



REPUBLIC OF GHANA

**MEDIUM TERM EXPENDITURE
FRAMEWORK (MTEF)**

FOR 2014-2016

PROGRAMME BASED BUDGET ESTIMATES

FOR 2014

MINISTRY OF HEALTH (MOH)

For copies of the 2014 MOH MTEF PBB Estimates, please contact the Public Relations Office of the Ministry:

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The 2014 MOH MTEF PBB Estimates for 2014 is also available on the internet at:
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PART A: STRATEGIC OVERVIEW OF THE MINISTRY OF HEALTH

1. National Policy Objectives

The NMTDP Framework contains five (5) Policy Objectives that are relevant to the

These are as follows:

- Bridging equity gaps in access to health care and ensure sustainable financing arrangements that protect the poor.
- Strengthen governance and improve the efficiency and effectiveness of the health system.
- Improve access to quality maternal, neonatal, child and adolescent health and nutrition services.
- Intensify prevention and control of communicable and non-communicable diseases.
- Strengthen institutional care including mental health service delivery.

2. Goal

To have a healthy and productive population that reproduces itself safely

3. Core Functions

- The core functions of the Ministry of Health are to:
- Provision of leadership and Governance
- Policy formulation, development and coordination
- Provision of Health Care Services
- Regulation of the Health facilities and professions
- Development of human resource for the Health sector
- Undertake research and development

4. Policy Outcome Indicators and Targets

Outcome Indicator Description	Unit of Measurement	Baseline		Latest status		Target	
		Year	Value	Year	Value	Year	Value
Infant Mortality Rate - Number of deaths occurring in the first year of life	per 1,000 live births	2008	50	-	-	2014	35
Under-five mortality rate - Number of deaths occurring in the first five years of life	per 1,000 live births	2008	80	-	-	2014	40
Under-five malnutrition rate - The proportion of children under-five whose weight for age is less than two standard deviations from the median of a reference group	< 2 SDs	2008	13.9%	-	-	2014	8%
Maternal mortality ratio - Number of maternal deaths	per 100,000 live births	2008	451	-	-	2014	226
HIV prevalence among young people aged 15-19 years old	Percent of blood samples taken from pregnant women that test positive for HIV	2008	1.9%	-	-	2014	<2%
HIV prevalence among young people aged		2008	2.2%	-	-	2014	<2%

Outcome Indicator Description	Unit of Measurement	Baseline		Latest status		Target	
		Year	Value	Year	Value	Year	Value
20-24 years old							
HIV prevalence among young people aged 25-29 years old		2008	3.7%			2014	<2%

5. Key Achievements in 2013

Management and Administration

The Ministry conducted a successful annual performance review and also reviewed the 2010-2013 Health Sector Medium Term Development Plan.

Health Service Delivery

The Ministry carried out an evaluation of the free Maternal Health Service Initiative which confirmed the national trend of an increasing use of health facilities for deliveries by pregnant women. Supervised delivery by mid-year increased from 24.3 percent in 2012 to 37.5 percent. Ante-Natal Care recorded an increase of 13.7 percent to 46.3 percent. In addition, the Couples Years Protection also increased from 586,100 to 749,200. Finally, family planning acceptor rate marginally increased from 12.4 percent to 12.9 percent.

Institutional neonatal mortality at half year was 2.3 per 1,000 live births as against 5.8 per 1,000 live births in 2012. The corresponding figures for institutional infant mortality were 2.6 per 1,000 live births and 6.6 per 1,000 live births. Malaria case fatality rate (CFR) among under-five year olds reduced marginally from 0.87 percent in half year 2012 to 0.80 percent in June, 2013.

The guinea worm elimination status has so far been maintained with no reported cases. To contain rubella measles throughout the country, the Ministry embarked upon mass immunization campaign in which 921,025 children under 5 were vaccinated. The third round of the vaccination against Human papilloma virus was conducted in the Central and Northern regions for 28,571 girls in classes 4 and 5 against cervical cancer.

A pilot membership authentication system was implemented in Ayawaso and La district schemes in Accra. Total indigents increased by 17 percent from 393,453 in 2012 to 458,685 in 2013. About 5,000 beneficiaries were registered and the common targeting mechanism is being piloted in 10 districts across the country. A further 1,037 inmates of psychiatric hospitals were registered in Accra Mental and Pantang Psychiatric Hospitals.

There has been significant increase in utilization and claims for OPD specialist and referral cases following an evaluation of pilot capitation in Ashanti Region. In addition, a new medicine list and tariff were revised during the course of the year and are currently being implemented. This will enhance efficiency and reduce false claims.

The Ministry continued the rehabilitation and upgrading of Bolgatanga Regional Hospital and handed over the completed Tarkwa District Hospital. In addition, 19 CHPS compounds were constructed whilst works on 25 new CHPS compounds commenced.

Under the National Medical Equipment Replacement Project, various medical equipment and machines including patient monitors, MRI scanners, X-ray machines, dental chairs, hospital beds were installed at Ridge Hospital, Tema General Hospital, Princess Marie Louise Children Hospital, 37 Military Hospital, Police Hospital, Maamobi General Hospital, Ga South District Hospital, Achimota Hospital as well as polyclinics at Korle Bu, Kaneshie and Drobo in the Brong Ahafo Region.

Tertiary and Specialized Services

Various medical equipment and machines including patient monitors, MRI scanners, X-ray machines, dental chairs and hospital beds received under the National Medical

Equipment Replacement Project were installed in the three teaching hospitals. New MRI and CT Scan Centres were established at Tamale and Korle Bu Teaching Hospitals. In addition, the pediatrics theatre of Korle Bu Teaching Hospital was renovated and new medical equipment installed.

The Sector's Human Resource Information System was piloted and the process of interfacing it with the Human Resource Management Information System of the Public Services Commission commenced.

A total number of 1,360 Pharmacists were trained nationwide as part of the Ministry's continuing education programme for pharmacists while 191 house officers were posted to various community pharmacy sites nationwide. About 2,500 Licensed Chemical Sellers in Ashanti, Brong Ahafo, Greater Accra and Western Regions were trained while 143 newly qualified pharmacists were registered and inducted.

Health Sector Regulation

A draft legislative instrument to operationalize the Health Facilities Regulatory Agency, Mortuaries and Funeral Facilities Agency and Ambulance Council under the Health Institutions and Facilities Act, Act 829, 2011, was completed.

The newly created Allied Health Professions Council started the registration of members, developed guidelines for accrediting training institutions and programmes and the conduct of professional licensure examinations. The Traditional Medicine Practice Council intensified special enforcement to get rid of charlatans in Eastern, Central, Volta and Greater Accra regions.

The Food and Drugs Authority drafted the National Food Safety Policy to serve as a guide in the promotion of food safety in Ghana. A department was also established to tackle and ensure the safety of meat, poultry, eggs and honey products from primary production through processing to retailing in addition to strengthening food-borne disease surveillance.

6. Summary of Expenditure Estimates by Budget Program, Economic Classification and Projects

Expenditure By Budget Program	2012	2013	2014	2015	2016
	Budget	Budget	Budget	Indicative	Indicative
			GHC	GHC	GHC
BP1 Management and Administration			806,788,625	806,902,921	814,856,511
BP2. Health Service Delivery			1,963,752,734	2,139,135,672	2,144,655,872
BP3. Tertiary And Specialised Health Services			335,000,358	334,033,765	335,348,483
BP4. Human Resources For Health Development And Management			183,354,909	149,835,966	149,395,069
BP5. Health Sector Regulation			64,811,189	64,957,207	65,459,301
Total Expenditure			3,353,707,815	3,494,865,531	3,509,715,327
Expenditure by Economic Classification	2012	2013	2014	2015	2016
	Budget	Budget	Budget	Indicative	Indicative
			GHC	GHC	GHC
Current Expenditure					
21 Compensation of Employees			1,122,792,776	1,134,020,703	1,134,020,703
22 Use of Goods and Services			1,398,056,499	1,525,868,703	1,534,105,808
23 Consumption of fixed capital			340,360	282,249	285,071
24 Interests			18,700	18,700	18,887
25 Subsidies					
26 Grants			82,150	82,150	82,971
27 Social Benefits			18,545,907	19,161,452	19,353,067
28 Other Expenses			14,172,991	14,770,155	14,923,109
Capital Expenditure					
31 Non-Financial Assets			799,698,434	800,661,419	806,925,621
Total Expenditure			3,353,707,815	3,494,865,531	3,509,715,237
Expenditure by Program and Projects	2012	2013	2014	2015	2016
	Budget	Budget	Budget	Indicative	Indicative
			GHC	GHC	GHC
BP1 Management and Administration			640,482,421	640,482,421	646,887,246
BP2. Health Service Delivery			83,473,313	80,782,480	80,611,431

BP3. Tertiary And Specialized Health Services			29,707,161	29,658,572	29,971,265
BP4. Human Resources For Health Development And Management			29,137,089	29,001,589	28,544,279
BP5. Health Sector Regulation			24,283,494	24,283,494	24,526,329
Total Expenditure			807,083,478	804,208,556	810,540,549

PART B: BUDGET PROGRAM SUMMARY

PROGRAM 1: Management and Administration

1. Budget Program Objectives

- To provide an efficient and effective governance and leadership in the management of the health sector
- To formulate and update policies
- To supervise, monitor and evaluate the delivery of health services

2. Budget Program Description

To achieve the broad objectives of the Health Sector, the Management and Administration programme combines all the system-wide activities that are required to produce quality, accessible and affordable health care to the population of Ghana. These include functions such as General Management, Health Research, Statistics and Information Management, Health Policy Formulation, Planning, Budgeting, Monitoring and Evaluation, Finance and Audit, Procurement, Supply and Logistics.

The challenges that confront this programme are:

- Weak leadership and governance
- Inadequate infrastructure
- Health financing issues
- Poor health information management system

The sources of fund for the implementation of the programme are Government of Ghana, Internally Generated Funds and Multi- Donor Budget Support. The total number of personnel under this budget programme is 238

3. Budget Program Summary: Expenditure by Economic Classification and Projects

Program 1: Management and Administration

Expenditure By Budget Sub-Program	2012	2013	2014	2015	2016
	Budget	Budget	Budget	Indicative	Indicative
			GHC	GHC	GHC
BSP1 General Management			154,123,730	154,195,457	155,664,967
BSP2 Health Research, Statistics and Information			720,386	722,024	727,590
BSP3 Health Financing , Policy Formulation, Planning, Budgeting, Monitoring and Evaluation			648,236,366	648,259,500	654,718,729
BSP4 Finance and Audit			2,555,289	2,571,893	2,580,840
BSP5 Procurement, Supply and logistics			1,152,856	1,154,047	1,164,384
Total Expenditure			806,788,625	806,902,921	814865,511
Expenditure by Economic Classification	2012	2013	2014	2015	2016
	Budget	Budget	Budget	Indicative	Indicative
			GHC	GHC	GHC
Current Expenditure					
21 Compensation of Employees			11,429,547	11,543,843	11,543,843
22 Use of Goods and Services			150,093,146	150,093,146	151,594,078
23 Consumption of fixed capital			12,869	12,869	12,997
24 Interests			-	-	-
25 Subsidies			-	-	-
26 Grants					
27 Social Benefits			41,843	41,843	42,262
28 Other Expenses			4,703,310	4,703,310	4,750,343
Capital Expenditure					
31 Non-Financial Assets			640,482,421	640,482,421	646,887,246
Total Expenditure			806,788,625	806,902,921	814865,511
Expenditure by Projects	2012	2013	2014	2015	2016
	Budget	Budget	Budget	Indicative	Indicative
			GHC	GHC	GHC
Provision of a Computer and accessories			2,012	2,012	2,032
Refurbishment of office of PBU			9,212	9,212	9,304
Procurement of Office Equipment's for MOH Internal Auditors			640,453,198	640,453,198	646,857,730
2014 Health sector infrastructure development			18,000	18,000	18,180
Total Expenditure			640,482,421	640,482,421	646,887,246

BUDGET SUB-PROGRAM SUMMARY

PROGRAM 1: Management and Administration

SUB-PROGRAM SP 1.1: General Management

1. Budget Sub-Program Objectives

- To provide overall leadership to and management of the overall health sector
- To facilitate conducive working conditions for MOH Headquarters
- To ensure performance appraisal, capacity development and staff career progression
- To provide support services to all Directorates

2. Budget Sub-Program Description

General Management ensures the overall leadership and management of the sector through the facilitation of appropriate legal framework within which health services are provided. It also oversees the coordinating activities of the Ministry and its agencies through the issuance of directives that are consistent with the policy direction of the Ministry. It provides administrative support in the areas of transport, protocol, public relations, records, welfare, pensions & retirements and logistics management. It also manages the properties of the Ministry.

3. Budget Sub-Program Results Statement

The table indicates the main outputs, its indicators and projections by which the Service measures the performance of this sub-program. The past data indicates actual performance whilst the projections are the Service's estimate of future performance.

Main Outputs	Output Indicator	Past Years		Projections		
		2012	2013	Budget Year 2014	Indicative Year 2015	Indicative Year 2016
Directors meetings organised	Number of meetings held and minutes available	35	40	52	52	52
Unit heads meetings organised	Number of meetings held and minutes available	15	3	12	12	12
International committee meetings hosted and attended	Number of International committee meetings Hosted	-	3	5	-	-
	Number of International committee meetings Attended	-	10	15	17	20
Encounter with the press organised	Number of press encounters held	70	60	70	70	70

4. Budget Sub-Program Operations and Projects

The table lists the main Operations and Projects to be undertaken by the sub- program.

Operations
General Administration
Offices of the Hon. Minister and Chief Director
General administration
Monitoring and supervision of programs and projects

Projects
Procure office furniture, computer and accessories
Building of 40ft container for storing of unserviceable items that are to be auctioned
Two(2) pick- ups, 1 VVIP vehicle and 2 motor bikes for dispatch of letters
Procure office furniture, computer and accessories

5. Budget Sub-Program Summary: Expenditure by Economic Classification

Sub-Program SP 1.1 General Management

Expenditure by Economic Classification	2012	2013	2014	2015	2016
	Budget	Budget	Budget	Indicative	Indicative
			GHC	GHC	GHC
Current Expenditure					
21 Compensation of Employees			7,172,692	7,244,419	7,244,419
22 Use of Goods and Services			142,195,691	142,195,691	143,617,648
23 Consumption of Fixed Capital (GFS)			11,607	11,607	11,723
25 Subsidies					
26 Grants					
27 Social Benefits			40,430	40,430	40,835
28 Other Expenses			4,703,310	4,703,310	4,750,343
Capital Expenditure					
31 Non-Financial Assets					
Total Expenditure			154,123,730	154,195,457	155,664,967

BUDGET SUB-PROGRAM SUMMARY

PROGRAM 1: Management and Administration

SUB-PROGRAM SP 1.2: Health Research, Statistics and Information Management

1. Budget Sub-Program Objectives

- To formulate research, data and information automation policies
- To strengthen health information system
- To monitor and evaluate the implementation of the directorate's policies

2. Budget Sub-Program Description

This sub-program is responsible for the formulation of research, data and information automation policies of the research, statistics and the ICT units of the agencies under the Ministry. It coordinates the development of a repository standards, policies and guidelines for health information and technology communication of the health sector. It coordinates the development of a repository of routine and non-routine information to inform decision-making.

