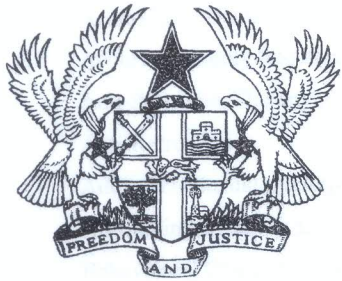
Republic of Ghana

MINISTRY OF HEALTH

2010

PROGRAMME OF WORK

THE GHANA HEALTH SECTOR



THE GHANA HEALTH SECTOR

2010 PROGRAMME OF WORK

Going Beyond Strategy to Action

MINISTRY OF HEALTH

ACRONYMS

AFP	Acute Flaccid Paralysis
ARI	Acute Respiratory Infections
ART	Anti-Retroviral Therapy
ARV	Anti-Retrovirus
ASRH	Adolescent Sexual and Reproductive Health
ATF	Accounting, Treasury & Financial Regulations
BCC	Behavioural Change Communication
BMC	Budget Management Centres
BPEMS	Budget, Public Expenditure Management Systems
CAGD	Controller and Accountant-General's Department
CAM	Complementary Alternative Medicine
CEO	Chief Executive Officer
CHAG	Christian Health Association of Ghana
CHO	Community Health Officer
CHPS	Community-based Health Planning & Services
CHS	Community Health Service
CMS	Central Medical Stores
CMR	Child Mortality Rate
CPR	Cardio-Pulmonary Resuscitation
C/S	Caesarean Section
CSRPM	Centre for Scientific Research into Plant Medicine
DHMT	District Health Management Team
DP	Development Partner
DEENT	Department of Ear, Eye, Nose & Throat
ECT	Electro-Convulsive Therapy
ENT	Ear, Nose & Throat
EPA	Environmental Protection Agency

EPI	Expanded Programme on Immunisation
FDB	Food & Drugs Board
5yPOW	Five-year Programme of Work
GCPS	Ghana College of Physicians & Surgeons
GHS	Ghana Health Service
GOG	Government of Ghana
GPRS	Growth and Poverty Reduction Strategy
HIRD	High Impact Rapid Delivery
HIV/AIDS	Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome
HMIS	Health Management Information System
HR	Human Resource
ICC	Inter-agency Coordinating Committee
ICT	Information Communication Technology
IE&C	Information, Education and Communication
IGF	Internally Generated Fund
IMCI	Integrated Management of Childhood Illnesses
IPT	Intermittent Preventive Treatment
ITN	Insecticide Treated Net
KATH	Komfo-Anokye Teaching Hospital
KBTH	Korle-Bu Teaching Hospital
KNUST	Kwame Nkrumah University of Science and Technology
MDAs	Ministries, Departments and Agencies
MDGs	Millennium Development Goals
MLGRD	Ministry of Local Government and Rural Development
MMDAs	Metropolitan, Municipal and District Assemblies
MOESS	Ministry of Education, Science and Sports
MOFEP	Ministry of Finance and Economic Planning

MOH	Ministry of Health
MOTI	Ministry of Trade and Industry
MOWAC	Ministry of Women and Children's Affairs
MRI	Magnetic Resonance Imaging
MTEF	Medium Term Expenditure Framework
NCD	Non-Communicable Diseases
NDPC	National Development Planning Commission
NGOs	Non-Governmental Organisations
NHIA	National Health Insurance Authority
NHIF	National Health Insurance Fund
NHIS	National Health Insurance Scheme
OPD	Out-patient Department
POW	Programme of Work
PPM	Planned Preventive Maintenance
PPP	Public Private Partnership
RBM	Roll-Back Malaria
RGNs	Registered General Nurses
RHMT	Regional Health Management Team
RHN	Regenerative Health and Nutrition
RTA	Road Traffic Accident
SARS	Severe Acute Respiratory Syndrome
SMTDP	Sector Medium Term Development Plan
STD	Sexually Transmitted Diseases
STG	Standard Treatment Guidelines
TB	Tuberculosis
TMPC	Traditional Medicine Practice Council
TRIPS	Trade Related Intellectual Property Rights
TTH	Tamale Teaching Hospital
USG	Ultra-sonography
WHO	World Health Organisation

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MESSAGE FROM THE HONOURABLE MINISTER OF HEALTH

The current Programme of Work (POW) defines the key objectives and targets set out by the sector for attainment of the health MDGs and towards the general enhancement of the health status of Ghanaians. While building upon the successes and challenges of the previous years, and true to its theme of "Going beyond strategy to action", it sets out priority actions that seek to bring all stakeholders and players on board to embark on the "better Ghana" agenda through collaborative effort, driven by efficient and effective policy management and monitoring.

The main policy focus underpinning this year's POW is the expansion of access to affordable primary healthcare in rural areas and prevention of illness. The key object is to reduce infant and maternal mortality by concentrating on implementing family planning, skilled deliveries, comprehensive abortion care and neonatal care strategies. The policy focus will also seek to scale up essential nutrition actions particularly in the area of therapeutic, complementary and supplementary feeding of infants, children, pregnant women, nursing mothers and PLWHA. Additionally, it will concentrate on strengthening emergency services, especially the National Ambulance Service (NAS). It will also develop capacities in the area of emergency care through training of critical personnel at various levels and pooling of ambulances from facilities. Finally, we intend to intensify malaria control measures, strengthen comprehensive services to achieve universal access to HIV/AIDS prevention, control, treatment and care, as well as reinforce existing measures aimed at prevention and control of non-communicable diseases such as hypertension, diabetes, sickle cell, cancers, and mental disorders.

The review and streamlining of the national health insurance scheme (NHIS) is of top priority this year. It will require repositioning ourselves to harness additional resources and expertise as we prepare for the introduction of the one-time premium payment within the last quarter of the year. We need to deal effectively with the challenges associated with claims management and arrears recovery as well as finding ways to expand NHIS coverage of the poor.

A number of health bills will also be forwarded to the executive and legislature for consideration and passage into law. These bills are the:

- Health Service Bill;
- Public Health Bill;
- Health Regulation Bill;
- Health Professions Bill;
- Health Facilities Bill; and
- Mental Health Bill.

These bills when enacted into law will lend weight to our structural reforms and create an enabling environment for smooth delivery of health care and operations in the health sector.

For us to achieve the targets and milestones set for this year, it is my expectation that all players will adhere strictly to plan/programme implementation and minimise the execution of non-planned activities and programmes. I also expect to see improved coordination and monitoring of activities throughout the sector, including timely quarterly submission and availability of progress reports. More importantly, we have to improve the transparency of our service delivery and accountability throughout the sector. I, therefore, expect to see improved transparency and accountability at all levels particularly in the areas of public financial management and easing congestion in health facilities. We must also place active endeavour into enhancing essential human resources and information communication technology (ICT) with a view to improving productivity in the sector.

I wish to acknowledge the contributions of the staff of the Ministry of Health, Agencies and Development Partners in coming out with the current Programme of Work. It is my firm belief that our efforts this year will yield better results. Let us work together towards a healthier Ghana.

Dr. Benjamin Kunbour
Minister of Health

1. INTRODUCTION

The focus of the 2010 Programme of Work of the Health Sector is defined by a number of converging issues. The 2010 POW was developed at the time when the second Ghana Poverty Reduction Strategy (GPRS II) was about to end and the urgency of a national successor plan had become imperative., The 2010 POW marks the fourth year of the implementation of the third Five-Year Programme of Work (2007 - 2011). This coincides with the preparation of the country's four-year medium term development plan (2010 – 2013), which requires truncating the third Five-year Programme of Work. To overcome this challenge, strategic objectives and other policies underpinning the third Five-year Programme of Work with those of the country's medium term development plan were aligned. Furthermore, a change in government at the beginning of 2009 and the need to reflect the new government's development agenda also provided us with the opportunity to thoroughly review existing strategies and re-programme our activities.

The 2010 POW continues to build on the general principles of providing affordable primary health care to all citizenry; developing cost-effective general health systems; bridging equity gaps in access to health care services; and reinforcement of continuum of care. The general principles also reflect the government's vision on health, the National Health Policy and other policy directives arising out of various fora such as those of the Inter-Agency Leadership Committee (IALC) and the Human Resource Forum. Recommendations from annual regional health reviews, topical research and consultancies that sought to address intra-sector linkages are also captured in the 2010 POW.

The 2010 POW also builds upon the implementation of the last three programmes of work and the lessons learnt. To ensure internal consistency, harmonization, alignment of programmes as well as investments around a common framework for health development, the Health Sector Medium Term Development Plan (HSMTDP) and the third 5-year POW (2007 – 2011) have been fully integrated. The 2010 Programme of Work therefore continues to be driven by the Medium Term Health Strategies, the GPRS II and national commitments toward the MDGs.

Our theme for the year 2010 is: "Going beyond Strategy to Action". This requires that, in 2010, the sector will have to do things differently to ensure better results and accelerate the attainment of targets, especially the MDGs. Emphasis will be placed on improving ;programmes and policies relating to reducing maternal and neonatal deaths; improving health services for children; health promotion; disease control & prevention; addressing stunting, wasting and anaemia within the population; eradicating poliomyelitis, guinea worm and leprosy; eliminating yaws, controlling malaria, strengthening mental health services, as well as managing traumas and other injuries.

The current programme of work was developed through an extensive consultative process involving key stakeholders, development partners, non-governmental actors in health, health workers, other sector collaborators (e.g., NDPC, MLGRD, MOWAC, and EPA) and the health industry. The 2010 programme of work provides an overview of the sector's priorities for 2010 and reflects how agencies in the health sector intend to meet the priorities. It also indicates the overall spending priorities for the sector.

