and Civil Society Organizations, Regulatory Bodies, St John Ambulance, Ghana Red Cross, Centre for Scientific Research into Plant Medicine (CSRPM), Ministry of Private Sector Development, Ministry of Water Resources, Works and Housing, Development Partners, National Health Insurance Council, Media and Public, Ghana AIDS Commission

6.2.2. CHRISTIAN HEALTH ASSOCIATION OF GHANA

The Christian Health Association of Ghana (CHAG) institutions partner the Ghana Health Service in the efforts of the ministry to provide health services for people living in Ghana. Their institutions are predominantly located in rural and hard to reach areas.

CHAG subscribes to national health policies and practices, but the planning and reporting systems of its constituents member institutions have not yet been fully integrated, synchronised and segregated at the district levels with the health sector POW due to the diversity of philosophies, doctrines and policies of its members.

Efforts were made in the year 2008 to collate essential service data and evidence on future human resources, and financial needs but there is no comprehensive overview as yet to enhance mobilisation of additional resources.

The Thrust of the Christian Health Association of Ghana is to draw on its comparative advantage to innovate, fill service gaps and improve quality of health services.

Priority Activities
- Increase antenatal care coverage in our communities
- Increase supervised deliveries and access to basic and essential obstetric care in CHAG facilities
- Improve maternal death audits in CHAG facilities
- Strengthen quality assurance of CHAG facilities
- Re-orientate and train health workers in the regenerative health and nutrition and other high impact and rapid delivery of reproductive health and nutrition programmes including a healthy schools' programme with emphasis on hygiene, physical exercise and school feeding.
- Strengthen/set up institutional based public health units to act as resource centres promoting regenerative health and nutrition.
- Intensify education of our communities on epidemics and report promptly on them through the districts

- Strengthen the management of neglected diseases like Bururli ulcer, Filariasis, Trachoma etc. that affect the communities in which CHAG operate.
- Organise screening and management programmes for diabetes, hypertension, cancers, sick cell, and asthma in all CHAG health facilities.
- Organise BCC and community involvement programmes in our communities

Expected Results

- Number of CHAG institutions implementing HIHRN
- Proportion of staff that have under-gone training in promotion of healthy lifestyle
- Number of CHAG institutions with functional public health units performing roles in RHN
- Number of specialist outreach services carried out
- Number of Quality Assurance teams established
- Number of supervised deliveries and referred cases
- Reduction of institutional maternal deaths
- Number of maternal death audits conducted

Collaborators

Ministry of Health and Agencies, Development Partners, District/Municipal/Metro Assemblies, Ghana Education Service, Religious Bodies

6.2.3. TEACHING HOSPITALS

6.2.3.1. KORLE BU TEACHING HOSPITAL

The Korle Bu Teaching Hospital is a national referral hospital as well as the teaching hospital for the University of Ghana Medical School, now College of Health Sciences. It was established to provide tertiary health care for Ghanaians. It is reasonably equipped and supported by modern diagnostic technology, such as Computer Tomography Scan, Magnetic Resonance Imaging, ultrasound, echocardiograms, dialysis machines and operates 24 hour Laboratory services.

In 2008 the policy thrust was to ensure that resources are directed towards improving the provision of quality tertiary health care through the upgrading of infrastructure and review of standards of operation at all clinical and management levels.

As a result of massive educational campaigns on referral procedures only 30% of patients attended to, were without referrals. The remaining 50% and 20% were from the NHIS accredited facilities and non NHIS facilities respectively. Accommodation was provided to various categories of staff and a scholarship package for resident doctors to enter into the postgraduate programme was introduced as part of strategies for staff retention.

Main constraints include inadequate logistics support for monitoring, and inadequate qualified accounting/audit staff.

The policy thrust for 2009 is to strengthen management systems to enable the provision of the highest quality health care with emphasis on maternal, neonatal and child health and deliver excellence in teaching and research.

Priority Activities

- Initiate activities to improve maternal, neonatal and child health care outcomes in the hospital
- Increase outreach programmes with emphasis on maternal and child health care.
- Develop functional referral criteria and protocols for the management of emergency cases
- Develop a multidisciplinary operational research capacity
- Continue to review the financial management systems and adopt modern ways for revenue mobilization and utilization.
- Improve on dietetic and catering services in the Hospital
- Review all existing network systems, upgrade ICT infrastructure and introduce an Integrated Hospital Management System (IHMS)

Expected results

- Institutional maternal, child and neonatal mortality rates reduced by 5%.
- Outreach activities increased
- Clear guidelines and standard referral procedures for the reception and management of patients established.
- Joint programmes with the College of Health Science on research activities, appraisal and evaluation of research findings established.
- Efficient financial management system for costing, revenue collection and transparent and efficient procurement system put in place
- Reduction in the time taken to retrieve patients' and other records needed for service delivery and management decision-making.

Collaborators

Ministry of Health, GHS, KATH, Tamale Teaching Hospital, Medical & Dental Council, Nurses and Midwives Council, University of Ghana Medical School, School of Public Health, Pharmacy Council, CHAG, Mutual Health Insurance Organization, National Health Insurance Authority, Attorney General's Department and N G Os.

6.2.3.2. KOMFO ANOKYE TEACHING HOSPITAL

Komfo Anokye Teaching Hospital is mandated to provide advanced clinical health services, training of undergraduate and postgraduate medical professionals and undertake research into emerging health issues in Ghana. In pursuit of this mandate, Komfo Anokye Teaching Hospital strives to become a centre of excellence of international standard by 2015.

Despite investments to improve service delivery of the hospital, the expected results spelt out in the hospital's strategic plan have not been fully achieved. This is to a large extent due to the inability of the hospital to secure funding to implement certain activities in the plan.

In 2008, Paediatric Cardio Thoracic, Orthodontics and Advanced Restorative Dental services were introduced and specialised services scaled up. As a result of these activities the hospital recorded 2.5 % increase in specialist out-patient attendance and 2.15% in total admissions resulting in ward congestion especially in Child Health and Obstetrics & Gynaecology.

In spite of these achievements the number of accident and emergency cases recorded has been increasing and, with the commissioning of the Accident and Emergency Centre further referrals are anticipated in 2009. Maternal and Child health issues also continue to be a concern to management. The hospital also lacks adequate numbers of specialized nurses and essential equipment.

The policy thrust for 2009 is to increase client satisfaction by improving quality of health services with emphasis on maternal and neonatal health.

Priority Activities

- Continue to improve performance monitoring, quality assurance and promote financial accountability and controls.
- Scale up Urology, Neurology, Dialysis, Accident & Emergency, Paediatric, Cardio thoracic, orthodontic and Advanced Restorative services.
- Improve Management Information Systems.
- Strengthen Quality Assurance and Mortality Audit Committees
- Complete Maternity and Children's block to improve on maternal and child health services
- Establish a training programme for Emergency Physicians and Nurses
- Acquire requisite medical equipment to improve Service Delivery

Expected Results

- Increase in Internally Generated Funds
- Level of clients satisfaction increased
- Increased number of referral cases seen
- Reduction in institutional maternal, child and neonatal mortality
- Training programme for emergency physicians and nurses commenced
- Increased number of diagnostic services performed

Collaborators

Ministry of Health, National Health Insurance Authority, Korle-Bu Teaching Hospital, Tamale Teaching Hospital, Ghana Health Service, Medical and Dental Council, Nurses and Midwives Council, Pharmacy Council and Kwame Nkrumah University of Science and Technology.

6.2.3.3. TAMALE TEACHING HOSPITAL

Tamale Teaching Hospital is currently a tertiary facility offering facilities for training of undergraduate medical and allied health students of the School of Medical and Health

Sciences of the University of Development Studies. It strives to become a centre of excellence for quality tertiary healthcare, medical education and research in Ghana.

The major challenges the hospital faces include deteriorated infrastructure, obsolete equipments and the absence of an accident and emergency centre at the hospital. In addition the hospital is faced with a limited number of official residential accommodation for essential staff and inadequate human resource base (only 20% of the minimum number of doctors required at post, 33% of the nurses required at post and 25% of Pharmacists and Allied Health professionals at post). Other problems include weak management structures and systems (no decentralised BMCs), poor record and information management, non-existence of planned preventive maintenance culture, weak financial and supply chain management systems.

The Ministry of Health in recognition of the immense challenges and the non attainment of set targets for the hospital has reconstituted the management team.

The thrust for 2009 will therefore focus on the provision of quality tertiary level health service by improvement in health infrastructure, management systems and human capacity development.

Priority Activities

- Undertake a major rehabilitation and upgrading of infrastructure, equipments and ICT
- Initiate innovative strategies to attract and retain adequate number and skill mix of critical staff.
- Set up a functional accident emergency service
- Re-organise and strengthen clinical services to meet the demand and requirement of a teaching hospital
- Introduce innovative financial and supply chain management processes and procedures to ensure accountability
- Build adequate capacity for training and research

Expected Outcome

- Physical structures rehabilitated and modernised
- Staff numbers, staff retention, skill mix, and motivation improved
- Improved quality of health service and outcomes
- Improved ICT and HMIS
- Research and training activities institutionalised

Collaborators

Ministry of Health, Korle Bu Teaching Hospital, Komfo Anokye Teaching Hospital, Ghana Health Service, Medical & Dental Council, Nurses & Midwives Council, Pharmacy Council, MMHIS, NHIA, RCC, Traditional Authority, SMHS-UDS, Media & Public

6.2.4. PSYCHIATRIC HOSPITALS

The Mental Health Unit seeks to promote and ensure a sustainable, equitably distributed quality and efficient client-centered community based mental health care and services to all

people in Ghana. The Mental Health Unit has two components: the institutional component comprising the three psychiatric hospitals at Accra, Pantang and Ankaful, and the community component comprising the psychiatric wings of some regional and district hospitals, and community psychiatric nursing.

In 2008, efforts continued in advocacy for the passage of the mental health bill which is now at the ministerial level. Seven medical officers are undertaking postgraduate training at the Ghana College of Physicians and clinical training of Psychiatric nurses continued at the psychiatric hospitals. A multinational research programme on "mental health and poverty" between Ghana, Uganda, Kenya, South Africa and the World Health Organisation (WHO) is ongoing. The Pantang Hospital laboratory was refurbished and re-equipped with the support of the Ghana AIDS Commission and the Accra basic laboratory opened.

The mental health unit collaborated with the private sector in the rehabilitation of chronic psychiatric patients in a hospital with snails breading. Outreach services were organized to the upper east, and northern regions

Despite the achievements, the unit continues to face challenges relating to inadequate and erratic flow of funds, insufficient & irregular psychotropic drug supply and inadequate human resource.

The policy thrust for 2009 is to improve the capacity for facility based and community level Mental Health Services.

Priority Activities

- Increase the number of functional Community rehabilitation programmes/centres
- Organise quarterly outreach programmes in the 3 northern regions and Central Region, and monthly in 5 districts in the Greater Accra Region
- Introduce ASSIST Screening Test and Brief Intervention Strategies at Primary Care Level
- Recruit additional psychiatric nurses and psychiatrists
- Advocate for the placement of psychologists within the health sector
- Collaborate with and empower Self help groups
- Establish detoxification and rehabilitation units/programme for alcohol and substance addiction
- Improve collaboration with traditional based healers in mental health
- Advocate for the passage of the Mental health bill

Expected Results

- 1 functional Community Rehabilitation Centre established
- 1 Half Way Home established at Pantang
- 76 Outreach services organised
- Functional detoxification units established
- Primary Level medical staff of 3 Districts in Greater Accra Region trained in application of ASSIST and Brief Intervention Techniques
- Increase number of psychiatrists and psychiatric nurses
- 3 psychologists for each psychiatric hospital recruited

- 5 additional Alcohol Anonymous and 2 additional Narcotic Anonymous Self Help groups established
- 50 bed equipped detoxification and rehabilitation ward open
- Close collaboration established with 12 traditional healing centres
- 2 laboratories upgraded at Accra and Ankaful Hospital
- 3 occupational therapists engaged for the 3 psychiatric hospitals
- Mental health law passed by parliament

Collaborators
Ministry of Health, Ghana Health Service, Narcotics Control Board, AIDS Commission, Min. of Education, Ghana Medical Association, Medical and Dental Council, Nurses and Midwifes Council, Pharmacy Council, NGOs, Traditional Leaders

6.3. NATIONAL AMBULANCE SERVICE

The National Ambulance Service (NAS) was formed as an agency of the Ministry of Health with responsibility of providing pre-hospital emergency care for victims of road traffic accidents, domestic accidents and other medical emergencies. The NAS strives to provide the best quality of preventive and emergency care, operating and strategically locating well equipped ambulances, and collaborating with national and international colleagues in health care and emergency services,

The policy thrust for 2009 is to assist in actualizing the sector's goal of improving maternal and neonatal health, by providing timely ,quality , efficient and effective pre-hospital emergency care to victims of accidents and the critically ill especially obstetric and neonatal cases.

Priority Activities:
- Adhere to planned preventive maintenance schedules
- Expand ambulance coverage by establishing 10 additional stations:
- Recruit and train150 additional ambulance crew
- Renovate 4 existing ambulance stations
- Procurement 25 new ambulances for replacement
- Collaborate with National and International colleagues in health care and emergency services

Expected Results
- Increased number of ambulance crew from 230 to 380
- 10 new ambulance stations opened

Collaborators
Ghana National Fire Service, Teaching & Specialized Hospitals, Regional/ District Hospitals, CHIPS centres, Private Hospitals and Maternity Homes, College of physicians and surgeons

6.4. REGULATION

6.4.1. FOOD AND DRUGS BOARD

The Food and Drugs Board was established by the Food and Drugs Law, 1992 (PNDCL 305B) to regulate the manufacturing exportation, and distribution of food, drugs, cosmetics medical devices and household chemicals in Ghana. This law has since been amended by the Food and Drugs (Amendment) Act 523, 1996 to provide for the fortification of salt to alleviate nutritional deficiencies and to bring the provision of the law in conformity with the 1992 constitution of the public of Ghana.

In pursuance of the Board's agenda of decentralization to provide service to the whole country the Board established two (2) new zonal offices at Sunyani and Tamale and a border post at Aflao in 2008. The Board also linked its software activities at the Kotoka International Airport and the Tema seaport onto the GCNet and collaborated with a number of institutions to improve services.

Regulating food and drugs remains a key challenge to the Board.

The policy thrust for 2009 focuses on the promotion of consumer participation in food safety interventions, supporting food processors at key levels in the food supply chain to upgrade knowledge and improve upon quality of food offered for sale and strengthening of collaboration with other agencies to minimize influx of sub-standard products into the Ghanaian market.