3. Budget Sub-Program Results Statement

The table indicates the main outputs, its indicators and projections by which the Service measures the performance of this sub-program. The past data indicates actual performance whilst the projections are the Service's estimate of future performance.

Main Outputs	Output Indicator	Past Years		Projections		
		2012	2013	Budget Year 2014	Indicative Year 2015	Indicative Year 2016
Health Information Systems enhanced	Availability of research policy	-	-	1	1	1
	Percentage of data repository framework completed	40	-	60	-	-
	Number of data management workshops held	-	-	2	1	1
	Number of staff trained in statistical analysis	1	-	2	2	2
Information and Communication Technology environment improved	Number of ICT maintenance visits conducted	2	1	2	2	-
	Number of ICT staff trained	-	-	2	2	-
	Number of internet service renewed	1	1	1	1	-
	Anti- virus contract renewed	1	1	1	1	1
	Frequency of website updates	1	1	20	25	30
	Number of E-Health Projects sites visited	-	-	2	1	1

4. Budget Sub-Program Operations and Projects

The table lists the main Operations and Projects to be undertaken by the sub-program.

Operations	Projects
Research & Statistics Unit	Research & Statistics Unit
Strengthen health information system	Procurement of ICT equipment
Formulate data collection and dissemination policy	Procurement of 4 X 4 Toyota Pick up
Carry out monitoring visits	ICT Unit
Conduct statistical report writing	Procurement of ICT equipment
Establish a data repository	Procurement of 4 X 4 Toyota Pick up
Organise data management workshops	Procurement of Windows 7 & 8 operating system, Office 2012 software, CISCO ASA (2), CISCO router (1), network switches (10), tool kit box, Windows server OS, server (hardware)
Capacity building for staff	
ICT Unit	
Maintenance of ICT infrastructure at MOH HQ	
Maintenance of ICT website	
Capacity building for ICT staff	
Monitoring of ICT installations and e-health project sites	
Review and renewal of anti-virus software	
Formulate and review ICT policy	
Development of intranet	
System/ document management	

5. Budget Sub-Program Summary: Expenditure by Economic Classification

Sub-Program SP 1.2 Health Research, Statistics and Information Management

Expenditure by Economic Classification	2012	2013	2014	2015	2016
	Budget	Budget	Budget	Indicative	Indicative
			GHC	GHC	GHC
Current Expenditure					
21 Compensation of Employees			163,742	165,380	165,380
22 Use of Goods and Services			556,644	556,644	562,210
25 Subsidies			-	-	-
26 Grants			-	-	-
27 Social Benefits			-	-	-
28 Other Expenses			-	-	-
Capital Expenditure			-	-	-
31 Non-Financial Assets			-	-	-
Total Expenditure			720,386	722,024	727,590

BUDGET SUB-PROGRAM SUMMARY

PROGRAM 1: Management and Administration

SUB-PROGRAM SP 1.3: Health Financing, Policy Formulation, Planning, Budgeting, Monitoring and Evaluation

1. Budget Sub-Program Objectives

- To develop and update sector policies in the areas of human resource, traditional medicine and the overall strategic direction of the sector
- To develop and update equitable, sustainable and efficient financing strategies for the sector
- To co-ordinate the preparation and implementation of the Sector's Medium Term Development Plan (HSMTDP), Annual Programme of Work (APOW) and the Medium Term Expenditure Framework (MTEF) Budget
- To mobilise and optimally allocate and disburse resources
- To address infrastructural gaps in health service delivery
- To supervise and monitor the implementation of key health sector programmes.
- To evaluate major health sector policies and programmes so as to ascertain its cost effectiveness and benefit to the general public.

2. Budget Sub-Program Description

The sub-programme coordinates the analysis and development of sector policies and priorities based on new evidence and past experience. It involves setting the strategic direction and development of the health sector medium term and annual operational plans which provide the basis of expenditure for the sector for a particular fiscal year. It includes the co-ordination of the sector's budget preparation and resource allocation, capital budgeting, investment appraisals, internal and external resource mobilization, allocation and capital projects management. It also involves National health accounting

and liaising with MoF to ensure timely disbursements of funds to the sector and flow of funds to the agencies.

The sub-programme further allows performance of the health sector to be assessed through in-depth programme monitoring and periodic evaluations. This is conducted using annual and independent sector reviews, holistic assessments of agreed core sets of sector-wide indicators, milestones and logical frameworks.

The sub-program includes the gamut of activities involved in the efficient management of all activities of the health workforce which includes setting clear guidelines, deployment, retention, motivation and remuneration of staff.

The sub-programme also encompasses public private sector collaboration, promotion of healthy lifestyles and development of policies and programs for the alternative and traditional medicine.

The sub-programme also involves establishing access to well defined herbal medicine sub-system with unique products and services that responds rapidly to the needs of the population for quality, safety and compatibility of herbal medicine with modern science.

3. Budget Sub-Program Results Statement

The table indicates the main outputs, its indicators and projections by which the Service measures the performance of this sub-program. The past data indicates actual performance whilst the projections are the Service's estimate of future performance.

Main Outputs	Output Indicator	Past Years		Projections		
		2012	2013	Budget Year 2014	Indicative Year 2015	Indicative Year 2016
Health policy reviews conducted	Number of policies reviewed	-	1	4	6	8
HSMTDP (2014 - 2017)	HSMTDP developed			1		
Annual Program of Work prepared , printed and disseminated	Annual Program of Work developed	1	1	1	1	1
Budget administration and management strengthened	Percentage budget execution achieved	-	68	75	85	90
Health sector programs and activities monitored and reviewed	Number of reports generated	4	4	6	6	6
	Number of monitoring and evaluation visits carried out	2	2	8	8	8
	Number of In-depth reviews conducted	-	-	2	2	2
Performance reporting strengthened	Number of Agencies providing timely reports on implementation status of planned programs and activities	-	23	26	26	26

Main Outputs	Output Indicator	Past Years		Projections		
		2012	2013	Budget Year 2014	Indicative Year 2015	Indicative Year 2016
Healthy lifestyle practices inculcated in the health sector & general public	Number of healthy lifestyle campaigns conducted	25	20	60	70	80
PPP funding resources identified and mobilized	Percentage of resources mobilized	80	100	100	-	-
Availability of health information on traditional medicine improved	Percentage of selected candidate products for R&D	80	100	100	-	-
Policy on the up-scaling of commercially important medicinal plants policy book developed	Percentage of identified rare and commercially important medicinal plants	38	80	-	-	-
CPD and Promotion interview for staff	Number of CPD promotion and interviews held	-	-	30	60	-
Human Resource Planning strengthened	Number of health staff in the sector captured in the HRIS	-	-	14	14	14
	Number of inter-ministerial committee meetings held	-	-	1	1	1
	Number of HR Observatory meetings held	-	-	1	1	1
	Number of workshops held to develop Staffing norms for the health sector	-	1	2	-	-

Main Outputs	Output Indicator	Past Years		Projections		
		2012	2013	Budget Year 2014	Indicative Year 2015	Indicative Year 2016
	HR Yearly Documents developed and disseminated (Annual report, POW, Budget, Fact sheet, Maps etc)	-	-	1	1	1
Human Resource Management strengthened	Number of HR monitoring visits carried out	-	-	1	1	1
	Number of Fellowships administered for qualified staff	-	-	4	-	-
	Number of HR Policies developed for specialized areas	-	-	2	-	-
	Number of Foreign trained students employed	-	-	10	15	15
Human Resource Training and Development enhanced	Number of review meeting for all training institutions held	-	-	1	1	1
	Number of Preceptors trained	-	-	75	75	-
	Number of meetings held on E-Learning for HTIs	-	-	2	2	2
	Number of HTI's Affiliated to Universities schools	-	-	65	-	-

4. Budget Sub-Program Operations and Projects

The table lists the main Operations and Projects to be undertaken by the sub- program.

Operations	Projects
Policy analysis and development	
Coordination of annual sector programme based budgeting processes	
Collation of Agencies budget	
Budget administration and management	
Determination of sector medium term resource envelope and IGF forecast	
Resource allocation and mobilisation	
Strategic planning and annual programme of work	
Public financial management	
Monitoring and evaluation	
Capital investment and project management	
External resource mobilization	
National health accounting	
Healthy lifestyle promotion	
Public private sector collaboration	
Human resource planning	
Human resource management	
Human resource training and development	

5. Budget Sub-Program Summary: Expenditure by Economic Classification

Sub-Program SP 1.3 Health Financing, Policy Formulation, Planning, Budgeting, Monitoring and Evaluation

Expenditure by Economic Classification	2012	2013	2014	2015	2016
	Budget	Budget	Budget	Indicative	Indicative
			GHC	GHC	GHC
Current Expenditure					
21 Compensation of Employees			2,313,406	2,336,540	2,336,540
22 Use of Goods and Services			5,439,288	5,439,288	5,493,681
23 Consumption of fixed Capital (GFS)			1,262	1,262	1,274
25 Subsidies					
26 Grants					
27 Social Benefits					
28 Other Expenses			20,000	20,000	20,200
Capital Expenditure					
31 Non-Financial Assets			640,462,410	640,462,410	646,867,034
Total Expenditure			648,236,366	648,259,500	654,718,729

BUDGET SUB-PROGRAM SUMMARY

PROGRAM 1: Management and Administration

SUB-PROGRAM SP 1.4: Finance and Audit

1. Budget Sub-Program Objectives

- To ensure efficient and prudent management of the finances of the sector.
- To prepare timely, relevant and reliable financial reports for the Health Sector
- To provide an independent, objective assurance and audit assignments designed to add value and improve systems.
- To monitor compliance and value for money within the sector through internal control mechanisms

2. Budget Sub-Program Description

This sub-programme covers Finance and Audit. The Finance Unit aims at ensuring a prudent financial management system throughout all agencies under the Ministry. It guarantees compliance with accounting, treasury and financial rules and regulations as prescribed by the Financial Administration Regulation (FAR). It further enhances the effective management of the sector funds through regular and timely release of funds to the Ministry and its Agencies.

The operations carried out under Audit include conducting routine audit inspections, performance audit and special investigations in the BMCs under the Ministry. It also allows pre-audit as a preventive measure; post-audit to correct excesses; and follow ups on implementation of internal, external and financial monitoring audit recommendations within the agencies. It also evaluates internal controls put in by management to determine whether they are effective, efficient and economical. It reviews the implementation of all audit recommendations.

The sub-programme also seeks to:

- Uphold expenditure control and management of assets register. It involves the preparation of timely, relevant and reliable financial reports for management decision making and external scrutiny. This is to ensure accountability and transparency in the use of public funds within the sector;
- To compile and produce all audit reports to the Minister, IAA and other stakeholders. It also prepares and disseminates Strategic Internal Audit Plan, Manual and Programme. Additionally, it determines through quality assurance / assessment, monitoring and supervisory visits whether:
 - There is a judicious use of the Ministry's finances;
 - Procurement is within the annual programme of work as planned and approved;
 - Accounts and statements are prepared according to FAR, ATF regulations and accepted accounting standards;
 - All cash inflows and outflows are appropriately receipted;
 - Malfeasance and other irregularities have occurred and
 - Internal Audit Units are following laid down programmes and procedures

3. Budget Sub-Program Results Statement

The table indicates the main outputs, its indicators and projections by which the Service measures the performance of this sub-program. The past data indicates actual performance whilst the projections are the Service's estimate of future performance.

Main Outputs	Output Indicator	Past Years		Projections		
		2012	2013	Budget Year 2014	Indicative Year 2015	Indicative Year 2016
Financial monitoring visits carried out	Number of financial monitoring visits to agencies	5	5	8	8	8
Quarterly financial reports prepared and validated for the sector	Number of financial report prepared and Validated.	4	4	4	4	4
	Timely submission of Financial reports	31st March	31st March	31st March	31st March	31st March
Audit inspections and investigations conducted	Number of audit inspections and investigations conducted	20	16	20	25	30
Audit and compliance reports prepared	Number of Reports produced	6	6	8	10	12
Performance Audits conducted	Number of audits conducted	-	-	2	4	8
Quality Assurance of IAU conducted	Number of reviews carried out	-	-	5	7	10
Monitoring and supervisory visits carried out	Number of visits carried out	2	1	4	4	4
Audit conferences and vetting conducted	Number of conferences arranged	1	1	4	4	4

4. Budget Sub-Program Operations and Projects

The table lists the main Operations and Projects to be undertaken by the sub- program.

Operations	Projects
Financial management and accounting.	Procurement of vehicles
Financial monitoring and reporting	Office equipment
Expenditure control	
Conduct Audit Inspections and Investigations	
Compilation of Audit and compliance Report	
Training on performance audit	
Conduct Performance Audit	
Quality Assurance Review	
Monitoring and supervisory visits	

5. Budget Sub-Program Summary: Expenditure by Economic Classification

Sub-Program SP 1.4 Finance and Audit

Expenditure by Economic Classification	2012	2013	2014	2015	2016
	Budget	Budget	Budget	Indicative	Indicative
			GHC	GHC	GHC
Current Expenditure					
21 Compensation of Employees			1,660,599	1,677,205	1,677,205
22 Use of Goods and Services			876,689	876,689	885,456
25 Subsidies					
26 Grants					
27 Social Benefits					
28 Other Expenses					
Capital Expenditure					
31 Non-Financial Assets			18,000	18,000	18,180
Total Expenditure			2,555,287	2,571,893	2,580,840

BUDGET SUB-PROGRAM SUMMARY

PROGRAM 1: Management and Administration

SUB-PROGRAM SP 1.5: Procurement, Supply and Logistics

1. Budget Sub-Program Objectives

- To undertake needs assessment and planning of all health commodities and logistics required to support health service delivery
- To prepare and implement annual sector procurement plans
- To develop and implement policies to ensure that all goods and services procured meet required quality and safety requirements
- To ensure that appropriate infrastructure exists to support optimum receipt, storage and appropriate distribution of all goods procured throughout the supply chain
- To manage the entire procurement and supplies process
- To develop and implement a designed system for debt collection for the Central Medical Stores and Regional Medical Stores

2. Budget Sub-Program Description

This sub-programme undertakes the procurement, logistics and supplies functions of the Ministry. It involves national quantification and forecasting of health commodities, sector-wide procurement planning and implementation and contract management. It ensures quality assurance for goods and services procured. Further, it provides country-wide appropriate warehousing for health commodities. Moreover, it affords monitoring of debt recovery of the medical stores so that they are not distressed.

