



REPUBLIC OF GHANA

GHANA HEALTH SECTOR

**2015**  
**PROGRAMME OF**  
**WORK**

**THEME:**

*Working together towards universal coverage  
Accelerating the momentum for attaining health related  
MDGs*

**MINISTRY OF HEALTH**



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## ACRONYMS

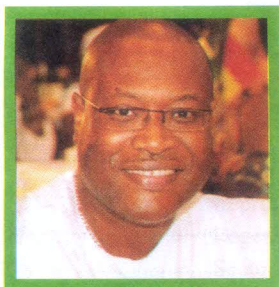
ABB	Activity Based Budget
ABFA	Annual Budget Funding Allocation
AfDB	African Development Bank
APOW	Annual Programme of Work
ARV	Anti-Retroviral
BADEA	Arab Bank for Economic Development in Africa
BMC	Budget Management Center
CDC	Center for Disease Control
CHAG	Christian Health Association of Ghana
CHIM	Center for Health Information Management
CHPS	Community-based Health Planning & Services
DFID	Department for International Development
DHMT	District Health Management Team
DHS	Demographic and Health Survey
DMHIS	District Mutual Health Insurance Scheme
DP	Development Partner
EM	Earmarked (funds)
EmOC	Emergency Obstetric Care
EmONC	Emergency Obstetric and Neonatal Care
EPA	Environmental Protection Agency
EPI	Expanded Programme on Immunization
GAVI	Global Alliance for Vaccines and Immunizations
GCNM	Ghana College of Nurses and Midwifery
GCP	Ghana College of Pharmacists
GCPS	Ghana College of Physicians and Surgeons
GDHS	Ghana Demographic & Health Surveys
GDP	Gross Domestic Product
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
GH?	Ghana Cedi
GHS	Ghana Health Service
GNDP	Ghana National Drug Programme
GOG	Government of Ghana
GSGDA	Ghana Shared Growth Development Agenda
GSS	Ghana Statistical Service
HATS	Health Assistants Training School
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HMIS	Health Management Information System
HO	Health Objective
HRHD	Human Resources for Health Development

HSMTDP	Health Sector Medium Term Development Plan
HSS	Health System Strengthening
IALC	Inter-Agency Leadership Committee
ICT	Information Communication Technology
IE & C	Information, Education & Communication
IGF	Internally Generated Fund
IMR	Infant Mortality Rate
IPPD	Integrated Payroll and Personnel Database
IPT	Intermittent Preventive Treatment
ITN	Insecticide Treated Net
JICA	Japan International Cooperation Agency
KATH	Komfo Anokye Teaching Hospital
KBTH	Korle Bu Teaching Hospital
LDP	Leadership Development Programme
LI	Legislative Instrument
M&E	Monitoring and Evaluation
MAF	MDG Acceleration Framework
MAH	Mental Health Authority
MCH	Maternal and Child Health
MDAs	Ministries, Department and Agencies
MDGs	Millennium Development Goals
MICS	Multi-Indicator Cluster Survey
MLGRD	Ministry of Local Government and Rural Development
MMDAS	Metropolitan, Municipal and District Assemblies
MOF	Ministry of Finance
MOH	Ministry of Health
MRI	Magnetic Resonance Imaging
MTEF	Medium Term Expenditure Framework
MTS	Midwifery Training School
NACP	National ADIS Control Programme
NAS	National Ambulance Service
NCD	Non-Communicable Disease
NDPC	National Development Planning Committee
NGOS	Non-Governmental Organizations
NHIA	National Health Insurance Authority
NHIF	National Health Insurance Fund
NHIS	National Health Insurance Scheme
NMC	Nurses and Midwives Council
NTC	Nursing Training College
NTD	Neglected Tropical Disease
OPD	Out-patient Department
OPEC	Organization of the Petroleum Exporting Countries

OPIC	Overseas Private Investment Corporation
ORET	Development-Related Export Transactions
PBB	Programme Based Budget
PIP	Priority Intervention Programmes
PMTCT	Prevention of Mother To Child Transmission
PPM	Planned Preventive Maintenance
PPME	Policy Planning Monitoring and Evaluation
PPP	Public Private Partnership
RCH	Reproductive and Child Health
RHN	Regenerative Health and Nutrition
SBS	Sector Budget Support
SIP	Social Intervention Programmes
SUN	Scaling Up Nutrition
TB	Tuberculosis
TBA	Traditional Birth Attendant
TMPC	Traditional Medicine Practice Council
TTH	Tamale Teaching Hospital
U5MR	Under-Five Mortality Rate
USAID	United States Agency for International Development
WFP	World Food Programme
WHO	World Health Organization

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## MESSAGE FROM THE HONOURABLE MINISTER OF HEALTH



The 2015 Annual Programme of Work marks the second year implementation of the current Health Sector Medium Term Development Plan (2014 -2017). The theme for this year's APOW is **'Working together towards universal coverage: Accelerating the momentum for attaining health related MDGs'**. This is suitably chosen to reflect the direction of the sector in medium term and to remind ourselves of the significance of the year 2015.

The health sector is still confronted with the issue of access to essential health services, especially in deprived and hard-to-reach areas. The revised Community Health Planning and Services (CHPS) strategy will be the focus of delivering primary healthcare services to our people. The sector will increase the number of functional CHPS compounds and upgrade the skills of CHOs in midwifery. As part of efforts to increase access to every community, the MOH will continue with the extension, expansion, upgrading and equipping of health facilities and training institutions. The Presidential Initiative for the construction of CHPS compounds would also be pursued. By this initiative, 10% of the salaries of the President, Vice President, Ministers and Government Appointees have been committed to the construction of CHPS compounds throughout the country.

To achieve MDGs, it is not only important to have programmes and systems in place, but also to systematically target the poor. It is in this vein that I would urge all district medical teams to regularly undertake outreach services in their communities to further bring health care delivery to the door steps of the people. It is worth noting that strenuous efforts had been made in scaling up maternal and child health interventions which culminated in the reduction of institutional maternal deaths during half year 2014. With this performance, we again understand the urgency to further scale up proven interventions to achieve the MDG targets.

The health sector remains a central pillar to Government's development programme and contributes to accelerated growth in many ways. However, the country is still battling with most of the preventable diseases. It is therefore important for everybody to get fully involved in keeping our environment clean, cultivate the habit of regular check-ups and adopt a healthy lifestyle in order to have a stronger workforce for nation building.

Furthermore, the importance of the Private Sector in the provision of health care in this country cannot be underestimated, hence the need to foster stronger collaboration with quasi-government institutions, faith-based non-governmental organisations and the Private Health Providers. It is in this vein that the Ministry continues to promote partnership so as to harness all available resources for better health outcomes.

It is an undisputable fact that, in recent times, funds generated from our internal operations are progressively playing a substantial role in the delivery of health services in the country. It is imperative that all institutions generating funds internally need to manage them prudently. IGF is a public fund and must be adequately accounted for according to the guidelines for its use.

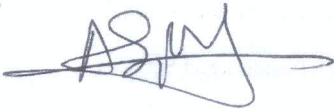
The Ministry would also continue to spearhead the development of relevant Legislative Instruments to support the implementation of the Health Laws. The FDA's attainment of ISO 17025 Accreditation as well as the Centre of Excellence for Clinical Trials in Africa present enormous opportunities to grow the agency technically and financially and this should be fully explored for others to emulate. I entreat all agencies to discharge their duties diligently according to their core mandates and collaborate with other stakeholders. We must also be mindful of the fact that adherence to the rules and standards in line with the laid down procedures should not in any way be compromised. In order to enhance overall performance, all heads of agencies are expected to sign performance contract with their subordinates at all levels.

The debilitating effect of the fire disaster at the Central Medical Stores cannot be underestimated. However, the Ministry, in collaboration with stakeholders, is making frantic efforts to effectively manage the situation in order to ensure constant supply of essential drugs in the system. Let me use this opportunity to underscore the urgent need for all managers to put in place measures to prevent the occurrence of such disasters.

With regards to decentralisation, Health Service Bill, which paves way for a decentralised service delivery would be finalised and submitted to Cabinet this year. I therefore urge all health workers to get abreast with the tenets of decentralisation of health service and embrace it as such.

I call on all health workers to work together to propel the health sector not only to accomplish its mandate but also to meet the expectations of our clients and the general public who deserve quality health care.

Finally, I would like to express my sincere gratitude to various stakeholders and individuals, who, in diverse ways, contributed towards the development of this document.

A handwritten signature in black ink, appearing to read 'ASG', with a long horizontal line extending to the left.

HON. ALEXANDER SEGBEFIA  
MINISTER OF HEALTH

## 1. INTRODUCTION

The 2015 Annual Programme of Work (APOW) represents the implementation of the second year of the Health Sector Medium Term Development Plan 2014-2017 (HSMTDP), which has been developed as the health sector's response to Government's medium term development policy framework. Within this framework, the sector is denoted as a key contributor to ensuring that the country has a healthy human capital to support national development.

In line with the overall national public sector financial reforms, all closely related programmes and activities are reorganised into budget programmes and sub-programmes. These budget programmes and sub-programmes are then linked to definite and measureable results framework or output. Each agency of the Ministry falls under one of the Budget Programmes and Sub-Programmes, however, the various agencies have their detailed specific plans based on their mandate to achieve the targets set out for 2015 in the HSMTDP.

The focus of 2015 POW is to make healthcare accessible and affordable to all people living in Ghana. It also requires that things are done efficiently to ensure better results and accelerate the attainment of targets. The sector would therefore adhere to the planned activities and place more emphasis on performance and results in terms of service productivity and efficiency. Emphasis is placed on strengthening policies and programmes relating to maternal, neonatal and child health, health promotion, disease prevention, surveillance and control. Focus is also put on emergency preparedness and response and strengthening clinical care.

The Ministry of Health will also build on the achievements made in the 2014 and implement the following key priority interventions/ programmes and projects in 2015.

1. Accelerate the implementation of Maternal, Child and Newborn health Interventions (MAF and National Newborn Strategy)
2. Continue the scale up of the Community-based Health Planning and Services (CHPS)
3. Expand coverage of the National Ambulance Service
4. Intensify the implementation of the National Epidemic Preparedness and Response Plans: Ebola, Cholera and other emerging diseases within the context of IDSR and IHR
5. Implement the Human Resource for Health strategic plan
6. Finalize the health sector response to national decentralization agenda
7. Improve coverage of EPI and ensure its financial sustainability
8. Expand access to safe blood and blood products
9. Strengthen and scale up interventions for HIV/AIDS, Malaria, Tuberculosis (TB)
10. Scale up the implementation of Non- communicable Disease Strategy and Plan
11. Implement Health Promotion Strategy
12. Strengthen regulatory environment to enforce compliance and maintenance of agreed standards
13. Strengthen and improve quality of institutional based and outreach services
14. Implement Health Financing strategy and Implementation Plan
15. Scale up implementation of capitation

16. Review and roll out the sector research agenda
17. Finalise and implement health sector Nutrition strategic plan
18. Implement Adolescent Health Strategic plan

### **Priority Capital Projects**

The priority projects to be undertaken in 2015 are:

- Strengthen Primary Health Care with emphasis on CHPS by completing the preparation and documentation (including title certificates) for the construction of 400 CHPS compounds.
- Complete selected ongoing projects with emphasis on those in deprived and peri-urban areas;
- Re-prioritize existing capital projects for funding and re-negotiation by completing selected uncompleted projects nationwide.
- Enforce planned preventive maintenance for capital infrastructure, replacement of obsolete equipment and vehicle availability for service delivery and supervision;
- Rehabilitate and expand selected health training institutions and provide staff accommodation;
- Construct new health infrastructure to improve access to health care
- Modernization of selected critical services in the Teaching Hospitals, Regional Hospital and selected District Hospitals.
- Deploy the requisite equipment and transport to support specialized Outreach Services.
- Provide safe and secure warehouse for storage and distribution of medicines and logistics supplies, etc.