Priority Activities

- Develop relevant regulations to ensure food and drug safety
- Enhance public awareness on food and drugs safety
- Train identified food processors at the schools, street joints, chop bars and local restaurants
- Enforce regulatory mandates through increased involvement of the metropolitan, municipal and district assemblies
- Promote local production and increase access to supplies and logistics including food, pharmaceutical and traditional medicines
- Improve and strengthen systems for continuous monitoring and assurance of quality, efficacy and safety of food and medicines including traditional medicines
- Implement the administrative guidelines for issuing compulsory licensing, parallel importation and Trade Related Intellectual Property Rights (TRIPS) flexibilities particularly with regard to certain foods and antiretroviral drugs
- Finalize the framework and manual for pharmaco-vigilance

Expected Results

- Food processors trained to apply basic principles in ensuring food safety
- Quality of food offered to consumers improved
- Consumer knowledge and appreciation of food and drug safety issues improved
- Effectiveness of enforcement of regulatory mandates improved.
- Framework and manual for pharmaco-vigilance developed

Collaborators
Ministry of Health, Ghana Health Service, Ghana Standard Boards (GSB), Environmental Protection Agency (EPA), Ghana Tourist Board (GTB), Pharmacy Council , Veterinary Council, Customs Excise and Preventive Service (CEPS), Ghana Immigration Service, Ministry of Trade and Industry Private Sector Development and President's Special Initiatives, Ghana Police Service, MLGRDE,

6.4.2. NURSES AND MIDWIVES COUNCIL

The Nurses and Midwives Council of Ghana is mandated to regulate nursing and midwifery education and practice. The Council collaborates with the Ministry of Health to implement policies that aim at ensuring that the general public has access to quality healthcare by nurses and midwives.

The Council in 2008 recruited some key staff to boost up staff strength and turned out 425 Nurses and Midwives. Despite the achievements the council was constraint by funds and office accommodation

The Ministry of Health has declared maternal morbidity and mortality as a priority to reduce maternal and infant morbidity and mortality in line with the goals of MDGs 4 and 5. The Council therefore plans to develop a code of conduct for midwifery practice with a view of improving quality of care.

The policy thrust of the Council for the year 2009 is to maintain standards of nursing and midwifery education and practice with emphasis on maternal, child and neonatal health.

Priority Activities

- Develop a professional code of conduct and standards for Midwifery practice
- Collaborate with the MOH/GHS on the establishment of a Midwifery Training school in the Northern Region
- Introduce training programmes in Accident and Emergency, Community Psychiatry and Paediatric Nursing
- Develop a curriculum on regenerative and healthy lifestyles as an addendum to the revised nursing and midwifery curricula
- Conduct two licensing examinations (one main, one re-sit) for all Nursing and Midwifery disciplines
- Conduct support supervisory visits with the view to enforcing standards of professional practice at all health institutions and facilities throughout the country

Expected Results

- Professional code of conduct and standards for Midwifery practice developed and operational
- Improved midwifery care to mothers and infants
- Midwifery training school in Northern Region accredited and in operation

- Curriculum on regenerative and healthy lifestyles developed and in use in all nursing and midwifery training colleges
- Training programmes in Accident and Emergency, Community Psychiatry and Paediatric Nursing introduced in training curricula
- Supervision strengthened through increased visits to training schools, training sites and health facilities

Collaborators
Ghana Health Service, Teaching Hospitals, Ghana Registered Midwives Association, National Accreditation Board (NAB), all nursing and midwifery training institutions, International Nursing and Midwifery Regulatory bodies and associations, Development Partners, Christian Health Association of Ghana and the Universities.

6.4.3. MEDICAL AND DENTAL COUNCIL

The Medical and Dental Council is a statutory agency that regulates the standards of training and practice of medicine and dentistry in Ghana. It operates by prescribing, developing and enforcing high standards of medical and dental practice that will ensure the safety of the public. It also works through empowering the public to become active participants in their medical and dental treatments.

10 districts and 2 regional hospitals were accredited for housemanship training. The register of actual numbers of doctors and dentist practicing in the country was updated.

The Council is faced with inadequate requisite staff to manage the secretariat, and inadequate numbers of accredited facilities for training housemen in specific disciplines leading to congestion at the two teaching hospitals in the country.

The thrust of the council for 2009 is to strengthen human resource capacity to improve on regulatory activities of the council and also to maintain an institutionalized, structured and mandatory continuing professional development system as a condition for retention on the register.

Priority Activities
- Recruit staff to augment the current workforce of the Council
- Develop a comprehensive registration information documentation system
- Accredit 5 district hospitals for housemanship training in Internal Medicine, Obstetrics and Gynaecology, Paediatrics, and Surgery
- Maintain a policy and guidelines on Continuing Professional Development (CPD) as a mandatory condition for retention on the registers of Council
- Develop standards and guidelines for facilities and practitioners to ensure 'fitness to practice' medicine and dentistry.
- Review curricula of training institutions to respond to current trends and developments.

Expected Results
- The capacity of the council to pursue its mandate is improved

- Update of register to reflect actual numbers of doctors and dentists practicing in the country
- 5 district hospitals accredited for housemanship training in Internal Medicine, Obstetrics and Gynaecology, Paediatrics, and Surgery
- Mandatory CPD Policy in place
- Standards and guidelines of professional practice updated.
- Training Institutions' curricula reviewed

Collaborators
MOH, Regulatory Bodies, Training Institutions (Medical Schools, Ghana College of Physicians and Surgeons), Teaching Hospitals, Ghana Health Service, Ghana Medical Association, Ghana Dental Association, Society of Private Medical and Dental Practitioners

6.4.4. PHARMACY COUNCIL

The Pharmacy Council was established by the pharmacy Act 1994 (Act 489) to secure in the public interest, the highest standards in the practice of pharmacy.

The Council in 2008, inducted 101 new Pharmacists, trained 3,444 licensed chemical sellers and conducted pre-licensing orientation for 360 chemical sellers. A newsletter "THE REGULATOR" was also developed and circulated.

Some of the challenges the Council faced included inadequate resources to cope with the ever increasing challenge of regulation, sub-optimum enforcement and compliance levels, gullible public and unethical and rampant advertising of drugs in the media.

The thrust of the Pharmacy Council for 2009 will be to work towards improving access of pharmaceutical facilities to deprived areas and to empower consumers to use medicines rationally.

Priority Activities
- Develop and implement policies and programmes to enhance access to pharmaceutical services in deprived areas
- Institute public education activities on Rational Use of Medicines (RUM) and dangers of drug abuse
- Foster partnerships and close collaboration with relevant organizations to improve our performance in ensuring RUM in Ghana.
- Work with collaborators in the pharmaceutical industry to assure quality of medicines.
- Effectively train all pharmaceutical service providers to ensure quality service provision.
- Ensure compliance to practice standards through inspections, monitoring and enforcement.
- Improve institutional capacity through recruitment and training.

Expected Results
- Number of licenses issued to pharmacies and chemical sellers in deprived areas increased

- Percentage population knowledgeable in RUM increased
- Number of IE&C campaigns carried out
- Number of collaborative meetings held with road maps drawn
- Improvement in inspection and monitoring activities.
- Number of providers trained in emerging health issues.
- Improved supplies and logistics

Collaborators

Ministry of Health, Pharmaceutical Society of Ghana, Food and Drugs Board, Ghana Police Service, Attorney General's Department, Media, District Assemblies, Ghana National Chemical Sellers Association, Ghana Pharmaceutical Students Association (GPSA), Ghana National Drugs Programme (GNDP), Pharmacy Business Executives Association, Medical and Dental Council, Faculty of Pharmacy and Pharmaceutical Sciences, Veterinary Council, Dispensing Technologists /Technicians Association, Nurses and Midwives Council, NGOs (Ghana Social Marketing Foundation, DANIDA, Ghana Population Council, Agribusiness for Sustainable Natural African Products, Marie Stopes International

6.4.5. TRADITIONAL MEDICINE PRACTICE COUNCIL

The Traditional Medicine Practice Council is mandated to promote, control and regulate the practice of Traditional Medicine and to provide for related purposes by the Traditional Medicine Practice Act, 2000(Act 575).

Currently the secretariat faces a number of key challenges including inadequate and irregular release of funds, inadequate office accommodation, inadequate staff capacity and change management in terms of enforcing regulatory tools on TM practitioners of which majority are illiterates.

The policy thrust for 2009 is to strengthen capacity towards quality traditional medicine practice in Ghana

Priority Activities

- Establish 2 zonal offices
- Develop training programmes for TM practitioner
- Certify traditional medicine practitioners and herbalists
- License traditional medicine practice premises
- Accredit 2 institutions to build capacity of TMPs
- Update database on Traditional Medicine Practitioners

Expected Results

- Two Zonal offices established
- Three training(capacity building) programmes for TM practitioners
- Career development training for three staff members.
- 500 Certified Traditional Medicine Practitioners, 30 Medical Herbalists, 300 Licensed Practice Premises and 2 institutions accredited to build capacity of TM practitioners
- Data base on Traditional Medicine Practitioners.

Collaborators
Ministry of Health, College of Health Sciences- Kwame Nkrumah University of Science and Technology, World Health Organization, Pharmacy Council, Food and Drugs Board ,Centre for Scientific Research into Plant Medicine, Ghana Federation of Traditional Medicine Practitioners Association and Ghana Association of Medical Herbalists (GAHM).

6.4.6. PRIVATE HOSPITALS AND MATERNITY HOMES BOARD

The Private Hospitals and Maternity Homes Board was established to assist in the provision of appropriate regulations relating to private healthcare practice for hospitals and maternity homes.

In 2008, the Board, as part of its mandate updated the database on private healthcare providers. It also submitted a proposal for the establishment of a Council for the Board which is awaiting approval. The bill on standards for regulating private providers is also being worked on.

The Board continues to face challenges in regulating the private healthcare practice due to inadequate capacity and collaboration with stakeholders. As a result, there are still significant gaps in information covering private healthcare services and the registration and accreditation process.

The policy thrust for 2009 is to put in place structures that will allow for efficient exercise of its mandate and enhance its monitoring functions.

Priority Activities
- Update existing database on private health facilities
- Establish a platform for dialoguing with private health practitioners and to improve collaboration with district health authorities
- Develop monitoring tools to support private health care practice
- Develop equipment standards for private health facilities

Expected Results
- Database on private providers updated
- Platform for information sharing established
- Monitoring tools developed and tested
- Standard equipment needs for various types of institutions finalized

Collaborators
Ministry of health, Private Medical and Dental Practitioners Association, Ghana Registered Midwives Association, Medical and Dental Council, Nurses and Midwives Council, Pharmacy Council

6.5. RESEARCH AND TRAINING

6.5.1. CENTRE FOR SCIENTIFIC RESEARCH INTO PLANT MEDICINE

The Centre for Scientific Research Into Plant Medicine is mandated to undertake research and development of plant medicines and work closely with traditional medicine practitioners in plant medicine development and dissemination of research findings.

In 2008 seven (7) herbal medicines were submitted to Food and Drugs Board (FDB) for registration and are ready for inclusion in the Essential Herbal Medicine List (EHML). Five (5) manuscripts were prepared and submitted for publication in peer-reviewed journals. Two herbal decoctions, used for treating malaria and managing benign prostate hyperplasia (BPH) were reformulated into solid dosage-forms and are undergoing clinical evaluation.

The centre continued to face a number of challenges. Satellite clinics could not be established due to financial constraints. Development of a curriculum for training THPs, and the preparation of a procedure manual for providing technical support to the practitioners was not completed. The Centre also continued to lose highly trained staff to the Public Universities which now offer better conditions of service.

The 2009 policy thrust is to reposition the Centre to respond to the changing needs for herbal medicines in health care delivery in Ghana.

Priority Activities

- Provide information on research findings on quality, efficacy and safety of herbal medicines.
- Intensify program for conservation and cultivation of medicinal plants
- Provide technical support services to Herbal Medicine Manufacturers and Traditional Health Practitioners.
- Undertake training of students/interns in herbal medicine development and practice

Expected Results

- At least five manuscripts on herbal preparations developed
- Number of herbal products developed or recommended by the centre and used by health facilities increased
- A comprehensive Internship programme established for training Medical Herbalists at the Centre.

Collaborators:
Centre for Scientific and Industrial Research (CSIR-Health and Environment Unit), Food and Drugs Board, Noguchi Memorial Institute for Medical Research, University of Ghana, Kwame Nkrumah University of Science and Technology, Traditional Medicine Practice Council, Ghana Federation of Traditional and Alternate Medicine (GHAFTRAM), WHO and other Development Partners, Health training Institutions, Aberdeen University, Scotland, and University of Michigan.

6.5.2. TRAINING INSTITUTIONS

The training of health professionals continues to be a shared responsibility between the Ministry of Education, Ministry of Health, the private sector and quasi government

organizations. Over the years, the MOH has expanded the capacity of health training institutions across the countries leading to an increased intake in various categories of health professionals. Despite the immense progress made the numbers of some professional categories remained low.

In 2009, neglected programmes such as health assistants, speech therapy, audio-therapy, physiotherapy, prosthesis and orthotics will be given renewed emphasis to bring their numbers to the level where they can contribute meaningfully to the collective effort of the sector. In this regard, efforts will be made to improve the management of training institutions and the existing relations between them and service providers.

The policy thrust is to improve management of the training institutions and make them responsive to the needs of the sector.

Priority Activities

- Rationalize recruitment into the training institutions in collaboration with the MOH and other stakeholders.
- Secure scholarships for qualified personnel to undertake courses in the neglected areas

Expected Results

- Recruitments into training institutions streamlined
- Scholarship for courses in neglected areas secured

Collaborators

Ministry of Health, Scholarship Secretariat, Private health training Institutions, Nurses and Midwives Council, Teaching hospitals, Ghana Health Service, Christian Health Association of Ghana, Other Quasi Government Hospitals and the Private Sector.

6.5.3. GHANA COLLEGE OF PHYSICIANS AND SURGEONS

The Ghana College of Physicians and Surgeons is mandated to train specialists in medicine, surgery and allied specialties to meet the needs of the country.

In 2008, the College was able to organize residency training in the form of lectures, tutorials, clinical demonstration, district rotations, continuous medical education and update of programmes. Examinations were conducted and over 50% of the candidates passed, showing significant improvement over the previous year. Staffing situation was also improved with the appointment of three more staff – College Secretary, Facilities Manager and Storekeeper. The College also generated funds internally by offering its facilities to the general public for conferences, seminars, etc. Collaborative links were established with medical colleges in areas of common interest.