3. Budget Sub-Program Results Statement

The table indicates the main outputs, its indicators and projections by which the Service measures the performance of this sub-program. The past data indicates actual performance whilst the projections are the Service's estimate of future performance.

Main Outputs	Output Indicator	Past Years		Projections		
		2012	2013	Budget Year 2014	Indicative Year 2015	Indicative Year 2016
Affordable and Quality Health Commodities procured on time	Percentage of health commodities procured	88	90	95	95	98

4. Budget Sub-Program Operations and Projects

The table lists the main Operations and Projects to be undertaken by the sub- program.

Operations	Projects
National Quantification	Procurement of Medical Equipment
Commodities	Procurement of Vehicles and Spare Parts
Sector-Wide Procurement Planning and Implementation	Procurement of Office Equipment and Accessories
Quality assurance	
Warehousing	
Debt Recovering Monitoring	
Contract Management	

5. Budget Sub-Program Summary: Expenditure by Economic Classification

Sub-Program SP 1.5 Procurement, Supply and Logistics

Expenditure by Economic Classification	2012	2013	2014	2015	2016
	Budget	Budget	Budget	Indicative	Indicative
			GHC	GHC	GHC
Current Expenditure					
21 Compensation of Employees			119,108	120,299	120,299
22 Use of Goods and Services			1,024,834	1,024,834	1,035,083
25 Subsidies					
26 Grants					
27 Social Benefits			1,413	1,413	1,427
28 Other Expenses			7,500	7,500	7,575
Capital Expenditure					
31 Non-Financial Assets					
Total Expenditure			1,152,856	1,154,047	1,164,384

PART B: BUDGET PROGRAM SUMMARY

PROGRAM 2: Health Service Delivery

1. Budget Program Objectives

To deliver context specific health care interventions by providing accessible, cost effective and efficient health service at the primary and secondary care levels in accordance with approved national policies by ensuring prudent management of resources and public private partnership. The specific objectives are as follows:

- Implement approved national policies for health service delivery in the country.
- Increase access to good quality health services, and
- Manage prudently resources available for the provision of the health services.

2. Budget Program Description

Health Service Delivery is one of the key programmes of the Ministry of Health. This programme is to deliver cost effective, efficient and affordable and quality health services at the primary and secondary levels of care. The services are delivered at all levels of the health system in the form of preventive, promotive, curative and rehabilitative care.

There are four sub-programmes under this program namely; strategy formulation and operational coordination, population-based services, institutional-based services, regional and district health services. The delivery and management of services whether population-based or institutionally-oriented are organised from the national through regional, district, sub-district and community levels. The population-based services focus on reproductive health and public health interventions. The total number of personnel under this budget programme is 58,257

3. Budget Program Summary: Expenditure by Economic Classification and Projects

Program 2: Health Service Delivery

Expenditure By Budget Sub-Program	2012	2013	2014	2015	2016
	Budget	Budget	Budget	Indicative	Indicative
			GHC	GHC	GHC
BSP1 Strategy Formulation And Operational Coordination			47,820,083	48,054,103	48,405,411
BSP2 Population-Based Services			52,212,523	52,713,310	52,734,649
BSP3 Institutional-Based Services			1,166,940,870	1,199,905,070	1,207,986,027
BSP4 Regional And District Health Services			696,779,257	838,463,190	835,529,785
Total Expenditure			1,936,752,734	2,139,135,672	2,144,655,872
Expenditure by Economic Classification	2012	2013	2014	2015	2016
	Budget	Budget	Budget	Indicative	Indicative
			GHC	GHC	GHC
Current Expenditure					
21 Compensation of Employees			845,272,605	853,725,331	853,725,331
22 Use of Goods and Services			1,023,259,850	1,187,913,890	1,193,465,067
23 Consumption of Fixed Capital			315,537	257,427	260,001
25 Subsidies					
26 Grants			72,150	72,150	72,871
27 Social Benefits			16,120,572	16,709,117	16,876,208
28 Other Expenses			2,699,604	3,298,269	3,336,503
Capital Expenditure					
31 Non-Financial Assets			76,012,415	77,159,490	76,919,890
Total Expenditure			1,936,752,734	2,139,135,672	2,144,655,872
Expenditure by Projects	2012	2013	2014	2015	2016
	Budget	Budget	Budget	Indicative	Indicative
			GHC	GHC	GHC
Capital projects of the service			57,738,096	57,738,096	58,315,477
Construction of essential structures			40,000	40,000	40,400
Construction of structures			112,000	112,000	113,120
Construction, expansion and completion of Essential structures			76,000	76,000	76,760
Construction of infrastructure			244,000	244,000	246,440
Construct, expand and complete essential structures			370,000	370,000	373,700

Renovation and construction of infrastructure					
Construct, expand and complete essential Structures			79,876	79,876	80,675
To procure essential medical and administrative equipments			341,908	341,908	345,327
To construct and complete essential structures			108,750	108,750	109838
infrastructure for health			1,392,722	1,392,722	1,406,649
Construct, expand and complete essential			840,145	840,145	848,547
Provide 24 hour service			1,822,000	1,822,000	184,000
Construction of infrastructure			590,000	590,000	560,000
Construction of infrastructure			1,757,289	1,757,289	1,774,862
Provide assets for district health service			1,400,000	1,400,000	1,414,000
Provide district health service			370,000	370,000	373,700
Provide 24 hour service			79,876	79,876	80,675
Provision of assets for health service delivery			341,908	341,908	345,327
Construction of infrastructure			370,000	370,000	373,700
Procurement of equipment			15,150	15,150	15,155
Procure essential medical and administrative equipment in 2014			439,350	439,350	440,00
Construct, expand and complete essential structures in 2014 construction, expansion and completion of			792,850	792,850	780,00
Essential structures			1,414,000	1,414,000	1,445,000
Provision of essential asset for health service			1,840,220	1,840,220	1,900,000
Delivery			373,700	373,700	400,00
Provision of essential infrastructure for health			848,547	848,547	924,852
Service delivery in 2014			40,000	40,000	40,400
Provide essential infrastructure for health			112,000	112,000	113,120
			76,000	76,000	76,760
Construct, expand and complete essential			244,000	244,000	246,440
Provide 24 hour service			370,000	370,000	373,700
Construction of infrastructure			57,738,096	57,738,096	58,315,477
Construction of infrastructure			112,000	112,000	113,120
Provide assets for district health service			76,000	76,000	76,760

Provide district health service			244,000	244,000	246,440
Provide 24 hour service			40,000	40,000	40,400
Provision of assets for health service delivery			112,000	112,000	113,120
Construction of infrastructure			76,000	76,000	76,760
Procurement of equipment			244,000	244,000	246,440
Procure essential medical and administrative equipment in 2014			370,000	370,000	373,700
Construct, expand and complete essential structures in 2014 construction, expansion and completion of			341,908	341,908	345,327
Essential structures			112,000	112,000	113,120
Provision of essential asset for health service			76,000	76,000	76,760
Total Expenditure			83,473,313	80,782,480	80,611,431

BUDGET SUB-PROGRAM SUMMARY

PROGRAM 2: Health Service Delivery

SUB-PROGRAM SP 2.1: Strategy formulation and Operational Coordination

1. Budget Sub-Program Objectives

- To formulate operational strategies in response to national health policies and priorities
- To mobilise funds and provide support and guidance for the implementation of various health intervention
- Conduct operational research and provide evidenced-based-information to serve as basis of scaling up health intervention
- Provide human and technical support for implementation national strategic programmes
- To produce, distribute and efficiently manage logistics, supplies and essential pharmaceuticals needed for the delivery of quality health care

2. Budget Sub-Program Description

The sub program provides leadership, support and coordination of health service delivery programs and other strategic interventions aimed at scaling health outcomes. The strategic performance management program coordinates all policies; provide information, conducts operational research for improving specific health interventions, indicators and outcomes.

It also ensures the allocation of resources to national, regional, district and sub district level for the implementation of service delivery activities. It also enhances the procurement of drugs and other equipment for health service delivery especially for the regional hospitals, district hospitals and health centres.

Key in the mandate of this sub program is the delivery of health administration for implementation of various health programs and health service delivery activities. The strategic implementation management also liaises with the Human Resource Directorate of the Ministry of Health to provide adequate human resources with the requisite skills and capacity for the implementation of health service programs and activities.

3. Budget Sub-Program Results Statement

The table indicates the main outputs, its indicators and projections by which the Service measures the performance of this sub-program. The past data indicates actual performance whilst the projections are the Service's estimate of future performance.

Main Outputs	Output Indicator	Past Years		Projections		
		2012	2013	Budget Year 2014	Indicative Year 2015	Indicative Year 2016
Capacity building program on research carried out	Number of research staff trained	-	20	50	60	70
Policy Briefs produced	Policy Briefs produced by	-	End of April	End of April	End of April	End of April
Annual Reviews conducted	Annual Review Report completed by	-	-	End of April	End of April	End of April
GHS Financial Statement developed	GHS Financial Statement Completed	-	-	End of June	End of June	End of June
Institutional infant mortality rate	Baseline to be established	1%	0.80%	0.80%	0.50%	0.50%
Maternal mortality rate per 100,000 live births	Deaths per 100,000 live births	226	181	181	181	181
Antenatal care improved	Percentage of pregnant women attending at least 4 antenatal visits	-	20	50	60	70
Family planning services enhanced	Total couple years of protection (CYP)					
	Short Term	-	1,300,000	1,400,000	1,500,000	1,600,000
	Long Term	-	360,000	420,000	480,000	540,000

Main Outputs	Output Indicator	Past Years		Projections		
		2012	2013	Budget Year 2014	Indicative Year 2015	Indicative Year 2016
	Percentage of children immunized by age 1 -BCG	95	95	98	98	98
Child immunization improved	Percentage of children immunized by age 1 - Penta 3	90	90	95	95	95
	Percentage of children immunized by age 1 – Penvar 3	90	90	95	95	95
	Percentage of children immunized by age –Rotarix 3	90	95	95	95	95
	Percentage of children immunized by age 1 -OPV1	95	95	98	98	98
	Percentage of children immunized by age 1 -OPV 3	90	90	95	95	95
	Percentage of children immunized by age 1 – Measles	90	90	95	95	95
	Percentage of children immunized by age 1 -Yellow Fever	90	90	95	95	95
	Percentage of children aged 6 MTHS to 59mths receiving at least one dose of Vitamin A	70	75	78	80	80
Family planning service enhanced	Percentage of clients (15-24 years) who accepted FP service	12	14	15	16	17
HIV/AIDS positive prevalence reduced	Number of new HIV positive cases diagnosed	19,402	21,869	18,769	-	-
	Number of HIV+ cases receiving ARV therapy (cumulative)	63,861	78,919	-	-	-
Guinea Worm cases contained	Number of guinea worm cases seen	0	0	0	0	0

Main Outputs	Output Indicator	Past Years		Projections		
		2012	2013	Budget Year 2014	Indicative Year 2015	Indicative Year 2016
	Proportion of guinea worm cases contained	100%	100%	100%	100%	100%
Polio cases reduced	Non Polio AFP rate	≥2/100,000	≥2/100,000	≥2/100,000	≥2/100,000	-
Malaria cases reduced	Proportion of OPD cases that is due malaria (total)	32.50%	30.00%	28.00%	26.00%	24.00%
	Proportion of OPD cases that is lab confirmed malaria. (Microscopy + RDTs)	40%	45%	60%	75%	90%
	Proportion of admissions due to lab confirmed malaria (all ages)	8.00%	9.00%	6.00%	4.00%	2.00%
	Proportion of deaths due to malaria (all ages)	12.00%	10.00%	8.00%	6.00%	4.00%
	Malaria case fatality rate (under 5 years)	1.20%	1.10%	1.00%	-	-
	Proportion of pregnant women on IPT- P (at least two doses of SP)	45.00%	50.00%	56.00%	60%	65%
	Percentage of children under 5 using ITN	65%	70%	75%	80%	85%
	TB case notification rate	58/100,000	62/100,000	75/100,000	-	-
Case notification and treatment for tuberculosis increased	Treatment success rate	87	90	90	90	-
All cases of HIV+ treated with ARVs	Proportion of HIV+ patients on ARTs	65,914	80,014	-	-	-

Main Outputs	Output Indicator	Past Years		Projections		
		2012	2013	Budget Year 2014	Indicative Year 2015	Indicative Year 2016
Non-communicable disease managed	Percentage of OPD cases that is Hypertension	4.2	4.5	5	5.5	6
	Percentage of OPD cases that is diabetes	0.9	1	1.2	-	-
	Percentage of OPD cases that is Sickle Cell Disease	0.2	0.3	0.5	-	-

4. Budget Sub-Program Operations and Projects

The table lists the main Operations and Projects to be undertaken by the sub- program.

Operations	Projects
Organize Management Meetings (e.g. RHMT, DHMT)	Construction of infrastructure
Organize workshops, conferences, seminars	Construction of infrastructure
Attend In-country Workshops, Conferences and Seminars	Provide assets for district health service
Attend International Workshops, Conferences and Seminars (excludes fellowship awards)	Provide district health service
Conduct Research Activities	Construction of infrastructure
Undertake support, supervision and monitoring visits	
Lead in conducting the 2012 Performance Review	
Finalise and disseminate GHS 2013 POW	
Develop GHS 2014 Plans and Budgets	
Hold Management meetings and retreats	
Lead in the development of the Next GHS strategic plan, 2014 -2018	
Establish BMC and Staff performance management system at all levels	

5. Budget Sub-Program Summary: Expenditure by Economic Classification

Sub-Program SP 2.1 Strategy formulation and Operational Coordination

Expenditure by Economic Classification	2012	2013	2014	2015	2016
	Budget	Budget	Budget	Indicative	Indicative
			GHC	GHC	GHC
Current Expenditure					
21 Compensation of Employees			12,795,401	12,923,355	12,923,355
22 Use of Goods and Services			35,024,682	35,130,748	35,482,056
25 Subsidies					
26 Grants					
27 Social Benefits					
28 Other Expenses					
Capital Expenditure					
31 Non-Financial Assets					
Total Expenditure			47,820,083	48,054,103	48,405,411

BUDGET SUB-PROGRAM SUMMARY

PROGRAM 2: Health Service Delivery

SUB-PROGRAM SP 2.2: Population-Based Services

1. Budget Sub-Program Objectives

- To improve prevention, detection and case management of communicable and non-communicable diseases
- To reduce the major causes of maternal and neonatal morbidity and mortality
- To increase awareness and promote healthy lifestyles
- To promote safe and healthy work environment, work practices and procedures in order to minimize work-related injuries and illnesses
- To improve reproductive and adolescent health

2. Budget Sub-Program Description

The sub-programme places emphasis on delivering public health and family health services. The programme aims at preventing disease and disability as means of promoting the health of all Ghanaians.