As part of activities to further strengthen the programme for modernizing health care and also improve access to quality health care; the under listed projects will be pursued;

The following projects are earmarked for completion in 2015;

- District Hospital at Bekwai
- Classroom and External works at Nurses Training College (NTC), Cape coast
- Classroom and Hostel at Sampa Health Assistants Training Schools (HATS), Pantang HATS, Pantang NTC, Hohoe MTS, Asankragua NTC, Korle Bu Peri-operative and Critical nursing
- Classroom, Hostel and External works at NTC, Agogo
- Maternity block for Tema General Hospital
- Offices for Ghana National Drugs Programme and Procurement Unit
- Office complex for St John Ambulance and National Ambulance Service
- Remaining four of the Housing Component under the Major Rehabilitation and upgrading of Tamale Teaching Hospital Project
- Office complex for Nurses and Midwives Council

The following projects would be on-going in 2015:

- Rehabilitation of Offices and Workshop for Tema Mechanical Workshop
- Major upgrade & rehabilitation of the Tamale Teaching Hospital, Phase II;
- Expansion of Radiotherapy and Nuclear Medicine Centres at KBTH and KATH;
- Construction and Equipping of seven District hospitals and integrated IT system;
- Construction of University of Ghana Teaching Hospital
- Rehabilitation of Bolgatanga Regional hospital;
- Civil works component of the TB case detection programme;
- Emergency Trauma and Acute care centre at Korle Bu Teaching Hospital;
- Construction and Completion of Maternity and Children Block at Komfo Anokye Teaching Hospital (KATH), Kumasi;
- Construction of maternity ward/wing for Tafo Hospital, Kumasi;
- Construction of two Regional Hospitals with staff housing at Wa and Kumasi and
- Construction of six District Hospitals with staff housing at Adenta/Madina, Twifo-Praso, Konongo-Odumasi, Nsawkaw, Tepa, and Salaga;
- Rehabilitation of Greater Accra Regional Hospital at Ridge;
- Construction of five Polyclinics in the Greater Accra Region; Adenta, Ashaiman, Bortiano, Oduman and Sege;
- Construction of ten Polyclinics in the Central Region; Bisease, Gomoa Dawurapong, Biriwa, Etsii Sunkwa, Esikuma Gyamena, Agona Duakwa, Binpong Akunfude, Ekumfi Naakwa, Twifo Atimokwa, Gomoa Potsin;
- Construction of New facilities in thirteen Health Training Institutions (i.e. Goaso MTS, Pantang HATS, Hohoe MTS, Wa HATS, Kokofu HATS, Asankragua HATS, Tarkwa MTS, Korle Bu POCCN, Dua Yaw Nkwanta PATS, Nadowli MTS, Sampa HATS, Kete-Krachi MTS and Nandom MTS;
- Supply of 200 Ambulances under the National Ambulance service
- Construction and completion of CHPS nationwide.

## **1.1 NATIONAL CONTEXT**

### **Socio-economic environment**

Ghana remains a peaceful and politically stable since the inauguration of the fourth republic on January 7, 1993. Having gained the lower middle income status in 2011 after the rebasing of its national income in addition to producing and exporting of crude oil in commercial quantities, the country stands the chance of becoming aid independent in future.

Ghana's Human Development Index (HDI) value which measures a country's overall achievement in its social and economic dimensions has increased from 0.391 in 1980 to 0.573 in 2014, an increase of 47 percent or average annual increase of about 1.3 percent. Related to that, Ghana is ranked 138 out of 187 countries and territories, maintaining its position in the 2013 index, and placing the country in the medium human development category.

To ensure that the Ghanaian economy is stable, the stipulated economic variables for 2015 are that overall real GDP (including oil) growth will be 3.9 percent; whilst non-oil real GDP growth

will be 2.7 percent. The end year inflation target will be 11.5 percent; with overall budget deficit being equivalent to 6.5 percent of GDP. A gross international reserve is expected to be not less than 3 months of import cover of goods and services. The policy of not employing more than the number of staff who leaves the public service (excluding education and health workers) and non-replacement of departing public sector employees in overstuffed areas would continue in the year 2015.

The current population is estimated at 27.04 million with 13.8 million females as against 13.14 million male spread among over more than one hundred ethnic groups. Ghana is on course to meet MDG 1&2 targets on poverty and basic education respectively. Concerted efforts towards achieving the other health related MDGs targets have been progressively made. However, MDGs 4, 5 and 7 which are related to child, maternal and, sanitation and availability of potable water respectively continue to remain a major concern to policy makers because of the limited progress made.

## **2. PERFORMANCE DURING 2014**

The health sector's objective is to reduce inequities in access to care and increase coverage, quality and use of health services so as to achieve a healthier national population. The summary of major achievements in 2014 under the various programmes and key challenges are presented below:

### **2.1 MANAGEMENT AND ADMINISTRATION**

The Ministry successfully conducted holistic Assessment and held its performance review summit. To further strengthen the collaboration with the private sector, the Ministry has launched its private health sector policy and developed a strategic plan to guide its implementation. The MOH also facilitated the organization of the first ever private health sector summit during the year under review. In addition the recommendations from the summits were incorporated into the various strategic plans.

In line with government's policy of promoting public private partnership (PPPs), feasibility studies were conducted on proposed Urology and Diagnostic projects at the Korle Bu Teaching Hospital.

The Legislative Instruments for the Health Institutions and Facilities Act, Act 829, 2011 have been completed and submitted to the Attorney General's Department for appropriate action.

The process of decentralising the health service is on-going. The initial draft Bill has been completed and disseminated.

The Common Management Arrangement (CMA) has been reviewed to guide the implementation of the 2014-2017 health sector Medium Term Development Plan.

The Annual Programme of Work 2014 was completed to guide the implementation of major planned operations (activities) and projects.

As part of efforts aimed at strengthening monitoring and reporting in the health sector, Monitoring and Evaluation (M&E) officers from all agencies have been trained.

A health financing strategy and its implementation plan have been developed to provide guidance to further strengthen health financing in the sector.

The Ministry signed performance contract with all Divisional Directors of the Ministry of Health headquarters and heads of its Agencies. . A total of 24 senior officers at the MOH headquarters level were trained in leadership and management to improve upon governance and stewardship.

During the year, new software for Staff Vehicle High Purchase Scheme (SVHPS) which is able to track payments and generate reports for management decision making has been developed. In addition, an Electronic Cash Book System for the MOH HQ and some selected agencies has been introduced.

## **2.2 HEALTH SERVICE DELIVERY**

The OPD per capita increased marginally above the previous year's level of 0.51 to 0.58 by June, 2014. The National Ambulance Service has established four (4) new ambulance stations at Kasoa, Atomic junction in Accra, Tarkwa and Axim during the year bringing the total to 126. The NAS recorded a total of 14,322 cases out of which 8,232 were inter-hospital transfers and 6,090 emergencies.

The CHPS concept remains the Ministry's main strategy of bringing health services to the community level. In this regard, a total of 724 CHPS zones have been established and made functional as at 30<sup>th</sup> June 2014 bringing to a national cumulative total of 3404. To harmonise the various activities of the different actors in the provision of CHPS, a stakeholder meeting was organised to streamline and optimise investment in this area.

### **2.2.1 National Health Insurance Scheme**

The NHIA started nationwide Biometric Membership System in 2013 which continued throughout 2014. The introduction of the Biometric Membership System (BMS) was to improve membership identification card management; ensure accurate membership data and validation of subscribers at the provider level. It will also check frivolous use of health care services and contribute to a reduction in provider claims expenditure.

In an effort to scale up the implementation of NHIS to achieve universal coverage, the NHIA sets the objective to increase active membership to 60percent of the national population with emphasis on the poor and informal sector by end of December 2014. The target of 60percent set for 2014 was however revised downwards to 45percent having observed, over the years, that membership growth has been around 1percent to 2percent annually. In order to achieve the set targets, the NHIA pursued a number of interventions including drafting the legislative instrument for Act 852 as well as collaborating with the Ministry of Employment and Labour Relations to revise the definition of indigents to better capture the poor in the informal sector and registered beneficiaries of the Livelihood Empowerment Against Poverty (LEAP) programme. From initial active membership of 1.3 million in 2005, enrolment of NHIS increased to 10.26 million as at the end of December, 2014. The NHIA also began a process to scale up capitation to three additional regions, namely Volta, Upper West and Upper East Regions.

### **2.2.2 Ebola Virus Disease**

In 2014, there was an epidemic of Ebola Virus Disease (EVD) in three neighbouring West African countries, Liberia, Guinea and Sierra Leone. Ghana therefore intensified its public health surveillance system and developed a comprehensive preparedness and response plan for Ebola Virus Disease which it began implementing. An Inter-Ministerial committee and Technical Committee have been established and have been active since then,

All hospitals have been directed to have designated isolation units for EVD. Three cities spread across the three ecological zones of the country have been earmarked for isolation and treatment centres. One of the centres at Tema in the southern zone has been completed and equipped. The Kumasi and Tamale centres that are to cater for the middle and northern belts respectively are in various stages of development.

Government has procured and distributed 10,000 Personal Protective Equipment (PPE) to all four Teaching Hospitals, ten regional hospitals who would in turn distribute to the lower level hospitals and health facilities across the country and has maintained a strategic stock at the national level.

Hospitals belonging to Christian Health Association of Ghana (CHAG) and those belonging to the quasi-Government Hospitals such as the Police Hospital, Military Hospital, SSNIT Hospital and Port Health have also benefited from the PPEs distributed during 2014

Additionally, thermometer (Walk through, non-contact infra-red thermometers) has also been installed at Kotoka International Airport as part of Ghana's preparedness and response for any possible Ebola outbreak. Staff training in case management and other preventive activities are also ongoing. Government of Ghana has released an initial amount of 6.9 million Ghana Cedis to meet immediate needs.

### **2.2.3 Maternal Health**

There was a marginal improvement in coverage of Antenatal Care with the half year performance being 45.7 percent in 2014 as against 44.5 percent in 2013. Related to this performance, supervised delivery continued to rise recording 30 percent in 2014 as against the 2012 and 2013 half year performance of 27.2 percent and 28.5 percent respectively. The increase effort in scaling up maternal and child health interventions culminated in reduced half year institutional maternal deaths from 177.9 per100, 000 live births in 2013 to 150.4 per 100,000 live births in 2014. Despite this performance, the Ministry of Health understands that there is an urgent need to scale up proven interventions to achieve the MDG targets as 2015 is here with us.

### **2.2.4 Child Health**

There was an improvement in institutional neonatal deaths, being 4.4 deaths per 1000 live births in 2014. This was after stagnation in half-year performance from 2012 to 2013 which recorded 5.7 deaths per 1000 live births

### **2.2.5 Communicable and non-communicable Diseases**

Ghana has been a Guinea Worm free since country 2010. A certification evaluation conducted by the WHO in 2014 certified that Ghana has successfully eradicated Guinea Worm Disease.

In a bid to reduce further morbidity and mortality due to vaccine preventable diseases, Ghana has submitted application documents and introduction plans to GAVI for support to introduce Inactivated Polio Vaccine (IPV) and Meningococcal A Conjugate vaccine (MenAfrivac) into the routine immunization programme by December 2015. The IPV will be introduced nationwide whilst the meningitis vaccine will be limited to the three northern regions which fall within the African Meningitis Belt. Prior to the routine introduction of the meningitis vaccine, a mini catch-up campaign will be conducted for children aged 1 – 3 years who were either not born or not eligible during the 2012 Meningitis Campaign.

An application has also been sent to GAVI for support to conduct yellow fever preventive campaign in 72 high risk districts in 2015. Despite some challenges such as limited funding, access to service in some hard-to-reach areas and urban centres, the following performance indicators have been sustained: (i) no measles death since 2003 (ii) break in transmission of wild

polio virus since November 2008 and (iii) elimination of Maternal and Neonatal Tetanus (MNT) since 2011.

There was marginal decline in immunization coverage in 2013 but the situation improved in 2014. In 2013 Penta3 coverage was 86percent but has increased to 90percent in 2014 (using total births). The estimated number of un-immunized children in 2013 was 151,721 (representing 14.3percent) of total annual EPI target. In 2014, the estimated number of children un-immunized reduced to 109,970 (10.1percent).