2. Sector Context & Policy Framework

The policy framework underpinning the 2010 POW remains rooted in the overall national development agenda which is outlined in the National Health Policy, the third Five- year POW (2007-2011) and the Health Sector Medium Term Development Plan (2010–2013).

2.1 SECTOR CONTEXT

Ghana has experienced slow improvement in her health status since independence. Even though the disease patterns have slightly changed over time, the availability and use of health services have remained inadequate. Like many countries in early phases of health transition, the pattern of disease in Ghana demonstrates a prevalence of communicable and non-communicable diseases, mal-nutrition, and poor reproductive health.

For instance, Malaria case fatality rate for children under 5 years declined from 2.7 in 2006 to 2.1 in 2008. The percentage of children sleeping under insecticide treated bed-nets however reduced from 55.3% in 2007 to 40.5% in 2008. The 2008 GDHS findings indicated that 28% of Ghanaian children were stunted as against 31% in 1998; 9% were wasted in 2008 as against 14% in 1993; and 14% were underweight showing an improvement over the 1993 figure of 23%. Although some progress has been made in terms of mortality in infants and children under 5 years as evidenced by the 2008 GDHS, high regional disparities exist. For instance, infant mortality in Greater Accra was 36 per 1,000 live births whilst that of Upper West was 97 per 1000 live births (GDHS 2008). The health sector is still confronted by high maternal mortality. According to the 2007 maternal health study, maternal mortality ratio stands at 451 per 100,000 live births.

The problem of inadequate numbers of health professionals still exists. This is due to high attrition as well as mal-distribution of the health sector workforce. An attempt has been made to address the problem by expanding existing health training institutions, establishing new ones, enhancing salary and introducing incentive schemes for health workers. The sector has also focused on increasing the number of middle level cadres. In 2008 there was a 24.6%, 36.1% and 28.4% increase in the enrolment for midwifery, health assistants and medical assistants respectively. This effort needs to be sustained towards the attainment of the health MDGs.

Although there has been a nominal increase in funding to the health sector over the period 2006-2008, funds for service delivery and investments are still inadequate. Predictability of flow of funds for service delivery continues to be a major challenge in the health sector and this is creating difficulties in adherence to plans and attainment of set targets. Emerging funding sources that focus on specific programmes have increased fragmentation, thereby making coordination of earmarked funding more difficult. With respect to the implementation of the national health insurance, claims management has not improved and this unfortunate situation poses a threat to service provision.

In 2009, a process of reviewing health legislation was initiated as a means of addressing fragmentation within the sector. The proposal was to create a national health service under the stewardship of the Ministry of Health (with the Inter-Agency Leadership Committee as the overarching body). Within this proposed health service, agencies are categorized as General Health Service, Mental Health Service, Tertiary Health Service, Blood Service, Ambulance Service, Regulatory Service and Training & Research. There will be further relationship with NHIA, CHAG, other faith based facilities, quasi-government health institutions and NGOs. In 2010, the reviewed health bills will be sent to Parliament to be passed into law.

Milestones have been derived from the existing third Five year POW and are captured under the sector-wide indicators. The specific milestones would normally be captured under individual agency operational plans.

2.1 VISION

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

2.2 MISSION

The mission of the health sector is to contribute to socio-economic development by promoting health and vitality, through access to quality health services for all people living in Ghana, using motivated personnel and promoting the development of a local health industry.

2.3 Sector Goal

The goal of the health sector in the medium term is to ensure a healthy and productive population that continues to reproduce itself safely.

3. Policy Objective

3.1 Key Issues

The implementation of the previous POWs has brought to the fore the following issues:

- persistence of inequities in geographic and financial access to health services;
- high malnutrition rate amongst children;

- governance at all levels: fragmentation, accountability, transparency, and performance measurement;
- persistence of diseases, particularly those that intensify poverty;
- high Maternal and Child mortality;
- weak referral and poor emergency response systems;
- mal-distribution of human resource and poor staff attitude;
- large disparities in health outcomes across regions;
- ineffective health systems at all levels for planning, monitoring and evaluation;
- inadequate delivery of mental health service.

3.2 Objectives

The issues are to be addressed through the current eight sector objectives of the Health Sector are as follows:

1. Bridge equity gaps in access to healthcare and nutrition service
2. Ensure sustainable financing arrangements that protect the poor
3. Improve health infrastructure
4. Strengthen efficiency in health service delivery, including medical emergencies
5. Ensure improved maternal and child healthcare
6. Control the incidence of malaria, HIV/AIDS/STI/TB transmission and other communicable diseases
7. Control non-communicable diseases and promote healthy lifestyle
8. Improve mental health service delivery

4.0 Health Sector Priorities for 2010

1. Reduce inequality in health outcomes across regions through the bridging of gaps in geographical and financial access; with emphasis on referrals and emergency response systems.

2. Decrease maternal and child mortality through improvement in family planning, skilled deliveries, access to blood services, comprehensive abortion and neonatal care and malnutrition in order to achieve the MDGs.

3. Improve healthy lifestyles by prevention and control of communicable and non-communicable diseases (with emphasis on malaria, HIV/AIDS, TB, hypertension, diabetes, sickle cell and cancers).

4. Strengthen governance and administration through effective health systems restructuring, planning, as well as performance monitoring & evaluation at all levels.

5. Support the improved delivery of mental health services.

PROGRAMME STRATEGIES

STRATEGIC AREAS	BROAD ACTIVITIES	LEAD AGENCIES
OBJECTIVE ONE: Bridge Equity Gaps in access to Healthcare and Nutrition Services		
Malnutrition	• Promote the reduction of malnutrition as a public health and developmental problem by scaling up implementation of therapeutic, complementary and supplementary feeding of infants, children, pregnant women, nursing mothers and PLHIV in selected regions. • Promote Food Safety • Promote the survival, growth and development of all children • Review existing policies on Nutrition to improve effectiveness of programmes and projects	FDB, GHS, CSOs, CHAG, DPs, TH, Private Service Providers, MOH
Emergency Services	• Progressively establish Accidents & Emergency units in selected hospitals • Scaling up ambulance services • Capacity building of personnel of emergency service • Involve GPRTU and other stakeholders in emergency services delivery	GHS, CSOs, CHAG, THs, Private Service Providers, MOH, NAS, NADMO, Dps
Private Sector Collaboration	• Support the Private Sector Transporters to offer referral transport in the rural areas • Advocate and collaborate with agencies to ensure food safety • Collaborate with relevant stakeholders to build capacity for local pharmaceutical industry to become responsive to health sector needs and competitive	FDB, GHS, CSOs, CHAG, THs, Private Service Providers, MOH
NHIS	• Improve claims management • Implement one-time premium payment by the informal sector • Provide coordination between the providers and the purchaser • Strengthen oversight responsibilities in the provider/purchaser arrangements • Streamline and align pro-poor benefits packages under the NHIS	NHIA, GHS, CSOs, CHAG, THs, Private Service Providers, MOH, MESW, DPs, MMDAs
Primary Healthcare Service	• Improve Transport availability and management • Monitor performance to improve quality service delivery • Improve quality of clinical care and public health services at all levels • Ensure availability of essential medicines and other health commodities • Increase awareness on health promotion and protection • Accelerate CHPS expansion in under-served areas • Strengthen the districts and sub-district levels to support PHC	GHS, CHAG, THs, Private Service Providers, FDB, MOH, DPS, MMDAs
Human Resource Development	• Promote Occupational Health and safety • Strengthen HR management systems • Institute reward and sanctions system • Develop HR capacity to plan, implement and evaluate activities of RGNs • Continue development and implementation of incentive package for under-served areas • Deploy qualified specialists to Regional and District hospitals	FDB, GHS, CSOs, CHAG, THs, Private Service Providers, MOH, Dps

PROGRAMME STRATEGIES

STRATEGIC AREAS	BROAD ACTIVITIES	LEAD AGENCIES
OBJECTIVE ONE: Bridge Equity Gaps in access to Healthcare and Nutrition Services		
Capital Investment	• Expand infrastructure to support effective and efficient service delivery in selected agencies and districts • Implement the Integrated Capital Investment Planning model focusing on filling service and capacity gaps in deprived and hard to reach areas	FDB, GHS, CSOs, CHAG, DPs, Ths, Private Service Providers, MOH, MMDAs
Gender	• Use disaggregated data for decision making • Develop IE & C materials on gender • Implement the health sector gender policy	FDB, GHS, CSOs, CHAG, THs, Private Service Providers, MOH
Health Laws and Regulations	• Review, disseminate and implement food safety laws • Implement the strategy on health innovation and Trade Related Intellectual Property Rights (TRIPS)	MoH, MoFA, DPS, MLGRD, MoTI, GAC
Traditional Medicine Practice	• Establish traditional medical practice units at selected districts	MOH, KNUST, TMPC, TMPD, CSRPM
OBJECTIVE TWO: Ensure Sustainable Financing that protects the poor		
Integrated Planning at District Level	• Develop and implement a comprehensive planning format • Strengthen intra- and inter-sector processes for policy dialogue, review, collaboration, coordination, planning and accountability • Strengthen data management, documentation, and reporting systems within MOH and its agencies • Improve Planned Preventive Maintenance (PPM) at all levels • Institutionalise quality assurance surveys at all levels • Improve coverage of the district-wide information system infrastructure to include the private sector and ensure the availability, accuracy and reliability of routine service-based data • Scale up evidence based District health planning tools Support district levels operational research as a means of generating evidence for planning	FDB, GHS, CSOs, CHAG, THs, Private Service Providers, MOH, MOFEP, CAGD, DPs, District Assemblies
Improve governance and sustainable financing	• Strengthen the linkage between the NHIS and the LEAP and other social protection mechanisms • Scale up NHIS registration of the very poor • Implement the public financial management plan to strengthen financing, financial management and accountability • Strengthen procurement and ICT systems • Continue development of performance management systems, including performance contracting and appraisals	MOH , NHIA, PPA, MESW, MOFEP