In terms of family health interventions, the sub-programme aims at strengthening reproductive and child health with a focus on women's health in general and specifically to reduce maternal and new born mortality and morbidity. The generic strategy includes improving quality and coverage of maternal health services and increase awareness about maternal and new born issues in the community. The interventions further take account of improving family planning services, sustaining coverage of antenatal care, scaling up of skilled maternal deliveries and comprehensive essential and intensive obstetric care in all health facilities. It also ensures mainstreaming of gender in reproductive health care services.

Another key component of the reproductive and child health intervention is scaling up of Integrated Management of Childhood illness in health facilities. The reproductive and child health component also embraces the provision of quality information on adolescent sexual reproductive health services.

In the area of public health the focus is on designing, strengthening and implementation of disease control interventions such EPI, Health Education, Occupational health, Control of Communicable and Non-Communicable Diseases at the community level.

In terms of Non-communicable Diseases the component involves creating awareness on NCDs (Cancers, cardiovascular diseases, diabetes, asthma, and sickle cell disease) and their risk factors. It places premium on strengthening structures for coordinating national response. This entails surveillance of NCDs risk factors, national capacity to manage and identifies persons at risk. It establishes screening centres, provides quality clinical care including palliative care and promotes compliance with care. The component further aims at reducing risk factors related to health with strong emphasis on healthy lifestyles and environment. The specific interventions embody promotion of regenerative health and nutrition. There are also community focus interventions that place premium on behavioural change, school health programmes, and feeding and physical exercise

Regarding communicable diseases the component focuses on scaling up and sustaining efforts aimed at eradicating and eliminating targeted diseases. In terms of diseases targeted at eradication the focus is on prevention, control and management of HIV/AIDS, TB, Malaria among others. Relating to diseases targeted at elimination the interest is on Polio, Guinea worm, Cholera, Meningitis, Oncho and other neglected diseases. The strategic interventions involve early detection reporting and treatment of all communicable diseases. Specific focus is on strengthening surveillance and epidemics preparedness.

In the area of TB, the national TB control program is scaling up the DOT strategy for control. This involves ensuring regular drug supply, surveillance, building capacity for

TB treatment and control and directly, supervising treatment among others. By WHO definition Ghana achieved 100% DOTS coverage in 2000.

Regarding HIV/AIDS a number of strategies with emphasis on behaviour change messages and the provision of clinical care to support People Living with HIV/AIDS (PLWHA) have been scaled. The interventions include; information, education and communication strategies, voluntarily testing counselling and testing and syndrome treatment of cases and improving mother-to-child infection and ARV administration.

Malaria continues to pose considerable disease burden to the nation. It further impact negatively on the different demographic and economic growths. For instance, children under five years and pregnant women are known to be relatively more aversively affected. Ghana aims to reduce deaths and illness due to malaria by 75% by the year 2015 in line with the attainment of the MDGs. In order for impact to be achieved and the gains to be sustains, emphasis will be on the use of proven cost effective interventions coupled with the necessary local initiatives that will ensure success. The success of the malaria control is underpinned in the principle of rapid scale up and expansion of all relevant and proven interventions, universal access to proven and cost effective interventions, ensuring equity through community and gender based approaches that focuses on hard to reach communities and the support of the health system.

The Expanded Programme on Immunisation (EPI) is also an essential component with emphasis on child survival and development by ensuring that all children are fully immunized. EPI in Ghana is to protect all children and pregnant women lining in the country against vaccine preventable diseases including TB, Poliomyelitis, Diphtheria, Neonatal tetanus, Whooping Cough, Hepatitis, B, haemophilus influenza type B, measles and yellow fever. EPI coverage has been close to 90% with only slight variation since 2007. Despite the success a lot more effort and input will be needed to move the coverage the last few percentage point and beyond 90%. The strategy is to improve on CHPS implementation.

Occupational health will focus on improving client services, patient safety and clinical practices. Key interventions include establishing functional Occupational Health Units in facilities, improving infection prevention and control, strengthening quality assurance teams in facilities and improving customer care programmes. It also establishes standardized adverse event reporting systems.

The component on health promotion aims at reducing risk factors related to health with strong emphasis on healthy lifestyle and environment. The specific intervention will embody promotion of regenerative health and nutrition. There will also be community focus interventions that place premium on behaviour change, school health programmes, feeding and physical exercises. The healthy environment strategy focuses on promoting interventions in the area of water and sanitation.

3. Budget Sub-Program Results Statement

The table indicates the main outputs, its indicators and projections by which the Service measures the performance of this sub-program. The past data indicates actual performance whilst the projections are the Service's estimate of future performance.

Main Outputs	Output Indicator	Past Years		Projections		
		2012	2013	Budget Year 2014	Indicative Year 2015	Indicative Year 2016
Institutional infant mortality rate	Baseline to be established	1.0%	0.8%	0.8%	0.5%	0.5%
Maternal mortality rate per 100,000 live births	Deaths per 100,000 live births	226	181	181	181	181
Antenatal care improved	Percentage of pregnant women attending at least 4 antenatal visits	70.0	74.6	80.1	-	-

Main Outputs	Output Indicator	Past Years		Projections		
		2012	2013	Budget Year 2014	Indicative Year 2015	Indicative Year 2016
Family planning services enhanced	Total couple years of protection (CYP) Short Term	-	1,300,000	1,400,000	1,500,000	1,600,000
	Total couple years of protection (CYP) Long Term	-	360,000	420,000	480,000	540,000
Child immunization improved	Percentage of children immunized by age 1 -BCG	95	95	95	98	98
	Percentage of children immunized by age 1 - Penta 3	90	90	90	95	95
Child immunization improved	Percentage of children immunized by age 1 – Penvar 3	90	90	90	95	95
	Percentage of children immunized by age –Rotarix 3	-	90	95	95	95
Child immunization improved	Percentage of children immunized by age 1 -OPV1	95	95	98	98	98
	Percentage of children immunized by age 1 -OPV 3	90	90	95	95	95
	Percentage of children immunized by age 1 – Measles	90	90	95	95	95

Main Outputs	Output Indicator	Past Years		Projections		
		2012	2013	Budget Year 2014	Indicative Year 2015	Indicative Year 2016
	Percentage of children immunized by age 1 -Yellow Fever	90	90	95	95	95
	Percentage of children aged 6 MTHS to 59mths receiving at least one dose of Vitamin A	70	75	78	80	80
Family planning service enhanced	Percentage of clients (15-24 years) who accepted FP service	10	12	14	15	16
HIV/AIDS positive prevalence reduced	Number of new HIV positive cases diagnosed	-	19,402	21,869	18,769	-
	Number of HIV+ cases receiving ARV therapy (cumulative)	-	63,861	78,919	-	-
Guinea Worm cases contained	Number of guinea worm cases seen	<_ 20	0	0	0	0
Guinea Worm cases contained	Proportion of guinea worm cases contained	100%	100%	100%	100%	100%
Polio cases reduced	Non Polio AFP rate	≥2/100,000	≥2/100,0 00	≥2/100, 000	≥2/100, 000	-
Malaria cases reduced	Proportion of OPD cases that is due malaria (total)	32.50%	30.00%	28.00%	26.00%	24.00%

Main Outputs	Output Indicator	Past Years		Projections		
		2012	2013	Budget Year 2014	Indicative Year 2015	Indicative Year 2016
	Proportion of OPD cases that is lab confirmed malaria. (microscopy + RDTs)	40%	45%	60%	75%	90%
	Proportion of admissions due to lab confirmed malaria (all ages)	8.00%	9.00%	6.00%	4.00%	2.00%
	Proportion of deaths due to malaria (all ages)	12.00%	10.00%	8.00%	6.00%	4.00%
	Malaria case fatality rate (under 5 years)	1.20%	1.10%	1.00%	-	-
	Proportion of pregnant women on IPT- P (at least two doses of SP)	45.00%	50.00%	56.00%	60%	65%
	Percentage of children under 5 using ITN	65%	70%	75%	80%	85%
TB cases improved	TB case notification rate	55/100,000	58/100,000	62/100,000	75/100,000	-
Case notification and treatment for tuberculosis increased	Treatment success rate	-	87	90	90	90
All cases of HIV+ treated with ARVs	proportion of HIV+ patients on ARTs	51,814	65,914	80,014	-	-

Main Outputs	Output Indicator	Past Years		Projections		
		2012	2013	Budget Year 2014	Indicative Year 2015	Indicative Year 2016
Non-communicable disease managed	Percentage of OPD cases that is Hypertension	4.2	4.5	5	5.5	6
	Percentage of OPD cases that is diabetes	0.9	1	1.2	-	-
	Percentage of OPD cases that is Sickle Cell Disease	0.2	0.3	0.5	-	-

4. Budget Sub-Program Operations and Projects

The table lists the main Operations and Projects to be undertaken by the sub- program.

Operations	Projects
Build Capacity of health professionals	Capital projects of the service
Implement Tobacco Control Activities	Construction of essential structures
Strengthen data management	Construction of structures
Strengthen epidemic preparedness and response	Construction, expansion and completion of Essential structures
Strengthen support services	

5. Budget Sub-Program Summary: Expenditure by Economic Classification

Sub-Program SP 2.2 Population-Based Services

Expenditure by Economic Classification	2012	2013	2014	2015	2016
	Budget	Budget	Budget	Indicative	Indicative
			GHC	GHC	GHC
Current Expenditure					
21 Compensation of Employees			50,078,650	50,579,437	50,579,437
22 Use of Goods and Services			2,133,873	2,133,873	2,155,212
25 Subsidies					
26 Grants					
27 Social Benefits					
28 Other Expenses					
Capital Expenditure					
31 Non-Financial Assets					
Total Expenditure			52,212,523	52,713,310	52,734,698

BUDGET SUB-PROGRAM SUMMARY

PROGRAM 2: Health Service Delivery

SUB-PROGRAM SP 2.3: Institutional-Based Services

1. Budget Sub-Program Objectives

- To improve access to quality facility-based maternal and child health service as well as emergency care and facility-oriented public health intervention
- To equip facilities to deliver effective referral services
- To manage effectively facility-based services to achieve maximum client satisfaction
- To monitor the administration of rational use of medicine and strengthen laboratory and diagnostic services
- To implementation hospital facility accreditation services

2. Budget Sub-Program Description

The core purpose of this program is to formulate clinical care policies and programs, develop standards, guidelines and protocols and support their implementation. The program further focus on monitoring clinical care services to ensure effective, efficient, safe quality service delivery in facilities within the Service and Agencies to which services may be contracted. The strategies underpinning the achievement of the sub-program objectives involve the development and implementation management of protocols for mental health. A critical component is the strengthening of institutional laboratory service as wells as the improvement of hospital emergency services. Other important aspects are strengthening of NPOC service delivery and institutional eye care.

3. Budget Sub-Program Results Statement

The table indicates the main outputs, its indicators and projections by which the Service measures the performance of this sub-program. The past data indicates actual performance whilst the projections are the Service's estimate of future performance.

Main Outputs	Output Indicator	Past Years		Projections		
		2012	2013	Budget Year 2014	Indicative Year 2015	Indicative Year 2016
Institutional infant mortality rate	Baseline to be established	1.0%	0.8%	0.8%	0.5%	0.5%
Maternal mortality rate per 100,000 live births	Deaths per 100,000 live births	226	181	181	181	181
Antenatal care improved	Percentage of pregnant women attending at least 4 antenatal visits	70.0	74.6	80.1	-	-
Family planning services enhanced	Total couple years of protection (CYP) Short Term	-	1,300,000	1,400,000	1,500,000	1,600,000
	Total couple years of protection (CYP) Long Term	-	360,000	420,000	480,000	540,000
Child immunization improved	Percentage of children immunized by age 1 - BCG	95	95	95	98	98

Main Outputs	Output Indicator	Past Years		Projections		
		2012	2013	Budget Year 2014	Indicative Year 2015	Indicative Year 2016
	Percentage of children immunized by age 1 - Penta 3	90	90	90	95	95
Child immunization improved	Percentage of children immunized by age 1 – Penvar 3	90	90	90	95	95
	Percentage of children immunized by age – Rotarix 3	-	90	95	95	95
Child immunization improved	Percentage of children immunized by age 1 - OPV1	95	95	98	98	98
	Percentage of children immunized by age 1 - OPV 3	90	90	95	95	95
	Percentage of children immunized by age 1 – Measles	90	90	95	95	95
	Percentage of children immunized by age 1 - Yellow Fever	90	90	95	95	95
	Percentage of children aged 6 MTHS to 59mths receiving at least one dose of Vitamin A	70	75	78	80	80

Main Outputs	Output Indicator	Past Years		Projections		
		2012	2013	Budget Year 2014	Indicative Year 2015	Indicative Year 2016
Family planning service enhanced	Percentage of clients (15-24 years) who accepted FP service	10	12	14	15	16
HIV/AIDS positive prevalence reduced	Number of new HIV positive cases diagnosed	-	19,402	21,869	18,769	-
	Number of HIV+ cases receiving ARV therapy (cumulative)	-	63,861	78,919	-	-
Guinea Worm cases contained	Number of guinea worm cases seen	<_ 20	0	0	0	0
Guinea Worm cases contained	Proportion of guinea worm cases contained	100%	100%	100%	100%	100%
Polio cases reduced	Non Polio AFP rate	$\geq 2/100,000$	$\geq 2/100,000$	$\geq 2/100,000$	$\geq 2/100,000$	-
Malaria cases reduced	Proportion of OPD cases that is due malaria (total)	32.50%	30.00%	28.00%	26.00%	24.00%

Main Outputs	Output Indicator	Past Years		Projections		
		2012	2013	Budget Year 2014	Indicative Year 2015	Indicative Year 2016
	Proportion of OPD cases that is lab confirmed malaria. (microscopy + RDTs)	40%	45%	60%	75%	90%
	Proportion of admissions due to lab confirmed malaria (all ages)	8.00%	9.00%	6.00%	4.00%	2.00%
	Proportion of deaths due to malaria (all ages)	12.00%	10.00%	8.00%	6.00%	4.00%
	Malaria case fatality rate (under 5 years)	1.20%	1.10%	1.00%	-	-
	Proportion of pregnant women on IPT- P (at least two doses of SP)	45.00%	50.00%	56.00%	60%	65%
	Percentage of children under 5 using ITN	65%	70%	75%	80%	85%
TB cases improved	TB case notification rate	55/100,000	58/100,000	62/100,000	75/100,000	-
Case notification and treatment for tuberculosis increased	Treatment success rate	-	87	90	90	90
All cases of HIV+ treated with ARVs	proportion of HIV+ patients on ARTs	51,814	65,914	80,014	-	-
Non-communicable disease managed	Percentage of OPD cases that is Hypertension	4.2	4.5	5	5.5	6

Main Outputs	Output Indicator	Past Years		Projections		
		2012	2013	Budget Year 2014	Indicative Year 2015	Indicative Year 2016
	Percentage of OPD cases that is diabetes	0.9	1	1.2	-	-
	Percentage of OPD cases that is Sickle Cell Disease	0.2	0.3	0.5	-	-

4. Budget Sub-Program Operations and Projects

The table lists the main Operations and Projects to be undertaken by the sub- program.