During the second half of the year there was cholera outbreak in the various part of the country. Cumulatively as of 26<sup>th</sup> December, 2014 the reported cases were 28,646 including 218 deaths (Case fatality rate of 0.8percent) have been reported from 130 out of 216 districts (60percent) in the country.

### **2.2.6 Capital Investment**

The Ministry has completed and handed over the following projects; Tarkwa District Hospital, construction and equipping of five (5) Polyclinics phase III at Nkrankwanta, Wamfie, Kwatre, Bomaa and Techimantia in the Brong Ahafo Region and Upgrading of Bolgatanga Regional Hospital Phase II.

The Ministry has completed the Phase 1 of the Rehabilitation and Upgrading of Tamale Teaching Hospital. Four out of eight staff Housing project and the Supply and Installation of 5MVA, 34.5/11 Bulk Power at the Tamale Teaching Hospital were completed. The phase II of the rehabilitation and upgrading of the Tamale Teaching Hospital will continue in 2015.

Construction and equipping of the eye care centre at Komfo Anokye Teaching Hospital and Water Improvement Project in selected health facilities in Brong Ahafo, Northern and Upper East Regions were completed.

All regional hospitals, 4 Teaching hospitals and 90 primary health care facilities received assorted medical equipment under the National Medical Equipment Replacement Project. This resulted in the decentralization of high end medical imaging infrastructure to regional hospitals across the country.

As part of efforts aimed at ensuring the continuous maintenance of the equipment, \$25 million was set aside to support planned preventive maintenance for the next 3 years beginning 2015 under the OPIC project.

To improve access to radiotherapy and nuclear medicine services, a number of activities to upgrade the radiotherapy centres in the country have been undertaken. This included the Cobalt and Simulator installation and retrofitting works which were completed in Korle-Bu and Komfo Anokye Teaching Hospitals.

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### **2.2.2 Ebola Virus Disease**

In 2014, there was an epidemic of Ebola Virus Disease (EVD) in three neighbouring West African countries, Liberia, Guinea and Sierra Leone. Ghana therefore intensified its public health surveillance system and developed a comprehensive preparedness and response plan for Ebola Virus Disease which it began implementing. An Inter-Ministerial committee and Technical Committee have been established and have been active since then,

All hospitals have been directed to have designated isolation units for EVD. Three cities spread across the three ecological zones of the country have been earmarked for isolation and treatment centres. One of the centres at Tema in the southern zone has been completed and equipped. The Kumasi and Tamale centres that are to cater for the middle and northern belts respectively are in various stages of development.

### 3. CHALLENGES

Although there were modest achievements chalked during the previous years, the sector still faces a number of challenges. Box 1 below indicates the challenges to the sector.

Box 1: Summary of challenges' to the Health Sector

1. Continuing inequities in access to essential health services especially in deprived areas
2. Slow improvement in neonatal, infant and maternal mortality
3. Weak and ineffective coordination of blood services.
4. Leadership capacity, governance and management structures at all levels of the sector
5. Weak systems and structures for performance monitoring, supervision and management
6. Inequitable distribution of human resources for health to the remote areas of the country
7. Inadequate number of tutors in health training institutions
8. Delay in reimbursement of claims by NHIS to service providers
9. Inadequate and erratic flow of funds

## **4. POLICY FRAMEWORK**

In line with the HSMTDP 2014 – 2017, the following defines the policy framework for the sector and the context within which this 2015 APOW will be implemented.

### **Vision**

The vision of the health sector is to have a healthy population for national development.

### **Mission**

The mission is to contribute to socio-economic development by promoting health and vitality through access to quality health for all people living in Ghana using motivated personnel.

### **Sector goal**

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

### **Policy thrust**

The sector's policy thrust is to reduce inequities in access to care and increase coverage, quality and use of health services so as to achieve a healthier national population

### **Health Objectives**

Below are the health sector objectives as stated in the current Health Sector Medium Term Development Plan HSMTDP 2014-2017

- HO 1. Bridge the equity gaps in geographical access to health services
- HO 2. Ensure sustainable financing for health care delivery and financial protection for the poor
- HO 3. Improve efficiency in governance and management of the health system
- HO 4. Improve quality of health services delivery including mental health services
- HO 5. Enhance national capacity for the attainment of the health related MDGs and sustain the gains
- HO 6. Intensify prevention and control of non-communicable and other communicable diseases

## **5. MINISTRY OF HEALTH PROGRAMME BASED BUDGET (PBB) STRUCTURE**

As part of national policy on public financial management reforms, the sector has moved from Activity Based Budget (ABB) to Programme Based Budget (PBB). In view of this, the sector has developed a Budget Programmes Structure as stated in the Health Sector Medium Term Development Plan (HSMTDP). It is made up of four main programmes with a total of 16 sub-programmes taking into consideration the closely related activities that various agencies are mandated to perform. The public financial management reform is expected to improve service delivery and performance measurement.

### **5.1 PROGRAMME 1: Management and Administration**

The Management and Administration programme ensures the overall leadership and management of the sector through policy formulation, resource mobilization and allocation, and monitoring and evaluation of the sector.

This programme consists of five sub programmes namely (i) Management and Administration (ii) Health Research, Statistics and Information Management, (iii) Health Policy Formulation, Planning, Budgeting, Monitoring and Evaluation, (iv) Finance and Audit, (v) Procurement, Supply and Logistics. This programme is being implemented at Ministry of health headquarters level.

### **5.2 PROGRAMME 2 : Health Services Delivery**

Health Service delivery principally embraces the systems and structures as well as the operational processes in place for implementing the sector thrust of providing accessible, and quality health care to all residents in Ghana. This is achieved by offering an integrated and continuum of care from the individual and household levels through primary health care interventions to the accessing of tertiary and specialized services in a defined and well-coordinated referral system. Other key areas include provision of pre- hospital services and conduct of research to inform policy and practice.

#### **5.2.1 Primary and Secondary Services;**

The primary health care component form an integral part of the overall health system of Ghana. The primary health care is to bring health services closer to clients. The Community Health Based Planning and Service (CHPS) continue to be the mainstay to achieving this focus. The interventions at this level include reproductive and child health service, family planning, health promotion and control of both communicable and non-communicable diseases. District hospitals serve as referral points for the primary care facilities.

The secondary level delivers clinical and public health services as well as conducting outreach services to communities. They serve as referral points for primary level facilities. Thus the sub-program embraces implementing quality clinical care standards and protocols and monitoring their efficiency and effectiveness in improving the health of the populace.

### **5.2.2 Tertiary and Specialised Health Services**

Tertiary and Specialised health service delivery serve as centres for referral from primary and secondary health care providers including training of health professionals. This, sub-programme provides specialised care in the area of Psychiatry, Orthopaedics, Cardio, Plastic and Burns reconstruction surgery, Genetics and related healthcare specialities.

The Agencies involved in implementing this programme are: Ghana Health Service, Faith based health providers including Christian Health Association of Ghana, Korle Bu, Komfo Anokye, Tamale and Cape Coast Teaching Hospitals, quasi government facilities, Ghana Institute of Clinical Genetics, Psychiatric Hospitals located in 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.

### **5.2.3 Research:**

This sub-programme focuses on research into clinical and herbal medicines. It further seeks to ensure compliance with operational research ethics and procedures using national research agenda. Documentation of research findings and statistics is also key in this sub-programme.

### **5.2.4 Pre-Hospital Services**

This sub-programme aims at delivery of timely and efficient, standard and affordable emergency care to the public at all times. It is to provide cost-effective specialized care in the areas of pre-hospital emergency care, provision of safe, adequate and efficacious blood and blood products for transfusion therapy in both public and private healthcare institutions in the country. It is also involves training of Emergency Medical technicians, volunteers, paramedics and all other cadres in health care specialities. The operations also include inter-hospital transfers. Pre-hospital services are carried out by agencies such as the National Ambulance Service, National Blood Service, St. John Ambulance, and Ghana Red Cross.

## **5.3 PROGRAMME 3: Human Resources for Health Development and Management**

This programme involves the training and production of adequate number of health professionals with appropriate skill mix supported by adequate resources for their training. Human Resource Development is carried out at the Pre-Service, Post-basic and specialised Training and this also include In-Service Training at all levels.

### **5.3.1 Pre-service training:**

The sub-programme involves the training and production of health professionals at the basic level in MoH training institutions. It leads to award of an academic certificate, and diploma. There is a programme with universities to mentor all Diploma awarding health training institutions, whilst the regulatory councils such as Medical and Dental Council, Nursing and Midwifery Council, Pharmacy Council and Allied Health Profession Council award professional certificates.

### **5.3.2 Post Basic Training-**

This sub program 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 professions.

### **5.3.3 Specialized Training**

The sub program involves the training and production of health professionals in specialized disciplines. Masters degrees and other post-graduate programmes are designed to develop specialists in various fields of practice. 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 Colleges of Nursing for Nursing and Midwifery, and the Ghana and West African Postgraduate Colleges of Pharmacists for Pharmacists. Public Health, Pharmacy and Allied Health specialties are currently trained in various universities

## **5.4 PROGRAMME4: Health Sector Regulation**

The Health Sector Regulations is the fourth programme with four sub programmes as indicated below;

This programme seeks to ensure that acceptable standards are maintained in health service provision and products whilst health professionals must also ensure strict compliance to agreed standards as prescribed and upheld in their code of ethics.

### **5.4.1 Registration of Health Facilities**

Agencies involved in the implementation of this sub-programme license/accredit health facilities/premises to provide health care services in line with the prescribed standards

### **5.4.2 The Regulation of Health Professions**

This 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 collaboration with health training institutions.

### **5.4.3 Regulation of Food, Pharmaceutical and Medicinal Health Products**

This sub programme aims at ensuring consumer safety through testing, inspection and licensing of foods, pharmaceuticals, medicinal products and herbal medicine.

### **5.4.4 Regulation of Food and Non-Medicinal Health Products**

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 agencies involved in the implementation of the programme are Facilities Regulatory Agency, Pharmacy Council, Medical & Dental Council, Nursing and Midwifery Council, Food and Drugs Authority, Allied Health Professions Council, Traditional Medicine Practice Council, Psychology Council and Mental Health Authority.

OBJECTIVE	PROGRAMME	SUB PROGRAMME	OPERATIONS	MAIN OUTPUTS
HO 1, HO2 & HO3	1 Management and Administration	1.1 General Management	Review existing leadership and management programmes and develop comprehensive programme for the sector	Report on review of management and leadership programme in the sector
			Scale up the implementation of performance management system across the sector and at all levels	Performance contract signed between MOH and all agency heads and its directors at headquarters level
			Review and strengthen inter-agencies communication mechanisms within the health sector	CMA disseminated to all agencies and stakeholders Four (4) inter-agency meetings organized
		1.2 Health Research, Statistics and Information	Scale up mobile health initiatives and tele-consultation programme within four pilot districts based on lessons from pilot sites	Tele-consultation programme completed in the pilot districts
			Upgrade data management capacity at CHIM and Disease Control Department.	Data repository center upgrading completed
			Review and roll out the sector research agenda	Sector research agenda finalised and disseminated
			Expand health data compilation and reporting to include private sector data	2015 health sector report disaggregated to include private sector performance as analyzed with 2014 as baseline
		1.3 Health Financing, Policy Formulation, Planning, Budgeting, Monitoring and Evaluation	Disseminate and implement the Health Financing Strategic Plan	Resource allocation criteria reviewed and implemented Health expenditure review commenced
			Finalise and implement the Capital Investment Plan	Key Capital Investment Plans of agencies implemented
			Weaning of selected agencies off government compensation of staff	Guidelines on selected self-financing items for the selected Health Agencies developed
			Scale up capitation	Capitation implemented in four regions. (Ashanti, Volta, Upper East & Upper West) Stakeholders consultations meetings held in three other regions (Central, Western & Brong Ahafo)