PROGRAMME STRATEGIES

STRATEGIC AREAS	BROAD ACTIVITIES	LEAD AGENCIES
OBJECTIVE THREE: Improve Health Infrastructure		
Capital Investment	• Improve supply and equipment management • Expand infrastructural facilities in training institutions • Procure new ambulances for the National Ambulance Service • Construct new health facilities in underserved areas with emphasis on CHPS compounds, health centres and district hospitals using appropriate but cost-effective methods • Expand infrastructure and equipment to support effective and efficient maternal and child health services • Upgrade mental health facilities and infrastructure • Institutionalise *Planned Preventive Maintenance (PPM) at all levels* • Explore additional and innovative sources of funding including PPP and other strategies to support effective and efficient services delivery at all levels • Upgrade specialised facilities to provide essential back stopping services for primary and secondary levels	MOH, MOFEP
OBJECTIVE FOUR: Strengthen Efficiency in Health Service Delivery		
Emergency Service	• Establish 15 new ambulance stations and scale up ambulance services in selected districts • Establish intensive care units in regional hospitals • Collaborate with relevant agencies and communities in training emergency medical teams for regional and tertiary hospitals • Provide transport and communication equipment support	GHS, CHAG, THs, Private Service Providers, MOH, NAS, MOYE
Private Sector Collaboration	• Develop joint programmes to achieve effective inter-sector collaboration • Implement the recommendations of the Public Private Partnership (PPP) Studies • Develop Health Industry strategy within the framework of public private partnership (PPP).	MOH, CSOs
Health Laws and Regulations	• Review and rationalize regulations and standards within the health sector and orientate stakeholders • Strengthen the role and capacity of regulatory bodies in assuring quality and safety of health services	MOH, GHS , NAS
Primary Healthcare	• Expand outreach services to deprived regions and districts • Strengthen referral systems • Ensure that 24 hour Essential services are available in health facilities • Institutionalise quality assurance surveys at all levels • Strengthen Community ownership and participation • Increase access to appropriate health technologies including medicines	MOH, GHS, THs, CHAG, Private Health Providers, NAS, MH, NBS

PROGRAMME STRATEGIES

STRATEGIC AREAS	BROAD ACTIVITIES	LEAD AGENCIES
OBJECTIVE THREE: Improve Health Infrastructure		
Human Resource Development	• Establish performance monitoring framework and reporting system for organisational accountability • Improve human resource production, recruitment, deployment, retention and management • Train health workers on Health Management Information Systems (HMIS) • Institute reward and sanctions system • Develop HR capacity to plan, implement and evaluate training programmes • Provide adequate teaching and learning materials for training institutions • Improve HR performance management systems	MOH, GHS, THs, CHAG, MOESS, CSOs
Traditional Medicine Practice	• Promote Research & Development • Increase resources to the Centre for Scientific Research into Plant Medicine to support research and cultivation of medicinal plants • Continuously update the recommended drug list • Advocate intellectual property rights for traditional medicines • Strengthen the framework for the monitoring and supervision of traditional medicine practitioners	FDB, MOH, CSRPM, TAMD, TMPC, CSRPM
Specialized Tertiary Services	• Provide advanced diagnostic services and introduce new services such as MRI at selected Regional Hospitals • Promote and facilitate Prosthetics, Orthotics and Physiotherapy services • Expand specialist outreach services to deprived regions and districts	MOH, Ths
OBJECTIVE FIVE: Improve Maternal and Child Healthcare		
Emergency Services	• Scale up high impact reproductive, sexual health and nutrition interventions rapidly for improved, sustained and quality coverage of services • Strengthen referral services for childhood and maternal emergencies • Strengthen basic and comprehensive EMONC	NHIA, GHS, CSOs, CHAG, THs, Private Service Providers, MOH, NAS, NBS, GPRTU
Private Sector	• Support private sector participation in the implementation of maternal and child health care programmes	NHIA, GHS, CSOs, CHAG, THs, Private Service Providers, MOH, DAs, GPRTU,
NHIS	• Ensure continuity of free maternity care	NHIA, GHS, CSOs, CHAG, Private Service Providers, MOH

PROGRAMME STRATEGIES

STRATEGIC AREAS	BROAD ACTIVITIES	LEAD AGENCIES
OBJECTIVE THREE: Improve Health Infrastructure		
Primary Healthcare	• Scale up high impact reproductive, sexual health and nutrition interventions rapidly for improved, sustained and quality coverage of services • Improve access to quality maternal, neonatal and reproductive health services • Secure health commodities for Reproductive Health • Provide logistics for reproductive health services • Disseminate and implement new child health policy • Equip 60 district hospital to handle maternal health complications • Strengthen adolescent health service programmes • Reposition CHPs to provide maternal and child health services • Implement the Integrated Management of Neonatal and Childhood Illness (IMNCI) strategy • Train TBAs in basic maternal and child health issues • Promote early referral from TBAs to skilled birth attendants	NHIA, GHS, CSOs, CHAG, THs, Private Service Providers, MOH, MOWAC, DPs, PPAG
Human Resource Development	• Train health workers on safe motherhood and Behavioural Change Communications (BCC) • Train and deploy requisite HR skill mix in the areas of midwifery, obstetric care and child health	GHS, MOH, CSOs, CHAG, THs, Private Service Providers, TI, MOESS
OBJECTIVE SIX: Control the incidence of malaria, HIV/AIDS/STI/TB transmission and other communicable diseases		
Diseases Control and Prevention	• Educate people on how to reduce the health risks of air pollution • Control vector by applying indoor residual spraying and bio-larviciding • Strengthen early malaria case recognition and develop appropriate response and referral structures • Reduce new infections amongst vulnerable groups and the general population **(HIV/AIDS, STIs/ TB)** • Improve early detection, reporting and management of communicable diseases • Develop capacity for research into communicable diseases • Maintain active surveillance on selected diseases • Establish Infectious disease management centre in 25 district hospitals • Advocate for safe sex and healthy lifestyle • Advocate for clean environmental sanitation	MOH, EPA, MOTI, GHS THs, CHAG, Research Institutions, DPs, Transport Unions, GAC
Integrated Planning at the District Level	• Establish BCC and community involvement programmes in all districts • Integrate healthy lifestyles and regenerative health principles into schools and health institutions curriculum	MOH, GHS, THs, CHAG, MOI, GES, MOCCA, Das,
Nutrition	• Sustain existing nutrition policy on HIV/AIDS/TB	MOH

PROGRAMME STRATEGIES

STRATEGIC AREAS	BROAD ACTIVITIES	LEAD AGENCIES
OBJECTIVE THREE: Improve Health Infrastructure		
Primary Healthcare	• Develop measures to ensure safe transfusion services in selected districts • Provide quality care for HIV/AIDS/STI/TB patients • Strengthen the prevention, control and management of diseases of public health importance • Develop and disseminate Blood Donation Guidelines • Develop and procure IE & C materials for blood donation campaign	MOH, GHS, CHAG, Private Service Providers, DPs, MOFA, GAC, BTS
OBJECTIVE SEVEN: Control non-communicable diseases, ensure their proper management and promote healthy lifestyle		
Private Sector Collaboration	• Promote healthy lifestyle	GHS, MOH, CSOs, CHAG, THs, Private Service Providers
Disease Control and Prevention	• Establish screening and proper management programmes for diabetes, hypertension, cancers, sickle cell, and asthma • Conduct research into Non-Communicable Diseases (NCD) • Establish the national cancer registry	GHS, MOH, CSOs, CHAG, THs, Private Service Providers, DPS, MOES, MOFEP, GES, MMDAs, DAs, MWHWR
OBJECTIVE EIGHT: Improve Mental Health Service Delivery		
Nutrition	• Review and enhance feeding grants	MOH, NHIA
Collaboration with Private Sector And other Stakeholders	• Collaborate with CSOs and Traditional and Alternate Medicine Practitioners to promote mental health service • Ensure community–based services and stakeholder collaboration	MOH, CSOs, MHS, MOH, GHS, Das
Primary Healthcare Services	• Improve quality of care for mental health patients • Establish rehabilitation services for psychiatric patients • Intensify public education on mental health	MOH, MHS, DAs, Tertiary training institutions
Health Laws and Regulations	• Advocate for the passage of the Mental Health bill • Develop and implement strategic framework for medical rehabilitation of the physically and mentally challenged in response to the Disability Act	MOH, MHS, GHS, THS, MOESW,
Strengthen Mental Health Infrastructure	• Establish and upgrade selected mental health facilities and infrastructure • Establish an alcohol and drug rehabilitation centre	MOH, MHS Ministry of Interior, MESW
NHIS	• Secure accreditation of Mental OPD with NHIA	MOH, NHIA
Human Resource Development	• Train and deploy more mental health personnel • Integrate community mental health care into existing community health services delivery	MOH, MHS, GHS, Medical Schools, TH and other relevant training institutions

5.0 Resource Allocation - Guiding Principles

The 2010 POW reflects the overall government policy objective of ensuring fiscal prudence and a reduced budget deficit. The Ministry will therefore ensure that its limited available resources are used prudently and judiciously to deliver effective services within the sector. In line with this, off budget expenditures will not be accepted. Efforts will be made to keep all Agencies within their budgetary allocations and also ensure that all outstanding commitments are adequately provided for. Overall resource mobilization and allocation will continue to be guided by the principles of equity, efficiency and sustainability.