Operations	Projects
Revise and develop Specialist outreach guidelines for regions and Districts	
Implement the Specialist outreach Guidelines	
Improve intra-regional specialist outreach supervisory visits	
Implement a structured supportive supervision in selected hospitals	
Develop & Establish Clinical Care Structures at Regional and District Levels	

5. Budget Sub-Program Summary: Expenditure by Economic Classification

Sub-Program SP 2.3 Institutional-based Services

Expenditure by Economic Classification	2012	2013	2014	2015	2016
	Budget	Budget	Budget	Indicative	Indicative
			GHC	GHC	GHC
Current Expenditure					
21 Compensation of Employees			388,029,998	391,910,298	391,910,298
22 Use of Goods and Services			721,169,776	750,253,676	757,757,222
23 Consumption of fixed Capital (GFS)			3,000	3,000	3,030
25 Subsidies					
26 Grants					
27 Social Benefits					
28 Other Expenses					
Capital Expenditure					
31 Non-Financial Assets			57,738,096	57,738,096	58,315,477
Total Expenditure			1,166,940,870	1,199,905,070	1,207,986,027

BUDGET SUB-PROGRAM SUMMARY

PROGRAM 2: Health Service Delivery

SUB-PROGRAM SP 2.4: Regional and District Health Services

1. Budget Sub-Program Objectives

- To provide access to health services at the community, sub-district, district and regional levels, by providing health services or contracting health services to other recognised health care providers
- Mobilise and manage human, material and financial resources
- Develop mechanisms for the equitable distribution of health facilities in the region

2. Budget Sub-Program Description

The decentralized structure of health service delivery has ensured the establishment of mechanisms for the implementation and coordination of activities at the national, regional and district levels. The regional level service delivery entails the administration and provision of technical and support services in the areas of public and clinical care interventions. The regional health services provision also embraces the establishment of effective mechanisms for disease surveillance, prevention and control.

There is a regional hospital in each of the ten regions which serve as referral centres and provide training and research. The district health and secondary services; include inpatient and outpatient, diagnostic, health education, and promotion and outreach interventions.

The services are delivered in all the 216 districts across the country with DHMTS and the district hospitals being the main organized units. The district hospitals provide health care services and serve as a referral facility to the sub-district health

institutions and provide administrative and technical support. Polyclinics exist to provide front line services in the urban centres, but in the rural areas Health Centres and CHPS Compounds are the facilities that provide services as close to the people as possible. Among the services provided at the facilities are; clinical (OPD, Accident and emergencies, in-patient, diagnostic and imaging) public health services, patient care and welfare services and maintaining health information system.

3. Budget Sub-Program Results Statement

The table indicates the main outputs, its indicators and projections by which the Service measures the performance of this sub-program. The past data indicates actual performance whilst the projections are the Service's estimate of future performance.

Main Outputs	Output Indicator	Past Years		Projections		
		2012	2013	Budget Year 2014	Indicative Year 2015	Indicative Year 2016
Access to primary health care services increased	OPD attendance per capita	-	0.85	0.88	1	-
	Doctor population ratio	-	1:10,500	1:9,700	1:9,500	-
	Equity Index: Geography (services) Supervised deliveries)	-	1:1.8	1:1.7	1:1.6	-
	Number of Psychiatric patients treated and rehabilitated rate	-	51,814	65914	80014	-
	Psychiatric patient treatment and rehabilitation rate (%)	-	10 baseline	15	25	-

Main Outputs	Output Indicator	Past Years		Projections		
		2012	2013	Budget Year 2014	Indicative Year 2015	Indicative Year 2016
	Percentage of community psychiatry nurses trained and deployed	-	-	5	10	25
	Equity Index: Ratio of mental health nurses to patient population	-	5%	10%	25%	-
	Nurse: population ratio	-	1:1,000	1:9,00	1:8,00	-
	HIV positive clients receiving ARV	-	51814	65914	80014	-
Access to primary health care services increased	Incidence of guinea worm	<100	<70	0	-	-
Access to primary health care services increased	Percentage of population with valid NHIS membership card	60	65	70.3	-	-
Access to primary health care services increased	Percentage of children fully immunized by age one-penta 3	-	88	89	91.4	-
Access to primary health care services increased	Institutional Maternal Mortality rate per 10,000 live births	-	185	170	160	-
	Hospital Admission rate	47.9	48.9	49.9	50.8	-
	Average Length of Stay (days)	3.9	3.7	3.5	3.2	-
	Percentage of Bed Occupancy	59.8	61.5	63.2	64.8	-

Main Outputs	Output Indicator	Past Years		Projections		
		2012	2013	Budget Year 2014	Indicative Year 2015	Indicative Year 2016
	Turnover per bed	58.8	59.6	60.4	61.1	-

4. Budget Sub-Program Operations and Projects

The table lists the main Operations and Projects to be undertaken by the sub- program.

Operations
Provide In-service Training
Organize Management Meetings (e.g. RHMT, DHMT)
Organize workshops, conferences, seminars
Attend In-country Workshops, Conferences and Seminars
Conduct Research Activities

Projects
Provision of essential infrastructure for health
Service delivery in 2014
Provide essential infrastructure for health
Construct, expand and complete essential

5. Budget Sub-Program Summary: Expenditure by Economic Classification

Sub-Program SP 2.4 Regional and District Health Services

Expenditure by Economic Classification	2012	2013	2014	2015	2016
	Budget	Budget	Budget	Indicative	Indicative
			GHC	GHC	GHC
Current Expenditure					
21 Compensation of Employees			394,368,556	398,312,241	398,312,241
22 Use of Goods and Services			264,931,519	400,395,593	398,070,577
23 Consumption of fixed capital (GFS)			312,537	254,427	256,971
25 Subsidies					
26 Grants			72,150	72,150	72,871
27 Social Benefits			16,120,572	16,709,117	16,876,208
28 Other Expenses			2,699,604	3,298,269	3,336,503
Capital Expenditure					
31 Non-Financial Assets			18,274,319	19,421,394	18,604,413
Total Expenditure			696,779,257	838,463,190	835,529,785

PART B: BUDGET PROGRAM SUMMARY

PROGRAM 3: Tertiary and Specialized Health Services

1. Budget Program Objective

To deliver cost-effective, efficient, affordable and quality tertiary and specialised health services

2. Budget Program Description

Tertiary and Specialised Health Service Delivery is one of the key programmes of the Ministry of Health. This programme is to deliver cost effective, efficient and affordable and quality health services at the tertiary and specialised levels of care. The services are delivered in the form of preventive, promotive, curative and rehabilitative care.

Delivery of health services, whether community-based, outreach or institutional are organised through the teaching hospitals, the psychiatric hospitals, ambulance service and blood transfusion service. There are three main sub-programs under this program namely the tertiary health services, specialised hospitals & services and research. Services include inpatient and outpatient, diagnostic, research, health education, and promotion and outreach interventions.

The Teaching hospitals provide tertiary care, while specialized hospitals provide services in the areas of psychiatry, cardiothoracic, genetics and orthopaedic.

The Agencies involved in implementing this programme are: Teaching Hospitals (Korle Bu, Komfo Anokye and Tamale), Ghana Institute of Clinical Genetics, the Psychiatric Hospitals (Accra, Pantang and Ankaful), Centre for Scientific Research into Plant Medicine, National Ambulance Service, St. John's Ambulance Brigade, National Blood Service and Ghana Red Cross Society.

Among the challenges that confront this programme are:

- Weak and ineffective coordination of blood services nationwide
- Increasing institutional maternal mortality within the facilities
- Quality of care and patient satisfaction
- High cost of medicines, reagents and equipment for laboratory
- Poor emergency preparedness, response and referrals before and in facilities
- Health financing and health insurance management issues
- Unhealthy lifestyles (tobacco, alcohol and substance abuse)
- Poor data gathering and information management

The sources of fund for the implementation of the programme are Government of Ghana, Internally Generated Funds and Multi- Donor Budget Support.

The total number of personnel under this budget programme is 10,167.

3. Budget Program Summary: Expenditure by Economic Classification and Projects

Program 3: Tertiary and Specialized Health Services

Expenditure By Budget Sub-Program	2012	2013	2014	2015	2016
	Budget	Budget	Budget	Indicative	Indicative
			GHC	GHC	GHC
BSP1 Tertiary Health Services			276,599,669	278,027,434	279,164,254
BSP2 Specialised Health Services			51,990,106	52,326,327	52,501,725
BSP3 Research			6,410,584	3,680,005	3,682,505
Total Expenditure			335,00,358	334,033,765	335,348,483
Expenditure by Economic Classification	2012	2013	2014	2015	2016
	Budget	Budget	Budget	Indicative	Indicative
			GHC	GHC	GHC
Current Expenditure					
21 Compensation of Employees			185,710,771	187,567,878	187,567,878
22 Use of Goods and Services			109,397,691	109,387,118	110,314,941
23 Consumption of fixed capital(GFS)			7,954	7,954	8,034

25 Subsidies					
26 Grants					
27 Social Benefits			1,657,410	1,657,410	1,673,984
28 Other Expenses			5,449,732	5,449,732	5,504,229
Capital Expenditure					
31 Non-Financial Assets			29,707,161	29,658,572	29,971,265
Total Expenditure			335,00,358	334,033,765	335,348,483
Expenditure by Projects	2012	2013	2014	2015	2016
	Budget	Budget	Budget	Indicative	Indicative
			GHC	GHC	GHC
Set up collection teams in 3 additional sites in the Southern sector Procure moveable assets for 2014 financial year			450,000	450,000	454,500
Refurbishment of sitting area for patients			10,060,443	10,060,443	10,161,048
Construct a permanent facility to run an out patient clinic			135,528	135,528	136,883
Construct a new emergency unit			147,347	147,347	148,820
Refurbishment of diabetic centre			144,392	144,392	145,836
Re-tooling of the units kitchen			263,948	263,948	266,587
Purchase of lab equipment			13,059	13,059	13,189
Expand OPD and relocate additive disease unit			401,084	401,084	405,095
Rehabilitation of the Gynae wards to create more space for patients increase revenue			597,839	597,839	603,817
Construction of additional bathrooms for the morgu			701,620	701,620	708,637
Rehabilitation of the drug manufacturing unit			165,757	165,757	167,414
Construct hydrotherapy pool			6,481,100	6,481,100	6,545,911
Completion of new building to house ICU and provision of water			349,670	349,670	353,167
Equip new theatre			609,854	609,854	615,953
Acquire new equipment and its attendant maintenance			450,000	450,000	454,500
Purchase new dialysis machine and other office accessories			10,060,443	10,060,443	10,161,048
Refurbish new OPD			135,528	135,528	136,883
Re-tooling of dental block			147,347	147,347	148,820
Networking and ISP payments			144,392	144,392	145,836
Procure all moveable assets in 2014			263,948	263,948	266,587
Set up collection teams in 3 additional sites in the Southern sector Procure moveable assets for 2014 financial year			13,059	13,059	13,189
Total Expenditure			29,707,161	29,658,572	29,971,265

BUDGET SUB-PROGRAM SUMMARY

PROGRAM 3: Tertiary and Specialized Health Services

SUB-PROGRAM SP 3.1: Tertiary Health Services

1. Budget Sub-Program Objectives

- To deliver quality tertiary level institutional care
- To improve capacity for referral, emergency response, medical training and education, and health research.

2. Budget Sub-Program Description

This sub-program covers services provided by tertiary level health providers.

These providers serve as referral centres for primary and secondary health care givers; provide advanced clinical services such as surgery, accident & emergency, child health, obstetrics and gynaecology, dental, eye, ear, nose and throat (ENT) care and safe blood.

In addition, these institutions provide diagnostic and imaging services to clients.

Under the sub-program, research is conducted into prevailing health and other health related issues within their catchment areas and provides undergraduate and post graduate professional clinical training.

3. Budget Sub-Program Results Statement

The table indicates the main outputs, its indicators and projections by which the Service measures the performance of this sub-program. The past data indicates actual performance whilst the projections are the Service's estimate of future performance.