The college continued to face problems such as inadequate physical facilities, poor revenue mobilisation and poor financial management practices remain. The managerial capacities of administrative staff still remains a challenge also need upgrading to bring the performance of the college to acceptable standards. Also, the college is finding it difficult to accredit adequate health facilities to support the training of its students because most facilities are less endowed with the requisite resources. Finally, trends in enrolment depict a reduction of about 30% due to lack of sponsorship. The College hopes to overcome its challenges which were mainly financial, material and human resources and also improve its performance in 2009

The thrust of the College is to expand the continuous professional development programmes, improve training outcomes and build general capacities to enable College operate more efficiently.

Priority Activities

- Promote specialist education (residency training, CPDs and District Rotations)
- Facilitate research and publication in medicine, surgery and related disciplines
- Strengthen financial management systems, administration and auditing
- Promote collaborative links with local and foreign bodies

Expected Results

- Specialist Education programme implemented (100 candidates admitted for residency training , 2 CPD and 6 months' district rotation organized for 2nd year trainees, 40 lectures , 40 tutorials and 40 clinical demonstration per year per each training department organized)
- 1 clinico-pathological conference/seminar per month in each discipline at each training department to be held
- Research outcomes published within 3 months
- College newsletter published twice a year
- Medical journal published once a year
- Professional competencies of administrative, accounting and auditing staff improved through in-service training and short courses

Collaborators

Ministry of Health, Ghana Health Service, Medical and Dental Council, Korle-Bu Teaching Hospital, Komfo Anokye Teaching Hospital, Regional and District Hospitals,
West African College of Physicians, West African College of Surgeons, Postgraduate Medical College of Nigeria, South African Medical Colleges, Royal College of England,

7. PROCUREMENT

Significant progress has been made in the procurement of goods, works and services, in the Health sector. However recent reviews have indicated that the decentralisation of procurement functions carries some risks which include loss of economies of scale, distribution and co-ordination, particularly on quality assurance.

The 2007 annual review report made reference to the fact that the logistics system was working well and there were no stock out situations at the facility level albeit, challenges still exist.

- Large purchases outside the Medical Stores System
- Commodities obtained through direct procurement are warehoused at a cost to the CMS.
- Information on quality, availability and pricing of medical commodities and supplies is available but inaccessible in the public domain leading to low consumer awareness
- Large disparities in health commodity prices across the country
- Difficulties in aligning the procurement cycle to the budget due to the huge budget cuts during the year. This negatively impacted on the efforts to meet procurements targets.

The April 2008 Aide memoire recommended that a study on the extent and causes of the debt in the supply chain should be done and remedial actions to be undertaken.

The policy thrust in 2009 therefore is to facilitate visible follow through on procurement practices and allow broad stakeholder engagement.

Priority Activities

- Manage 2009 procurement portfolio and develop 2010 procurement plan
- Set up mechanisms for reviewing the execution of the procurement portfolio response to budgetary reviews
- Conduct study and develop standard pricing policy framework for goods and services in the health sector
- Refine and improve alignment of procurement plans to budget execution.
- Collaborate with the Public Procurement Authority (PPA) in training different cadres of staff in the use of the PPA Manual and the MOH Procurement Procedure Manual which has recently been revised to conform to the provisions of the newly enacted Procurement Law (ACT 663)
- Complete the computerization of the Central Medical Stores and subsequent networking with the Regional Medical Stores and Teaching Hospitals to improve logistics management
- Implement the Standard Treatment Guidelines and Essential Medicines List in health facilities as a policy tool for cost containment

- Develop strategic plan based on the gaps identified in the MOH/WHO/HAI 2008 level 2 and household survey

Expected Results

- Procurement Portfolio for 2009 managed and the Procurement Plan for 2010 developed
- Procurement cycle and budget execution increasingly aligned
- The sixth edition of Standard Treatment Guidelines and Essential Medicines List reviewed, printed and launched both nationally and distributed to all regions and district.
- Improved medicines and logistics supply security

Collaborators

All Agencies, Health Partners, National Health Insurance Council and other stakeholders including the private sector

8. CAPITAL INVESTMENT

The Capital Investment Programme outlines investments in health infrastructure, equipment, ICT and transport including ambulance for the sustenance and expansion of health delivery.

The 2009 Capital Investment Plan has been developed to respond to the Strategic Objective 3 of the Ministry's Five-year Programme of Work which aims at ***strengthening health systems capacity to expand, manage and sustain high coverage of services.*** The strategic objective emphasises on the creation, expansion or upgrading of capabilities in the health system in order to fill capacity and service gaps and improve clinical and organisational performance to promote, protect and improve health.

The strategy of equity and access to quality health care still remains the primary focus of the 2009 Capital Investment Plan as a means to achieving the MDGs based on the key priorities of the health sector. The plan is based on the 2009 strategic priorities of the health sector, the annualised investment plan of the third Capital Investment Plan for the period 2007 – 2011. It also incorporates lessons from the previous reviews and consolidates on the gains achieved to date.

The priorities of the 2009 activities have been fashioned out within an investment environment intertwined with challenges and a huge number of uncompleted and abandoned projects rolled over from previous years. The main challenge of the CIP revolves around financing the plan within a serious budget constraint.

The specific objectives of the 2009 CIP will essentially be to keep existing facilities/institutions functional/operational, increase scope of services of existing facilities consistent with the needs of the population and increase geographical access.

The thrust of the 2009 Capital Investment component of the sector's Programme of Work (POW) will focus on the completion of ongoing projects, renewal of obsolete transport and equipment and the development of strategic projects that will significantly contribute to the quality and equitable access to health care.

Priority Activities

- Develop pragmatic criteria for the prioritization of capital expenditure;
- Finalize and deploy the Capital Investment Planning Model and the Service Availability Mapping tool for mapping key health interventions;
- Improve availability of appropriate equipment and management through planned preventive maintenance, replacement of obsolete equipment and improved equipment management systems
- Increase vehicle availability for service delivery and supervision targeting over aged vehicles particularly in the deprived districts and improving on planned preventive maintenance.
- Promote equity and improving quality of care by directing resources towards the completion of ongoing projects with emphasis on rehabilitation and expansion of health facilities in deprived and peri-urban areas;
- Rehabilitate and expand training schools and provide staff accommodation;
- Implement external funded turnkey and bilateral-sponsored projects

Expenditure Priorities

The total 2009 investment requirements of the sector is estimated at **GH¢199,701,284.08.** The CIP is, however, based on a total allocation of **GH¢160,401,228.08** from all likely sources leaving a gap of **GH¢ 38,925,056.00.**

The projected 2009 investment expenditures have been prioritized on the basis of the following criteria:

- Commitments such as Matching Funds required for projects funded under mixed credits/grants and payment of accumulated debts from 2008;
- Projects with 100% secured/earmarked funding;
- Ongoing projects procured under international competitive tendering with legal implications for GOG arising from delays in payments;
- Ongoing projects with high level of completion and substantial sunk cost that can be completed in 2009;
- Investments that respond to the key priorities of the 2009 POW and the Health Policy with emphasis on investments that can propel the achievement of the MDGs by 2015.

Expected Results

- The following projects which were originally earmarked for completion in 2008 will be fully executed and commissioned:
  1. Offices and Laboratories for Food and Drugs Board
  2. Offices for the Nurses and Midwifes Council
  3. KATH Maternity and Children's Block
  4. Nurses' Flats at KATH
  5. Office complex for NAS and St. John's Ambulance
  6. KBTH Medical Block
  7. GHS Head office complex at LFC
- Preparatory work including feasibility studies will be initiated for the mobilization of funding to undertake the following projects carried over from CIP II:
  1. Development of 2 Regional Hospitals at Wa and Kumasi;
  2. Development of District Hospitals and staff housing at Madina/Adenta and Weija in Accra, Manhyia in Kumasi, Tepa, Salaga, Wenchi and Konongo-Odumasi, Twifo-Praso;
  3. Specialized Urology Centre Korle-Bu Teaching Hospital.
- The following ongoing projects are earmarked for completion in course of the year:
  1. Various expansion and rehabilitation projects within 22 Health Centres and 20 District Hospitals nationwide
  2. DHMT and RHMT office facilities in selected regions and districts
  3. Upgrading of 3 HC to DH and construction of 21 new HC with funding from OPEC
  4. Staff accommodation projects in selected districts and regions
  5. MIS and ICT infrastructure of NHIS
  6. Expansion projects in selected training institutions nationwide

- Preparatory works including value for money audits, tendering, negotiations and required approvals will be completed for the implementation of the following proposed turnkey and bilateral-sponsored projects:
  1. Major rehabilitation and upgrading of Tamale Teaching Hospital;
  2. Construction of Winneba District Hospital;
  3. Construction of 5 Polyclinics with specialized maternity facilities in Northern Region at Karaga, Buipe, Kpandai, Tatale, Janga and Chereponi with financial support from the Austrian Government;
  4. Re-equipping of 12 laundry facilities in selected nationwide facilities
  5. Expansion of Radiotherapy and Nuclear Medicine facility at KATH and KBTH with OPEC and BADEA funding respectively;
  6. Construction of a Specialized Hospital and Malaria Research Centre at Teshie, Accra sponsored by the Chinese Government;
  7. Construction of District Hospitals at Bekwai and Tarkwa with ADB funding;
  8. Construction of Blood Transfusion Centres with NDF funding
     Completion of Feasibility study and fund mobilization for the development a Maternity and Children's Hospital at Ridge Hospital, Accra;
- Other projects earmarked for development include the following:
  1. Development and equipping of CHPS compounds nationwide in collaboration with various District Assemblies;
  2. Capital Investment Planning Model and the Service Availability Mapping tool finalized and deployed for mapping key health interventions;
  3. Criteria for the prioritization of capital expenditure developed and applied to the 2009 investment budget formulation;
  4. Construction of requisite facilities for newly established and existing training institutions nationwide;
  5. Procurement of equipment and transport with emphasis on requirements of the districts and sub-districts for the promotion of equity and improvement in quality of care.

Transitional Issues

- GOG Matching Fund requirement in the amount of €3,800,000.00 for the major rehabilitation and upgrading of Tamale Teaching Hospital project could not be contained in the 2009 budget as a result of budgetary constraints. This will require executive intervention and extra budgetary allocation.
- The following projects which are at very high levels of completion and have incurred substantial sunk costs will require special financial support in addition to the limited budgetary allocation to ensure completion, equipping and commissioning in 2009:
  1. Offices and Laboratories for Food and Drugs Board
  2. Offices for the Nurses and Midwifes Council
  3. KATH Maternity and Children's Block
  4. Nurses' Flats at KATH

5. Office complex for NAS and St. John's Ambulance
6. KBTH Medical Block
7. GHS Conference facilities at Pantang, Accra

- There is urgent need to resolve all value for money and contractual disputes that have led to the stalling of the Staff Housing project at the Regional Hospital, Sunyani since 2003.
- Investment Budget is based on 2008 NHIS allocations since approved NHIS formula is not yet available at the time of finalizing CIP.

Collaborators

MOH and all its Agencies, District and Municipal Assemblies, Development Partners, MOFEP, Attorney-General & Ministry of Justice, Fund Managers and Contractors, Crown Agents, Public Procurement Board, Parliamentary Select Committee on Health.

9. 2009 HEALTH SECTOR BUDGET

The 2009 financial year is the mid-point of the third 5YPOW, and the first of a new political administration. As such, it is not possible at present (November 2008) to finalise the majority of the budget figures as final allocation will be the prerogative of the new Government.

The main sources of financing for the 2009 POW and budget will not differ significantly from those of 2008, although the relative contribution of each is likely to change, particularly with the continued increasing role of National Health Insurance. The general principle of allocating significant funds to Item 3 and to district level facilities is maintained, and within this support for maternal and neonatal health is prioritised.

The ceiling for GOG is tentative, not only due to the fact that the budget will only be approved by the new Government around March 2009, but also due to two factors related to the wage bill. Firstly, efforts are being made to ensure that all agreed staff are included on the wage bill, ie to remove the monthly fluctuations which were experienced in 2008 due to the wrongful exclusion of "ghosts" following the headcount. The issue of students coming onto the wage bill mid-year is also being addressed. To date therefore, MOFEP has requested information on the physical numbers of staff rather than the expected wage bill. In addition, the ongoing work of the Fair Wages Commission will, when combined with staff numbers, result in the new wage bill for the sector. In addition, the Item 2 ceiling is likely to be affected as some employment-based allowances currently included as Item 2 are to be incorporated into the new single spine pay scales under development. A combined ceiling for Item 3 and 4 was given to the Ministry, but in the absence of clear figures for all other sources of funding, there may still be adjustments to the currently proposed distribution.

In calculating the 2009 resource envelope, an effort has been made to remove the double-counting of IGF from the NHIS, though this is currently still based on informed assumptions rather than concrete data. Based on the increasing importance of the NHIS, 70% of the IGF has been assumed to come from claims reimbursement with the balance of 30% included in the tables as User Fees. This means that the tables are not directly comparable with previous years' POWs.

The details of the National Health Insurance resource allocation formula are not currently available. Although not yet confirmed in writing, the NHIF allocation from MOFEP is expected to exceed the provisional allocation used in the earlier tables in this section, which were based on last year's MTEF projections. There may not therefore be need to draw on reserves as indicated in Annex x. The value of NHIS activity has increased as a result both of the introduction of the new tariffs which has increased the average cost per contact, and the rapid increase in the volume of contacts due to rising membership and the addition of free maternity services for all to the benefit package. The formula may) increase both the flexible funding available to MOH for Items 3 and 4, and b) provide an alternative estimate of the volume of claims to be reimbursed through the DMHIS.

The figures for donor funding are potentially the most complete, but gaps remain for some partners (eg WHO). In addition, there are still some inconsistencies to be ironed out, for which additional information from (largely earmarked) partners may be necessary in order to

obtain a mutually agreed allocation between Items 1 to 4, and by level of the health system. Efforts will be made to meet and discuss with partners prior to finalization of this budget.

Strengthening Public Financial Management is one of the priority areas for 2009, and a number of activities have been highlighted in the text. The expectation is that this will result in improved reporting on the execution of this budget during the financial year.