5.1 EXPENDITURE PRIORITIES

Existing commitments relating to current and ongoing projects and programmes, international commitments, and letters of credit will be met. Selected past initiatives shall also be scaled up and pro-poor expenditures will be protected. In addition, expenditures relating to the following will be provided for and ring-fenced:

a) Maternal and Child health
b) Diseases targeted for eradication: poliomyelitis, guinea worm and leprosy
c) Mass immunisation campaigns
d) Diseases of public health importance: buruli ulcer, yaws, as well as other epidemic diseases such as cerebrospinal meningitis, yellow fever, cholera, etc.
e) Investment in malaria control including those of clinical trials
f) Improving surveillance systems
g) Promotion of healthy lifestyles and adolescent health issues including family planning
h) Programmes addressing stunting, wasting and anaemia within the population
i) Non-communicable diseases especially those related to lifestyles
j) Mental health
k) Emergencies, traumas and other injuries
l) Public financial management strengthening

Adequate funding will be provided for health infrastructure, ongoing projects, replacement of ageing vehicles and obsolete equipment. Major rehabilitation of existing infrastructure in deprived and peri-urban areas will also be undertaken. Additionally, in line with government's agenda, funds will be made available for the establishment of a Medical Assistant Training School and upgrading of infrastructure of selected health training institutions.

6. AGENCY SPECIFIC PROGRAMMES OF WORK

6.1 GOVERNANCE, FINANCING AND ACCOUNTABILITY

6.1.1 Ministry Of Health Headquarters

The Ministry of Health (MoH) formulates, coordinates and monitors the implementation of policies, programmes and processes for evaluation of the programme of work. It also mobilises and allocates resources to its agencies for the implementation of programmes.

Key Issues

- Irregular resource flow within the sector resulting in weak plan implementation
- Insufficient monitoring & evaluation of operational plans of agencies and programmes
- Ineffective information management across sector
- Procurement Plan not aligned with budget resulting in persistent over-expenditure

Priority activities

- Refine and improve alignment of procurement policies and plans to the budget.
- Revisit strategies for financing the health sector, particularly the future role of the NHIS.
- Support the local pharmaceutical industry to build capacity to become competitive.
- Commence implementation of new health laws.
- Initiate measures to regulate the unregulated middle level cadre health professionals

Expected Results

- Improved coordination within the sector
- Reduction in off-track budget
- Improved transparency and accountability at all levels
- Strategy document for financing health sector
- Traditional/herbal medicine integrated
- Performance contract signed throughout the sector
- Recommendations of commodities security study implemented and challenges addressed

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

6.1.2 Human Resources For Health

The goal of the human resource policy is to support adequate production of appropriately trained staff that will be motivated and retained to perform effectively and efficiently. The conceptual framework derived from the Health sector policy underlines the following HRM policy measures for 2010:

- Increase the production and recruitment of health workers focusing on the middle level.
- Retain, distribute equitably and increase productivity of health workers by strengthening supervision, refining compensation and incentive schemes.

Key Issues

- Continuing disproportion in the distribution of health workers resulting in inadequate numbers of key health professionals particularly in deprived and hard to reach areas
- Production and deployment of the right mix of middle level cadres to meet service demands at all levels
- Inadequate teaching facilities and equipment resulting in poor clinical exposure of trainees
- Negative perception of the service by clients as a result of poor staff attitude

Priority Activities

- Collaborate with the private sector in the production of human resource for health service delivery
- Improve infrastructure and human resources in the training institutions
- Update and implement staffing norms
- Ensure accreditation of all diploma schools

Collaborators
All Agencies, Health Partners, Ministry of Education, University of Ghana Medical Schools, KNUST School of Medical Sciences, Training Institutions

6.1.3 National Health Insurance Authority (NHIA)

The Authority regulates and supervises Health Insurance Schemes, accredits and monitors healthcare providers and manages the NHIF. As part of its mandate of managing the NHIF, the Authority secures access to free healthcare to exempt groups under the National Health Insurance Act, and provides subsidies and re-insurance to District Mutual Health Insurance Schemes.

Key Issues

- Limited portability with regard to accessing health care under the NHIS
- Inefficient claims processing resulting in delays in reimbursement of providers
- Contradictions in Act 650 that hamper efficient and effective implementation of the NHIS.

Priority Activities in 2010

- Restructure NHIA in line with the legislative review and the new strategic direction of the Authority
- Finalize and disseminate guidelines prior to the implementation of the one-time premium payment policy by the end of 2010
- Improve claims management by scaling up the centralization of claims processing
- Improve portability of NHIS

Institute control measures to curb fraud and abuse

Expected Results

- NHIA restructured into one corporate body with district offices, regional offices and a head office.
- Awareness created for the implementation of one-time premium by end of 2010
- ICT fully functional in 145 district offices, 10 NHIA regional offices, NHIA claims centre(s) and NHIA head office
- Improved portability through scaled up ID card production and improved distribution.
- Improved promptness of payment of claims to providers (at least 30% claims paid within 30 days).
- Minimum of 2,000 health care facilities inspected accredited

Collaborators

Ministry of Health, Ministry of Finance and Economic Planning, Private Hospitals and Maternity Homes Board, Medical and Dental Council, Pharmacy Council, Nurses and Midwives Council, Teaching Hospitals, Ghana Health Service, Christian Health

Association of Ghana, Society of Private Medical and Dental Practitioners, Ghana Association of Quasi-Government Health Institutions, Ghana Registered Midwives Association, Association of Community Pharmacists and Association of Private Medical Laboratories, Development Partners.

6.1.4 PROCUREMENT

The Health Sector has made substantial progress in the development of procurement capacity. In line with decentralization, institutional capacity has been developed at all Budget Management centres to plan and execute procurement in accordance with agreed thresholds and methods.

Key Issue

- Non-alignment of procurement planning to budget cycles and fund flow.

Priority Activities

- Conduct study and develop standard pricing policy framework for goods, works and services in the health sector.
- Improve logistics management at all levels in line with PFM Strengthening Plan.
- Improve upon existing systems for monitoring and evaluation of the procurement activities to ensure value for money
- Review the implementation of existing standards and guidelines as input for policies on cost containment
- Develop strategy and implement the recommendations in 2008 Procurement Audit Report.

Expected Results

- Procurement Portfolio for 2010 managed
- The sixth edition of Standard Treatment Guidelines and Essential Medicines List reviewed, printed and launched nationally and distributed to all regions and districts.
- Improved medicines and logistics supply security.
- 2008 Procurement Audit Report recommendations implemented

Collaborators

All Agencies, Health Partners, Public Procurement Board, National Health Insurance Council and other stakeholders including the private sector.

6.1.5 CAPITAL INVESTMENT

The Capital Investment Plan delineates the management of health infrastructure, including medical equipment, ICT and transport for health service delivery in the country.

Key Issues

- Increased demand for health infrastructure
- Deteriorating health infrastructure and obsolete equipment
- Ageing of vehicles
- Relatively slow deployment of ICT affecting service delivery and management
- Mapping the health service capacity needs of the newly created districts
- Rapid urbanisation with its attendant pressures on limited health facilities
- Inadequate emergency and epidemic preparedness of health facilities
- Delays in implementation of capital projects leading to high cost overruns and recurring indebtedness

Priority Activities

- Establish a Medical Assistant Training School
- Upgrade facilities in the health training institutions
- Carry out major rehabilitation of selected health infrastructure
- Develop criteria for the prioritization of capital expenditure
- Expand health facilities in deprived and peri-urban areas

Expected Results

- The following ongoing projects are earmarked for completion and commissioning:
  - Offices and Laboratories for Food and Drugs Board
  - Expansion projects in selected training institutions nationwide
  - Upgrading of 3 Health Centres (HC) to District Hospitals (DH) with funding from OPEC
  - MIS and ICT infrastructure of NHIS
  - Selected ongoing projects in health facilities, DHMT and RHMT
  - Construction of 5 Polyclinics/Health centres in Northern Region at Karaga, Kpandai, Tatale, Janga and Chereponi with Austrian financial support
  - Construction of 100-bed General Hospital with Malaria Research Centre at Teshie, Accra with Chinese Government grant
  - Rehabilitation of KBTH Medical Block
  - Development and equipping of CHPS compounds in selected sub-districts in collaboration with various District Assemblies and

- Planning activities including contractual issues, negotiations and statutory approvals will be completed for the commencement of the following projects:
  - Major rehabilitation and upgrading of Tamale Teaching Hospital
  - Construction of 2 Regional Hospitals at Wa and Kumasi
  - Construction of District Hospitals and staff housing at Madina/Adenta and Weija in Accra, Manhyia in Kumasi, Tepa, Salaga, Wenchi and Konongo-Odumasi, Twifo-Praso
  - Supply and installation of laundry and imaging equipment in selected health facilities with KBC/Belgian Government financial credit
  - Re-equipping of selected health facilities with various specialised medical equipment under a turnkey arrangement with Stericom of Germany
  - Expansion of Radiotherapy and Nuclear Medicine facilities at KATH and KBTH with OPEC and BADEA funding
  - Construction of the Blood Transfusion Centres at the Teaching Hospitals

- The execution of the following major ongoing projects will continue in course of the year:
  - Construction of Winneba and Tarkwa District Hospital
  - Phase 2 of the rehabilitation and upgrading of Bolgatanga Regional Hospital
  - Various health sector projects in the districts including staff accommodation, DHMT and RHMT
  - Maternity and Children's block for KATH, and maternity block for Achimota Hospital
  - Upgrading of Maamobi, Kaneshie and Mamprobi Polyclinics
  - Maternity and Children's Block at Tema General Hospital
  - Offices for the Nurses and Midwives Council
  - Office complex for NAS and St. John's Ambulance and
  - Expansion of Nurses' Training Institutions nationwide

- Preparatory works including feasibility studies, needs & site assessment, appraisals, value for money audits, tendering, negotiations, funds mobilization and required approvals will be undertaken for the following proposed projects:
  - Specialized Urology Centre at Korle-Bu Teaching Hospital

- Maternity and Children's Hospital at Ridge Hospital, Accra
- Specialised Neurology Centre at Korle-Bu Teaching Hospital
- Development of various Regional and District Hospitals, Health Centres, Centres of Excellence and Equipment installations with projected external funding (Chinese Export-Import Bank, Dutch ORIO, Saudi Fund, BADEA, OPEC, Austrian OeKB, Kuwaiti Fund)
- Medical Assistants' Training Schools in Volta, Western & Northern Regions
- Upgrading of Cape Coast Regional Hospital into a Teaching Hospital
- New Midwifery Training Schools in Northern Region at Damango & Nalerigu

Collaborators

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

6.2 SERVICE DELIVERY

6.2.1 GHANA HEALTH SERVICE

Ghana Health Service (GHS) is to provide and manage comprehensive and accessible health service with special emphasis on primary health care at regional, district and sub-district levels in accordance with approved national policies.