Main Outputs	Output Indicator	Past Years		Projections		
		2012	2013	Budget Year 2014	Indicative Year 2015	Indicative Year 2016
Institutional Maternal Mortality rates reduced	Institutional maternal mortality rates per 100,000 live births	-	160	150	140	130
Pathological services improved	Percentage of Improvement in Pathological services	-	30	45	55	65
Out-patient services improved	Percentage of reduction in waiting period	-	15	20	25	30
OPD Attendance increased	Percentage of increase in OPD attendance	-	5	7	10	10
Patients Admissions increased	Percentage increase in Admissions	-	5	7	10	10
Essential medicines procured and made available	Percentage of essential medicines available	-	85	90	90	95
Provision of Emergency Care Services improved	Case Response Time	-	20mins , 30sec.	15minutes	-	-

Main Outputs	Output Indicator	Past Years		Projections		
		2012	2013	Budget Year 2014	Indicative Year 2015	Indicative Year 2016
Post operative/procedural deaths reduced	Percentage of post procedural deaths	-	≤1% of cases	≤1% of cases	≤1% of cases	≤1% of cases
Death audits and post mortem examination conducted	Percentage of deaths audited/ PM examination conducted	-	100	100	100	100
Patients satisfaction enhanced	Patients satisfaction levels	-	Satisfaction level of ≥65%	Satisfaction level of ≥75%	Satisfaction level of ≥80%	Satisfaction level of ≥85%
Diagnostic services improved	Case response time	-	20 minutes	15 minutes		
Outreach activities carried out	Number of Outreach activities	-	At least 2 outreaches a year	At least 2 outreaches a year	At least 3 outreaches a year	At least 4 outreaches a year
Blood donor education and recruitment campaign organised	No. of Donor Education Talks/Lectures in Educational Institutions, Work Places, Churches Mosques, etc.	780 (AABC)	N/A	2275	2500	2600

Main Outputs	Output Indicator	Past Years		Projections		
		2012	2013	Budget Year 2014	Indicative Year 2015	Indicative Year 2016
	No. of times Documentaries on Voluntary Blood Donations are aired in mass media	6	0	8	12	12
Access to Safe Blood & Blood Products expanded	No. & % of Voluntary Non-Remunerated Blood Donations	-	-	138,000 (60.0%)	175,000 (70.0%)	224,000 (80.0%)
	Number & Percentage of Collected Blood Screened for TTIs (HIV I&II, HBV, HCV, & SYPHILIS)	254 96 (100%) - AAB C	-	230,000 (100%)	250,000 (100%)	280,000 (100%)

4. Budget Sub-Program Operations and Projects

The table lists the main Operations and Projects to be undertaken by the sub- program.

Operations
Provide maternal and child health services
Provide in and out-patient services
Conduct major and minor surgeries
Provide pharmaceutical services

Projects
Procurement of plants & machinery
Procurement of landed properties
Rehabilitation of buildings
Construction of buildings

5. Budget Sub-Program Summary: Expenditure by Economic Classification

Sub-Program SP 3.1 Tertiary Health Services

Expenditure by Economic Classification	2012	2013	2014	2015	2016
	Budget	Budget	Budget	Indicative	Indicative
			GHC	GHC	GHC
Current Expenditure					
21 Compensation of Employees			147,857,641	149,336,217	149,336,217
22 Use of Goods and Services			92,980,640	92,978,417	93,742,002
23 Consumption of fixed capital(GFS)			7,954	7,954	8,034
25 Subsidies					
26 Grants					
27 Social Benefits			1,657,410	1,657,410	1,673,984
28 Other Expenses			4,979,514	4,979,514	5,029,309
Capital Expenditure					
31 Non-Financial Assets			29,116,511	29,067,922	29,374,708
Total Expenditure			276,599,669	278,027,434	279,164,254

BUDGET SUB-PROGRAM SUMMARY

PROGRAM 3: Tertiary and Specialized Health Services

SUB-PROGRAM SP 3.2: Specialized Hospitals and Services

1. Budget Sub-Program Objectives

- To provide quality specialized, health care
- To improve capacity for referral, emergency response, medical training and education
- To ensure timely availability of safe blood and blood products for transfusion

2. Budget Sub-Program Description

The sub-programme aims to provide specialized care in the areas of pre-hospital emergency care, Psychiatry, Orthopaedics, Cardio, Plastic and Burns reconstruction surgery, provision of safe blood, Genetics and related health care specialities. They also conduct research and provide undergraduate and postgraduate training.

Psychiatry deals with the assessment, treatment and rehabilitation of persons with psychiatric disorders, neuro-developmental conditions and prevention of these disorders.

The Ghana Institute for Clinical Genetics (GICC) continues to carry out its mandate through quality clinical care (outpatient and day detention, laboratory and pharmaceutical services), counselling and education as well as research to give patients and practitioners evidence on the most effective medical options.

3. Budget Sub-Program Results Statement

The table indicates the main outputs, its indicators and projections by which the Service measures the performance of this sub-program. The past data indicates actual performance whilst the projections are the Service's estimate of future performance.

Main Outputs	Output Indicator	Past Years		Projections		
		2012	2013	Budget Year 2014	Indicative Year 2015	Indicative Year 2016
Psychiatric/ Genetics Health care services improved		97,644	107,410	110,000	110,000	110,000
	Total specialist OPD attendance	15	12	10	8	6
	Percentage reduction in relapse rate	7,129	7,579	7,000	7,000	7,000
		30	40	50	60	70
	Total in-patient admission					
	Percentage Psychiatric patient					
	/day care treatment and rehabilitation rate					
	Mortality rates (Childhood)					

Main Outputs	Output Indicator	Past Years		Projections		
		2012	2013	Budget Year 2014	Indicative Year 2015	Indicative Year 2016
	Service Coverage (Geographic)	1/108	1/120	1/80	1/60	1/50
		70	69	50	45	40
	Total specialist OPD attendance	4.5	4.5	3.5	3	2.7

4. Budget Sub-Program Operations and Projects

The table lists the main Operations and Projects to be undertaken by the sub- program.

Operations	Projects
Undertake Psychiatric Assessment at OPD/Assessment Unit/wards	Tarring of road network
Out –Patient & In-Patient Psychiatric Care	Expansion of rehabilitation unit
Provide psychological care (Psychologist)	Equipment for the OPD
Provide Community Psychiatry services/ programs	Construction of new mortuary
Provide occupational therapy/ rehabilitation of patients on admission	Rehabilitation of wards and offices
Rehabilitation: of Patients on admission	Expansion of assessment units (both male and female)
Horticultural activities	Extension of electricity to the new psycho OPD
Occupational Therapy of Patients with psychoactive substance use disorder	
Provide treatment and rehabilitation of patients with psychoactive substance use disorders	Replacement of concrete protected W/C toilets
Assessment of Mental State	Improve Administrative Infrastructure (Expansion of Administrative Offices & Equipment)
Provide social Welfare services	Laboratory Equipment(Chemistry & Hematology analyzers etc)

Operations
Conduct public Education & Sensitization on the sickle cell Disease
Provide Outpatient care for people living with the Sickle Cell Condition
Improve & accelerate the process of scientific discovery (Research) to enhance patient care
Counsel of Patients & Family
Ensure Staff Welfare including Occupational Health & Safety
Ensure the availability of Chemicals and Other Consumable (Efficient Supply Chain Management).
Reduce patient waiting time through the chit & appointment System
Establish, Support & monitor the performance of trained teams at the Satellite (polyclinics) Clinics
Screen Well Babies at 6 months as well as the Screening of Outreach Participants

Projects
Expand Health Care facilities (Expand day detention(resuscitation) ward as well as build an In Patient Ward)
Landscaping (Paving the Compound)

5. Budget Sub-Program Summary: Expenditure by Economic Classification

Sub-Program SP 3.2 Specialized Hospitals and Services

Expenditure by Economic Classification	2012	2013	2014	2015	2016
	Budget	Budget	Budget	Indicative	Indicative
			GHC	GHC	GHC
Current Expenditure					
21 Compensation of Employees			34,457,086	34,801,657	34,801,657
22 Use of Goods and Services			16,417,051	16,408,701	16,572,939
25 Subsidies					
26 Grants					
27 Social Benefits			55,101	55,101	55,652
28 Other Expenses			470,218	470,218	474,920
Capital Expenditure					
31 Non-Financial Assets			590,650	590,650	596,557
Total Expenditure			51,990,106	52,326,327	52,501,7255

BUDGET SUB-PROGRAMME SUMMARY

PROGRAMME 3: Tertiary and Specialized Health Services

SUB-PROGRAMME SP 3.3: Research

1. Budget Sub-Program Objectives

- To undertake operational research
- To strengthen evidence-based policy development and planning
- To research into plant medicine, develop and promote its rational use

2. Budget Sub-Program Description

The health sector has a number of research departments such as the Centre for Scientific Research into Plant Medicine (CSRPM), Health Research Centres (sites - Kintampo, Dodowa and Navrongo) which conduct extensive research activities.

The sub-programme takes into account research and development of herbal medicines focusing on production of safe, effective and quality herbal medicine Provision of technical expertise in the cultivation and sustainable harvesting of medicinal plants and for provision of intellectual property rights for traditional medicine.

The research sites conduct medical and basic science research into community health and diseases of public health importance such as malaria, tuberculosis, filariasis etc. The sub-programme further seeks to ensure compliance with operational research ethics and procedures using the national research agenda. Additionally, it involves the documentation of research findings and statistics in the sector.

3. Budget Sub-Program Results Statement

The table indicates the main outputs, its indicators and projections by which the Service measures the performance of this sub-program. The past data indicates actual performance whilst the projections are the Service's estimate of future performance.

Main Outputs	Output Indicator	Past Years		Projections		
		2012	2013	Budget Year 2014	Indicative Year 2015	Indicative Year 2016
Access to Herbal medicines improved	Number of Herbal medicines produced	10m (Assorted)	13m (assorted)	18m (Assorted)	25m assorted	30m
	Number of Herbal medicines formulated	5	6	4	8	10
	Number of Herbalist products analyzed	456	154	308	462	500
	Number of Medicinal plants cultivated and maintained	10,000 (assorted plants)	10,000 (assorted plants)	10,000 (assorted plants)	11,000 (assorted plants)	12,000 (assorted plants)
	Number of research publications	8	8	10	10	10
	Number of patients attended to by the Clinic	16,267	18,234	21,880	26,256	31,507
Support for research in the Health sector enhanced	Number of research proposals reviewed	-	2	2	3	-
	Number of research publications	-	-	-	-	-
	Number of health research agenda developed	On going	On going	1	-	-

Main Outputs	Output Indicator	Past Years		Projections		
		2012	2013	Budget Year 2014	Indicative Year 2015	Indicative Year 2016
	Number of Staff developed in statistical analysis	1	1	1	1	-
	Number of Health information developed	1	1	1	1	-

4. Budget Sub-Program Operations and Projects

The table lists the main Operations and Projects to be undertaken by the sub- program.

Operations	Projects
Research and development of Herbal medicines	Procurement of production plant and equipment (Decoction bottling line, Tea Bagging machine, Encapsulation machine etc.
Production of safe, effective and quality herbal medicine	Acquisitions Laboratory equipment
Clinical care with the use of herbal medicine	Construction, rehabilitation Administration Block
Cultivation of medicinal plants	Pharmaceutics and quality control Lab established
Analysis of Herbalists' products	Refurbishment of Head Department Offices
Provision of Administrative services(CSRPM)	Acquisition of one 4 X 4 Toyota Pick up
Standardized research procedures	Rehabilitations of 3 Research Laboratories
Conduct Operational Research as per the National Research Agenda	
Organise an annual National Research Dissemination Forum	

5. Budget Sub-Program Summary: Expenditure by Economic Classification

Sub-Program SP 3.3 Research

Expenditure by Economic Classification	2012	2013	2014	2015	2016
	Budget	Budget	Budget	Indicative	Indicative
			GHC	GHC	GHC
Current Expenditure					
21 Compensation of Employees			3,396,044	3,430,004	3,430,004
22 Use of Goods and Services					
25 Subsidies					
26 Grants					
27 Social Benefits			35,369	17,369	17,543
28 Other Expenses					
Capital Expenditure					
31 Non-Financial Assets					
Total Expenditure			6,410,584	3,680,005	3,682,505

PART B: BUDGET PROGRAM SUMMARY

PROGRAM 4: Human Resources for Health Development and Management

1. Budget Program Objective

To facilitate the development and management of skilled Health professionals of all categories.

2. Budget Program Description

To ensure the availability of adequate and highly productive staff in the sector, there is the need for effective Human Resource (HR) development and management.

HR development involves the production of adequate, appropriately balanced, skilled health professionals and the provision of adequate resources to support their training. Human Resource Development is carried out at the Pre-Service, Post-basic and the In-Service levels.

Pre-service training is undertaken for those entering the health sector. Trainees are usually graduates from senior high schools and receive basic training in their field of interest.

Basic Training Institutions are accredited and regulated by their respective regulatory bodies, namely, Nurses and Midwives Council of Ghana, Pharmacy Council, Medical and Dental Council, Allied Health Board and Traditional Medicine Practice Council in collaboration with the National Accreditation Board and the National Council on Tertiary education.

Personnel who are already health professionals and desire to specialize in a specific area of discipline undertake training at the post-basic level. Training is in two categories namely, Post Basic Training and the Postgraduate Specialization Training. Post basic training is carried out after completing a basic diploma programme and leads to the award of an advanced diploma.

The areas of specialization for this programme are mainly in the nursing profession and include Peri Operative and Critical Care Nursing, Ophthalmic Nursing, Ear, Nose and Throat Nursing, Public Health Nursing and Anaesthesiology. Medical/Physician Assistantship is also undertaken at the post basic level. There is also a post-HAC/CHN Midwifery training leading to the award of certificate in Midwifery.

In-service training is organised for serving personnel to upgrade their knowledge in current trends in health services.

Post-graduate specialization is mainly for Professionals who are at the graduate level. The graduates of this programme become specialists in different areas of expertise such as Medicine, Nursing, Pharmacy and Non Physician.

Institutions involved in this training are the Ghana College of Physicians and Surgeons, West African College of Physicians and Surgeons and the West African College of Nurses and Midwives.

HR Management comprises the development and implementation of clear guidelines and supportive mechanisms for equitable distribution and rational utilization of available Human Resources for Health Service Delivery. Management of Human resources encompasses operations such as monitoring performance, improving productivity and putting in measures to ensure appropriate deployment, retention and motivation of staff.

Challenges encountered in HR development and management includes:

- Differences in the structures of the various Agencies which hampers implementation of HR policies
- Weak collaboration with sister Agencies
- Inadequate infrastructural and logistical support for Health Training Institutions
- Inadequate number of Tutors for Training Institutions
- Low staff productivity

- Inequitable distribution of staff
- Inadequate flow of funds for training
- Inadequate monitoring and supervision of training schools

The total number of personnel under this budget programme is 23,691.