OBJECTIVE	PROGRAMME	SUB PROGRAMME	OPERATIONS	MAIN OUTPUTS
			Scale up NHIS coverage to the poor	NHIS coverage to the poor increased by 15percent over the 2014 baseline Active membership of NHIS increased to 40percent of projected population
			Review the NHIS benefit package and exemption policy to reflect the principle of equity, efficiency and sustainability	Review of NHIS Benefit package initiated
			Continue advocacy for additional funding from government to close the funding gap	40 percent of existing funding gap cleared
			Develop health sector response to decentralization	Bill on health sector decentralization finalised and submitted to Cabinet
			Orient and develop capacity of health workers, managers and other stakeholders to operate within the new decentralisation programme	Orientation held for all Heads of Agencies, National, Regional and District Directors Deputy Directors Unit Heads and all staff on decentralization programme
			Improve collaboration with MDAs MMDAs, CSOs, Private Health providers and Parliament in the development of policies, implementation and monitoring of health programs	Inter-sectorial collaboration strategy developed
			Promote Public Private Partnerships	Service Availability Map of Private Health Sector completed
				Health Sector PPP guidelines for private management of public facilities developed
				A national policy on establishing and operating social franchises/networks in the health sector developed
			Finalise, disseminate and implement the Health Sector Aging Policy	Aging policy finalised and disseminated
			Develop policies and guidelines to guide planning on climate change in health	Guidelines to Districts developed and disseminated
				Health sector Policy on climate change developed

OBJECTIVE	PROGRAMME	SUB PROGRAMME	OPERATIONS	MAIN OUTPUTS
			Advocate the passage of remaining Health Bills (National Blood Service Bill, National Ambulance Service Bill, Traditional and Alternative Medicine Bill)	At least two (2) Bills passed
			Complete Legislative Instruments for the following Health Acts; Specialists Health Training and Plant Medicine Research Act, 2011 (Act 833) National Health Insurance Act, 2012 (Act 852) Public Health Act, 2012 (Act 851) Mental Health Act, 2012, (Act 846)	Three LIs completed for the following Health sector Acts passed; Specialists Health Training and Plant Medicine Research Act, 2011 (Act 833) National Health Insurance Act, 2012 (Act 852) Public Health Act, 2012 (Act 851) Mental Health Act, 2012, (Act 846)
			Finalize and implement health sector gender strategic plan	Health sector gender Strategic Plan finalised and disseminated
			Implement new prescription forms in all regions	New prescription forms implemented in all regions
			Develop National Patient safety Policy	Patient safety Policy developed
			Finalise Anti-Microbial Resistance (AMR) Policy	AMR policy completed
		1.4 Finance and Audit	Produce Health Accounts	2014 Health Accounts available and disseminated
			Implement health sector PFM plan	80percent of all health accountants at national and regional levels trained in generating inputs for health accounts
		1.5 Procurement, Supply and Logistics	Revise the supply chain master plan	Revised Supply Chain Master Plan available
HO 1,3,4, 5& 6	2 Health Service Delivery	2.1 Primary and secondary health services	Implement the Human Resource Strategic Plan including staffing norms	Conditions and Schemes of Service completed and disseminated across the sector Employee Assistance Programme implemented in all Regions and Headquarters
			Expand primary health care services with a focus on CHPS for deprived areas	Additional 1198 functional CHPS zones established in deprived areas

OBJECTIVE	PROGRAMME	SUB PROGRAMME	OPERATIONS	MAIN OUTPUTS
			Improve quality and availability of medicines, logistics and supplies.	90 percent availability of tracer medicine.
			Implement key recommendations contained in the National Newborn Health Strategy	50 percent of district hospitals in all regions have Essential Newborn Services Kangaroo Mother care Service available at 10 percent of health facilities
			Implement the Mental Health Strategic Plan	Trained general practitioners in at least one Regional Hospital to diagnose and treat mental illness
			Strengthen accident and emergency services and improve referral systems	25 percent of district hospitals in each region trained in accident and emergencies.
			Improve quality of clinical service including development of standard treatment guidelines (STG) and other clinical care protocols and guidelines	STG finalized and disseminated to all health facilities Vector control policy revised printed and disseminated Malaria in pregnancy policy M&E Plan for Malaria Control developed, printed and disseminated Peer review conducted by all regions
			Implement MAF plan	EmONC Assessment Report produced and made available MAF equipment procured 1500 Community Health Nurses trained to insert contraceptive implants.
			Intensify CARMMA	Annual advocacy campaign carried out
			Expand the integration of traditional medicines into the existing health service delivery	2 more government hospitals in Western Region provide traditional medicine services 5 CHAG facilities provide traditional medicine services
			Coordinate, monitor and supervise service delivery at all levels	Quarterly integrated/joint monitoring and supervision conducted
			National newborn strategy and Action Plan (2014 – 2018)	Exclusive breast feeding rate increased by 5percent using 2008 baseline

OBJECTIVE	PROGRAMME	SUB PROGRAMME	OPERATIONS	MAIN OUTPUTS
			Initiate review and update of Child Health Policy and Strategy (2007/2015)	Review and update of Child Health Policy initiated
			Implement Health Sector Nutrition Strategic Plan	National nutrition strategic plan specific to the health sector costed 3 stakeholders consultative and advocacy meetings held
			Implement high quality Pre-certification Surveillance for Polio Eradication and other VPDs	2 AFP Cases per 100,000 children aged less than 15 years, and Stool Adequacy percentage of 80percent in 80percent of all the districts in the country
			Improve EPI and plan for the introduction of new vaccines as well as sustainability of polio free status and MNT elimination status	90percent of Penta3 Coverage 85percent of MCVI
			Disseminate and implement the adolescent sexual and reproductive health policy.	Ten new Adolescent health corners established in each region
			Strengthen preventive activities and scale up effective diagnosis, and management of malaria, TB and HIV/AIDS	1,315,917 persons tested and counseled for HIV 16,000 HIV exposed infants received early infants diagnosis TB screening institutionalized in Diabetic clinics Routine TB case finding undertaken in 90 health facilities 6,895,768 ITNS distributed nationwide 184,314 (55percent) of all pregnant women received at least 3 doses of IPT 110,309 children under five years received SMC 141,960 of households in targeted areas received IRS 70percent of all suspected malaria cases receive parasitological testing; all confirmed malaria cases receive the first line recommended Anti-Malaria
			Strengthen emergency preparedness and epidemic response systems at all levels	Multi-sectoral plan for Cholera prevention developed National Pandemic Influenza Plan

OBJECTIVE	PROGRAMME	SUB PROGRAMME	OPERATIONS	MAIN OUTPUTS
				updated
				National Ebola Preparedness and Response Plan implemented
				Refurbishment of designated isolation/holding units for infectious diseases in regional hospitals completed
			Disseminate and implement the non-communicable disease policy and strategy	A total of 30 staff comprising medical officers, nurses, pharmacists, health information officers trained on WHO-PEN activities
				4 cervical cancer screening (VIA/pap smear) centres established in 4 more districts
				National and International NCD related days and awareness creation programmes commemorated World Cancer Day, 4th February; World hypertension day 17th May World health day Tue 7th April World diabetes day Fri 14th November.
			Implement the health promotion strategic plan	Guidelines on coordinating mechanism to support health promotion developed
				Educational materials to support communication developed
				Training manuals//tools developed
			Disseminate and implement international conventions and treaties including framework convention on tobacco control (FCTC)	5 Tobacco Control inter-agency coordinating committee (TC-IACC) meetings held
				Tobacco sensitization programme in selected Senior High Schools, Polytechnics and Health Training Institutions carried out
				386 MDA and RCC workers from 6 regions benefited from tobacco sensitization programme
			Develop a strategic plan for physiotherapy services	Strategic plan for physiotherapy services developed and disseminated

OBJECTIVE	PROGRAMME	SUB PROGRAMME	OPERATIONS	MAIN OUTPUTS	
		Tertiary and specialised Services	Coordinate, monitor and supervise service delivery at all levels of tertiary and specialist services	Two M&E visits conducted in each tertiary and specialists institution CEOs signed performance contract with clinical heads and other directors in their respective facilities	
			Implement the HR Strategic Plan including staffing norms	Active implementation of staffing norms commenced	
			Improve quality of tertiary services		Overall waiting time reduced by at least 10 percent
					One quality of service survey completed by each department in each tertiary and specialist institutions
			Strengthen specialist outreach and mobile services eg ENT, Eye and dental etc	One specialist outreach services conducted in each tertiary institution. eg ENT, Eye and dental etc	
			Introduce mentorship programme for specialist / Consultants to support lower levels		Five Lower level facilities mentored
					Ten Practitioners mentored on tertiary institutions facilitated programmes
			Institutionalize orthotics and prosthetic services	Two Orthotics and prosthetic service centres established	
			Implement MAF with a focus on addressing institutional maternal mortality	Quarterly maternal health specialist clinics conducted within all teaching hospitals.	
			Implement the newborn strategic plan	M&E report on the implementation of the newborn strategic plan produced.	
		2.3 Research	Conduct medical and basic research into plant medicine	Two herbal products developed 250 herbalists' products analyzed	
			Cultivate 10,000 medicinal plants	Planting fields established at Adaeso, Ayikuma and Begoro	
		2.4 Pre Hospital Service	Expand the coverage of the National Ambulance Service	Twenty additional Ambulance stations established	
			Increase availability and improve safety of blood and blood products	Donated blood collected from voluntary non-remunerated blood donors increased from 35percent to 50percent	
				Blood Collection Index (BCI) per 1000 population increased from 5.5 to 6.1	
		3.1 Pre service Training	Complete the process of affiliation and accreditation of	All health training institutions affiliated with tertiary institutions	

OBJECTIVE	PROGRAMME	SUB PROGRAMME	OPERATIONS	MAIN OUTPUTS
			health training institutions to tertiary status	All Diploma awarding health training institutions accredited by National Accreditation Board
			Increase number of tutors at health training institutions	50 more of health tutors engaged by the Ministry
			Disseminate and implement the HRH policies and strategies on production of quality health professional with focus on neglected disciplines	Mental Health discipline programme established in the Northern Zone (Yendi)
			Develop E-learning policy in pre-service education	E-learning policy in pre-service education developed
			Scale up implementation of E-learning in 10 Midwifery training Schools	E-learning implemented in 10 midwifery training schools
		3.2 Post Basic Training	Process evaluation on piloting of the male midwifery programme	Process evaluation of first batch of male midwifery students conducted at Pantang, Goaso, Ashanti Mampong and Nandom
			Disseminate and implement the HRH policies and strategies on production of quality health professional with focus on neglected disciplines	Gerontology and orthotics programme established
		3.3: Specialized Training	Develop specialised Training Post-graduate medical training guidelines	Post-graduate medical training guidelines developed and disseminated
			Advocate for the completion of the LI of ACT 833 part 3	LI of ACT 833 Part 3 completed and Submitted to AG. Department
			Develop tools and guidelines for clinical and specialist training in College of Nursing and Midwifery	Tools and guidelines for clinical and specialist training in Nursing and Midwifery developed
			Develop curricular for 4 main courses in College of Nursing and Midwifery	Curricular for 4 main courses developed (identify the four courses)
			GCNM conduct 4 specialist-related continuous professional development	At least 4 specialist CPDs conducted
			Train Specialist consultants	220 physicians and Surgeons trained
HO1, 3,4&5	4: Health Sector Regulation	4.1: Regulation of Health Facilities	Enforce compliance and maintenance of agreed standards of facilities and premises in both public and private sectors	Standard operating procedures (SOP's) and guidelines on Licensing & Registration for Pharmacy Council developed and published
				200 and 500 applications for pharmacies and OTCMS

OBJECTIV	PROGRAMMI	SUB PROGRAMME	OPERATIONS	MAIN OUTPUTS
				respectively processed
				1400 and 7000 routine inspection visits for pharmacies & OTCMS respectively.
			Registration of Pharmacy business operating license.	200 pharmacy applications processed and 500 OTCMS facility applications registered.
		4.2: Regulation of Health Professionals	Finalise ethics and professional code of practice for AHP	Code of practice for Allied Health Professionals finalized and disseminated
			Develop practical attachment guidelines for pharmacy technicians	Guidelines on practical attachment for pharmacy technicians developed and published
			Register and induct newly qualified pharmacists	280 pharmacists registered and inducted
			Post, monitor and evaluate pharmacy internship training	400 interns monitored and evaluated
			Conduct public education and sensitization on quark Traditional Medicine Practitioners	4 public education programmes conducted
		4.3: Regulation of Pharmaceutical and Medicinal Health Products	Monitoring and Audit distribution of pharmaceutical products in pharmacies and OTCMS	Monitoring and Audit distribution of pharmaceutical products in 200 pharmacies and 1000 OTCMS facilities conducted
			Conduct public education on rational use of medicines	136 public education on rational use of medicines conducted
			Improve surveillance and quality control of pharmaceutical and medicinal products	80percent of fake medical products identified and destroyed
				3600 import permits for medicinal products issued
				1800 medicinal and allied products registered
		4.4: Regulation of Food and Non Medicinal Products	Improve surveillance and quality control of food, and medical products	100percent unwholesome food products identified and destroyed
				980 food processing plants with good manufacturing practices inspected
				85percent consumer complaints addressed
			Conduct public education on safety of food	240 public education on food safety conducted

## 7. 2015 HEALTH SECTOR PROGRAMME BASED BUDGET

The 2015 financial year is the second year of the implementation of the Health Sector Development Plan (HSM TDP 2014 – 2017). It represents a continuation of programmes, projects and activities of the health sector. The main sources of financing the 2015 POW remain the same as that of 2014 although the relative contributions of each have changed. Within the medium term (2014-17) funding to the health sector will increase from GHc 3,353.71bn in 2014 to GHc 3,650.73bn in 2017. During this period, Development Partner’s contribution will grow by about 4% whilst government proportion of the total annual budget will fall from 77% to 73% between 2014 and 2017 respectively.