Key Issues

- High prevalence of communicable and non-communicable diseases due to unhealthy lifestyle choices
- Difficulty in addressing diseases of public health importance such as Guinea worm, cholera etc owing to inadequate access to potable water particularly in the rural and peri-urban areas which impacts on the service efforts
- Weak laboratory support at the district level due to poor infrastructure, equipment, regulation and personnel
- Inadequate coverage of priority health interventions (TB, Malaria, HIV/AIDS, IMCI, ACSD, etc.)
- Delays in payment of claims by NHIS
- Weak monitoring and supervision across all levels resulting in lack of commitment and accountability for performance
- Slow pace of development of ICT within GHS, especially at the regional and district levels resulting in inadequate data for decision making
- Chronic staffing imbalance due to attrition, inequitable distribution and an ageing workforce affecting service delivery.

6.2.2 CHRISTIAN HEALTH ASSOCIATION OF GHANA (CHAG)

The Christian Health Association of Ghana is an umbrella non-governmental organization that serves as a link between Government/Development Partners and CHAG Member Institutions in the provision of health services. It provides support to its members through capacity strengthening, coordination of activities, lobbying and advocacy, public relations and translation of government policies. It plays a complementary role to the Ministry of Health (MOH) and the Ghana Health Service (GHS) and is the second largest provider of health services in the country.

Key Issues

- Poor integration of CHAG in the district health planning process
- Low coverage of maternal and child health services
- High disease burden in operational areas of member institutions
- Inadequate quality assurance systems in the facilities
- Human resource capacity gaps continue to hamper implementation of some of the key activities of CHAG
- Lack of transparency of members' resource envelope
- Low levels of collaboration with District Assemblies and other stakeholders

Priority Activities

- Improve maternal and child health services
- Improve access to quality maternal, neonatal and reproductive health services including family planning, comprehensive abortion care and emergency obstetric care
- Strengthen quality assurance of CHAG facilities
- Strengthen/set up institutional-based public health units to act as resource centres promoting health and nutrition
- Introduce and strengthen integrated district planning in CHAG facilities

Expected Results

- Maternal & child health services improved in CHAG
- Capacity developed in promotion of healthy lifestyle and nutrition
- Improved specialist outreach services
- Functional Quality Assurance and Drug and Therapeutic teams/committees
- CHAG technical reports integrated with the district health system

Collaborators

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

6.2.3 TEACHING HOSPITALS

6.2.3.1 Korle-Bu Teaching Hospital

This is a national referral hospital with a mandate to provide quality tertiary health care, educate and train health professionals, conduct research, carry out specialist outreach programs and ensure good governance and good financial management.

Key Issues

- Low capacity for collaborative operational research
- Ageing infrastructure and equipment
- Poor gatekeeper system
- Inadequate financial and procurement management systems
- Weak Integrated Health Information Management System (IHIMS)

Priority Activities

- Modernize service delivery infrastructure and replace old equipment to improve quality of patient care
- Introduce Private Practice in the Hospital
- Develop a standard protocol for the receipt and management of emergency cases sent to Korle-Bu
- Review the financial management systems and adopt innovative ways for revenue mobilization and utilization
- Re-organise procurement practices to ensure timeliness and efficiency

Expected Results

- Clear guidelines and standard referral procedures put in place
- An MoU between KBTH and CHS for the conduction of joint research activities put in place
- Networking of Departments and clinical units completed
- Patients waiting time reduced
- Medical statistics for management decision-making improved
- Efficient financial management practices for revenue collection put in place
- A well structured and managed private practice system in Korle-Bu institutionalized

COLLABORATORS

Ministry of Health, GHS, KATH, Tamale Teaching Hospital, Mental Hospitals, Medical & Dental Council, Nurses and Midwives Council, University of Ghana Medical School, The Dental School, Pharmacy Council, CHAG, Mutual Health Insurance Organization, National Health Insurance Authority, National AIDS Commission, Ghana Employers Association, GIMPA, Bank of Ghana, Attorney General's Department and NGOs.

6.2.3.2 KOMFO ANOKYE TEACHING HOSPITAL (KATH)

KATH provides advanced clinical health services, serves as a training ground for medical professionals and undertakes research into health issues.

Key Issues

- Uncoordinated planning of capital projects
- Inadequate infrastructure to support quality maternal and child health services
- Low human resource capacity to meet demand for emergency and trauma services
- Inadequate numbers of specialized nursing staff
- Inadequate equipment (i.e. MRI, monitors for theatres and ultrasound for some critical areas)
- Inadequate financial and procurement management systems

Priority Activities

- Provide advanced diagnostic services and introduce new services such as MRI
- Complete Maternity and Children block and the new eye centre

Expected Results

- Increased number of referral cases seen
- Reduced maternal and child mortality rates
- More clients satisfied with services provided
- Operational research activities increased
- Improved financial management system

Collaborators

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

6.2.3.3 TAMALE TEACHING HOSPITAL (TTH)

TTH provides clinical health services, educate and train health professionals and act as referral centre for the northern sector.

Key issues

- Difficulty of preparing claims for early reimbursement due to weak computerisation and networking of NHIS Unit
- Inadequate financial and procurement management systems
- Poor Health Information Management System (IHIMS)

- High prevalence rates of communicable and non-communicable diseases
- Weak pharmaceutical care delivery

Priority Activities

- Computerization of the NHIS unit
- Establish sickle cell, hypertension and cancer clinics
- Establish Maternal and Child Health Centre of Excellence
- Build capacity towards efficient quality tertiary health care and medical education

Expected Result

- Increased number of referrals.
- Improved waiting time at all service points.
- Reduced malnutrition among infants and children.
- Reduced personnel –client ratio at all service points
- Improved Emergency services
- Reduced maternal mortality and infant morality
- Reduced rate of post operative infection
- Improved management systems

Collaborators

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

6.2.4 PSYCHIATRIC HOSPITALS

The Psychiatric Hospitals provide services based on the principles of 'quality and efficient client-centered, community based mental health care to all people in Ghana'. The hospitals have two components: the institutional component comprising the three psychiatric hospitals at Accra, Pantang and Ankaful; and the community component comprising the psychiatric wings of some regional and district hospitals and community psychiatric nursing.

Below are the key issues, priority areas and expected outcomes of the three major psychiatric facilities for the year 2010:

6.2.4.1 PANTANG HOSPITAL

Key issues

- Inadequate funding leading to indebtedness
- Insufficient and irregular psychotropic drug supply
- Inadequate human resource
- High attrition rate of experienced nursing staff
- Lack of enthusiasm and poor discipline among staff at all levels
- Non-coverage of psychiatric patients treatment by NHIS

Priority Activities

- Development of referral system
- Expand Drug Treatment and Rehabilitation Unit
- Establish functional rehabilitation programme centre
- Start clinics for epilepsy, eye, HP, TB and diabetes
- Establish ECT unit
- Ensure accreditation of General OPD with NHIS
- Acquire additional diagnostic USG equipment
- Renovate rooms for visiting families

Expected Results

- Working relationship established with alternative medicine practitioners and a well- defined referral system attained
- Awareness creation on mental health intensified
- Collaboration with NGO's in promoting mental health strengthened
- Functional rehabilitation programme/centre established
- Wards rehabilitated/adapted for General OPD
- Specialists clinics for Epilepsy, Eye, HP, TB, Diabetes at physical OPD started
- Additional diagnostic equipment acquired
- ECT unit established
- Rooms for visiting families renovated

COLLABORATORS

Ministry of Health, Ghana Health Service, Teaching Hospitals, Ghana College of Physicians and Surgeons, Narcotics Control Board, Pharmacy Council, Ghana AIDS Commission, Ministry of Education, Ministry of Employment and Social Welfare, Ghana Medical Association, Medical and Dental Council, Nurses and Midwives Council, NGOs, Alternative Medicine Practitioners, Traditional Leaders, University of Ghana Legon, Rotary & Lions Clubs, the Judiciary, Police Service, Media and the Public.

6.2.4.2 ANKAFUL HOSPITAL

Key Issues

- Ineffective communication system
- Poor waste disposal system
- Dormant committees
- Lack of compliance with procurement law
- Weak compliance with professional ethics
- Poor security at the hospital

Priority Activities:

- Mechanise the hospital's information and management systems
- Improve quality of care
- Continue and expand the market gardening project at the Rehabilitation Centre
- Commence works on the proposed Drug Addiction Rehabilitation Centre

Expected Outcome

- Management structures and systems improved
- Dormant operational committees re-activated
- Professional ethics adhered to
- Procurement Law adhered to
- Improved security system

COLLABORATORS

Ministry of Health, Ghana Health Service, Teaching Hospitals, Ghana College of Physicians and Surgeons, Narcotics Control Board, Pharmacy Council, Ghana AIDS Commission, Ministry of Education, Ministry of Employment and Social Welfare, Ghana Medical Association, Medical and Dental Council, Nurses and Midwives Council, NGOs, Alternative Medicine Practitioners, Traditional Leaders, University of Ghana Legon, Rotary & Lions Clubs, the Judiciary, Police Service, the Media and the Public.