3. Budget Program Summary: Expenditure by Economic Classification and Projects

Program 4: Human Resources for Health Development and Management

Expenditure By Budget Sub-Program	2012	2013	2014	2015	2016
	Budget	Budget	Budget	Indicative	Indicative
			GHC	GHC	GHC
BSP4.1 Pre-Service Training			159,845,479	126,737,987	126,099,030
BSP4.2 Post-Basic Training			20,211,387	19,794,804	19,965,016
BSP4.3 Specialized Training			3,298,043	3,303,174	3,331,023
Total Expenditure			183,354,909	149,835,966	149,395,069
Expenditure by Economic Classification	2012	2013	2014	2015	2016
	Budget	Budget	Budget	Indicative	Indicative
			GHC	GHC	GHC
Current Expenditure					
21 Compensation of Employees			65,778,041	66,435,821	66,435,821
22 Use of Goods and Services			86,830,757	52,746,034	52,745,923
23 Consumption of fixed capital			4,000	4,000	4,040
25 Subsidies					
26 Grants			10,000	10,000	10,100
27 Social Benefits			625,612	670,612	677,318
28 Other Expenses			872,845	727,442	880,059
Capital Expenditure					
31 Non-Financial Assets			29,137,089	29,001,589	28,544,279
Total Expenditure			183,354,909	149,835,966	149,395,069
Expenditure by Projects	2012	2013	2014	2015	2016
	Budget	Budget	Budget	Indicative	Indicative
			GHC	GHC	GHC
Renovation of infrastructure			450,000	450,000	454,500

Acquisition of land/initiation of project			10,060,443	10,060,443	10,161,048
Construction and renovation of infrastructure			135,528	135,528	136,883
Renovation of school buildings			147,347	147,347	148,820
Renovation of school buildings			144,392	144,392	145,836
Construct emergency access road			263,948	263,948	266,587
Refurbish conference room			13,059	13,059	13,189
Construct 3 storey building bungalow			401,084	401,084	405,095
Expand kitchen			597,839	597,839	603,817
Construct 6 unit washroom			701,620	701,620	708,637
Paint college buildings			165,757	165,757	167,414
Procure 15 seater bus			6,481,100	6,481,100	6,545,911
Procure a 4 x 4 pick up truck			349,670	349,670	353,167
Construction of hostel			609,854	609,854	615,953
Construction			450,000	450,000	454,500
Acquisition of school land			10,060,443	10,060,443	10,161,048
Construction of school infrastructure			135,528	135,528	136,883
Construction of hostel			147,347	147,347	148,820
Construction of drainage			144,392	144,392	145,836
Renovation of buildings			263,948	263,948	266,587
Purchase of equipments			13,059	13,059	13,189
Purchase of vehicle			401,084	401,084	405,095
Purchase of furniture			597,839	597,839	603,817
Renovation of infrastructure building			701,620	701,620	708,637
Purchase of pick-up and construction of student block			165,757	165,757	167,414
Total Expenditure			29,137,089	29,001,589	28,544,279

BUDGET SUB-PROGRAM SUMMARY

PROGRAM 4: Human Resources for Health Development and Management

SUB-PROGRAM SP 4.1: Pre-Service Training

1. Budget Sub-Program Objectives

- To produce adequate numbers of Health Professionals
- To produce highly qualified health professionals

2. Budget Sub-Program Description

The subprogram involves the training and production of Health Professionals at the basic level. Pre-service Training leads to the award of either a professional certificate, an academic and professional diploma or a degree.

Mentoring Universities oversee the conduct of examination leading to the award of academic diploma and degree certificates, whilst the regulatory councils (Medical and Dental council, Nursing and Midwifery council, and Pharmacy Council and Allied Health board) award a professional certificate.

The degree and diploma nursing and midwifery institutions are accredited by the Nurses and Midwifery Council and the allied health programmes are accredited by the Allied Health board and all institutions by law are accredited by the National Accreditation Board.

3. Budget Sub-Program Results Statement

The table indicates the main outputs, its indicators and projections by which the Service measures the performance of this sub-program. The past data indicates actual performance whilst the projections are the Service's estimate of future performance.

Main Outputs	Output Indicator	Past Years		Projections		
		2012	2013	Budget Year 2014	Indicative Year 2015	Indicative Year 2016
Desired number, mix and skilled health staff trained and qualified	Number of nurses trained and qualified	5,612	6,404	7,805	7,550	7,800
	Number of midwives trained and qualified	950	1,209	1,810	1,980	2,178
	Number of Allied health professionals trained and qualified	1,138	1,185	1,150	1,250	1,322

4. Budget Sub-Program Operations and Projects

The table lists the main Operations and Projects to be undertaken by the sub- program.

Operations	Projects
Admit qualified candidates into basic programmes	Procure Vehicles
Train adequate number of health professionals	Renovate training institutions
Supervise trainees undergoing fieldwork in districts and Communities	Construction of Hostels
Assess trainees to ensure improved standards and ensure Quality	Construction of fences
Upgrade training institutions to meet accreditation criteria	
Conduct continuous professional development programmes for academic and non-academic staff	

Operations	Projects
Feeding of trainees	
Providing boarding and lodging	
Planned, preventive, maintenance of transport and other properties	
Running cost of official vehicles	
Seminars, conferences and workshops	

5. Budget Sub-Program Summary: Expenditure by Economic Classification

Sub-Program SP 4.1 Pre-Service Training

Expenditure by Economic Classification	2012	2013	2014	2015	2016
	Budget	Budget	Budget	Indicative	Indicative
			GHC	GHC	GHC
Current Expenditure					
21 Compensation of Employees			58,856,972	59,445,541	59,445,541
22 Use of Goods and Services			74,547,700	40,985,138	40,830,434
24 Interest (GFS)			18,700	18,700	18,887
25 Subsidies					
26 Grants			10,000	10,000	10,100
27 Social Benefits			602,112	602,112	608,133
28 Other Expenses			728,942	727,442	734,717
Capital Expenditure					
31 Non-Financial Assets			25,081,054	24,949,054	24,451,219
Total Expenditure			159,845,479	126,737,987	126,099,030

BUDGET SUB-PROGRAM SUMMARY

PROGRAM 4: Human Resources for Health Development and Management

SUB-PROGRAM SP 4.2: Post-Basic Training

1. Budget Sub-Program Objective

To produce quality and adequate Specialist nurses/midwives and physician assistants

2. Budget Sub-Program Description

The subprogram involves the training and production of Health Professionals at the Post Basic Level. Post basic education and training refers to programmes that are pursued by serving officers leading to specialization in their chosen profession. There are two cohorts of post-basic programmes namely the Advanced Diploma and Certificate in Midwifery. The advanced diploma programme is usually a 12 - 18 months course undertaken by health professionals who have obtained a basic diploma and have served for a minimum of 3 years. The certificate programme in midwifery is a 2 year course undertaken by enrolled nurses and community health nurses who have served for a minimum of three years.

3. Budget Sub-Program Results Statement

The table indicates the main outputs, its indicators and projections by which the Service measures the performance of this sub-program. The past data indicates actual performance whilst the projections are the Service's estimate of future performance.

Main Outputs	Output Indicator	Past Years		Projections		
		2012	2013	Budget Year 2014	Indicative Year 2015	Indicative Year 2016
Training for desired number, mix and skills of staff to offer health services to the populace provided	Number of Nurse Specialists trained	247	299	285	300	320
	Number of Post-basic midwives trained	346	880	1,012	1,500	1,800
	Number of Physician Assistants trained	166	170	168	180	192

4. Budget Sub-Program Operations and Projects

The table lists the main Operations and Projects to be undertaken by the sub- program.

Operations	Projects
Admit qualified candidates into post-basic programmes	Procure vehicles
Train adequate number of professionals and specialist in all skill sets	Renovate training institutions
Assess trainees to ensure improved standards and ensure quality	Construction classrooms, hostels, staff quarters, dining halls
Supervise trainees undergoing fieldwork/practicals/internships	
Upgrade training institutions to meet accreditation criteria	
Conduct continuous professional development programmes for graduate health professionals	
Conduct continuous professional development for staff	
Identify and recruit non-established staff	

5. Budget Sub-Program Summary: Expenditure by Economic Classification

Sub-Program SP 4.2 Post Basic Training

Expenditure by Economic Classification	2012	2013	2014	2015	2016
	Budget	Budget	Budget	Indicative	Indicative
			GHC	GHC	GHC
Current Expenditure					
21 Compensation of Employees			6,407,933	6,472,012	6,472,012
22 Use of Goods and Services			9,765,306	9,243,145	9,372,560
23 Consumption of fixed capital			4,000	4,000	4,040
25 Subsidies					
26 Grants					
27 Social Benefits			23,500	68,500	69,185
28 Other Expenses			106,748	106,748	107,815
Capital Expenditure					
31 Non-Financial Assets			3,903,900	3,900,400	3,939,404
Total Expenditure			20,211,387	19,794,804	19,965,016

BUDGET SUB-PROGRAM SUMMARY

PROGRAM 4: Human Resources for Health Development and Management

SUB-PROGRAM SP 4.3: Specialized Training

1. Budget Sub-Program Objectives

- To produce Specialist
- To produce lecturers in specialized disciplines

2. Budget Sub-Program Description

The subprogram involves the training and production of Health Professionals in specialized disciplines. Masters and other post-graduate programmes are designed to develop specialists in various fields of practice. The programmes vary in duration from one to seven years. Each professional group has its specific post-graduate programmes. Fellowships are provided for post-graduate programmes that are also offered outside the country.

Institutions producing these specialists are the Ghana and West Africa Colleges of Physicians and Surgeons for medicine and dentistry, the Ghana and West Africa College of Nursing for Nursing and Midwifery, and the Ghana and West African Postgraduate College of Pharmacists for Pharmacists. Public Health, Pharmacy and Allied Health specialties are currently trained in various universities.

3. Budget Sub-Program Results Statement

The table indicates the main outputs, its indicators and projections by which the Service measures the performance of this sub-program. The past data indicates actual performance whilst the projections are the Service's estimate of future performance.

Main Outputs	Output Indicator	Past Years		Projections		
		2012	2013	Budget Year 2014	Indicative Year 2015	Indicative Year 2016
Specialist consultants trained annually	Number of Specialist consultants trained	143	200	220	220	230
Residents and institutional capacity developed	Number of residents capacity developed	93	91	99	120	150

4. Budget Sub-Program Operations and Projects

The table lists the main Operations and Projects to be undertaken by the sub- program.

Operations	Projects
Conduct fellowship examinations	
Identify and induct new members and fellows	
Continuous Professional Development	
Develop training curriculum, modules monitor and evaluate residence and fellowship programmes	
Collaborate with other professional colleges for publication of college journals	
Train specialists and consultants pharmacists	
Conduct qualifying exam for specialists and consultant pharmacists	
Conduct continuous professional development programme for post-graduate health professionals	
Induct newly qualified specialists and consultant pharmacist	

5. Budget Sub-Program Summary: Expenditure by Economic Classification

Sub-Program SP 4.3 Specialized Training

Expenditure by Economic Classification	2012	2013	2014	2015	2016
	Budget	Budget	Budget	Indicative	Indicative
			GHC	GHC	GHC
Current Expenditure					
21 Compensation of Employees			513,137	518,268	518,268
22 Use of Goods and Services			2,517,751	2,517,751	2,542,929
25 Subsidies					
26 Grants					
27 Social Benefits					
28 Other Expenses			37,155	37,155	37,527
Capital Expenditure					
31 Non-Financial Assets			230,000	230,000	232,300
Total Expenditure			3,298,043	3,303,174	3,331,023

PART B: BUDGET PROGRAM SUMMARY

PROGRAM 5: Health Sector Regulation

1. Budget Program Objective

To ensure that acceptable standards of health services and products are maintained

2. Budget Program Description

The Health Sector Regulatory Agencies have the responsibility of ensuring that competent health care providers practice within agreed standards and their services are accessible and affordable to the whole population. This is achieved by regulation of health facilities, health professions, pharmaceuticals and medicinal health products, and food and non-medicinal health products.

The Agencies involved in the implementation of the program are Health Facilities Regulatory Agency, Pharmacy Council, Medical & Dental Council, Nurses and Midwives Council, Food and Drugs Authority, Allied Health Professions Council, Traditional Medicine Practice Council.

The many challenges faced by the Regulatory Agencies include:

- Inadequate comprehensive enabling legislation with regulations and supportive guidelines that applies to current environmental changes and political support.
- Inadequate resources – human, logistical and financial to enable the agencies execute their mandate.
- Limited border post-activities.
- High cost of radio programs and television advertisements, as well as adverts in the print media for consumer education.
- Increasing enforcement costs on joint police swoops, description of fake unwholesome and substandard products and post market surveillance functions.

- High cost of reagents and equipment for FDA laboratories.
- Lack of office accommodation.

The programme is funded by the Government of Ghana, Internally Generated Fund and Multi- Donor Support. The total number of personnel under this budget programme is 650.

3. Budget Program Summary: Expenditure by Economic Classification and Projects

Program 5: Health Sector Regulations

Expenditure By Budget Sub-Program	2012	2013	2014	2015	2016
	Budget	Budget	Budget	Indicative	Indicative
			GHC	GHC	GHC
BSP5.1 Regulation of Health Facilities			2,799,301	2,811,467	2,872,294
BSP5.2 Regulation of Health Professions			21,526,108	21,557,414	21,741,369
BSP5.3 Regulation of Pharmaceuticals and Medicinal Health Products			1,263,160	1,263,160	1,275,792
BSP5.4 Regulation of Food and Non-medicinal Health Products			39,222,620	39,325,167	39,614,847
Total Expenditure			64,811,189	64,957,207	65,459,301
Expenditure by Economic Classification	2012	2013	2014	2015	2016
	Budget	Budget	Budget	Indicative	Indicative
			GHC	GHC	GHC
Current Expenditure					
21 Compensation of Employees			14,601,812	14,747,830	14,747,830
22 Use of Goods and Services			25,495,884	25,495,884	25,750,843
25 Subsidies					
26 Grants					
27 Social Benefits			10,000	10,000	10,100
28 Other Expenses			420,000	420,000	424,200
Capital Expenditure					
31 Non-Financial Assets			24,283,494	24,283,494	24,526,329
Total Expenditure			64,811,189	64,957,207	65,459,301
Expenditure by Projects	2012	2013	2014	2015	2016
	Budget	Budget	Budget	Indicative	Indicative
			GHC	GHC	GHC
Procurement, Supplies and Logistics			19,725,750	19,725,750	19,923,008

Procure of vehicle through void procurement procedures			111,000	111,000	112,110
Recourcing of nine regional offices with office items			135,000	135,000	136,350
Procurement of vehicles (Pick-up (7), Examination Vans (2)			750,000	750,000	757,500
Completion and Furnishing Permanent Office of the Council			2,500,000	2,500,000	2,525,000
Purchase of power plant			90,000	90,000	90,900
Procure One (1) Digital Assessment machine for the Marking of Multiple Choice Question(MCQ)			90,000	90,000	90,900
Procurement of Software for operation systems and training and orientation of staff on the new program			70,000	70,000	70,700
Procurement of Accounting software and training of staff			60,000	60,000	60,600
Acquisition of property			160,000	160,000	161,600
Acquisition of property			90,000	90,000	90,900
Acquisition of property			216,016	216,016	218,176
Acquisition of property:(Procure vehicles,equipment,furniture and Allied Health Professionals investments			108,008	108,008	109,088
			177,720	177,720	179,497
Total Expenditure			24,283,494	24,283,494	24,526,329

BUDGET SUB-PROGRAM SUMMARY

PROGRAM 5: Health Sector Regulations

SUB-PROGRAM SP 5.1: Regulation of Health Facilities

1. Budget Sub-Program Objective

To ensure compliance and maintenance of agreed standards for public and private health facilities

2. Budget Sub-Program Description

The Health Sector Regulation sub-programme has the objective of ensuring that acceptable standards of health service provision and health products are maintained. This objective is achieved by the enforcement of health legislation, regulations and prescribed standards for health facilities.