9.1. Macro level Analysis of the 2009 Allocation to the Ministry of Health

Table 1 below presents the MOH allocation for 2009 in comparison with the total GOG budget. The information on which Table 1 is currently based is taken from the 2009 MTEF projections in the 2008 Budget Statement appendix tables. Although some figures were provided by MOFEP in the Budget Guidelines, both the donor and IGF figures were tentative and subject to validation, and while the MOH can do this for their own figures, a new consolidated government-wide total has not yet been provided. The commentary below should therefore be considered in this light. All tables and text will be updated as new information becomes available.

Table 1 Macro level allocation for 2009 (GH¢ '000)

	GOG	Donor	NHIF	IGF	HIPC	Total
MOH	309,084	183,525	321,272	52,907		**866,788**
Total Govt Expd (TGE)	2,702,870	1,393,700	903,590	368,460	134,245	**5,502,866**
MOH share of TGE	*11.4%*	*13.2%*	*35.6%*	*14.4%*	*0.0%*	*15.8%*

Sources: TGE was obtained from 2009 MTEF projections from the 2008 Budget Statement, while the NHIF estimate is a tentative revision from MOFEP. The MOH GOG ceiling is taken from the 2009 Budget Guidelines of 24 May 2008 as circulated by MOFEP, while donor and IGF estimates are based on figures compiled within MOH.
Notes: The TGE denominator for NHIF is Total Statutory from the 2009 MTEF projection; IGF estimates represent cash & carry (user fees) only and are currently based on an assumption about the likely proportion contributed by NHIS claims

Comment on the share of the sector relative to the Abuja pledge is based on GOG funding. At present, the total of 11.4% represents an improvement on the 2008 budget figures of 9.6% but remains below the Abuja target of 15%. However, as already noted above, both the GOG sectoral total and the denominator may yet change, and the percentage should be treated as provisional. It is not possible to combine this with SBS in the absence of a denominator.

9.2. Total 2009 Resource Envelope

Table 2 presents the estimated 2009 resource envelope for the sector including NHIF, together with a comparison with 2008. Again, it should be noted that some figures are subject to revision and to the assumptions given above. It includes both sector budget support and earmarked funding estimates, although work is ongoing to determine consistent figures for inclusion in the POW and budget. The provisional NHIF figure may rise further, and discussions between MOH and NHIA have not yet taken place to determine the allocation of funding within that sum to the MOH and its programmes.

Table 2 Total 2009 resource envelope at 10 November 2009 (GH¢ '000)

Source	2008	2009	*year on year increase (%)*	% total (2009)
GOG	268,517	309,084	*15.1%*	35.7%
Donor funding	126,731	183,525	*44.8%*	21.2%
NHIF	235,420	321,272	*36.5%*	37.1%
IGF - C&C	115,070	52,907	*-54.0%*	6.1%
HIPC	6,485	-	*-100.0%*	0.0%
TOTAL	**752,223**	**866,788**	***15.2%***	**100.0%**

The table shows that total resource envelope for 2009 is projected to be 15.2% higher in 2009 than in 2008. In the absence of final inflation figures, it is not possible to state whether this will represent a real increase, but any such increase would be minimal, and in the face of population growth is likely to reflect a reduction in the real per capita allocation[3].

Donor funding is projected to increase by almost 45% against last year, and is the main driver of increase in the sector. To the extent that this increase is in sector budget support, and earmarked funding which is fully aligned with the POW, this is not a major concern except in terms of sustainability. However, it is possible that these figures inflate the effective financial support which contributes directly to the programme of work, and work remains to unpack the details of external funding in order to provide a more accurate picture.

No indication has yet been given on HIPC funding to the sector, and this may change. The IGF figures for 2008 and 2009 are not comparable as 2008 included an element of double-counting of NHIS claims[4]. The NHIF figure is relatively stable at 33.6% of the total resource envelope, compared with 31.3% in 2008.

Table 3 shows the trend in sectoral allocations between the different Items. Complete comparison is not possible as the details were not available for NHIF for first two years.

Table 3 Trend of MoH Budget Allocation (GHc'000)

	GH¢ m				%			
	2006	**2007**	**2008**	**2009**	***2006***	***2007***	***2008***	***2009***
Item 1: Personnel emoluments	172,938	221,437	248,131	299,894	*53%*	*57%*	*33%*	*35%*
Item 2: Administration	24,350	25,101	28,587	42,459	*7%*	*6%*	*4%*	*5%*
Item 3: Service	79,804	96,754	340,685	451,343	*24%*	*25%*	*46%*	*52%*
Item 4: Investment	49,962	44,845	130,831	73,471	*15%*	*12%*	*17%*	*8%*
Total	**327,054**	**388,137**	**748,234**	**867,166**	***100%***	***100%***	***100%***	***100%***
Budget including NHIF	478,419	583,737	748,234	867,166				
Year on year growth of total inc. NHIF (%)		*22%*	*28%*	*16%*				

Note: Years 2006 and 2007 excludes the NHIF whilst years 2007 and 2008 includes the NHIF. It should be noted that the figures for 2009 includes an assumed allocation of the NHIF based on 2008 figures, as the resource allocation formula was not available at the time of compiling the tables.

[3] Year on year inflation was 17.9% in September according to the Ghana Statistical Service website.
[4] Crudely informed estimates might discount this figure by 50%, which would still indicate a slight drop, from GH¢ 57.5m to GH¢ 52.9 m, ie a drop of 8%.

Table 3 shows that the growth in the expected total resource envelope has slowed in 2009 to 16%[5], down from 28% between 2007 and 2008. As already noted, this is likely to reflect a reduction in both real terms and certainly in per capita terms. The theme for 2009 which stresses efficient use of resources is therefore particularly timely, as is the focus on PFM strengthening.

Although the figures are not directly comparable, due to absence of a breakdown for NHIS in 2006 and 2007, it is clear that the past two years have seen a significant shift in the allocation between items, with Item 3 Service rising from around a quarter to almost a half of the expected spending in the sector since 2007. This has been at the expense primarily of Item 1 which has fallen from 53-57% of the budget in the earlier two years to 33-36% in 2008 and 2009. Item 4 is also projected to reduce in share from 17% in 2008 to 13% in 2009.

Table 4 below presents the allocation of each source of funding by Item[6]. In the absence of more precise information, an assumption has been made for Earmarked funding that anything not known to be related to Investment is captured as item 3 Service. The total reflects only the NHIF projection, rather than the NHIS expected spending which is shown as a separate column at the end. This was done in order to preserve the consistency of the total, and will be amended in future drafts.

Table 4 Allocation of MoH Budget by Source and Items

	GOG	Donor - SBS	NHIF	Donor - EM	User fees	Total
Item 1: Personnel emoluments	278,991		10,320		10,583	**299,894**
Item 2: Administration	11,119	123	13,490		17,777	**42,509**
Item 3: Service	11,974	49,827	287,220	102,271		**451,293**
Item 4: Investment	7,000	5,500	10,620	25,804	24,547	**73,471**
Total	**309,084**	**55,450**	**321,650**	**128,075**	**52,907**	**867,166**

Note: User Fees estimate reflects cash and carry (user fees) which excludes NHIF source; Item 3 is catered for exclusively under the NHIF/NHIS although this is recognized to be an artificial distinction. The other item figures were taken from the reported allocation by BMCs.
NHIS represents total NHIF allocation to NHIA and the Schemes
This table excludes loan-funded turn key investment projects to the value of GH¢ 35.5m pending clarification on figures.

The table shows that the majority of Item 1 spending falls unsurprisingly to GOG, with NHIF spending on this item catering solely for staff of the NHIA and DMHIS. A small additional amount is funded through IGF. Donor funding, whether SBS or earmarked, is predominantly on Items 3 and 4.

The following tables show the details of the MOH budget, separated by Item.

[5] Note that there is a slight difference between the resource envelope of GH¢ 752m in Tables 1 and 2, and the allocation of GH¢ 748m in Table 3.
[6] It should be noted that this table is not directly comparable with Table 2d in the 2008 POW as there were inconsistencies in the tables.

Table 5 Allocation of MoH Budget by Source of Funds, Items and Programmes – Item 1

Item Description	GOG	SBS	HIPC	NHIF	User fees	Earmarked Funds	Total
Backlog (recruitment)	-	-	-	-	-	-	**-**
Contracts	-	-	-	-	10,583	-	**10,583**
Established post	278,991	-	-	10,320	-	-	**289,311**
Promotions	-	-	-	-	-	-	**-**
Recruitment (paramedicals)	-	-	-	-	-	-	**-**
Recruitment Trainees (new entrants)	-	-	-	-	-	-	**-**
Trainee allowance	-	-	-	-	-	-	**-**
Total	**278,991**	**-**	**-**	**10,320**	**10,583**	**-**	**299,894**

Note: Table 3b-Established Post excludes the budget for recruitment, promotions, trainee allowances and new entrants

It should be noted that two budget lines from 2008 do not appear here: projected figures for those awaiting financial clearance, and those waiting for processing on to the payroll. At the time of writing, the allocation to these items is not finalized but they would appear under Recruitment (backlog).

Table 6 Allocation of MOH Budget by Source of Funds, Items and Programmes – Item 2

Item Description	GOG	SBS	HIPC	NHIF	User fees	Earmarked Funds	Total
National Ambulance Service	225	-	-	-	-	-	**225**
Blood Transfusion	200	-	-	-	-	-	**200**
Transitional issues (contingency)	213	-	-	-	-	-	**213**
Cuban Doctors	800	-	-	-	-	-	**800**
ICT maintenance	150	-	-	-	-	-	**150**
Procurement	32	-	-	-	-	-	**32**
Psychiatric hospitals	400	-	-	-	-	-	**400**
Reviews and health summits	200	123	-	-	-	-	**323**
Item 2 operational costs of agencies	8,899	-	-	13,490	17,777	-	**40,166**
Total	**11,119**	**123**	**-**	**13,490**	**17,777**	**-**	**42,509**

Note: User Fees estimate reflects cash and carry (user fees) for item 2 which excludes NHIF source
NHIF represents total allocation to NHIA and the Schemes for item 2
The funds allocated for Cuban doctors are reflected under Item 2 rather than Item 1 as they relates to allowances rather than personal emoluments.

The small allocation for transitional issues (contingency) has been included in part as budget preparation is still ongoing, and also to ensure that funds are available for any activities which may arise following the elections.

The allocation for Reviews and health summits has been slightly reduced based on experience in 2008. Internal reviews in the regions etc are largely covered through the operations costs to BMCs, and these ring-fenced funds are largely for national level activities[7].

[7] Note: This budget line may increase due to the Mid-Term Review, although potential synergies with the World Bank-supported Country Status Report are also being explored.

Table 7 Item 3 allocation by source of funds and category

Category	Item Description	GOG	SBS	HIPC	NHIF	User fees	Earmarked Funds	Total
Maternal & child health	Contraceptives	400	2,500	-	-	-	1,103	**4,003**
	Free maternal delivery initiative	-	10,000	-	-	-	-	**10,000**
	MDG5 Task Force	-	50	-	-	-	-	**50**
	Vaccines	-	2,000	-	-	-	7,978	**9,978**
	ITNs	-	1,600	-	-	-	11,747	**13,347**
	Supplementary feeding programme	200	-	-	-	-	1,862	**2,062**
	MCH Campaign	-	5,000	-	-	-	7,581	**12,581**
Sub-total Maternal and child health		***600***	***21,150***	***-***	***-***	***-***	***30,273***	***52,023***
Communicable diseases	Malaria	80	2,587	-	-	-	18,662	**21,329**
	HIV/AIDS	-	1,200	-	-	-	37,148	**38,348**
	Buruli Ulcer	80	20	-	-	-	-	**100**
	Guinea worm eradication activities	200	300	-	-	-		**500**
	TB drugs	-	450	-	-	-	7,888	**8,338**
	Other communicable diseases (yaws, schisto, trypanosomiasis etc)	100	100	-	-	-	-	**200**
Sub-total Communicable diseases		***460***	***4,657***	***-***	***-***	***-***	***63,698***	***68,815***
Non-communicable disease	Procurement of psychiatric drugs	-	500	-	-		-	**500**
	Anti-Snake serum and Rabies vaccine	300	1,000	-	-		-	**1,300**
	Campaign for prevention of Non Communicable diseases	50	20	-	-	-	-	**70**
	Cancer screening and control programmes	200	200	-		-	-	**400**
	Sickle cell screening	50	-	-	-	-	-	**50**
	Regenerative Health & Nutrition	150	700	-	-	-	-	**850**
Sub-total Non-communicable diseases		***750***	***2,420***	***-***	***-***	***-***	***-***	***3,170***
Public financial management	Procurement and Audit Charges	-	440	-	-	-	-	**440**
	National Health Accounts	-	150	-	-	-	-	**150**
	POW and Budget	130	20	-	-	-	-	**150**
	PFM strengthening plan implementation	65	300	-	-	-	-	**365**
Sub-total Public financial management		***195***	***910***	***-***	***-***	***-***	***-***	***1,105***
Health System Strengthening	Institutional Reforms	40	150	-	-	-	-	**190**
	Fellowship	325	1,000	-	-	-	-	**1,325**
	Management system strengthening	-	-	-	-	-	1,531	**1,531**
	Clinical Care (Referrals & Emergency Services)	50	100	-	-	-	-	**150**
	Capacity building	50	80	-	-	-	-	**130**
	Research	50	150	-	-	-	-	**200**
	Strengthening information systems		40					**40**
	Productivity improvement initiative	56	100	-	-	-	-	**156**
	Strategic intiatives	150	50	-	-	-	-	**200**
	Pharm. system strengthening	30						**30**
	Expanding access to NHIS by the poor	-	200	-	-	-	-	**200**
	Initiatives to improve staff attitidues	23						**23**
	Health Assistant Training							**-**
	Facility rationalisation (based on SAM)	-	150	-	-	-	-	**150**
	Mainstreaming gender	35	-	-	-	-	-	**35**
Sub-total Health system strengthening		***809***	***2,020***	***-***	***-***	***-***	***1,531***	***4,360***
Operational costs	Item 3: Operational Cost of BMCs	7,605	1,060	-	287,220	-	-	**295,885**
	Emergency/disaster preparedness	300	100	-	-	-	-	**400**
	Equipment maintenance & reagents	-	10,420	-	-	-	-	**10,420**
	Refund of Medical Exemption (civil Service)	100	-	-	-	-	-	**100**
	Food Safety	75	100	-	-	-	828	**1,003**
	HIRD implementation	500	6,250	-	-	-	5,943	**12,693**
	Transitional issues (contingency)	80	540	-	-	-	-	**620**
	Overseas conferences	500	-	-	-	-	-	**500**
	Pharmaceuticals	-	-	-	-	-	-	**-**
	Specialist outreach Services	-	200	-	-	-	-	**200**
Sub-total Operational costs		***9,160***	***18,670***	***-***	***287,220***	***-***	***6,770***	***321,821***
Total Item 3		**11,974**	**49,827**	**-**	**287,220**	**-**	**102,271**	**451,293**

Note: User Fees estimate reflects cash and carry (user fees) for item 3 which excludes NHIF source
NHIF represents total allocation to NHIA and the Schemes for item 3

Funding for research is currently less than government's commitment of 2% of the budget. Some costs are included in operational costs of the BMCs, and the ring-fenced figure in the table includes a contribution both to costs of research coordination and GH¢50,000 each for the three Research Centres (Demographic Surveillance Sites) in Dodowa, Navrongo and Kintampo.