**Table 1: Total Health Budget by Source of Funds**

Source of Funds	Current		Forecast	
	2014	2015	2016	2017
GoG	2,572.45	2,355.46	2,433.57	2,676.47
Donor	781.26	798.09	933.17	974.26
<b>Total Budget</b>	<b>3,353.71</b>	<b>3,153.55</b>	<b>3,366.74</b>	<b>3,650.73</b>
NHIF	926.61	1,185.67	1,513.51	1,721.03

The **total budget** in table 1, excludes total allocation to health from the NHIF. The total allocation to the NHIA through the MoH for the respective years is shown at the bottom of Table 1. In Table 1, GoG includes IGF, which also includes claims reimbursement from NHIA. The NHIF figure in table 1 is government estimated expenditure from the NHIF revenue. The budgets for “cash and carry” to facilities is not available in the Government approved estimates though this can be estimated. This will be done in the 2016 PoW.

**Table 2: Total Budget by Economic Classification (excluding NHIF)**

Economic Classification	2013	2014	2015
Compensation of Employees	541	1,123	1,517.86
Goods & Services <sup>1</sup>	1731.62	1,431	922.91
Assets	144.5	800	712.78
<b>Total Budget</b>	<b>2,417.12</b>	<b>3,353.71</b>	<b>3,153.55</b>

Over the last three years compensation has been increasing. This is in line with increasing staff population ratio of critical professional staff. However the MoH recognises efficiency gains that are possible from better management of the payroll. Critical review of non-core staff will be undertaken as part of the HR productivity measurements, which will follow the work on the staffing norms. The budgets for Goods and Services and Assets have been reducing and are

<sup>1</sup> Excludes NHIF expenditure allocation and includes IGF

projected to reduce further between 2015 and 2016 according to MoF Medium Term Estimates. Investment in health infrastructure and equipment (CAPEX) will increase over the same period (2015-17). Projected expenditure for both IGF and DP funding is expected to increase over the same period.

In the 2015 budget, compensation represents 48.1% of total budget, with Goods and Services and Assets representing 29.3% and 22.6% respectively. Compensation as a percentage of total GoG budget is 94.1%. The proportion of goods and services and assets represents 2.6% and 3.3% respectively. Projected IGF expenditure on compensation in 2015 is 26% with 65% to be spent on Goods and services.

Table 3: Total Health Budget by source of Funds and Economic Classification

	2014	2015	2016	2017
Wages & Salaries (GoG)	1,122,792,775.83	1,271,838,482.00	1,274,317,894.00	1,370,704,817.00
Goods & Services (GoG)	70,586,639.59	35,293,320.00	32,217,713.00	31,131,576.00
CAPEX (GoG)	15,443,597.85	44,550,000.00	53,137,700.00	63,572,198.00
<b>Total GoG (Tax excl. NHIL)</b>	<b>1,208,823,013.26</b>	<b>1,351,681,802.00</b>	<b>1,359,673,307.00</b>	<b>1,465,408,591.00</b>
IGF	1,363,622,800.00	1,003,783,071.00	1,073,898,083.00	1,211,062,389.00
Dev't Partner Funds	781,262,000.60	798,089,755.00	933,165,884.00	974,263,280.00
<b>TOTAL</b>	<b>3,353,707,813.87</b>	<b>3,153,554,628.00</b>	<b>3,366,737,274.00</b>	<b>3,650,734,260.00</b>

Chart 1: Projected Expenditure Trend within the medium term (2014 and 2015 budget statement-appendix) by source of funds.

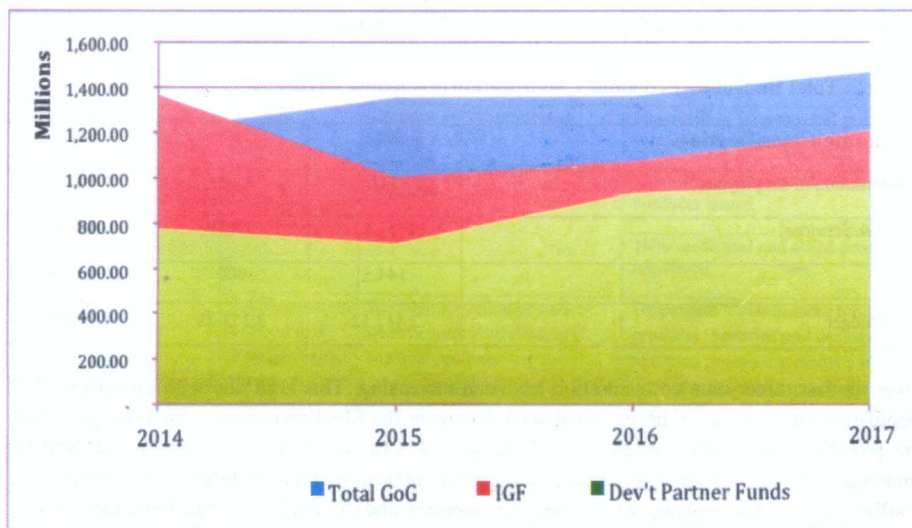


Table 4 below shows details of Donor estimated expenditure for 2015. It also includes loans and mixed credits for the year 2015. Both expenditure estimates are for goods and services and Investments (CAPEX).

Table 4: Projected Expenditure from Donors including Loans and Mixed Credits

Partner	Budget Support	Donor Earmarked	Loans/Mixed Credits	Total
DFID		31.01		31.01
JICA	6.07	9.27		15.34
DANIDA	34.66	1.65		36.31
GLOBAL FUND		49.96		49.96
GAVI		94.00		94.00
UNICEF		12.56		12.56
KOFIH		2.88		2.88
KOICA (includes 6.78 for Grants)		15.08		15.08
NETHERLANDS		7.27		7.27
UNAIDS		0.26		0.26
				-
UNFPA		22.40		22.40
WORLD BANK		16.00		16.00
WHO		10.53		10.53
AfDB		1.91		1.91
WFP		12.06		12.06
USAID		136.93		136.93
EU	132.62			132.62
TURMAKS			10.58	10.58
ABN AMRO			27.50	27.50
OFID/BADEA			10.00	10.00
BANK HOPOLIM			80.00	80.00
SAUDI FUND			20.00	20.00
ORIO			25.23	25.23
KUWAIT/SAUDI FUND/BADEA			15.00	15.00
EUROGET			79.91	79.91
HSBC/EXIM BANK USA			130.00	130.00
CZECH REPUBLIC/UNICREDIT BANK			25.00	25.00
UNICREDIT BANK, AUSTRIA			10.00	10.00
UNICREDIT BANK, AUSTRIA			1.82	1.82
EDIF			17.00	17.00
OPIC			45.69	45.69
Barclays Bank PLC & Barclays Bank Ghana			70.00	70.00
AfDB			8.00	8.00
<b>Total</b>	<b>173.35</b>	<b>423.77</b>	<b>575.73</b>	<b>1,172.85</b>

Table 5 (a-d) below indicates the expected external inflows to the sector of GH¢1,172.85 million. The stated amount accommodates some off-budget expenditure, which are not contained in the sector's Medium Term Expenditure Framework as approved by Parliament. For interpretation and better understanding and use, table 4 should be analysed with Tables 5a-d.

**Table 5A: Expected external inflows to the sector in 2015 (GH¢M)**

Type	Partner	Detail	GH¢M
Donor Earmarked	DFID	Development; human resource development and malaria	31.01
	JICA	Maternal and Neonatal Health; CHPS, Health Information Systems; Community Mobilization, communicable diseases(research) and MNCH (research)	9.27
	DANIDA	Core funding to CHAG	1.65
	GLOBAL FUND	TB, Malaria, HIV/AIDS	49.96
	GAVI	EPI Program	94.00
	UNICEF	(1) Maternal, Neonatal and Child Health (2) Maternal and child nutrition	12.56
	KOFIH	MNCH support for Volta Region; and policy consultation to NHIA	2.88
	KOICA	Training for health workers (CHOs and Midwives) in Keta, Ketu South and Ketu North, Volta Region; Capacity building for Cholera prevention and sanitation in Volta Region; Support for Ghana National Ebola Preparedness Plan in the area of case management; and support MNCH through strengthening of regional health system in 8 districts in the Northern and Upper East Regions.	8.29
	NETHERLANDS	Improving youth reproductive health	7.27
	UNAIDS	HIV & AIDS	0.26

**Table 5B: Expected external inflows to the sector in 2015 (GH¢M)**

Type	Partner	Detail	GH¢M
Donor Earmarked	UNFPA	Provide technical support to MAF coordination and implementation; facilitate attainment of the universal access to skilled delivery and postpartum care with emphasis on strengthening midwifery; strengthen Family Planning and Reproductive Health Commodity Security at national and sub-national levels; facilitate prevention and treatment of Obstetric Fistula (OF) as well as social rehabilitation of survivors; support to the national Adolescent Sexual and Reproductive Health program with the focus on prevention of adolescent pregnancy and child marriage; support to the national GBV programming/ prevention and mitigation of GBV; and support to the national Ebola outbreak preparedness	22.40
	WORLD BANK	Maternal and Child Health & Nutrition Improvement Project	16.00
	WHO	Communicable diseases; health promotion through the life-course; strengthening health systems; and preparedness, surveillance and response	10.53
	AfDB	Improving public health under the Northern Rural Growth project in the 3 northern regions and districts in the Brong Ahafo Region	1.91
	WFP	Nutrition assistance for food for People Living with HIV/AIDs (PLHIV), malnourished mothers and children under 5 and school meal programme	12.06
	USAID	Malaria; MCH; Nutrition; FPRH and HIV	136.93
<b>Sub-total</b>			<b>416.98</b>