Registration and licensing are important mechanisms that the Agencies involved in the implementation of the sub-programme employ to confer authority on individuals or corporate bodies to provide health care services. The Agencies ensures that health facilities are licensed and are well distributed in the country to improve access to health care as well as to aid National Health Insurance Scheme.

One of the tools used for inspection of premises is monitoring. The fundamental responsibility lies with the inspecting officers who have the duty to enforce the law. Also for effective regulation there is the need for a well-developed enforcement system to be in place, as well as policies relating to sanctions, penalties, prosecutions, investigation and the appropriate Legislative Instruments (LI).

The organizations involved in the implementation of the sub-programme are Health Facilities Regulatory Agency, Pharmacy Council and Traditional Medicine Practice Council, Medical and Dental Council, Nurses and Midwives Council and Allied Health Professions Council.

3. Budget Sub-Program Results Statement

The table indicates the main outputs, its indicators and projections by which the Service measures the performance of this sub-program. The past data indicates actual performance whilst the projections are the Service's estimate of future performance.

Main Outputs	Output Indicator	Past Years		Projections		
		2012	2013	Budget Year 2014	Indicative Year 2015	Indicative Year 2016
Minimum standards for operating met by all health facilities	Number of health facilities meeting minimum standards	45	60	70	75	80
Health Facilities Licence renewed	Number of facilities licence renewed	80	90	90	95	95
New applications for licensing of health facilities processed	Number of new applications processed	15	25	30	40	50
Inspections and monitoring of standards for premises conducted	Number of inspection visits conducted	45	60	70	75	80

4. Budget Sub-Program Operations and Projects

The table lists the main Operations and Projects to be undertaken by the sub-program.

Operations	Projects
Accreditation, Registration and licensing of health facilities	Construction, Rehabilitation and expansion of infrastructure
Renewal of health facilities' licenses	Purchase of fifteen (15) computers and accessories
Monitoring and enforcement of agreed standards	Purchase of five (5) vehicles

5. Budget Sub-Program Summary: Expenditure by Economic Classification

Sub-Program SP 5.1 Regulation of Health Facilities

Expenditure by Economic Classification	2012	2013	2014	2015	2016
	Budget	Budget	Budget	Indicative	Indicative
			GHC	GHC	GHC
Current Expenditure					
21 Compensation of Employees			1,216,603	1,228,769	1,228,769
22 Use of Goods and Services			1,474,690	1,474,690	1,489,437
25 Subsidies					
26 Grants					
27 Social Benefits					
28 Other Expenses					
Capital Expenditure					
31 Non-Financial Assets			108,008	108,008	109,088
Total Expenditure			2,799,301	2,811,467	2,827,294

BUDGET SUB-PROGRAM SUMMARY

PROGRAM 5: Health Sector Regulations

SUB-PROGRAM SP 5.2: Regulation of Health Professions

1. Budget Sub-Program Objective

To assure quality service through adherence to agreed standards for practising health professionals

2. Budget Sub-Program Description

The Regulation of Health Professions sub-programme seeks to prescribe, uphold, and enforce professional conduct and standards. The main operations involved are continuous professional development, licensure and re-licensure of practicing health professionals registered to practice in Ghana and collaborate with other health training institutions.

The organizations involved in the Regulation of Health Professionals are Pharmacy Council, Medical & Dental Council, Nurses and Midwives Council, Allied Health Professions Council and Traditional Medicine Practice Council.

3. Budget Sub-Program Results Statement

The table indicates the main outputs, its indicators and projections by which the Service measures the performance of this sub-program. The past data indicates actual performance whilst the projections are the Service's estimate of future performance.

Main Outputs	Output Indicator	Past Years		Projections		
		2012	2013	Budget Year 2014	Indicative Year 2015	Indicative Year 2016
Minimum practice standards met by Critical health professionals (Nurses/ doctors/pharmacist)	Percentage of health professionals in current register	90	95	100	100	100
Training for Health interns in accredited health institutions carried out	Number of interns completing their internship	100 posting	100 posting	100 posting	100 posting	100 posting
Health professionals re-licensed and registered to practice in Ghana	Percentage of health professionals re-licensed	80 licensure	90 licensure	100 licensure	100 licensure	100 licensure
Practice standards enforced	Percentage of offending providers sanctioned	100 of offenders	100 of offenders	100 of offenders	100 of offenders	100 of offenders
Health interns who pass health professional qualifying examination registered	Number of interns passed	100	100	100	100	100

Main Outputs	Output Indicator	Past Years		Projections		
		2012	2013	Budget Year 2014	Indicative Year 2015	Indicative Year 2016
Health practitioners and service providers educated on the laws and agreed standards	Number of educational activities conducted	2 per year	2 per year	2 per year	2 per year	2 per year

4. Budget Sub-Program Operations and Projects

The table lists the main Operations and Projects to be undertaken by the sub- program.

Operations	Projects
Education and training of health professionals (Doctors, Pharmacists and Professional and Auxiliary Nurses and health Technicians) to equip them with the requisite knowledge, skills and competence	Complete head office and laboratory complex building for Food and Drugs Authority
Licensure and re-licensure of practicing health professionals	Complete office building for Nurses and Midwives council
Health interns undergo internship training in accredited health institutions. The internship is a pre-requisite for writing health professional qualifying examination	Acquisition of residential accommodation for CEO of FDA
Career and development programs for health practitioners and service providers on regulations and standards for practice	Procure office accommodation for Traditional Medicine Practice Council
Develop and review of curricula for training institutions to meet current trends and developments	Procure twenty(20) vehicles for agencies regulating health professionals
Renewal of health professionals licence	Procure fifteen(15) computer and accessories for agencies regulating health professionals
Conduct research and evaluate standards of education, training and practice of health professionals	Networking infrastructure
	Purchase of furniture and fittings

5. Budget Sub-Program Summary: Expenditure by Economic Classification

Sub-Program SP 5.2 Regulation of Health Professions

Expenditure by Economic Classification	2012	2013	2014	2015	2016
	Budget	Budget	Budget	Indicative	Indicative
			GHC	GHC	GHC
Current Expenditure					
21 Compensation of Employees			3,130,573	3,161,879	3,161,879
22 Use of Goods and Services			13,515,799	13,515,799	13,650,957
25 Subsidies					
26 Grants					
27 Social Benefits			10,000	10,000	10,100
28 Other Expenses			420,000	420,000	424,200
Capital Expenditure					
31 Non-Financial Assets			4,449,736	4,449,736	4,494,233
Total Expenditure			21,526,108	21,557,414	21,741,369

BUDGET SUB-PROGRAM SUMMARY

PROGRAM 5: Health Sector Regulations

SUB-PROGRAM SP 5.3: Regulation of Pharmaceutical and Medicinal Health Products

1. Budget Sub-Program Objective

To ensure consumer safety through quality control of pharmaceutical and medicinal products

2. Budget Sub-Program Description

This sub-programme aims at ensuring consumer safety through testing, inspection and licensing of pharmaceuticals, medicinal products and herbal medicine. The main operations are:

- Licensing of pharmaceutical and medicinal health products manufacturers.
- Ensure consumer safety through quality control of pharmaceutical products.
- Approval for import/sale of pharmaceutical products.
- Conducting medical and basic science research
- Production of safe, effective and quality herbal medicine.
- Analysis of herbal medicine for registration with FDA.
- Review of Essential Herbal Medicines List by Centre for Scientific Research into Plant Medicine.
- Provision of technical expertise in the cultivation and sustainable harvesting of medicinal plant.
- Advocate for provision of intellectual property rights for traditional medicines.
- Educational programs on tobacco use and drug abuse for the public.
- Strengthening post market surveillance.
- Inspection and monitoring of pharmacies and licensed chemical shops.

- Monitoring of pharmaceutical products in pharmacies and licensed chemical shops.
- Review of medicine classification by FDA.

The organizations involved in the implementation of the sub-program are Food and Drugs Authority, Pharmacy Council.

3. Budget Sub-Program Results Statement

The table indicates the main outputs, its indicators and projections by which the Service measures the performance of this sub-program. The past data indicates actual performance whilst the projections are the Service's estimate of future performance.

Main Outputs	Output Indicator	Past Years		Projections		
		2012	2013	Budget Year 2014	Indicative Year 2015	Indicative Year 2016
Minimum requirements for Medicinal products, medical devices and cosmetics and household chemicals met	Percentage of products in current registration	5 5	6 0	6 5	7 0	7 5
	Percentage of reported product adverse reaction investigated	5 0	5 5	6 0	6 5	7 0
Pharmaceutical manufacturers licensed	Number of manufacturers licensed	3 0	3 2	3 5	4 0	4 5
Import/sale of pharmaceutical products approved	Number of products approved	6 0	7 0	7 5	8 0	8 5

4. Budget Sub-Program Operations and Projects

The table lists the main Operations and Projects to be undertaken by the sub- program.

Operations	Projects
Licensing of pharmaceutical manufacturers.	Procure vehicles (verify)
Quality control of medicinal health products	Rehabilitation, construction and expansion of infrastructure
Approval for import/sale of pharmaceutical products.	Procure computers and accessories
Conducting medical and basic science research	
Monitor the production of safe, effective and quality herbal medicine.	
Review of Essential Herbal Medicines List by Centre for Scientific Research into Plant Medicine.	
Review of medicine classification by FDA	
Monitoring of pharmaceutical products in pharmacies and licensed chemical shops.	

5. Budget Sub-Program Summary: Expenditure by Economic Classification

Sub-Program SP 5.3 Regulation of Pharmaceutical and Medicinal Health Products

Expenditure by Economic Classification	2012	2013	2014	2015	2016
	Budget	Budget	Budget	Indicative	Indicative
			GHC	GHC	GHC
Current Expenditure					
21 Compensation of Employees					
22 Use of Goods and Services			1,263,160	1,263,160	1,275,792
25 Subsidies					
26 Grants					
27 Social Benefits					
28 Other Expenses					
Capital Expenditure					
31 Non-Financial Assets					
Total Expenditure			1,263,160	1,263,160	1,275,792

BUDGET SUB-PROGRAM SUMMARY

PROGRAM 5: Health Sector Regulations

SUB-PROGRAM SP 5.4: Regulation of Food and Non-Medicinal Health Products

1. Budget Sub-Program Objective

To ensure consumer safety through quality control and licensing of food and non-medicinal products

2. Budget Sub-Program Description

This sub-programme is responsible for food safety management systems in food manufacturing industries and enforcement of relevant regulations and guidelines to ensure the quality, safety of food and non-medicinal products for local market and for export.

The operations involved are:

- Training and inspection of street vendors in the country.
- Inspection of institutional catering facilities (second cycle schools catering facilities and under the Ghana School Feeding Programme).
- Sensitizing of stakeholders in food and non-medicinal product safety issues.
- Implementation of Good Manufacturing Practice principles in industries producing regulated products in line with international best practice.
- Ensure iodine fortification of salt.
- Strengthening post-market surveillance operations.
- Strengthening laboratory support systems for regulatory decisions.
- Approval for import/sale of food products.
- Licensing of manufacturing and production, sales and supplies facilities.

- Inspection and monitoring of food manufacturing industries.
- Publishing list of catering facilities issued with Food Hygiene Permit in the print media.

The challenges faced by the Regulatory Agencies include:

- Inadequate comprehensive enabling legislation with regulations and supportive guidelines that applies to current environmental changes and political support.
- Inadequate resources – human, logistical and financial, to enable the agencies execute its mandate.
- Lack of operational vehicles and equipment to monitor and enforce regulations

3. Budget Sub-Program Results Statement

The table indicates the main outputs, its indicators and projections by which the Service measures the performance of this sub-program. The past data indicates actual performance whilst the projections are the Service’s estimate of future performance.

Main Outputs	Output Indicator	Past Years		Projections		
		2012	2013	Budget Year 2014	Indicative Year 2015	Indicative Year 2016
Quality and safety of food and non-medical products certified	Number of health and food products certified	50	50	50	60	80
Manufacturing and production, sales and supplies facilities licensed	Number licensed	30	30	30	35	40
Food manufacturing industries inspected and monitored	Percentage covered	60	65	70	75	80

4. Budget Sub-Program Operations and Projects

The table lists the main Operations and Projects to be undertaken by the sub- program.

Operations	Projects
Licensing of manufacturing and production, sales and supplies facilities.	Procure Laboratory equipment
Implementation of food safety management systems in food manufacturing industries	
Inspection and monitoring of food manufacturing industries	
Training and inspection of street vendors in the country.	
Approval for import/sale of food products	
Publishing list of catering facilities issued with Food Hygiene Permit in the print media	
Ensure iodine fortification of salt	
Strengthening post-market surveillance activities	

5. Budget Sub-Program Summary: Expenditure by Economic Classification

Sub-Program SP 5.4 Regulation of Food and Non-Medicinal Health Products

Expenditure by Economic Classification	2012	2013	2014	2015	2016
	Budget	Budget	Budget	Indicative	Indicative
			GHC	GHC	GHC
Current Expenditure					
21 Compensation of Employees			10,254,636	10,357,182	10,357,182
22 Use of Goods and Services			9,242,235	9,242,235	9,334,657
25 Subsidies					
26 Grants					
27 Social Benefits					
28 Other Expenses					
Capital Expenditure					
31 Non-Financial Assets			19,725,750	19,725,750	19,923,008
Total Expenditure			39,222,620	39,325,167	39,614,847

PART C: FINANCIAL INFORMATION

Annex 1: Summary of Expenditure by Program, Economic Classification and Funding Source

Annex 2: Expenditure by Program and Sub Program

Annex 3: Expenditure by Program and Project

Annex 4: Expenditure by Funding and Program

Annex 5: Expenditure by Program/Sub-Program and Economic Classification