The allocation for equipment maintenance and reagents is largely to meet contractual commitments. As the BMCs directly benefit from these inputs for service delivery, establishment of a revolving fund is underway under the National Health Insurance Authority, in order to free up funds for reallocation.

The allocation to free maternal delivery continues the initiative launched in 2008 by the President. The initial agreement was that future allocations would be performance-based.

The budget line for expanding NHIS access for the poor has reduced from 2008. However, linkages have been established with the Department of Social Welfare (DSW) and the LEAP programme, and other sources of funding through DSW are being explored. Again, as with other budget lines, figures are subject to change.

Figures for the MCH campaign reflect additional costs associated with publicity, fuel and allowances and do not include double-counting of commodities such as insecticide-treated nets and vaccines. A study to determine the added value of such campaigns is pending, and the figures for this item and for HIRD may change following the conclusion of this study, and to the need to improve routine immunization services in particular.

The large apparent increase in operational costs is due in part to the significant increase in the value of IGF due to the growth in coverage of the NHIS, and also to the inability to break down this sum in the absence of more details on the resource allocation formula. No attempt has yet been made to allocate funds to those areas in which NHIS supports MOH (eg Health Assistant Training, support for preventive programmes). Similarly, the allocation for pharmaceuticals is currently incomplete as it requires further breakdown of IGF. The areas which may benefit from these funds are shaded in Table 7 above.

Table 8 below shows the Item 4 allocation. As already mentioned, this excludes certain loan-funded turnkey projects, and work is ongoing to complete and harmonise the figures. Details of the NHIS resource allocation formula are also required to finalise this section.

Table 8 Allocation of item 4 budget by source of funds and programme

Item Description	GOG	SBS	HIPC	NHIF	User fees	Earmarked Funds	Total
Transport, & Ambulances	-	-	-	-	-	5,700	**5,700**
Emergency & Obstetric Care Equipment	-	1,500	-	-	-	221	**1,721**
ICT							**-**
Item 4 : Infrastructure and equipment	7,000	4,000	-	10,620	24,547	19,883	**66,050**
Total Item 4	**7,000**	**5,500**	**-**	**10,620**	**24,547**	**25,804**	**73,471**

Note: User Fees estimate reflects cash and carry (user fees) for item 2 which excludes NHIF source
NHIF represents total allocation to NHIA and the Schemes for item 4 as per the resource allocation formula received.

Table 9 below shows the allocation by item and level of the health system. Again, there are some slight differences in presentation between the equivalent table in the 2008 POW, so comparisons have not been made to date. It is also not possible to comment on the relative shares of each level as at present all NHIS information (ie NHIF) has been included under either NHIA or MHIS. Further assumptions would be necessary to determine the distribution of this claims-related IGF between levels of the health system, unless it is described in the more detailed resource allocation formula.

Table 9 Summary Budget Allocation by Levels and Items

	Item 1	Item 2	Item 3	Item 4	TOTAL	*% by level*
MOH HQ	7,242	1,001	6,116	38,304	52,663	*6%*
NHIA	2,420	4,580	36,460	4,130	47,590	*5%*
Subvented Org	2,234	4,229	1,053	1,587	9,103	*1%*
Teaching hospitals	51,172	11,481	2,042	4,771	69,465	*8%*
Training Institutions	15,442	3,820	818	12,893	32,974	*4%*
GHS HQ	499	1,013	3,046	4,271	8,830	*1%*
Psychiatry hospitals	7,037	1,377	1,309	-	9,723	*1%*
Regional Health Services	33,379	1,553	6,737	-	41,669	*5%*
MHIS	7,900	8,910	250,760	6,490	274,060	*32%*
District Health Services	172,569	4,495	143,000	1,025	321,089	*37%*
Total	**299,894**	**42,459**	**451,343**	**73,471**	**867,166**	***100%***

Note: Allocations to MHIS cut across levels – it has not been possible to break this down. NHIA Item 3 includes a tentative allocation to MOH HQ and is likely to comprise Items 3 and 4, and to be allocated to other levels. Item 4 has not been fully allocated, eg some funding for psychiatric hospitals is envisaged.

The final table in this section provides a breakdown of the donor funding included in the earlier tables. The table is based on bottom-up compilation of the data received from partners, and is not yet complete. It is also not yet completely consistent with the figures in the earlier tables, and reconciliation is ongoing.

Table 10 Donor funding

Type	Partner	Detail	GH¢ '000	
Budget support	Danida		13,228	
	DFID	Support to POW	16,772	
	Netherlands		29,595	
Earmarked grant funding	Danida	HIV/AIDS prevention	2,205	
	Danida	Support to CHAG	1,102	
	GAVI	ISS and HSS	7,978	
	Global Fund	Support for malaria, TB and HIV/AIDS co	44,536	
	Unfpa	Reproductive health	2,670	
	Unicef	Child health, nutrition, PMTCT and ENC	6,989	
	USAID	Improved family health	27,902	
	WFP	Supplementary feeding and health	1,862	
Earmarked loan funding	AfDB/NDF	Health sector rehabilitation	10,579	
	IDA	Health insurance	4,965	
	IDA	Nutrition and malaria	3,752	
	IDA	Multi-sectoral HIV/AIDS project	4,414	
	OPEC	Second Rural Health Service Project	1,074	
		Sunyani RH staff accommodation	3,501	
	Saudi Devt Fund	Bolgatanga RH	1,285	
	Abu Dhabi Fund	5 health centres, 1 DH	350.00	
Total expected external funding			**184,758**	**%**
Sub-total budget support			*59,594*	*32%*
Sub-total earmarked grants			*95,245*	*52%*
Sub-total earmarked loans			*29,919*	*16%*

Based on the figures as presented, one-third of available external funding is projected to come as SBS in 2009, reflecting a drop in relative contribution from 44% in 2008[8].

[8] based on the budgeted 2008 donor total of GH¢126m, of which SBS was roughly GH¢55m. please note that there were errors in some 2008 POW tables in reporting donor funding.

10. PERFORMANCE ASSESSMENT FRAMEWORK

10.1. INDICATORS AND TARGETS

The table below shows the indicators and targets for measuring and assessing performance of the health sector in 2009.

PERFORMANCE INDICATORS

Performance Indicator	2005 Performance	2006 Performance	2007 Performance	2008 Performance	2009 Target
Infant Mortality Rate	N/A	71	N/A		53
Under 5 Mortality Rate	N/A	111	N/A		90
Maternal mortality ratio (per 100,000)	N/A	N/A	N/A		To be determined
U5 prevalence of low weight for age	N/A	17.9%	N/A		12%
Total Fertility Rate	N/A	N/A	N/A		4.2
HIV+ prevalence among pregnant women 15-24 years	2.7	3.2	2.6		2.4
Incidence of Guinea worm	3981	4136	3358		1000
Equity Index: Poverty (U5 Mortality Rate)	N/A	1:2.89(WR 66; UWR 191)	N/A		1:2.8
Equity Index: Geography (services) (Supervised deliveries)		1: 2.05 (WR 26.5; CR 54.3) 2006 baseline	1:2.143 (SD NR 21.4%: BAR 45.9%)		1:2
Equity Index: Geography (Resources) (Nurse:Population)		1:4.14 (2006 baseline)	1:2.257 (Nurse: population UWR 1:3225; Ashanti 1:1429)[1]		1:2
Equity Index: NHIS Gender (Female/Male cardholder ratio)	N/A	N/A	N/A		1:2
Equity Index: NHIS poverty (Ratio lowest quintile to whole population who hold NHIS cards)	N/A	N/A	N/A		1:2

% of households with sanitary facilities	N/A	60.7%	N/A		70%
% of households with access to improved source of drinking water	N/A	78.1%	N/A		80%
Obesity in adult population	N/A	N/A	N/A		24%
% children exclusively breastfed	N/A	54.4%	N/A		60%
% deliveries attended by a trained health worker	40.3%	44.5%	32.1%		60%
Contraceptive Prevalence Rate (for modern methods)	N/A	N/A	N/A		30%
ANC coverage	88.7%	88.4%	91.1%		95%
% of U5s sleeping under ITN	26.0%	35.6%	55.3%		65%
Penta3	85%	84%	89%		90%
Measles	82%	85%	84%		90%
HIV+ clients receiving ARV therapy	3,142	7,338	13,429		30,000
Outpatients attendance per capita (OPD)	0.53	0.52	0.69		0.75
Institutional maternal mortality ratio (per 100,000)	197	187	224		150
TB treatment success rate		72.6%	75.0%		80%
% population live within 8km of health infrastructure	N/A	N/A	N/A		
Doctor: population ratio	17,929	10,762	10,752		9,000
Nurse: population ratio	1,508	2,125	2,464		1,900
% total MTEF expenditure on health		15%	14.6		
% non-wage GOG recurrent budget allocated to district level and below		48%	49%		
Per capita expenditure on health		$21.45	$21.66		
Budget execution rate (by source, by line item and by level)					
% of annual budget allocation to items 2 and 3 (GOG and HF) disbursed to BMCs by the end of June					
% of population with valid NHIS membership card	N/A	25%	42%		65%
Proportion of claims settled within 4 weeks	N/A	N/A	N/A		To be determined
% of IGF from NHIS	N/A	N/A	N/A		To be determined

10.2. MONITORING AND REPORTING ON PERFORMANCE

The ministry will track progress of the sector, based on the sector wide indicators as indicated in the 5YPOW. The sector will therefore continue to organise annual regional/District/BMC reviews to feed into the national annual performance review process. The ministry aims to improve the 2009 performance reviews especially at the district levels by ensuring increased participation by civil society organisations, MDAs and other stakeholders. A process of data consolidation and validation would be introduced to ensure quality and timely data for the reviews at all levels

As part of the general efforts to improve efficiency in data management at all levels of the health delivery system a monitoring scheme would be introduced to identify and address weaknesses in the system to ensure the availability of reliable and timely data that will enhance the quality of the review process.
Half year performance review will also be organised to help assess progress and identify implementation problems for correction to ensure that we are on track to achieve set objectives.

Apart from the sector priorities programmed in the 5YPOW other priorities were identified through dialogues, consultations and reviews at various fora. The implementation of these priorities would be monitored regularly to ensure that at each stage, planned activities for such priorities are implemented to the latter and weaknesses identified for immediate rectification.

Special emphasis would be placed on monitoring the implementation of the free maternal delivery scheme initiated in July 2008 and recommendations of the maternal mortality conference. Efforts will also be made to institute a sentinel surveillance system to assist in the implementation of these programmes.

All these reviews will feed into the annual health sector review summit where overall performance of the health summit will be assessed using the newly developed holistic assessment tool that allows for wider appraisal of the health sector. The holistic assessment will also provide a framework for dialogue between the GOG and the development partners at both sector and central government levels

10.3. RISKS AND ASSUMPTIONS

The major risks to the successful implementation of the programme of work in 2009 are outlined as follows:

- Adherence to Paris declaration and Accra Agenda for Action (Alignment, Harmonisation , mutual accountability and use of Country systems)
- Budget execution (Adherence to planned expenditure)
    - Approved budget may not be released in full and this may affect programme implementation

    - Reprioritisation as a result of transitional issues could affect resource allocation and budget execution with possible delays in disbursements
    - Indebtedness – erosion of fungible funds
    - Inadequate funds – disbursement may not be as planned
- Global economic recession and national economic performance could affect the availability of funds to the sector.
    - Incurred debts (goods, services and work) transferred to ensuing years budget
- Continued delay in claims reimbursements and management could affect service provision
- Increasing wage bill reduces the availability of funds for service delivery and investments
- The agitation of health workers particularly for salary enhancement due to the possible increasing work load resulting from the free maternity care policy

It is assumed that successful implementation of the programmes outlined in this document is based on the following that:

- The formation and functioning of budget committees would address budget execution challenges
- Adequate resources will be available for execution of planned activities
- The Continuous dialogue between the MOH, DPs and MOFEP on earmark funding will result in increased earmarked funding.
- The transition to a new government would be uneventful and policy shifts of government would remain constant
- Health commodity security will be achieve for priority health programmes
- Estimated budget would be approved
- Staff attitude, commitment and dedication to service would have improved
- Procurement and investment plans would be adhered to

11. ANNEXES

Annex 1: CAPITAL INVESTMENT PLAN

2009 CAPITAL INVESTMENT BUDGET

TABLE 1: AGENCY/BMC ALLOCATIONS

ITEM	TITLE OF PROJECT	2009 REQUIREMENTS (GH¢)	2009 BUDGET PROVISION (GH¢)	SOURCE OF FUNDING (GH¢)						GAP
				GOG	BUDGET SUPPORT	EARMARKED	HHIS	HIPC	IGF	
A	**GHANA HEALTH SERVICE**									
1	Selected CHPS, HC, DH, DHNT, RHMT, Headquarters & staff accommodation projects with high level of completion and sunk cost that can be completed in 2009	11,500,000.00	11,121,418.00	750,000.00	1,500,000.00	0.00	4,600,000.00	0.00	4,271,418.00	378,582.00
2	Sunyani Regional Hospital staff accommodation project	3,850,500.00	3,850,500.00	350,000.00	0.00	3,500,500.00	0.00	0.00	0.00	0.00
3	Reconstruction/rehabilitation of sub-district facilities destroyed by floods in 3 northen regions	500,000.00	350,000.00	350,000.00	0.00	0.00	0.00	0.00	0.00	150,000.00
4	**Sub Total**	**15,850,500.00**	**15,321,918.00**	**1,450,000.00**	**1,500,000.00**	**3,500,500.00**	**4,600,000.00**	**0.00**	**4,271,418.00**	**528,582.00**
	% of 2009 Investment Budget		**9.55**	**20.71**	**27.27**	**4.60**	**10.06**	**0.00**	**17.40**	**1.36**
B	**MATCHING FUND FOR PIU MANAGEMENT**									
1	Matching Fund for SAUDI Projects - Rehabilitation of Bolgatanga Regional Hospital	1,684,800.00	1,684,800.00	400,000.00	0.00	1,284,800.00	0.00	0.00	0.00	0.00
2	Matching Fund for ADB III/NDF Projects	11,178,973.38	11,178,973.38	600,000.00	0.00	10,578,973.38	0.00	0.00	0.00	0.00
3	Matching Fund for OPEC II Projects (21 No. Health Centres)	680,820.00	680,820.00	400,000.00	0.00	280,820.00	0.00	0.00	0.00	0.00
4	Matching Fund for OPEC II Projects (3 No. District	1,243,360.00	1,243,360.00	450,000.00	0.00	793,360.00	0.00	0.00	0.00	0.00