**Table 5C: Expected external inflows to the sector in 2015 (GH¢M)**

Type	Partner	Detail	GH¢M
Sector Budget Support	DANIDA	Family planning commodities and training; EmONC and other MAF equipment needed at community and lower level facilities; and training in life saving skills, etc	34.66
	EU	MDG Acceleration	132.62
	JICA	Assistance to Poverty Reduction Strategy	6.07
<b>Sub-total</b>			<b>173.35</b>
Loans/Mixed Credits	TURMAKS	Construction and Equipping of 7 Prefabricated District hospitals & Rehab. of Maamobi Polyclinic & La General Hospital	10.58
	ABN AMRO	Major Rehabilitation and Upgrading of Tamale Teaching Hospital Phase II	27.50
	OFID/BADEA	Expansion of Radiotherapy and Nuclear Medicine Centres at KBTH and KATH	10.00
	BANK HOPOLIM	Construction of University of Ghana Teaching Hospital	80.00
	SAUDI FUND	Rehabilitation of Bolgatanga Regional Hospital	20.00
	ORIO	TB Case Detection Programme	15.23
	KUWAIT/SAUDI FUND/BADEA	Emergency Trauma and Acute Care Centre at KBTH	15.00
	EUROGET	2No. Regional Hospitals in Wa and Kumasi and 6No. District Hospitals with Staff Housing at Adenta/Madina, Twifo-Praso, Konongo-Odumasi, Nsawkaw, Tapa and Salaga	79.91
	HSBC/EXIM BANK USA	Major Rehabilitation and Upgrade of the Greater Accra Regional Hospital at Ridge	130.00
CZECH REPUBLIC/UNICREDIT BANK	Construction of Ten (10) Polyclinics in the Central Region; Bisease, Gomoa Dawurapong, Biriwa, Etsii Sunkwa, Esikuma Gyamena, Agona Duakwa, Binpong Akunfude, Ekumfi Naakwa, Twifo Atimokwa and Gomoa Potsin (Phase IV)	25.00	

**Table 5D: Expected external inflows to the sector in 2015 (GH¢M)**

Type	Partner	Detail	GH¢M
Loans/Mixed Credits	UNICREDIT BANK, AUSTRIA	Construction of Five (5) Polyclinics in the Greater Accra Region; Adentan, Ashaiman, Bortiano, Oduman and Sege (Phase V)	10.00
	UNICREDIT BANK, AUSTRIA	Construction and Completion of Five (5) Polyclinics in the Brong Ahafo Region	1.82
	EDIF	Health Service Project III - Component 1 Completion of Bekwai District Hospital	10.00
		Health Service Project III - Component 2 Support to NBTS	7.00
	ORIO	Construction of One (1) District Hospital and Five (5) Polyclinics in Western Region	10.00
	OPIC	National Medical Equipment Replacement Project between Belstar & MOH (OPIC) (Post Warranty Maintenance Programme)	45.69
	Barclays Bank PLC & Barclays Bank Ghana	Construction of Seven (7) District Hospitals and Provision of an integrated IT System in Ghana	70.00
	AfDB		Construction of health centres, Nurses quarters and equipment supply in 7 communities at Fufulso, Kabampe, Damango, Grupe, Jentilpe, Sawla and Nasoyiri
Construction of two health facilities and equipment supplies in Greater Accra along Awoshie-Pokuase road corridor- Amasaman Health Centre upgrading and Ofankor health Centre			3.52
<b>Sub-total</b>			<b>575.73</b>
Grants	KOICA	Procurement of newborn equipment to health facilities in the Keta, Ketu South & North Districts	2.37
		Construction of Midwifery School in Keta District, Volta Region	2.72
		Refurbishment of 17 CHPS compounds in Keta, Ketu North and South districts	1.70
<b>Sub-total</b>			<b>6.79</b>
<b>Total expected external funding</b>			<b>1,172.85</b>

## 8.0 PERFORMANCE ASSESSMENT FRAMEWORK

### 8.1 SECTOR MONITORING AND EVALUATION

Monitoring and Evaluation framework, which is aligned to the medium term development plan, has been developed. The framework widens the scope of the sector-wide indicators to ensure that most aspects of our health delivery function are covered. To enhance dialogue on performance in the sector together with the expectation that agencies will develop their own monitoring and evaluation plans based on the strategic direction provided in our medium term development plan and Annual Programmes of Work, the logical framework approach (LFA) to planning, monitoring and evaluation would be recommended to agencies. It is hoped the introduction of the LFA to agencies will help improve logical analysis and structured approach in assessing the extent of achievement of set objectives.

The Ministry will continue its efforts aimed at improving routine reporting systems from all agencies. The Ministry will continue to encourage the establishment of M&E units and train the staff of these units to provide timely data of good quality. This is to enhance the Ministry's effort to monitor and coordinate all activities within the sector.

The Ministry will continue to provide support for the conduct of the Demographic and Health Survey this year. When complete, it is hoped; the DHS will provide important information about health related MDGs, service quality and service coverage.

In 2015, the Ministry will review and sign new performance contracts aimed at strategically improving service delivery that will propel the health sector to achieve its set objectives

The Ministry and stakeholders will continue to organize series of joint monitoring visits to agencies to assess level of implementation of key health programmes and initiatives.

#### MILESTONES

The milestones for the implementation of the second year of the HSMTDP 2014-2017 are presented in Table 6 below

Table 6: Milestones by Objectives

<b>Health Policy Objective</b>	<b>Health Policy Milestones</b>
<b>HO1</b> Bridge the equity gaps in geographical access to health services	CHPS strategy finalized and launched
<b>HO2:</b> Ensure sustainable financing for health care delivery and financial protection for the poor	Resource allocation criteria developed
<b>HO3</b> Improve efficiency in governance and management of the health system	Draft health sector decentralization Bill completed and submitted to Cabinet
<b>HO4:</b> Improve quality of health services delivery including mental health services	Legislative Instrument for Mental Health Bill developed
<b>HO5:</b> Enhance national capacity for the attainment of the health related MDGs and sustain the gains	Review and update Child Health Policy
<b>HO6:</b> Intensify prevention and control of non-communicable and other communicable disease	Ghana's status as Polio and Guinea

**Table 7. SECTOR-WIDE INDICATORS AND TARGETS**

Indicator		Measurement	Source	Baseline		Perfor mance	Targets
				2012	2013	2014	2015
<b>Objective 1: Bridge the equity gaps in geographical access to health services</b>							
1.1	Proportion of functional ambulance service centres	No. of functional ambulance centres total no. of expected ambulance centres	Routine	121	122	128	146
1.2	Proportion functional CHPS zones	No. of functional CHPS zones/ total no. of demarcated CHPS zones	Routine	37.10%	38.60%	2948	3648
1.3	Per capita OPD attendance	Total OPD attendants / population	Routine	1.17	1.13	1.15	1.21
1.4	Equity poverty: U5MR	U5MR in lowest wealth quintile / U5MR in highest wealth quintile	Survey	2.04	NA	N/A	<1.9
1.5	Equity geography: Supervised deliveries	Region with highest coverage / region with lowest coverage	Routine	1.48	1.57	1.6	<1.4
1.6	Equity geography: Doctor to population ratio	Region with highest ratio/region with lowest ratio	Routine	10.7	16.7	13.1	12
1.7	Equity geography: Nurse to population	Region with highest ratio / region with lowest ratio	Routine	1.9	2.0	1.9	<1.85
1.8	Equity gender: Male/ female NHIS active membership	Female active NHIS members / male active NHIS members	Routine	1.23	NA	NA	>45%
<b>Objive 2: Ensure sustainable financing for health care delivery and financial protection for the poor</b>							
2.1	Proportion of total MTEF allocation to health	Total GOG budget incl. IGF to health / total GOG budget incl. IGF	Routine	8%	10%	11%	?15%
2.2	Per capita expenditure on health	Total health expenditure / population	Routine	50.70	47.1	32.8	>44
2.3	Budget execution rate (Goods and Service as proxy)	Total disbursement from MOFEP to MOH and agencies / total budget	Routine	87%	56%	61%	>85%
2.4	Proportion of population with active NHIS membership	Number of active NHIS members / population	Routine	33%	37%	38%	>40%
2.5	Proportion of NHIS members in exempt categories		Routine	63%	63%	66%	>63%

Indicator		Measurement	Source	Baseline		Performance	Targets
				2012	2013	2014	2015
2.6	Proportion of population covered by NHIS as indigents			0.50%	4.10%	5.50%	7%
2.7	Proportion of NHIS expenditure on claims reimbursement			77%	79%	76%	>80%
2.8	Equity poverty: NHIS members	NHIS active membership among female 15-49 years in lowest wealth quintile / NHIS active membership among females 15-49 years in population	Survey	0.69	N/A	N/A	>0.7
<b>Objective 3: Improve efficiency in governance and management of the health system</b>							
3.1	Doctor : Population ratio	Number of doctors / population	Routine	1:11,515	1:10,170	1:9,043	
3.3	Nurse : Population ratio including CHNs	Number of nurses incl. community health nurses / population	Routine	1:1,362	1:1,084	1:959	
3.4	Midwife : Population ratio	Number of midwives / population	Routine	1:1,611	1:1,525	1:1,374	1:1,350
3.6	Proportion of health facilities in current registration	No. of health facilities registered with Health Institutions and Facilities Regulation Authority / total no. of health facilities	Routine	20%	21%	22%	>22%
3.5	Proportion of receivable funding for NHIS received from MOF			NA	54%	79%	>80%
3.6	Proportion of NHIS claims settled within 12 weeks		Routine	N/A	N/A	NA -	10%
3.7	Proportion of GOG spent on goods and services		Routine	34.50%	31.10%	11.50%	>13%

Indicator		Measurement	Source	Baseline		Perfor mance	Targets
				2012	2013	2014	2015
3.8	Proportion of GOG spent on assets		Routine	2.20%	11.60%	18.4%	>3%
3.9	Proportion of health budget (goods and services) allocated to research activities	Amount of MOH budget allocated for research / total MOH budget	Routine		0.00%	0.00%	>1%
<b>Objective 4: Improve quality of health services delivery including mental health services</b>							
4.1	Institutional all cause mortality	All institutional deaths / all discharges and deaths (per 1000)	Routine	27.8	25.5	21.3	<33%
4.2	Proportion of regional and district public hospitals offering Traditional medicine practice	No. of regional and district public hospitals offering traditional medicine practice / total no. of regional and district public hospitals	Routine		4.80%	NA	>8%
4.3	Proportion of public hospitals with a mental health unit	No. of public hospitals with mental health unit / total no. of public hospitals	Routine	NA	NA	NA	
4.4	Institutional Malaria Under 5 Case Fatality Rate	No. of children U5 deaths from malaria per year / total no. children under 5 years admitted and diagnosed with malaria	Routine	1.20%	0.60%	0.5%	
4.5	Surgical site infection rate	No. of surgical site infections / total no. of patient trips to the operating theatre	Routine		NA	5.30%	<5%
4.6	Percentage of public hospitals with trained emergency team	No. public hospitals with trained emergency team / total number of public hospitals	Routine	NA	NA	NA	
<b>Objective 5: Enhance national capacity for the attainment of the health related MDGs and sustain the gains</b>							
5.1	Unmet need for contraception	No. of women aged 15-49 years who are married or in union with unmet need for family planning / no. women aged 15-49 who are married or in union	Survey	26.0%	NA	30%	<23%

Indicator	Measurement	Source	Baseline		Perfor mance	Targets	
			2012	2013	2014	2015	
5.2	Couple Year Protection (CYP)	The estimated protection provided by family planning services during a one-year period, based upon the volume of all contraceptives sold or distributed free of charge to clients during that period	Routine	2012807	2070630	2,608,352	>2.45mill
5.3	Infant Mortality Rate	No. of deaths of infants below 1 year / 1,000 live births	Survey	53	NA	41	<50'
5.4	Institutional Neonatal Mortality Rate	No. of institutional deaths of neonates before the age of 28 days / institutional live births	Routine	5.5	5.9	4.29	<5.3
5.5	Neonatal Mortality Rate	No. of deaths within the first 28 days of life / 1,000 live births	Survey	32	NA	29	<30
5.6	Under-5 Mortality Rate	No. of deaths of children below 5 years / 1,000 live births	Survey	82	N/A	60	<75
5.7	Maternal Mortality Ratio	No. of maternal deaths / 100,000 live births	Survey	N/A	380	NA	<300
5.8	Institutional Maternal Mortality Ratio	Institutional maternal deaths / institutional live births	Routine	152	155	144	<140
5.9	HIV prevalence rate	Proportion of the ANC clients aged 15-24 years who are tested HIV+ at NACP sentinel sites	Survey	1.30%	1.20%		<1.0%
5.10	Proportion of infected pregnant women who received ARVs for PMTCT	Number of HIV positive pregnant women who received ARV for PMTCT/ Projected HIV positive pregnant women as per NACP sentinel survey	Routine		76.4%	66%	>66%