6.2.4.3 ACCRA PSYCHIATRIC HOSPITAL

Key issues

- Inequitable distributions of psychiatric nurses
- Inadequate personnel to offer counseling services
- Inadequate drug and alcohol rehabilitation centres
- Insufficient logistical support

Priority Activities:

- Ensure that Psychiatric Nurses are equitably distributed by participating in staff distribution activities
- Train psychiatric focal persons to offer counseling services in the communities
- Establish and strengthen drug and alcohol rehabilitation as well as occupational therapy centres
- Provide adequate logistical support
- Educate Practitioners of alternative medicine

Expected Outcomes

- Health and Safety of in-patients and staff ensured
- Local indigenes trained to offer counseling services in the community
- In-patients adequately fed
- Staff trained to handle aggressive patients
- Referral Systems established in regions
- Occupational therapy strengthened
- Therapeutic Community rehabilitation units established in all levels of mental health care delivery

COLLABORATORS

Ministry of Health, Ghana Health Service, Teaching Hospitals, Ghana Collage of Physicians and Surgeons, Narcotics Control Board, Pharmacy Council, Ghana AIDS Commission, Ministry of Education, Ministry of Employment and Social Welfare, Ghana Medical Association, Medical and Dental Council, Nurses and Midwives Council, NGOs, Alternative Medicine Practitioners, Traditional Leaders, University of Ghana Legon, Rotary & Lions Clubs, the Judiciary, Police Service, the Media and the Public.

6.2.5 NATIONAL AMBULANCE SERVICE

The National Ambulance Service (NAS) is to ensure quality patient care by administering an effective nationwide system of coordinated emergency medical care, injury prevention, inter/intra hospitals transfer, and disaster medical response

Key Issues

- Limited and fragmented ambulance services
- Poor referral system
- Inadequate capacity for pre-hospital emergency care
- Inadequate vehicle, signal, communications and gears

Priority Activities:

- Establish 15 New Ambulance stations
- Procure 25 new Ambulance
- Pooling of all facilities ambulance services into the National Ambulance Service.
- PPM of Ambulances enhanced and made effective across country.
- Ensure screening and vaccination for Hepatitis B, vaccination for Tetanus, CMS and Yellow Fever for NAS staff
- Upgrade EMT from EMTB to EMTA

Expected Results

- Increased number of vehicles
- Existing Ambulance stations provided with basic office and needs
- Upgrade 50EMTs
- All staff immunized against Hepatitis B, Tetanus, CSM, and Yellow fever
- Four Ambulance Stations (Tamale, Wa, Manponteng, and Konongo) fully renovated and 15 new stations established
- Harmonized ambulance service

Collaborators

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

6.2.6 NATIONAL BLOOD SERVICE

The National Blood Service is to provide safe, adequate, efficacious blood and blood products. The service is to ensure that blood and blood products are accessible and affordable to all patients requiring such therapy in all hospitals nationwide (Government, quasi-government, mission and private).

Key Issues

- Insufficient non-remunerated (voluntary) donors
- High staff attrition rate
- Mal-functioning of essential equipment
- Inadequate operational budget and logistics
- Blood Bank staff lack requisite knowledge on Blood Safety and operations of Blood Centre

Priority Activities

- To get parliamentary approval for the Draft Bill and develop Administrative Instructions and effectively disseminate the contents of the adopted National Blood Policy to all stakeholders at regional level in three zones, to ensure effective implementation
- Improve and sustain the clinical component of transfusion medicine
- Complete the deployment of ICT to enhance safety and haemo-vigilance of blood and blood products on pilot basis
- Collaborate with AfDB/NDF/MOF to construct and equip the headquarters, Accra and Kumasi Area Centres of the National Blood Service
- Train voluntary blood donor recruiters to assist in recruitment of voluntary non-remunerated blood donors, to achieve 65% voluntary blood donations nationwide
- Recruit, train and re-train all categories of staff at the Area Blood Centres and Hospital Blood Banks

Expected Results

- National Blood Service Act and Administrative Instructions available to guide the operations of the blood service.
- Contents of the Blood Policy disseminated nationwide.
- Area Blood Centres strengthened by way of manpower, equipment and vehicles to enable collection of adequate safe blood and blood products and, blood screening procedures expanded.
- Improved availability of safe, adequate, timely, accessible and efficacious blood and blood products especially to assist in reducing maternal morbidity and mortality resulting from haemorrhage.
- Improvement in safe clinical transfusion practice.

Collaborators

Teaching Hospitals, Ghana Health Service, Mission Hospitals, Quasi-Government Hospitals, Private Hospitals and Maternity Homes, Communities (Educational Institutions, Voluntary Donors' Associations, Workplaces, Religious Organizations, Organized Community Groups), Non-Governmental Organizations (Rotary Clubs, Lions Club, Freemasons, Red Cross Society, Ghana Social Marketing Foundation, St. John's Ambulance), MDAs (Health, Road Transport and Aviation, Information, Local Government and Rural Development, Education, Youth and Sports, Employment, Finance, Communication, Women and Children, Justice and Attorney General's), Ghana Aids Commission, Food and Drugs Board, Ghana Standards Board, National Ambulance Service, UN organizations, Safe Blood for Africa Foundation, Health Training Institutions, Research Institutions, The Media and other licensing & regulatory bodies.

6.3 REGULATION

6.3.1 Food and Drugs Board

The Food and Drugs Board regulates food, medicines, medical devices and household chemicals. It is also responsible for the fortification of food and iodations of salt to alleviate nutritional deficiencies.

Key Issues

- Inadequate physical space and staff leading to delay in processing applications
- Absence of Legislative Instrument on food fortification (GAIN Project)
- Limited devolved decentralization
- Inadequate funding for operational activities
- Limited stakeholders' involvement
- Inadequate managerial capacity
- Limited electronic tracking of import and export controls
- Insufficient vehicles and equipment

Priority Areas

- Develop relevant regulations and guidelines to ensure the quality, efficacy and safety of regulated products
- Strengthen laboratory support systems for FDB's regulatory decisions
- Complete the headquarters office building
- Increase access to iodised salt

Expected Results

- Manufacturers, importers and retailers of regulated products trained to apply current best practices in ensuring quality and safety of products
- Quality, safety and efficacy of products offered to consumers assured
- Consumer knowledge and appreciation of product safety issues improved
- Effective collaboration with relevant agencies for the enforcement of regulatory mandates realized
- A survey report on access to iodised salt

COLLABORATORS

The Ghana Standards Board (GSB), Environmental Protection Agency (EPA), Ghana Tourist Board (GTB), Pharmacy Council, Security agencies (Police), Veterinary Services Department, Ministry of Local Government, Rural Development and Water Resources through the Metropolitan, Municipal and District Assemblies.

6.4.2 NURSES AND MIDWIVES COUNCIL

The Council regulates nursing and midwifery education and practice. It collaborates with the Ministry of Health to implement policies that aim at ensuring that the general public has access to quality healthcare delivery by nurses and midwives.

Key Issues

- Office accommodation
- Male involvement in midwifery practice
- The attainment of MDG goals 4 and 5
- Adherence to code of conduct for midwifery practice

Priority Activities

- Recruit males into the midwifery profession and strengthen ethics
- Review Curriculum for ENT Nursing, PON/CCN, Mental Health Nursing and Paediatric Nursing
- Update Inspection and Supervision Manuals and review procedure manual for nursing and midwifery
- Develop Operational Guidelines for Thematic areas (Registration, Training and Indexing)
- Refurbish Permanent Office and one new Zonal/Regional office

Expected Results

- Professional code of conduct and standards for midwifery practice revised, disseminated and made operational
- Curriculum on ENT Nursing, PON/CCN, Mental Health Nursing, and Paediatric Nursing reviewed and in use
- Operational Guidelines for thematic areas developed and in use
- Male recruitment into midwifery training institutions implemented
- Permanent office accommodation completed and Council relocated
- Licensing examinations conducted for the various programmes

Collaborators

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

6.4.3 MEDICAL AND DENTAL COUNCIL

The Council regulates the standards of training and practice of medicine and dentistry in Ghana.

Key Issues

- Inadequate requisite staff to manage the secretariat
- Insufficient accredited facilities for training housemen in specific disciplines leading to congestion at the two teaching hospitals in the country.

Priority Activities

- Develop a comprehensive documentation system
- Accredit 5 additional district hospitals for housemanship training in Internal Medicine, Obstetrics and Gynaecology, Paediatrics, and Surgery
- Review policy and guidelines on Continuing Professional Development (CPD) as a mandatory condition for retention on the registers of the Council
- Develop standards and guidelines for facilities and practitioners to ensure 'fitness to practice' medicine and dentistry
- Review curricula of training institutions to respond to current trends and developments such as regenerative health and maternal audits

Expected Results

- The capacity of the Council to pursue its mandate improved
- Register of actual number of practicing doctors and dentists updated
- District hospitals accredited for housemanship training in Internal Medicine, Obstetrics and Gynaecology, Paediatrics, and Surgery
- Mandatory CPD Policy developed and disseminated
- Standards and guidelines of professional practice updated
- Training Institutions' curricula reviewed

Collaborators

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

6.4.4 Pharmacy Council

The Council ensures the highest standards in the practice of pharmacy in the public interest.