	Hospitals)									
5	Matching Fund for ABU DHABI Fund 5 No Health Centres/ 1 No. Dist Hospital	650,000.00	650,000.00	300,000.00	0.00	350,000.00	0.00	0.00	0.00	0.00
6	**Sub Total**	**15,437,953.38**	**15,437,953.38**	**2,150,000.00**	**0.00**	**13,287,953.38**	**0.00**	**0.00**	**0.00**	**0.00**
	% of 2009 Investment Budget		**9.62**	**30.71**	**0.00**	**17.46**	**0.00**	**0.00**	**0.00**	**0.00**
C	**MATCHING FUNDS FOR TURNKEY PROJECTS**									
1	Matching Fund for the Construction of Winneba Hospital Enraf Nonius Project	10,100,000.00	10,100,000.00	100,000.00	0.00	10,000,000.00	0.00	0.00	0.00	0.00
2	Matching Fund for the Construction of 5 Polyclinics by Vamed Eng Karaga,Kpandai, Tatale, Janya and Chereponi	8,650,000.00	8,650,000.00	150,000.00	0.00	8,500,000.00	0.00	0.00	0.00	0.00
3	Matching Fund for Construction of Eight Hospitals Countrywide- Wa, Kumasi, Adenta,Salaga,Twifo Praso, Manhyia, Konongo Odumasi, Tepa	15,100,000.00	15,100,000.00	100,000.00	0.00	15,000,000.00	0.00	0.00	0.00	0.00
4	Construction of Hospital and Research Centre at Teshie	2,100,000.00	2,100,000.00	100,000.00	0.00	2,000,000.00	0.00	0.00	0.00	0.00
5	**Sub Total**	**35,950,000.00**	**35,950,000.00**	**450,000.00**	**0.00**	**35,500,000.00**	**0.00**	**0.00**	**0.00**	**0.00**
	% of 2009 Investment Budget		**22.41**	**6.43**	**0.00**	**46.64**	**0.00**	**0.00**	**0.00**	**0.00**
D	**MDG 5 STRATEGIC PROJECTS**									
1	Rehabilitation of Vapko Health Centre	200,000.00	150,000.00	100,000.00	0.00	0.00	50,000.00	0.00	0.00	50,000.00
2	Rehabilitation of Ekabeku Health Centre	350,000.00	300,000.00	150,000.00	0.00	0.00	150,000.00	0.00	0.00	50,000.00
3	Upgrading of Old Tafo Hospital (Maternity, Physiotherapy, Staff Accommodation	1,750,000.00	1,500,000.00	0.00	0.00	0.00	0.00	1,500,000.00	0.00	250,000.00
4	**Sub Total**	**2,300,000.00**	**1,950,000.00**	**250,000.00**	**0.00**	**0.00**	**200,000.00**	**1,500,000.00**	**0.00**	**350,000.00**
	% of 2008 Investment Budget		**1.22**	**3.57**	**0.00**	**0.00**	**0.44**	**100.00**	**0.00**	**0.90**

E	**PSYCHIATRICT HOSPITALS**									
1	Rehabilitation of selected facilities in 3 Psychiatirc Institutions	2,000,000.00	500,000.00	0.00	500,000.00	0.00	0.00	0.00	0.00	1,500,000.00
2	**Sub Total**	**2,000,000.00**	**500,000.00**	**0.00**	**500,000.00**	**0.00**	**0.00**	**0.00**	**0.00**	**1,500,000.00**
	% of 2008 Investment Budget		**0.31**	**0.00**	**9.09**	**0.00**	**0.00**	**0.00**	**0.00**	**3.85**
F	**SUPPORT FOR CHAG INSTITUTIONS**									
1	Rehabilitation of St Patrick's Hospital -OPD and Emergency Department at Offinso	100,000.00	100,000.00	100,000.00	0.00	0.00	0.00	0.00	0.00	0.00
2	Rehabilitation of Infrastructure in selected CHAG institutions	2,500,000.00	1,024,756.00	0.00	0.00	0.00	0.00	0.00	1,024,756.00	1,475,244.00
3	**Sub Total**	**2,600,000.00**	**1,124,756.00**	**100,000.00**	**0.00**	**0.00**	**0.00**	**0.00**	**1,024,756.00**	**1,475,244.00**
	% of 2009 Investment Budget		**0.70**	**1.43**	**0.00**	**0.00**	**0.00**	**0.00**	**4.17**	**3.79**
G	**EQUIPMENT AND TRANSPORT**									
1	Equipment for KATH Maternity & Children Unit	7,500,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,500,000.00
2	Replacement of Equipment in selected facilities	15,000,000.00	0.00	0.00	0.00		0.00	0.00	0.00	15,000,000.00
3	Transport, Motor Bikes and Ambulances	7,500,000.00	5,700,000.00	0.00	0.00	5,700,000.00	0.00	0.00	0.00	1,800,000.00
4	Equipment (Emergency & Essential Obstetric Care)	2,000,000.00	1,720,680.00	0.00	1,500,000.00	220,680.00	0.00	0.00	0.00	279,320.00
5	**Sub-Total**	**32,000,000.00**	**7,420,680.00**	**0.00**	**1,500,000.00**	**5,920,680.00**	**0.00**	**0.00**	**0.00**	**24,579,320.00**
	% of 2009 Investment Budget		**4.63**	**0.00**	**27.27**	**7.78**	**0.00**	**0.00**	**0.00**	**63.15**
H	**TRAINING SCHOOLS**									
1	Construction of Classroom at NTC/MTS Berekum	300,000.00	100,000.00	50,000.00	50,000.00	0.00	0.00	0.00	0.00	200,000.00
2	Construction of Classroom at CHNTS at Akim Oda	300,000.00	100,000.00	50,000.00	50,000.00	0.00	0.00	0.00	0.00	200,000.00
3	Construction of Classroom at	300,000.00	100,000.00	50,000.00	50,000.00	0.00	0.00	0.00	0.00	200,000.00

	MTS at Bolgatanga									
4	Completion of classroom and hostel block at Agogo NTC	500,000.00	100,000.00		100,000.00	0.00	0.00	0.00	0.00	400,000.00
5	Completion of various HATS and other projects nationwide	13,500,000.00	12,393,221.00		0.00		0.00	0.00	12,393,221.00	1,106,779.00
6	Construction of Hostel and Fence wall for HATS at Keta	300,000.00	175,000.00	100,000.00	75,000.00	0.00	0.00	0.00	0.00	125,000.00
7	Completion of Classroom for Pantang NTC/HATS	170,000.00	100,000.00	100,000.00	0.00	0.00	0.00	0.00	0.00	70,000.00
8	Completion of Hostel Block at Cape Coast	1,000,000.00	725,000.00	300,000.00	425,000.00	0.00	0.00	0.00	0.00	275,000.00
9	Completion of Ho CHNTS Staff Accommodation	200,000.00	150,000.00	50,000.00	100,000.00	0.00	0.00	0.00	0.00	50,000.00
10	Construction of Classroom Block at Sunyani NTC	100,000.00	100,000.00	50,000.00	50,000.00	0.00	0.00	0.00	0.00	0.00
11	Completion of Classroom at Tamale NTC	280,000.00	150,000.00	50,000.00	100,000.00	0.00	0.00	0.00	0.00	130,000.00
12	Completion of Hostel for Kintampo RHTS	1,000,000.00	375,000.00		375,000.00	0.00	0.00	0.00	0.00	625,000.00
13	Construction of New Midwifery Training School in Northern Region (Damango & Nalerigu)	200,000.00	125,000.00	125,000.00	0.00	0.00	0.00	0.00	0.00	75,000.00
14	Construction of Offices & Lecture Halls for the Ghana College of Physicians and Surgeons at Ridge, Accra	500,000.00	500,000.00	0.00	0.00	0.00	0.00	0.00	500,000.00	0.00
15	**Sub-Total**	**18,650,000.00**	**15,193,221.00**	**925,000.00**	**1,375,000.00**	**0.00**	**0.00**	**0.00**	**12,893,221.00**	**3,456,779.00**
	% of 2009 Investment Budget		**9.47**	**13.21**	**25.00**	**0.00**	**0.00**	**0.00**	**52.52**	**8.88**
I	**TEACHING HOSPITALS**									
1	**KORLE BU TEACHING HOSPITAL**									
i	Completion & Equipping of the Medical Block	3,079,999.00	3,079,999.00	0.00	0.00	0.00	2,000,000.00	0.00	1,079,999.00	0.00
ii	Refurbishment of the Maternity Block	700,000.00	700,000.00	0.00	0.00	0.00	0.00	0.00	700,000.00	0.00
iii	Preparatory works for Urology Department	500,000.00	500,000.00	0.00	50,000.00	0.00	0.00	0.00	450,000.00	0.00

iv	Surgical Medical Emergency	80,000.00	80,000.00	0.00	0.00	0.00	0.00	0.00	80,000.00	0.00
v	Drug Addiction Rehab. Centre	270,000.00	270,000.00	0.00	0.00	0.00	0.00	0.00	270,000.00	0.00
vi	Plastic Surgery	350,000.00	350,000.00	350,000.00	0.00	0.00	0.00	0.00	0.00	0.00
vii	**Sub-Total**	**4,979,999.00**	**4,979,999.00**	**350,000.00**	**50,000.00**	**0.00**	**2,000,000.00**	**0.00**	**2,579,999.00**	**0.00**
	% of 2009 Investment Budget		**3.10**	**5.00**	**0.91**	**0.00**	**4.37**	**0.00**	**10.51**	**0.00**
2	**KOMFO ANOKYE TEACHING HOSPITAL**									
i	Completion & Equipping of Maternity and Childrens' Block	12,000,000.00	6,000,000.00	0.00	0.00	0.00	5,000,000.00	0.00	1,000,000.00	6,000,000.00
ii	Completion of Doctors' Flats	318,000.00	318,000.00	0.00	0.00	0.00	0.00	0.00	318,000.00	0.00
iii	Purchase of ICT/Computers	232,701.00	232,701.00	0.00	0.00	0.00	0.00	0.00	232,701.00	0.00
iv	Refurbishment of Wards	400,000.00	355,245.00	0.00	0.00	0.00	0.00	0.00	355,245.00	44,755.00
v	Completion of Office Complex/Resource Dev. Centre	285,000.00	285,000.00	0.00	0.00	0.00	0.00	0.00	285,000.00	0.00
vii	**Sub-Total**	**13,235,701.00**	**7,190,946.00**	**0.00**	**0.00**	**0.00**	**5,000,000.00**	**0.00**	**2,190,946.00**	**6,044,755.00**
	% of 2008 Investment Budget		**4.48**	**0.00**	**0.00**	**0.00**	**10.93**	**0.00**	**8.93**	**15.53**
3	**TAMALE TEACHING HSPITAL**									
i	Major Rehabilitation and Upgrading of Tamale Teaching Hospital	20,850,000.00	20,850,000.00	0.00	0.00	16,350,000.00	4,500,000.00	0.00	0.00	0.00
ii	**Sub-Total**	**20,850,000.00**	**20,850,000.00**	**0.00**	**0.00**	**16,350,000.00**	**4,500,000.00**	**0.00**	**0.00**	**0.00**
	% of 2009 Investment Budget		**13.00**	**0.00**	**0.00**	**21.48**	**9.84**	**0.00**	**0.00**	**0.00**
J	**STATUTORY BODIES/REGULATORY BODIES**									
1	Construction of Offices and Laboratories for Food and Drugs Board	1,750,000.00	1,550,000.00	0.00	0.00	1,550,000.00	0.00	0.00	0.00	200,000.00
2	Office Complex and Training Centre for National Ambulance Service in Accra	521,896.00	300,000.00	300,000.00	0.00	0.00	0.00	0.00	0.00	221,896.00
3	Construction of Offices for the Nurses and Midwives Council	1,279,040.00	1,279,040.00	450,000.00	0.00	0.00	0.00	0.00	829,040.00	0.00
4	Investment Requirement for	737,005.00	714,000.00	0.00	0.00	0.00	0.00	0.00	714,000.00	23,005.00

	CSRIPM & TAMD									
5	Completion of office accommodation and construction of staff accommodation for Medical and dental Council	50,000.00	29,525.00	0.00	0.00	0.00	0.00	0.00	29,525.00	20,475.00
6	Construction of Offices for the Private Hospitals and Maternity Homes Board	600,000.00	75,000.00	0.00	75,000.00	0.00	0.00	0.00	0.00	525,000.00
	Pharmacy Council	14,000.00	14,000.00	0.00	0.00	0.00	0.00	0.00	14,000.00	0.00
7	National Health Insurance Council/Infrastructure, ICT & Reserve Fund	29,445,189.70	29,445,189.70	0.00	0.00	0.00	29,445,189.70	0.00	0.00	0.00
	Sub-Total	**34,397,130.70**	**33,406,754.70**	**750,000.00**	**75,000.00**	**1,550,000.00**	**29,445,189.70**	**0.00**	**1,586,565.00**	**990,376.00**
	% of 2009 Investment Budget		**20.83**	**10.71**	**1.36**	**2.04**	**64.37**	**0.00**	**6.46**	
K	**MOH HEADQUARTERS/NATIONAL**									
1	Outstanding Commitment MOH/GHS Projects	1,000,000.00	1,000,000.00	500,000.00	500,000.00	0.00	0.00		0.00	0.00
2	Project Feasibility studies, Monitoring & Evaluation	450,000.00	75,000.00	75,000.00	0.00	0.00	0.00	0.00		
3	**Sub-Total**	**1,450,000.00**	**1,075,000.00**	**575,000.00**	**500,000.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
	% of 2009 Investment Budget		**0.67**	**8.21**	**9.09**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
L	**GRAND TOTAL**	**199,701,284.08**	**160,401,228.08**	**7,000,000.00**	**5,500,000.00**	**76,109,133.38**	**45,745,189.70**	**1,500,000.00**	**24,546,905.00**	**38,925,056.00**