Indicator		Measurement	Source	Baseline		Perfor mance	Targets
				2012	2013	2014	2015
5.11	Proportion of babies born to HIV mothers being HIV negative after 18 months					92%	>94%
5.12	Proportion of children US who are stunted	Total no. of children too short for their age / total no. of children	Survey	23.70%	NA	19%	<16%
5.13	Proportion of children fully immunized (proxy Penta 3 coverage)	Number received Penta 3 / projected population of children under 1 years	Routine	88%	86%	90%	>90%
5.14	Antenatal Care Coverage 4 <sup>th</sup> Visit	No. of women undergoing ANC service by a skilled health provider at least four times during pregnancy / total number of expected pregnancies	Routine	72.2%	66%	67%	>78%
5.15	Exclusive breast feeding for six months	No. of infants aged 0-5 months who are exclusively breastfed / total no. infants	Survey	46%	NA	52%	>53%
5.16	Proportion of deliveries attended by a trained health worker	No. of deliveries attended by a trained health worker / expected number of deliveries	Routine	55%	55%	57%	>60%
5.17	Still birth rate	Number of still births (fresh and macerated) / expected number of deliveries	Routine	19.6	17.9	17.9	<18
5.18	Postnatal care coverage for newborn babies	No. of newborn babies getting the services of skilled health providers within 2 and 7 days of birth/ Total number of live births	Routine	20.5	20.3	44	>55
5.19	Proportion of children under 5 years sleeping under ITN	No. of children under 5 years who slept under an ITN during the previous night / total number of children under 5 years	Survey	42%	NA	47%	>65%

Indicator		Measurement	Source	Baseline		Perfor mance	Targets
				2012	2013	2014	2015
5. 20	TB treatment success rate	No. of patients who are proven cured using smeared microscopy at the end of treatment / total number of patients who initiated treatment	Routine	85%	86.0%	87%	>88%
<b>Objective 6: Intensify prevention and control of non-communicable and other communicable diseases</b>							
6. 1	Non- Polio AFP rate	No. of non-polio AFP cases reported / 100,000 children 0 - 15 years	Routine	1.6	2.7	3.0	>2
6. 2	Population prevalence of hypertension	No. persons BP above specified level / total no. persons surveyed	Survey	NA	NA	NA	
6. 3	Number of deaths due to selected cancers	Number of deaths due to selected cancers		NA	NA	NA	

## 8.2 RISKS, ASSUMPTIONS AND MITIGATION MEASURES

### Underlying Assumption

- Continuous political stability
- Good economic climate
- Government releases the approved budget in full
- Timely releases of development partners funds
- Industrial actions including strikes and hold-outs will be minimized
- Improved supervision and leadership
- Increased collaboration among sector agencies
- Efficient utilization of available resources for service delivery and regulation

**Table 8: Risk, effects and Mitigation Measures**

Risk	Effect	Mitigation Measures
Delays in releases of Government approved budget	This will severely affect the performance of the sector indicators	Early discussions with the Government on implications of delays in disbursement
Delays releases of development partners funds	The effect will be severe especially in the area of consumables	Early discussions with the Government and DPS on implications of delays in disbursement
Inadequate disbursement of the GoG budget	This will severely affect the performance of the sector indicators	Early discussions with DPS on implications of delays in disbursement
Industrial actions including strikes and hold-outs will be minimized	<p>General industrial strikes could affect growth in the economy especially in the service sector, disrupt progress of work that would possibly affect the health sector. This is not likely to affect progress on the health indicators.</p> <p>Where the strikes involve health workers especially Nurses and doctors, the health indicators, particularly, per capita utilization, maternal and child health) would be affected.</p>	Setup early warning systems to avert strikes and holdouts

**Table 9: PROCUREMENT PLAN**

Procurement Entity: MOH HQTS										
Budget Period: January - December, 2015										
Ref. No.	Procurement Package (Description)	Estimated Need (GHS)	Approved Budget	Gap	Actual Contract Amount	Source of Funding	Procurement Method	Start Date	Expected Contract Completion Date	
1	Procurement of Essential Medicines	12,000,000.00		12,000,000.00		Drugs Revolving Fund	ICB	Jan-15	Dec-15	
2	Procurement of Psychotherapeutic Medicines	19,200,000.00	2,684,276.45	16,515,723.55		SBS	RT	Jan-15	Aug-15	
3	Procurement of Non Drug Medical Consumables	10,000,000.00		10,000,000.00		CMS Non-Drugs A/C	ICB	Jan-15	Aug-15	
4	Expanded Programme on Immunization (EPI) Vaccines	198,400,000.00	9,084,321.00	189,315,679.00		GoG	UN Agency	Feb-15	Oct-15	
5	Expanded Programme on Immunization (EPI) Vaccines	93,995,817.17	93,995,817.17			GAVI	UN Agency	Feb-15	Oct-15	
6	Procurement of Contraceptives	31,344,319.00	31,344,319.00	-		USAID	UN Agency	Mar-15	Oct-15	
7	Procurement of Contraceptives	7,218,624.00	7,218,624.00			SBS	ICT	Apr-15	Dec-15	
8	Procurement of Contraceptives	5,670,075.00	5,670,075.00			GoG	ICT	Feb-15	Oct-15	
9	Procurement of Antiretroviral Medicines	5,218,996.00	5,218,996.00	-		USAID	UN Agency	Apr-15	Nov-15	

Procurement Entity: MOH HQTS										
Budget Period: January - December, 2015										
Ref. No.	Procurement Package (Description)	Estimated Need (GHS)	Approved Budget	Gap	Actual Contract Amount	Source of Funding	Procurement Method	Start Date	Expected Contract Completion Date	
10	Procurement of Antiretroviral Medicines	27,507,367.76	27,507,367.76	-		Global Fund	UN Agency (PPM)	Mar-15	Oct-15	
11	Procurement of Antiretroviral Medicines	30,000,000.00	1,105,047.53	28,894,952.47		GoG	ICT	Apr-15	Nov-15	
12	Procurement of Rabies Vaccines	1,200,000.00	790,031.36	409,968.64		GoG	RT	Feb-15	Sep-15	
13	Procurement of Tetanus Immunoglobulin	1,000,000.00	603,090.00	396,910.00		GoG	RT	Mar-15	Oct-15	
14	Procurement of Anti-snake West African Polyvalent Sera (PFR)	16,000,000.00	1,394,756.14	14,605,243.86		GoG	ICB	Apr-15	Nov-15	
15	Procurement of CSM Vaccines & Medicines	3,000,000.00	1,296,383.51	1,703,616.49		GoG/SBS	ICB	Jan-15	Aug-15	
16	Printing of Assorted Medical Forms	4,000,000.00		4,000,000.00		SBS/MAF	RT	Mar-15	Nov-15	
17	Procurement of Antimalarial Medicines	1,213,720.00	1,213,720.00	-		Global Fund	UN Agency (PPM)	Jan-15	Aug-15	
18	Procurement of Antimalarial Medicines	2,071,320.00	2,071,320.00	-		DFID	Crown Agents	Jan-15	Aug-15	
19	Procurement of Antimalaria Medicines	64,715,550.40	64,715,550.40	-		USAID	UN Agency	Feb-15	Oct-15	
20	Procurement of Male Condoms	7,020,522.24	7,020,522.24	-		WAHO	ICB	Jan-15	Aug-15	

Procurement Entity: MOH HQTS

Budget Period: January - December, 2015

Ref. No.	Procurement Package (Description)	Estimated Need (GHS)	Approved Budget	Gap	Actual Contract Amount	Source of Funding	Procurement Method	Start Date	Expected Contract Completion Date
21	Procurement of Commodities for TB Supply, Installation, Testing and Commissioning of 15 Units of Computed Radiography (CR) Systems and Printers for Selected District Hospitals	21,240,100.00	21,240,100.00	-		Global Fund	UN Agency	Mar-15	Oct-15
22	Supply, Installation, Testing and Commissioning of 15 Units of Computed Radiography (CR) Systems and Printers for Selected District Hospitals	6,102,880.35	6,102,880.35			GoG	RT	Feb-15	Sep-15
23	Supply, Installation, Testing and Commissioning of 15 Units of X-ray Systems for Selected District Hospitals	7,961,625.00	7,961,625.00			GoG	RT	Mar-15	Oct-15
24	Supply, Installation, Testing and Commissioning of 1 Unit of Computed Tomography (CT) Systems and Printer for La General Hospital	9,100,000.00	9,100,000.00			GoG	RT	Apr-15	Nov-15
25	EmQNC and MAF Equipment	23,108,400.00	23,108,400.00			SBS	ICB	Mar-15	Oct-15
26	Printed Materials and Stationary	88,250.00	88,250.00			GOG	Shopping	Apr-15	Nov-15
27	Printed Materials and	53,000.00	53,000.00			IGF	Shopping	Jan-15	Aug-15

Procurement Entity: MOH HQTS

Budget Period: January - December, 2015

Ref. No.	Procurement Package (Description)	Estimated Need (GHS)	Approved Budget	Gap	Actual Contract Amount	Source of Funding	Procurement Method	Start Date	Expected Contract Completion Date
	Stationary								
28	Procurement of office Supplies and Accessories	19,476.84	19,476.84	-		GoG	Shopping	Jan-15	Aug-15
29	Procurement of office Supplies and Accessories	7,368.00	7,368.00			IGF	Shopping	Mar-15	Oct-15
30	Printing of Ebola Facts Sheets	5,875,000.00	5,875,000.00			GoG	RT	Dec-14	Jan-15
31	Procurement of Blood Collection Bags and Reagents for NBTS	1,500,000.00		1,500,000.00		GoG	RT	Mar-15	Oct-15
32	Procurement of Furnishing for Ebola Emergency Operation Center	110,000.00	110,000.00			GoG	RT	Dec-14	Aug-15
	<b>TOTAL</b>	<b>615,942,411.76</b>	<b>336,490,317.75</b>	<b>277,842,094.01</b>	<b>-</b>				

## 9. Procurement Plan

### Table 10: Procurement Plan - Consultancy Services

MOH 2015 Consultancy Services									
Consultancy									
Ref. No.	Procurement package (Description)	Estimated Cost (GHS)	Approved Budget	Actual Contract Amount (GHS)	Source of Funds	Proc Method	Start Date	Expected Contract completion date	
1	Engagement of Consulting Firm to undertake financial Audit for 2013 to 2016	736,000.00			SBS	QCBS	May-15	Nov-15	
4	Engagement of a Consulting Firm to undertake Malaria vector Control: Labiofam	4,054,877.60			GoG	SS	Jan-15	Nov-15	
	<b>TOTAL</b>	<b>4,790,877.60</b>		-					

### Table 11: Procurement Plan – Technical Services

MOH 2015 Technical Services									
Technical Services									
Ref. No.	Procurement package (Description)	Estimated Cost (GHS)	Approved Budget	Actual Contract Amount (GHS)	Source of Funds	Proc Method	Start Date	Expected Contract completion date	
1	Engagement of Firm to undertake port Clearance	1,100,000.00	578,965.24		GoG	RT	2-Jan-15	30-Aug-15	
2	Engagement of Security Services for MOH and Allied offices	500,000.00			GoG	CQ	19-Jan-15	16-Sep-15	
	<b>Total</b>	<b>1,600,000.00</b>	<b>578,965.24</b>	-					