Key Issues

- Inadequate resources to ensure improved regulation and enforcement
- Sub-optimum enforcement and compliance levels.
- Inadequate promotion of healthy lifestyle activities

Priority Activities

- Implement District Pharmacy Concept
- Develop and implement MOU with relevant collaborators/ Partners
- Market and brand Pharmacy Council through planned activities.
- Implement training programme for all service providers
- Conduct Inspections
- Public education on rational drug use and dangers of drug abuse

Expected Results

- Number of licenses issued to pharmacies and chemical sellers in deprived areas increased.
- Number of IE&C campaigns carried out increased.
- Improvement in inspection and monitoring activities.
- Number of providers trained in emerging health issues increased.

Collaborators

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

6.4.5 TRADITIONAL MEDICINE PRACTICE COUNCIL

The Council seeks to integrate planning and strengthen orthodox and alternative medicine practice at all levels of the healthcare delivery system.

Key Issues

- Inadequate staff capacity
- Inadequate funds
- Lack of office accommodation
- Enforcing regulatory tools on Traditional Medicine practitioners

Priority area

- Finalise guidelines for accreditation of TM training Schools and Curriculum review
- Produce guidelines for accreditation of Alternative Medicine Practitioners
- Conduct capacity development for registered THPs
- Conduct professional qualifying examination
- Provide guidelines for internship programme

Expected Result

- Strengthened and enforced regulatory mechanism
- Strengthened Administrative and Management Structures
- Improved professional capacity
- Strategic Plan Document Developed

Collaborators

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

6.4.6 PRIVATE HOSPITALS AND MATERNITY HOMES BOARD (PHMB)

The Board registers all private health institutions in Ghana under the *Private Hospitals and Maternity Homes Act, 1958 (Act 9)* and enhances the efficiency of the regulatory framework within the private health sector that helps to maximize efficiency in institutional health care.

Key Issues

- Lack of consensus on sector-wide regulatory regime
- Lack of database for information management
- Consumer involvement in service delivery
- Inadequate quality assurance systems
- Low levels of skill-mix

Priority Areas:

- Developing an authentic database to give one-stop shop information on the private health sector.
- Raising and improving the standards of the staff mix in the private health care facilities.
- Building consensus for sector-wide regulatory regime.

- Increasing consumer voice in service quality improvement.
- Improving and matching professional staff to the equipment and the facilities for health care provision.

Expected Result

- Database
- Consumer involvement in service delivery improved
- Guidelines on staff-mix developed

Collaborators

Ministry of Health, Private Medical and Dental Practitioners Association, Ghana Registered Midwives Association, Medical and Dental Council, Nurses and Midwives Council, Pharmacy Council.

6.5 RESEARCH AND TRAINING

6.5.1 CENTRE FOR SCIENTIFIC RESEARCH INTO PLANT MEDICINE

The Centre undertakes research and development of plant medicines and works closely with traditional medicine practitioners in plant medicine development and dissemination of research findings.

Key Issues

- Inadequate infrastructure
- Ageing and obsolete laboratories and equipment
- Dissemination of research findings
- Inadequate capacity for the cultivation of medicinal plants

Priority Activities

- Create one new laboratory for Plant Development Department
- Reconstruct solar dryers at Mampong and Ayikumah
- Construct a laboratory for tissue culture and plant science
- Expand farms at Begoro, Ayikumah and Mampong
- Procure clinical, biological and phytochemistry equipment
- Undertake special in-vitro and in-vivo investigations
- Conduct safety assessment of LD 50

Expected Results

- Staff trained
- Offices and Laboratories rehabilitated
- 10,000 medicinal plants cultivated

- 1000 copies of newsletters produced
- Clinical Care: Haematological, Biological and miscellaneous tests conducted
- Microbiological tests conducted on patients' samples

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

6.5.2 TRAINING INSTITUTIONS

These institutions provide pre- and post-service training for nurses and paramedics.

Key Issues

- Low intake into midwifery training institutions
- Inadequate infrastructure and logistics for both staff and students
- Inadequate field sites and preceptors for training
- Inadequate tutors to support the increasing student population.

Priority Areas

- Secure scholarships for specialised areas in all professional groups.
- Secure equipment and logistics such as cars, teaching and learning materials etc for schools.
- Put in place measures/incentives to attract and retain staff
- Strengthen stakeholder involvement to construct Assembly halls, classrooms and hostels

Collaborators
District Assemblies, Ministry of Health, Ministry of Education, Korle Bu Teaching Hospital, Komfo Anokye Teaching Hospital, Ghana Health Service and External Partners.

6.5.3 GHANA COLLEGE OF PHYSICIANS AND SURGEONS

The College promotes specialist education and continuous professional development in medicine, surgery and related disciplines, among others.

Key Issues

- Inadequate training sites for specialist programmes outside the teaching hospitals – in the region and districts
- Difficulty in attracting trainees into deprived specialties – Anaesthesia, Psychiatry, Laboratory Medicine, Radiology, Radiation Oncology, and Family Medicine

Priority Activities

- Institute measures to attract candidates into deprived specialties (Anaesthesia, Psychiatry, Laboratory Medicine, Radiology, Radiation Oncology, and Family Medicine)
- Collaborate with MOH, GHS, CHAG and the private sector to provide suitable and affordable accommodation
- Commence sub-specialty training
- Strengthen financial management and governance systems

Expected Results

- Professional competencies of doctors improved
- Staffing situation of the district hospitals and health care delivery improved

Collaborators

Ministry of Health, Ghana Health Service, Medical and Dental Council, Korle-Bu Teaching Hospital, Komfo Anokye Teaching Hospital, Regional and District Hospitals, West African College of Physicians, West African College of Surgeons, Postgraduate Medical College of Nigeria, South African Medical Colleges, Royal College of England, University of Michigan National Medical Association (U.S.A.), American College of Physicians, World Gastroenterological Society, Mayo Clinic (U.S.A.)

7.0 HEALTH SECTOR BUDGET

The 2010 health sector budget has been developed within the context of Government's overall economic policy and budget which aims at "growth and stability" through sustenance of macroeconomic stability; modernisation of agriculture, key infrastructure development; ICT; oil and gas projects; private sector development; and the delivery of social programmes targeted at poverty reduction. For the health sector, this has translated into increased reliance on internally generated funds to support service delivery and administration.

The main sources of financing for the 2010 POW remain the same as in recent years, although the relative contributions of each source have changed. National Health Insurance claims are expected to continue growing as a major funding source for clinical care. The general principles of allocating significant funds to Item 3 and to the district level and below are maintained.

a. The sector share of the total government budget for 2010

Table 1 represents the sector budget for 2010 in comparison with the total government budget (TGB), by source of funding, as reflected in the annual Budget Statement. The nominal share of the health sector budget is recorded as 11.5%.

Table 2: Macro level allocation for 2010 (GH¢ '000)

	Discretionary funding					*Statutory*	Total budget
	GoG	Donor	HIPC	IGF	Total	NHIF	
MoH	400,451	110,240	8,000	208,180	**726,871**	480,908	**1,207,779**
Total Gov't Budget	4,147,508	1,528,427	209,312	595,070	**6,584,782**	3,887,692	**10,472,473**
MoH share of TGB (%)	*9.7%*	*7.2%*	*3.8%*	*34.9%*	***11.0%***	*12.4%*	***11.5%***

Source: 2010 Budget Statement appendices
Note: Denominator is total budget, rather than total MDAs. This includes revenue agencies, contingency etc.

Table 2 on next page shows the recent trend in the health sector share of total government budget in real terms (2000 prices). Although, the sector's resource envelope increased in size by nearly fourfold between 2004 and 2009, its share of the total government budget over the period suffered a steady decline in real terms from 11.7% in 2005 to 8.2% in 2009. When compared with the Abuja target of 15% we remain far behind.

b. Total 2010 Resource Envelope

Table 3 presents the estimated 2010 resource envelope for the sector from all sources namely GOG, Donor, HIPC, IGF and NHIF. The donor envelope comprises funds channeled through sector budget support, financial credits and earmarked funding under the control of the sector's development partners. Two different values for donor funding are included in this POW – donor MTEF reflects the "on-budget" figures given in the official Budget Statement, while Donor APOW includes all funding made known to the MOH during budget preparation. Discussion of the figures from this point will centre on the latter definition.

Table 3: Size of resource envelope by source, in constant 2000 prices (GH ¢'000)

SOURCE	2004	2005	2006	2007	2008	2009
GOG	93,568.33	143,914.24	168,143.77	215,436.83	235,141.58	294,050.74
DONOR	55,191.74	56,326.75	42,203.86	16,405.78	48,014.88	54,627.67
DONOR – EM	40,152.11	91,865.83	31,247.23	51,349.47	81,369.60	15,882.59
NHIF	-	124,187.27	132,549.62	152,694.98	206,158.38	393,730.59
IGF	22,766.61	38,735.26	27,288.24	45,224.39	100,767.33	92,477.96
HIPC	11,186.60	-	17,513.79	8,246.29	5,678.94	9,756.50
TOTAL	**222,865.40**	**455,029.36**	**418,946.50**	**489,357.74**	**677,130.72**	**860,526.05**
TOTAL GOG BUDGET (TGB)	2,677,863.81	3,900,192.83	3,994,676.57	6,330,540.24	7,771,859.77	10,450,133.77
Share (all sources)	8.3%	11.7%	10.5%	7.7%	8.7%	8.2%
Share (GOG/SBS/IGF/HIPC)	6.8%	6.1%	6.4%	4.5%	5.0%	4.3%

Sources: Government Financial Statistics (various years), Annual POW (2004 to date) and Budget Statements (various years).