TABLE 2: ALLOCATIONS BY EXPEDITURE PRIORITIES

ITEM	TITLE OF PROJECT	2009 REQUIREMENTS (GH¢)	2009 BUDGET PROVISION (GH¢)	SOURCE OF FUNDING (GH¢)						GAP
				GOG	BUDGET SUPPORT	EARMARKED	HHIS	HIPC	IGF	
-	-	-	-	-	-	-	-	-	-	-
A	**MATCHING FUNDS**	-	-	-	-	-	-	-	-	-
1	Matching Fund for SAUDI Projects - Rehabilitation of Bolgatanga Regional Hospital	1,684,800.00	1,684,800.00	400,000.00	0.00	1,284,800.00	0.00	0.00	0.00	0.00
2	Matching Fund for ADB III/NDF Projects	11,178,973.38	11,178,973.38	600,000.00	0.00	10,578,973.38	0.00	0.00	0.00	0.00
3	Matching Fund for OPEC II Projects (21 No. Health Centres)	680,820.00	680,820.00	400,000.00	0.00	280,820.00	0.00	0.00	0.00	0.00
4	Matching Fund for OPEC II Projects (3 No. District Hospitals)	1,243,360.00	1,243,360.00	450,000.00	0.00	793,360.00	0.00	0.00	0.00	0.00
5	Matching Fund for ABU DHABI Fund 5 No Health Centres/ 1 No. Dist Hospital	650,000.00	650,000.00	300,000.00	0.00	350,000.00	0.00	0.00	0.00	0.00
6	Matching Fund for the Construction of Winneba Hospital Enraf Nonius Project	10,100,000.00	10,100,000.00	100,000.00	0.00	10,000,000.00	0.00	0.00	0.00	0.00
7	Matching Fund for the Construction of 5 Polyclinics by Vamed Eng Karaga,Kpandai, Tatale, Janya and Chereponi	8,650,000.00	8,650,000.00	150,000.00	0.00	8,500,000.00	0.00	0.00	0.00	0.00
8	Matching Fund for Construction of Eight Hospitals Countrywide- Wa, Kumasi, Adenta,Salaga,Twifo Praso, Manhyia, Konongo Odumasi, Tepa	15,100,000.00	15,100,000.00	100,000.00	0.00	15,000,000.00	0.00	0.00	0.00	0.00
9	Construction of Hospital and Research Centre at Teshie	2,100,000.00	2,100,000.00	100,000.00	0.00	2,000,000.00	0.00	0.00	0.00	0.00

0	Major Rehabilitation and Upgrading of Tamale Teaching Hospital	20,850,000.00	20,850,000.00	0.00	0.00	16,350,000.00	4,500,000.00	0.00	0.00	0.00
11	**Sub-Total**	**72,237,953.38**	**72,237,953.38**	**2,600,000.00**	**0.00**	**65,137,953.38**	**4,500,000.00**	**0.00**	**0.00**	**0.00**
	% of 2009 Investment Budget		**45.04**	**37.14**	**0.00**	**85.58**	**9.84**	**0.00**	**0.00**	**0.00**
B.	**PROJECTS PROCURED UNDER ICB WITH LEGAL CONSEQUENCES FOR DELAYED PAYMENTS**									
1	Sunyani Regional Hospital staff accommodation project	3,850,500.00	3,850,500.00	350,000.00	0.00	3,500,500.00	0.00	0.00	0.00	0.00
2	Construction of Offices and Laboratories for Food and Drugs Board	1,750,000.00	1,550,000.00	0.00	0.00	1,550,000.00	0.00	0.00	0.00	200,000.00
3	Construction of Offices for the Nurses and Midwives Council	1,279,040.00	1,279,040.00	450,000.00	0.00	0.00	0.00	0.00	829,040.00	0.00
4	Construction of Offices & Lecture Halls for the Ghana College of Physicians and Surgeons at Ridge, Accra	500,000.00	500,000.00	0.00	0.00	0.00	0.00	0.00	500,000.00	0.00
5	**Sub-Total**	**7,379,540.00**	**7,179,540.00**	**800,000.00**	**0.00**	**5,050,500.00**	**0.00**	**0.00**	**1,329,040.00**	**200,000.00**
	% of 2009 Investment Budget		**4.48**	**11.43**	**0.00**	**6.64**	**0.00**	**0.00**	**5.41**	**0.51**
C.	**ONGOING PROJECS WITH HIGH LEVEL OF COMPLETION & HUGE SUNK COSTS**									
1	Refurbishment of the Medical Block	3,079,999.00	3,079,999.00	0.00	0.00	0.00	2,000,000.00	0.00	1,079,999.00	0.00
2	Refurbishment of the Maternity Block	700,000.00	700,000.00	0.00	0.00	0.00	0.00	0.00	700,000.00	0.00
3	Preparatory works for Urology Department	500,000.00	500,000.00	0.00	50,000.00	0.00	0.00	0.00	450,000.00	0.00
4	Surgical Medical Emergency	80,000.00	80,000.00	0.00	0.00	0.00	0.00	0.00	80,000.00	0.00
5	Drug Addiction Rehab. Centre	270,000.00	270,000.00	0.00	0.00	0.00	0.00	0.00	270,000.00	0.00
6	Plastic Surgery	350,000.00	350,000.00	350,000.00	0.00	0.00	0.00	0.00	0.00	0.00

7	Completion of Maternity and Childrens' Block	12,000,000.00	6,000,000.00	0.00	0.00	0.00	5,000,000.00	0.00	1,000,000.00	6,000,000.00
8	Completion of Doctors' Flats	318,000.00	318,000.00	0.00	0.00	0.00	0.00	0.00	318,000.00	0.00
10	Refurbishment of Wards	400,000.00	355,245.00	0.00	0.00	0.00	0.00	0.00	355,245.00	44,755.00
11	Completion of Office Complex/Resource Dev. Centre	285,000.00	285,000.00	0.00	0.00	0.00	0.00	0.00	285,000.00	0.00
12	Investment Requirement for CSRIPM & TAMD	737,005.00	714,000.00	0.00	0.00	0.00	0.00	0.00	714,000.00	23,005.00
13	Office Complex and Training Centre for National Ambulance Service in Accra	521,896.00	300,000.00	300,000.00	0.00	0.00	0.00	0.00	0.00	221,896.00
14	Completion of office accommodation and construction of staff accommodation for Medical and Dental Council	50,000.00	29,525.00	0.00	0.00	0.00	0.00	0.00	29,525.00	20,475.00
15	Pharmacy Council	14,000.00	14,000.00	0.00	0.00	0.00	0.00	0.00	14,000.00	0.00
16	Construction of Offices for the Private Hospitals and Maternity Homes Board	600,000.00	75,000.00	0.00	75,000.00	0.00	0.00	0.00	0.00	525,000.00
17	**Sub-Total**	**19,905,900.00**	**13,070,769.00**	**650,000.00**	**125,000.00**	**0.00**	**7,000,000.00**	**0.00**	**5,295,769.00**	**6,835,131.00**
	% of 2009 Investment Budget		**8.15**	**9.29**	**2.27**	**0.00**	**15.30**	**0.00**	**21.57**	**17.56**
D.	**INVESTMENTS THAT RESPOND TO POW PRIORITIES & MDG'S**									
1	Selected CHPS, HC, DH, DHNT, RHMT & staff accommodation projects with high level of completion and sunk cost that can be completed in 2009	11,500,000.00	11,121,418.00	750,000.00	1,500,000.00	0.00	4,600,000.00	0.00	4,271,418.00	378,582.00
2	Reconstruction/rehabilitation of sub-district facilities destroyed by floods in 3 northen regions	500,000.00	350,000.00	350,000.00	0.00	0.00	0.00	0.00	0.00	150,000.00
3	Rehabilitation of Vapko Health Centre	200,000.00	150,000.00	100,000.00	0.00	0.00	50,000.00	0.00	0.00	50,000.00
4	Rehabilitation of Ekabeku Health Centre	350,000.00	300,000.00	150,000.00	0.00	0.00	150,000.00	0.00	0.00	50,000.00

5	Upgrading of Old Tafo Hospital (Maternity, Physiotherapy, Staff Accommodation	1,750,000.00	1,500,000.00	0.00	0.00	0.00	0.00	1,500,000.00	0.00	250,000.00
6	Rehabilitation of selected facilities in Psychiatirc Institutions	2,000,000.00	500,000.00	0.00	500,000.00	0.00	0.00	0.00	0.00	1,500,000.00
7	Rehabilitation of St Patrick's Hospital -OPD and Emergency Department at Offinso	100,000.00	100,000.00	100,000.00	0.00	0.00	0.00	0.00	0.00	0.00
8	Infrastructure and Equipment for selected CHAG institutions	2,500,000.00	1,024,756.00	0.00	0.00	0.00	0.00	0.00	1,024,756.00	1,475,244.00
9	**Sub-Total**	**18,900,000.00**	**15,046,174.00**	**1,450,000.00**	**2,000,000.00**	**0.00**	**4,800,000.00**	**1,500,000.00**	**5,296,174.00**	**3,853,826.00**
	% of 2009 Investment Budget		**9.38**	**20.71**	**36.36**	**0.00**	**10.49**	**100.00**	**21.58**	**9.90**
E	**NURSING TRAINING INSTITUTIONS PROJECTS**									
1	Allocation for selected projects in CHNTS, SOH, HATS, Nursing & Midifery training institutions with high sunk cost that can be completed in 2009	18,150,000.00	14,693,221.00	925,000.00	1,375,000.00	0.00	0.00	0.00	12,393,221.00	3,456,779.00
2	**Sub-Total**	**18,150,000.00**	**14,693,221.00**	**925,000.00**	**1,375,000.00**	**0.00**	**0.00**	**0.00**	**12,393,221.00**	**3,456,779.00**
	% of 2009 Investment Budget		**9.16**	**13.21**	**25.00**	**0.00**	**0.00**	**0.00**	**50.49**	**8.88**
F	**EQUIPMENT, TRANSPORT & ICT**									
1	Equipment for KATH Maternity & Children Unit	7,500,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	7,500,000.00
2	Replacement of Equipment in selected facilities	15,000,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	15,000,000.00
3	Purchase of ICT/Computers	232,701.00	232,701.00	0.00	0.00	0.00	0.00	0.00	232,701.00	0.00
4	Transport, Motor Bikes and Ambulances	7,500,000.00	5,700,000.00	0.00	0.00	5,700,000.00	0.00	0.00	0.00	1,800,000.00
5	Equipment (Emergency & Essential Obstetric Care)	2,000,000.00	1,720,680.00	0.00	1,500,000.00	220,680.00	0.00	0.00	0.00	279,320.00
6	National Health Insurance Council/Infrastructure, ICT	29,445,189.70	29,445,189.70	0.00	0.00	0.00	29,445,189.70	0.00	0.00	0.00
7	**Sub-Total**	**61,677,890.70**	**37,098,570.70**	**0.00**	**1,500,000.00**	**5,920,680.00**	**29,445,189.70**	**0.00**	**232,701.00**	**24,579,320.00**

	% of 2009 Investment Budget		**23.13**	**0.00**	**27.27**	**7.78**	**64.37**	**0.00**	**0.95**	**63.15**
G	**MOH/GHS**									
1	Outstanding Commitment MOH/GHS Projects	1,000,000.00	1,000,000.00	500,000.00	500,000.00	0.00	0.00	0.00	0.00	0.00
2	Project Feasibility studies, Monitoring & Evaluation	450,000.00	75,000.00	75,000.00	0.00	0.00	0.00	0.00	0.00	0.00
3	**Sub-Total**	**1,450,000.00**	**1,075,000.00**	**575,000.00**	**500,000.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
	% of 2009 Investment Budget		**0.67**	**8.21**	**9.09**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
H	**GRAND TOTAL**	**199,701,284.08**	**160,401,228.08**	**7,000,000.00**	**5,500,000.00**	**76,109,133.38**	**45,745,189.70**	**1,500,000.00**	**24,546,905.00**	**38,925,056.00**

TABLE 3: ALLOCATIONS BY AGENCY LEVELS

S/N	AGENCIES	2009 REQUIREMENTS (GH¢)	2009 BUDGET PROVISION (GH¢)	SOURCE OF FUNDING (GH¢)							% OF TOTAL BUDGET
				GOG	BUDGET SUPPORT	EARMARKED	HHIS	HIPC	IGF	GAP	
1	Ministry of Health (Provision for 2008 outstanding bills and feasibility studies)	1,450,000.00	1,075,000.00	575,000.00	500,000.00	0.00	0.00	0.00	0.00	0.00	**0.67**
2	Ghana Health Service (H/Q, Regions, Districts & sub-Districts, CHAG)	96,638,453.38	77,205,307.38	4,400,000.00	3,000,000.00	58,209,133.38	4,800,000.00	1,500,000.00	5,296,174.00	19,433,146.00	**48.13**
3	Psychiatric Hospitals	2,000,000.00	500,000.00	0.00	500,000.00	0.00	0.00	0.00	0.00	1,500,000.00	**0.31**
4	Teaching Hospitals	46,565,700.00	33,020,945.00	350,000.00	50,000.00	16,350,000.00	11,500,000.00	0.00	4,770,945.00	13,544,755.00	**20.59**
5	Training Institutions	18,650,000.00	15,193,221.00	925,000.00	1,375,000.00	0.00	0.00	0.00	12,893,221.00	3,456,779.00	**9.47**
6	Regulatory Bodies	3,693,040.00	2,947,565.00	450,000.00	75,000.00	1,550,000.00	0.00	0.00	872,565.00	745,475.00	**1.84**
7	Sub-vented Organisations	1,258,901.00	1,014,000.00	300,000.00	0.00	0.00	0.00	0.00	714,000.00	244,901.00	**0.63**
8	NHIA	29,445,189.70	29,445,189.70	0.00	0.00	0.00	29,445,189.70	0.00	0.00	0.00	**18.36**
9	**GRAND TOTAL**	**199,701,284.08**	**160,401,228.08**	**7,000,000.00**	**5,500,000.00**	**76,109,133.38**	**45,745,189.70**	**1,500,000.00**	**24,546,905.00**	**38,925,056.00**	**100.00**