Table 12: MOH FELLOWSHIP PLAN

CONTINUING STUDENTS			
AGENCY	NUMBER	AMOUNT (GH¢)	SPECIALITY
MOH	1	17,000	PHD. HEALTH SERVICE ADMINISTRATION
HTI	1	20,625	ORTHOTIC AND PROSTHESIS
GCPS	140	1,050,000	DEPRIVED SPECIALTIES
MENTAL HOSPITALS	6	30,000	CLINICAL PSYCHIATRY (RURAL HEALTH TRG.SCH.)
MOH	1	68,000	MSC. INFORMATION SYSTEMS
<b>Sub-total</b>		<b>1,185,625</b>	
PROPOSED NEW AWARDS			
AGENCY	NUMBER	AMOUNT (GH¢)	SPECIALITY
GCPS	50	375,000	DEPRIVED MEDICAL SPECIALITY AREAS
GCNM	20	150,000	DEPRIVED NURSING SPECIALITY AREAS
GCP	20	150,000	DEPRIVED PHARMACY SPECIALITY AREAS
KATH	1	100,000	I LONG COURSE/TWO SHORT COURSES
TTH	1	100,000	I LONG COURSE/TWO SHORT COURSES
KBTH	1	100,000	I LONG COURSE/TWO SHORT COURSES
CCTH	1	100,000	I LONG COURSE/TWO SHORT COURSES
CHAG	1	100,000	I LONG COURSE/TWO SHORT COURSES
MAP	6	30,000	CLINICAL PSYCHIATRY (RURAL HEALTH TRG.SCH.)
MOH	15	50,000	SCHEME OF SERVICE/COMPETENCY BASED PROGRAMMES
<b>Sub-total</b>		<b>1,555,000</b>	
<b>Overall Total</b>		<b>2,740,625</b>	

Table 13: CAPITAL INVESTMENT PLAN  
2015 MOH CAPITAL INVESTMENT BUDGET

ITEM	TITLE OF PROJECT	PARTNER	SOURCE OF FUNDING (GH¢) 2015					TOTAL
			GOG	SBS	ABFA	EARMARKED LOANS/MIXED CREDIT	IGF	
<b>A. ARREARS ON CERTIFICATES UNPAID AS AT OCTOBER 2012</b>								
1	Provision for arrears from 2012 - 2014 in the sector		-	-	10,625,695.33	-	-	10,625,695.33
2	Provision for payment of retention		-	-	29,116.11	-	-	29,116.11
3	Provisions for payment for Consultancy on projects		-	-	513,939.36	-	-	513,939.36
	<b>Sub Total</b>		-	-	<b>11,168,750.80</b>	-	-	<b>11,168,750.80</b>
<b>B. TURNKEY PROJECTS WITH SECURED FUNDING</b>								
1	Major Rehabilitation and Upgrading of Tamale Teaching Hospital Phase II	ABM AMRO	-	-	-	30,000,000.00	-	30,000,000.00
\\	Completion of the remaining 4No. of Housing Component under the Major Rehabilitation and Upgrading of Tamale Teaching Hospital Housing Project Phase I	Oret/Fortis Bank	-	-	-	2,600,000.00	-	2,600,000.00
2	Expansion of Radiotherapy and Nuclear Medicine Centres at KBTH and KATH	BADEA/OFID	-	-	-	1,500,000.00	-	11,500,000.00
4	Construction of Seven (7) District Hospitals and Provision of an integrated IT System in Ghana	Barclays Bank PLC & Barclays Bank Ghana	-	-	-	70,000,000.00	-	70,000,000.00
5	Construction of University of Ghana Teaching Hospital	Bank Hopolim	-	-	-	80,000,000.00	-	80,000,000.00
6	Rehabilitation of Bolgatanga Regional Hospital -SAUDI Projects	Saudi	-	-	-	20,000,000.00	-	23,021,249.20

2015 MOH CAPITAL INVESTMENT BUDGET									
ITEM	TITLE OF PROJECT	PARTNER	SOURCE OF FUNDING (GH¢) 2015						TOTAL
			GOG	SBS	ABFA	EARMARKED LOANS/MIXED CREDIT	IGF	NHIF	
7	TB Case Detection Programme	ORIO	-	-	-	15,227,509.20	-	-	15,227,509.20
8	Emergency Trauma and Acute Care Centre at KBTH	Kuwait/Saudi/Badea	-	-	2,000,000.00	15,000,000.00	-	-	17,000,000.00
9	2No. Regional Hospitals in Wa and Kumasi and 6No. District Hospitals with Staff Housing at Adenta/Madina, Twifo-Praso, Konongo-Odumasi, Nsawkaw, Tepa and Salaga	Euroget	-	-	-	79,907,478.91	-	-	79,907,478.91
#	Major Rehabilitation and Upgrade of the Greater Accra Regional Hospital at Ridge	HSBC & Exim Bank USA	-	-	-	130,000,000.00	-	-	130,000,000.00
#	Construction of Ten (10) Polyclinics in the Central Region; Bisease, Gomoa Dawurapong, Birwa, Etsi Sunkwa, Esikuma Gyamena, Agona Duakwa, Birpong Akunfude, Ekumfi Naakwa, Twifo Atimokwa and Gomoa Potsin (Phase IV)	Czech Rep. Thru. UniCredit Bank	-	-	-	25,000,000.00	-	-	25,000,000.00
#	Construction of Five (5) Polyclinics in the Greater Accra Region; Adenta, Ashaiman, Bortiano, Oduman and Sege (Phase V)	UniCredit Bank, Austria	-	-	-	10,000,000.00	-	-	10,000,000.00
#	Construction and Completion of Five (5) Polyclinics in the Brong Ahafo Region	UniCredit Bank, Austria	-	-	-	1,816,500.00	-	-	1,816,500.00
#	Provision of Matching Funds for Client Obligations		-	-	-	-	-	-	-
#	Health Service Project III - Component 1 Completion of Bekwai District Hospital		-	-	4,000,000.00	10,000,000.00	-	-	14,000,000.00

2015 MOH CAPITAL INVESTMENT BUDGET										
ITEM	TITLE OF PROJECT	PARTNER	SOURCE OF FUNDING (GH¢) 2015						NHIF	TOTAL
			GOG	SBS	ABFA	EARMARKED LOANS/MIXED CREDIT	IGF			
#	Health Service Project III - Component 2. Support to NBTS		-	-	500,000.00		7,000,000.00	-	-	7,500,000.00
#	Construction of Office Complex for 5 newly created agencies: Allied Health Professional Council, Health Facilities Regulatory Agency, Mental Health Authority, Ghana College of Pharmacists, Ghana College of Nurses and Midwives	STL Group	1,000,000.00	-	1,300,000.00	-	-	-	-	2,300,000.00
#	Construction of One (1) District Hospital and Five (5) Polyclinics in Western Region by Orjo	ORJO	-	-	-		10,000,000.00	-	-	10,000,000.00
#	Construction and Equipping of 7 Prefabricated District hospitals & Rehab. of Maamobi Polyclinic & La General Hospital	Turmaks	-	-	-		10,579,890.80	-	-	10,579,890.80
	<b>Sub Total</b>		<b>1,000,000.00</b>	<b>-</b>	<b>14,921,249.20</b>	<b>-</b>	<b>524,531,378.91</b>	<b>-</b>	<b>-</b>	<b>540,452,628.11</b>
<b>C. ON GOING PROJECTS WITH HIGH SUNK COST AND HIGH SOCIAL PROTECTION IMPACT</b>										
1	Completion and Equipping of Nationwide CHPS Compounds initiated in 2011-2012 and Presidential Special CHPS Projects		-	-	10,000,000.00	-	-	-	-	10,000,000.00
2	Provision of Funds for Consultancy Services for various projects (Tema General Hospital, Cape Coast NTC		-	-	100,000.00	-	-	-	-	100,000.00
3	Rehabilitation and Construction of Offices for the Ghana National Drugs Programme and Procurement Unit		-	-	500,000.00	-	-	-	-	500,000.00

2015 MOH CAPITAL INVESTMENT BUDGET

ITEM	TITLE OF PROJECT	PARTNER	SOURCE OF FUNDING (GH¢) 2015							TOTAL
			GOG	SBS	ABFA	EARMARKED LOANS/MIXE D CREDIT	IGF	NHIF		
4	Construction of New Maternity Facility at Tema General Hospital		-	-	700,000.00	-	-	-	-	700,000.00
5	Construction of Office Complex and Training Centre for National Ambulance and St. John Ambulance		-	-	500,000.00	-	-	-	-	500,000.00
6	Completion of 1 Facilities in Health Training Institution: Hostel block at Cape Coast, NTC		-	-	250,000.00	-	-	-	-	250,000.00
7	Rehabilitation of Tema Mechanical Workshop		-	-	200,000.00	-	-	-	-	200,000.00
8	Completion of Maternity Block at Tafo Hospital in Kumasi		-	-	400,000.00	-	-	-	-	400,000.00
9	Completion of GHS Learning Centre at Pantang		-	-	400,000.00	-	-	-	-	400,000.00
#	Rehabilitation of Accra Pantang and Ankaful Psychiatric hospitals		-	-	300,000.00	-	-	-	-	300,000.00
#	Renovation of Anyako Community Health Centre		-	-	250,000.00	-	-	-	-	250,000.00
#	Completion of Water Improvement Programme		-	-	300,000.00	-	-	-	-	300,000.00
#	Completion of Nsawora Health Centre in the Sefwi Akontombra District		-	-	200,000.00	-	-	-	-	200,000.00
#	Completion of Community Health Nursing Training School at Fomena		-	-	200,000.00	-	-	-	-	200,000.00
#	Completion of Disease Control Unit Project at Korle Bu		-	-	310,000.00	-	-	-	-	310,000.00
#	Completion of Pankrono Health Centre		-	-	200,000.00	-	-	-	-	200,000.00
#	Rehabilitation of Bechem Hospital		-	-		-	-	-	-	200,000.00

2015 MOH CAPITAL INVESTMENT BUDGET										
ITEM	TITLE OF PROJECT	PARTNER	SOURCE OF FUNDING (GH¢) 2015							
			GOG	SBS	ABFA	EARMARKED LOANS/MIXE D CREDIT	IGF	NHIF	TOTAL	
#	Construction of RHMT Office in Accra		-	-	200,000.00	-	-	-	-	200,000.00
#	Construction of Offices for Nurses and Midwives Council		-	-	-	-	-	-	-	-
#	Completion of Bremen Health Centre		-	-	2,000,000.00	-	-	-	-	2,000,000.00
#	Completion of 1 Facilities in Health Training Institutions: Hostel block and External Works at Agoogo NTC		-	-	250,000.00	-	-	-	-	250,000.00
	<b>Sub Total</b>		-	-	<b>17,460,000.00</b>	-	-	-	-	<b>17,460,000.00</b>
<b>D. Health Insurance Funded Projects</b>										
1	Construction of Wards, CSSD & Laundry, Theatre, Mortuary and Block of flats for Akatsi District Hospital		-	-	-	-	-	-	11,830,000.00	11,830,000.00
2	Completion of Facilities in 6 Health Training Institutions: Sampa HATS, Pantang HATS, Hohoe MTS, Korle Bu POCNC, and Asankragua HATS		-	-	-	-	-	-	9,881,175.00	9,881,175.00
3	Construction of Facilities in 8 Health Training Institutions: Goaso MTS, Wa HATS, Kokofu HATS, Tarkwa MTS, Dua Yaw Nkwanta PATS, Nadowli MTS, Kete-Krachi MTS and Nandom MTS		-	-	-	-	-	-	21,011,240.00	21,011,240.00
	<b>Sub Total</b>		-	-	-	-	-	-	<b>42,722,415.00</b>	<b>42,722,415.00</b>
<b>E. EQUIPMENT AND TRANSPORT</b>										

2015 MOH CAPITAL INVESTMENT BUDGET									
ITEM	TITLE OF PROJECT	PARTNER	SOURCE OF FUNDING (GH¢) 2015						
			GOG	SBS	ABFA	EARMARKED LOANS/MIXE D CREDIT	IGF	NHIF	TOTAL
1	National Medical Equipment Replacement Project between Belstar & MOH (OPIC) (Post Warranty Maintenance Programme)	Belstar	-	-	-	45,692,425.09	-	-	45,692,425.09
2	Vehicles					8,050,000			8,050,000
3	Motorbikes					1,050,000			1,050,000
4	Boats					6,300,000			6,300,000
	Sub Total		-	-	-	61,092,425	-	-	61,092,425
<b>F. PPP PROJECTS</b>									
1	Construction of Urology & Nephrology Dept at KBTH		-	-	-	-	-	-	-
2	Construction of Diagnostic Centre at KBTH		-	-	-	-	-	-	-
	Sub Total		-	-	-	-	-	-	-
	Grand Total		1,000,000.00	-	43,550,000.00	585,623,804.00	-	42,722,415.00	672,896,219.00