Summary of 2009 Capital Investment
(By Expenditure Priorities)

S/N	Projects/Institutions	Budget Allocation (GH¢)	% of Budget
1	Matching Funds/Counterpart Funding for projects funded under mixed credits/grants	72,237,953.38	45.04
2	Ongoing projects procured under International Competitive Bidding with legal implications for delayed payments	7,179,540.00	4.48
3	Ongoing projects with high level of completion and substantial sunk cost	13,070,769.00	8.15
4	Other investments that respond to the key priorities of the 2009 POW with emphasis on investments that can propel the achievement of the MDGs	15,046,174.00	9.38
5	Expansion of Training Institutions	14,693,221.00	9.16
6	Equipment, Transport and ICT	37,098,570.70	23.13
7	MOH/GHS/Outstanding Bills	1,075,000.00	0.67
8	**Total**	**160,401,228.08**	**100.00**

Summary of 2009 Capital Investment
(By Agency Levels)

S/N	Projects/Institutions	Budget Allocation (GH¢)	% of Budget
1	Ministry of Health (Provision for 2008 outstanding bills and feasibility studies)	1,075,000.00	**0.67**
2	Ghana Health Service (H/Q, Regions, Districts & sub-Districts, CHAG)	77,205,307.38	**48.13**
3	Psychiatric Hospitals	500,000.00	**0.31**
4	Teaching Hospitals	33,020,945.00	**20.59**
5	Training Institutions	15,193,221.00	**9.47**
6	Regulatory Bodies	2,947,565.00	**1.84**
7	Sub-Vented Organizations	1,014,000.00	**0.63**
8	National Health Insurance Authority	29,445,189.70	**18.36**
9	**GRAND TOTAL**	**160,401,228.08**	**100.00**

Annex 2: FELLOWSHIP PLAN (Provisional)

		Ministry of Health					
		2009 Fellowship Year					
	FOREIGN						
	Course/Programme	**Country**	**Long**	**Short**	**Unit Cost (£)**	**Number**	**Total Cost**
1	Cert.Accident & Emergency	U K		√	8,000	1	8,000
2	Cert. Intensive Care	U K		√	8,000	1	8,000
3	Msc Emergency Medicine	U K	√		20,000	1	20,000
4	MSc Advance Trauma	U K	√		20,000	1	20,000
5	MSc Control of Infectious	U K	√		20,000	1	20,000
	Diseases/Epidemiology						
6	Msc Nutrition & Dietetics	U K	√		20,000	1	20,000
7	Msc Health Financing	U K	√		20,000	1	20,000
	Economics & Insurance						
8	MSc Health Mgt Infor.Sys.	U K	√		20,000	1	20,000
9	MSc Opthalmic Nursing	UK	√		20,000	1	20,000
10	MSc Community Psychiatry	UK	√		20,000	1	20,000
	ToTal					**10**	**176,000**
	REMARKS						
	Local Programmes						
1	MSc Clinical Pharmacy	Ghana	√		1,500	3	4,500
2	MPH Health Promotion	Ghana	√		1,500	6	9,000
	and Education						
3	MPH Reproductive Health	Ghana	√		1,500	6	9,000
4	MSc Environmental Sci.	Ghana	√		1,500	1	1,500
5	MPH	Ghana	√		4,000	10	40,000
6	MA HRM	Ghana	√		2,000	2	4,000
7	MSc Health Planning and	Ghana	√		1,500	4	6,000
	Management						
8	MBA HRM	Ghana	√		4,500	3	13,500
9	EX.MA. GOV.&LEAD.	Ghana	√		2,000	2	4,000
10	EX.MA.PUB.ADM..	Ghana	√		2,000	1	2,000
11	PG DIP.EDU	Ghana	√		500	30	15,000
12	B.ED HLTH SCI.EDU.	Ghana	√		1,000	40	40,000
13	BSc Infor.Com.	Ghana	√		1,500	1	1,500
	Sci.& Tech.						
14	Msc Nursing	Ghana	√		3,000	5	15,000
15	Mphil Nursing	Ghana	√		3,000	4	12,000
16	Mphil Clinical Psychology	Ghana	√		3,000	2	6,000
17	Allied Health	Ghana	√		500	30	15,000
	Total					**150**	**198,000**
	REMARKS						

Annex 3: PROCUREMENT PLAN

MINISTRY OF HEALTH 2009 PROCUREMENT PLAN (SUMMARY)

1. Goods

Ref. No.	Procurement Package (Description)	Estimated Cost Gh ¢ (000)	Source	Start date	Completion Date	Disbursement Plan			
						Ist Quarter	2nd Quarter	3rd Quarter	4th Quarter
1	Pharmaceuticals	21,996.00	IGF	22/09/2008	19/03/2009	21,996.00			
2	Non-Drug Medical Consumables	14,664.00	IGF	10/3/2009	23/09/2009			14,664.00	
3	Vaccines	2,000.00	Sector Budgetary Support	4/2/2009	29/08/2009			2,000.00	
3	Vaccines	7,978.13	Earmarked	4/2/2009	29/08/2009			7,978.13	
4	Contraceptives	2,500.00	Sector Budgetary Support	4/2/2009	29/08/2009			2,500.00	
4	Contraceptives	1,103.40	Earmarked	4/2/2009	29/08/2009			1,103.40	
5	TB Drugs	450.00	GOG	3/7/2008	10/9/2009			450.00	
5	TB Drugs	7,887.85	Earmarked	8/1/2009	30/06/2009		7,887.85		
6	Psychotropics drugs	500.00	Sector Budgetary Support	22/09/2008	24/03/2009	500.00			
7	HIV/AIDS/Anti-Retroviral Drugs	1,200.00	Sector Budgetary Support	10/9/2008	5/3/2009	1,200.00			
7	HIV/AIDS/Anti-Retroviral Drugs	37,148.38	Earmarked	10/9/2008	5/3/2009	37,148.38			
8	Malaria/ACT (AS/AQ)	1,587.00	Sector Budgetary Support	4/9/2008	30/03/2009	1,587.00			
8	Malaria/ACT (AS/AQ)	13,548.40	Earmarked	4/9/2008	30/03/2009	13,548.40			
9	ITNs	1,600.00	Sector Budgetary Support	6/1/2009	15/07/2009			1,600.00	

9	ITNs	11,747.21	Earmarked	6/1/2009	15/07/2009			11,747.21	
10	Anti-Snake and Anti-Rabies Sera/Vaccines	1,000.00	Budgetary Support	22/09/2008	19/03/2009	1,000.00			
11	Emergency Obstetric Equipment	3,864.00	Health Fund	15/09/2008	31/04/2009		3,864.00		
11	Emergency Obstetric Equipment	9,340.00	GOG	15/09/2008	31/04/2009		9,340.00		
11	Emergency Obstetric Equipment	4,000.00	IGF	15/09/2008	31/04/2009		4,000.00		
11	Emergency Obstetric Equipment	2,000.00	Sector Budgetary Support	15/09/2008	31/04/2009		2,000.00		
12	Equipment Maintenance & Reagents	2,500.00	IGF	22/09/2008	19/03/2009	2,500.00			
13	Equipment Maintenance & Reagents	2,500.00	Sector Budgetary Support	22/09/2008	19/03/2009	2,500.00			
14	Printing & Publication (Nutrition and Malaria Project)	1,565.35	Health Fund	24/01/2008	28/05/2009		1,565	807.92	
15	Vehicles (Nutrition and Malaria Project)	807.92	Health Fund	18/01/2008	09/10/2008			704.40	
16	Motorcycles (Nutrition and Malaria Project)	704.40	Health Fund	23/01/2008	09/10/2008				
17	Computers (Nutrition and Malaria Project)	14,139.00	Health Fund	09/10/2008	30/01/2009	14,139			
18	ITNs (Nutrition and Malaria Project)	6,000.00	Health Fund	6/1/2009	15/07/2009			6,000	
19	Weighing scales (Hanging scales with pants)	48.48	Health Fund	18/05/2008	28/03/2009	48			
19	Weighing scales (Hanging scales with pants)	144.50	Health Fund	18/05/2008	28/03/2009	144			
19	Weighing scales (Unit scale-Mother and baby)	109.07	Health Fund	18/05/2008	28/03/2009	109			

19	Weighing scales (Unit scale-Mother and baby)	216.87	Health Fund	18/05/2008	28/03/2009	217			
20	Printing and Publications	440.00	IGF	3/9/2008	24/12/2008	440.00			
20	Printing and Publications	500.00	Sector Budgetary Support	8/6/2008	28/03/2009	500.00			
		175,789.94				97,577.69	28,657.20	49,555.06	-
2	**WORKS**								
						Disbursement Plan			
Ref. No.	Procurement Package (Description)	Estimated Cost Gh ¢ (000)	Source	Start date	Completion Date	Ist Quarter	2nd Quarter	3rd Quarter	4th Quarter
22	CAPITAL INVESTMENT	4,000	NHIS	8/6/2008	12/11/2009				4,000
23	CAPITAL INVESTMENT	24,553	IGF	8/6/2008	12/11/2009				24,553
24	CAPITAL INVESTMENT	19,883.27	Earmarked	8/6/2008	12/11/2009				19,883.27
GRAND TOTAL		**224,226.12**				97,577.69	28,657.20	49,555.06	48,436.18

	Estimated Cost Gh¢ (000)	Source of Funds	Proc Method	Expected Tender Invitation Date	Expected Tender Closing Date	Evaluation and Approval by approriate authority	Expected Contract completion date
International Consultant for Development of Advocacy Strategy	40.00	Health Fund	CQ	04-Feb-09	05-Apr-09	25-Apr-09	04-Jun-09
Consultant for Implementation of Advocacy Strategy(Adverts, Development and Printing of Trg materials, Training etc)	400.00	Health Fund	QCBS	04-May-09	03-Jul-09	23-Jul-09	01-Sep-09
Consultant for Development of Nutrition Ploicy	15.00	Health Fund	CQ	04-Feb-09	24-Feb-09	26-Mar-09	20-Apr-09
Website Development & Update	50.00	Health Fund	QCBS	04-Feb-09	05-Apr-09	25-Apr-09	20-May-09
Consultant for Development of Community Service Delivery Strategy	10.90	Health Fund	CQ	04-May-09	03-Jul-09	23-Jul-09	12-Aug-09
Consultant for Development of Small Scale Fortification Strategy and Testing for Micro Nutrient Deficiency Control	100.00	Health Fund	QCBS	06-Nov-08	20-Nov-08	30-Nov-08	29-Jan-09
Consultant for Development of Post NID Vitamin A Strategy	1.25	Health Fund	CQ	05-Nov-08	19-Nov-08	19-Nov-08	08-Jan-09
Consultant for Development of Financing Strategy for Vitamin A Control	1.25	Health Fund	CQ	06-Mar-09	20-Mar-09	05-Apr-09	24-Jun-09
Consultant to Update Anaemia Control Policy	15.00	Health Fund	CQ	05-Nov-09	19-Nov-09	19-Nov-09	08-Jan-10

Independent Monitoring of activities in sampled communities	90.00	Health Fund	QCBS	06-Nov-09	20-Nov-09	06-Dec-09	04-Feb-10
Operational Research to strengthen implementation	15.00	Health Fund	CQ	06-Nov-08	20-Nov-08	06-Dec-08	04-Feb-09
Consultant to design Performance based incentive system for Community based service delivery	11.25	Health Fund	CQ	06-Nov-09	20-Nov-09	21-Dec-09	30-Jan-10
Consultant to review and update Monitoring system for Community based Health and Nutrition service	10.00	Health Fund	CQ	07-Nov-09	21-Nov-09	22-Dec-09	31-Jan-10
Consultant to develop software for monitoring Health and Nutrition service	4.00	Health Fund	CQ	06-Oct-09	20-Oct-09	20-Nov-09	19-Jan-10
Consultant to conduct Formative Research, develop key program communication messages, and training modules	35.00	Health Fund	CQ	28-Jul-09	11-Aug-09	11-Sep-09	30-Nov-09

Consultant to develop prototype program communication materials and field testing	31.50	Health Fund	CQ	05-Aug-09	19-Aug-09	19-Sep-09	18-Nov-09
Consultant to review and update modules/ jobaids	10.00	Health Fund	CQ	05-Sep-09	19-Sep-09	20-Oct-09	03-Jan-10
Consultant to conduct Operational Research on Monitoring and Evaluation	50.00	Health Fund	CQ	06-Sep-09	20-Sep-09	21-Oct-09	04-Jan-10
Consultant to monitor resistance of mosquitoes to Insecticides	250.00	Health Fund	QCBS	04-Oct-09	18-Oct-09	22-Nov-09	21-Jan-10
Procurement Audit	60	GOG	QCBS	15/01/2009	29/3/2009	30/4/2009	27/06/2009
Financial Audit	150	GOG	QCBS	2/7/2008	8/8/2008	24/09/2008	30/06/2009
Procurement Agent	200.00	Health Fund	Sole Source	2/10/2008	14/11/2008	24/12/2008	30/02/2009
Labiofarm	1,000.00	Sector Budgetary Support	Sole Source	28-Jul-09	11-Aug-09	11-Sep-09	30-Nov-09
Regenerative Health Program	140.00	Sector Budgetary Support	Sole Source	28-Jul-09	11-Aug-09	11-Sep-09	30-Nov-09
Total	**2,690.15**						

Annex 4: NATIONAL HEALTH INSURANCE ALLOCATION

Table x below provides the tentative resource allocation for the National Health Insurance Scheme, and is subject to change.

	NHIA Sec and Zonal offices	Head office building	DMHIS	Service providers (ie to MOH)	Total	%
Item 1	2.42		7.90		**10.32**	*3%*
Item 2	4.58		8.91		**13.49**	*4%*
Item 3	2.36		250.76	34.10	**287.22**	*89%*
Item 4	1.13	3.00	6.49		**10.62**	*3%*
TOTAL	**10.49**	**3.00**	**274.06**	**34.10**	**321.65**	*100%*
% NHIF	*3.8%*	*1.1%*	*99.1%*	*12.3%*	*116.3%*	

The resource envelope on which the above is based is comprised of the following:

Source of funds	GH¢ m	Comment
NHIF (Levy + SSNIT)	276.60	MOFEP MTEF projection for 2009
MOH	16.00	ie equivalent to DFID allocation to POW
Reserves	29.05	Residual of total less other income
TOTAL	**321.65**	

Note: as at 17 Oct, MOH allocation to NHIA for free delivery is budgeted at GH¢ 10m rather than GH¢16m.