The total resource envelope for 2010, in nominal terms, is estimated to be 40.3% higher than in 2009. The increase is, however, driven by substantial rises in donor funding and IGF.

Table 4: Total 2010 resource envelope (GH¢ '000)

	Nominal terms			
Source	**2009**	**2010**	***Year on year %***	**% total (2010)**
GoG	344,398	400,451	*16.3*	28.2
Donor	82.583	323.117	*291.3*	22.8
NHIF	462,940	480,908	*4.0*	33.9
IGF	108.312	208.021	*92.1*	14.6
HIPC	11,427	8,000	*-30*	0.5
Total	**1.009.660**	**1.420.497**	***40.3***	**100.0**

Note: NHIF for 2009 includes some drawing from reserves. The MTEF allocation to the NHIF was GH¢391,821,551 comprising an initial allocation of GH¢375,209,162 plus a supplementary allocation of GH¢16,612,389 in August 2009.

[1]It should be noted that MOFEP discounts expected external inflows, including SBS, based on past performance, therefore there are inconsistencies in the presentation even of the same flows between the MTEF and APOW.

The sharp increase in donor funding for 2010 is the result of more than expected average increase in financial credits to the sector (33%); foreign exchange gains resulting from real depreciation of the Ghana Cedi against major currencies; and also partly due to exclusion of earmarked donor programme funds in the 2009 MTEF Budget. Within the donor total, Sector Budget Support is projected to contribute GH¢79.8 million (25% of donor funding), while financial credits and other earmarked donor programme funding will represent 75%. The substantial increase in Internally Generated Fund (IGF) in 2010 may be attributed to the lower projection of inflows in the 2009 budget, more than expected improvements in claims management in 2010 and the introduction of better tracking system to capture IGF information.

GOG funding is projected to increase by 16.3% in nominal terms. However, this increase is solely to compensate for end of period inflation in 2009. Ceilings for Items 1, 2 and 4 were increased by 18%, 40% and 19% respectively whiles item 3 shrank by 40%. It is worth mentioning that notwithstanding the increase, the sector's allocation still falls short of our 2010 requirement estimated at GH¢491.99m, thereby leaving a gap of GH¢91.54m which is yet to be funded. The 2010 estimate for the NHIF is projected to rise by 4% in nominal terms.

a. Allocation of the sector resource envelope

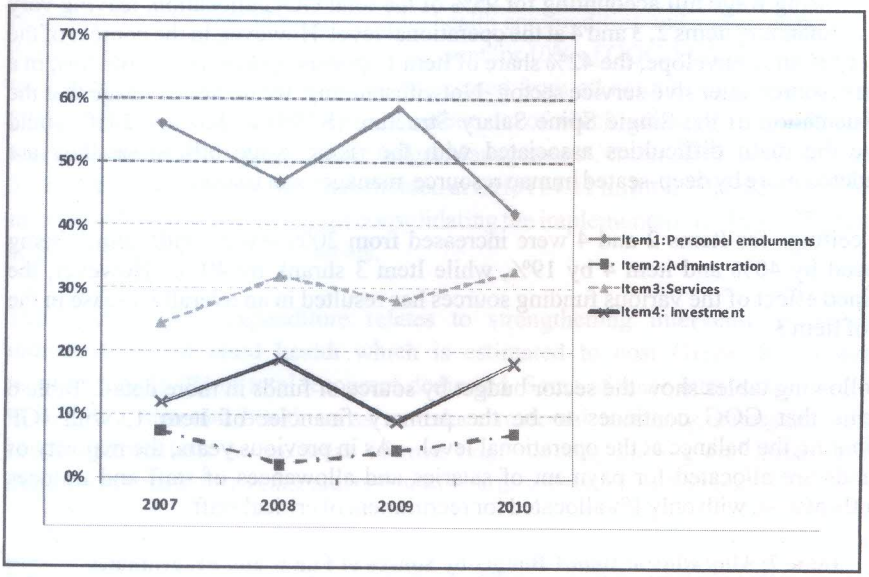
Table 4 and Figure 1 below show the trend in sector allocations between the different expenditure items. These figures include all earmarked funding but exclude the full NHIF allocation. This is to allow comparison across years in the absence of complete information, and to avoid any problems with double-counting of IGF. It is clear that there has been some relative shift in the allocation between expenditure items.

The share of the personnel budget (Item 1) which in 2009 represented 59% of the sector's budget allocation is projected to fall to 42% in 2010. The anticipated fall is however artificial given that the allocation still falls short of our wage bill requirement estimated at GH¢469.14m, leaving a gap of GH¢91.54m which is not funded. The share of Item 3 has risen slightly between 2009 and 2010, while the share of Item 4 allocation has doubled in nominal terms from 8% to 17%.

Table 5: Trend of Sector Budget Allocation (in Nominal GHc'000)

	2007	2008	2009	2010	2007	2008	2009	2010
Item 1: Personnel emoluments	217,550	239,311	320,000	393,148	56%	47%	59%	42%
Item 2: Administration	28,983	11,879	24,063	66,141	7%	2%	4%	7%
Item 3: Service	94,964	163,247	153,543	305,997	24%	32%	28%	33%
Item 4: Investment	46,345	95,881	49,115	169,963	12%	19%	9%	18%
Total MoH	**387,842**	**510,318**	**546,721**	**935,249**	**100%**	**100%**	**100%**	**100%**

Figure Trend of sector allocation by Item, excluding NHIF (% share)



Tables 5-8 present the financing of the 2010 POW from each source and by line Item. Item 1, the main consumer of the 2010 budget, is primarily funded by GOG (96%) together with IGF (4%). It is followed in size by Item 3, more than two-thirds of which is donor-funded (19% SBS, 49% earmarked). It is worth-noting that most of the earmarked donor funding are administered outside the sector budget by the Development Partners. It should be borne in mind, however, that the IGF which funds a further 28% of Item 3 is increasingly funded by government through the NHIF. Item 4 is also heavily donor-supported, with 8% from SBS and 52% projected to come from earmarked sources, many of which are concessionary loans rather than grants. Item 2 receives the smallest share of the resource envelope, with IGF accounting for 78% of funding for administration in 2010.

Table 6: Allocation of 2010 Sector Budget by Source and Items (GH¢ '000)

	GoG	Donor – SBS	Donor – EM	IGF	HIPC	TOTAL	*NHIF*
Item 1: Personnel emoluments	377,600	-	-	15,548	-	**393,148**	-
Item 2: Administration	7,034	8,535	1,668	50,573	-	**67,810**	-
Item 3: Services	7,357	58,485	148,524	85,963	4,000	**304,329**	-
Item 4: Investment	8,460	12,803	88,603	56,097	4,000	**169,963**	-
Total	**400,451**	**79,823**	**243,294**	**208,180**	**8,000**	**935,249**	***480,908***

Note: IGF includes both user fees and NHIS claims, therefore NHIF has been excluded to avoid double-counting

Funding of personnel emoluments, Item One, continues to be a challenge to the sector, with the rising wage bill accounting for 95% of the total GOG allocation, leaving very little for financing items 2, 3 and 4 at the operational level. However, in the context of the broader resource envelope, the 42% share of Item 1 appears appropriate, if not low, in a human resource-intensive service sector. Notwithstanding, we do not envisage that the implementation of the Single Spine Salary Structure (SSSS) in January 2010 would resolve the main difficulties associated with the rising wage bill, since they are engendered more by deep-seated human resource management issues.

GOG ceilings for Items 2 and 4 were increased from 2009 levels, with item 2 being increased by 40% and item 4 by 19%, while Item 3 shrank by 40%. However, the combined effect of the various funding sources has resulted in an overall increase in the share of Item 3.

The following tables show the sector budget by source of funds in more detail. Table 6 confirms that GOG continues to be the primary financier of Item 1, with IGF contributing the balance at the operational level. As in previous years, the majority of the funds are allocated for payment of salaries and allowances of staff and trainees currently at post, with only 1% allocated for recruitment of critical staff.

Table 7: Allocation of Item 1 Budget by Source of Funds and Programmes

	GOG	Donor - SBS	Donor – EM	IGF	HIPC	TOTAL	*NHIF*
Established posts	372,480	-	-	15,548	-	**388,028**	
Recruitment	5,120	-	-	-	-	**5,120**	
TOTAL Item 1	**377,600**	-	-	**15,548**	-	**393,148**	

Item 2 basically covers the overhead and other administrative expenses that are incurred to support service delivery. Due to the squeeze on the GOG budget, more funds have been allocated to Item 2 from SBS in 2010, with the majority (82%) allocated as operational costs for the various BMCs. In effect, the Item 2 allocation to operational costs from GOG/SBS has been significantly increased, to GH¢13.7m in 2010. A significant increase is also expected in the contribution of IGF to Item 2 activities, largely in response to the increased inflows from the NHIS, and the shortfalls incurred in this area during 2009.

Table 8: Allocation of Item 2 budget by source of funds and programmes

	GOG	Donor – SBS	Donor – EM	IGF	HIPC	TOTAL	*NHIF*
Operational costs for MOH and agencies	6,378	7,309	-	50,573	-	**64,260**	1,000
Cuban Medical Brigade	150	1,075	-	-	-	**1,225**	-
Procurement: port charges, demurrage etc	257		-	-	-	**257**	
Reviews & health summits	100	150	1,668	-	-	**1,918**	-
ICT maintenance	150		-	-	-	**150**	-
TOTAL	**7,034**	**8,534**	**1,668**	**50,573**	-	**67,810**	**1,000**

Item 3 is co-financed from all funding sources, and provides direct support to agency activities as defined by their functions. As usual, funds have been ring-fenced under the Item 3 GOG/SBS vote to protect public health commodities and activities pertaining to the 2010 priorities. Operational costs account for 10% of GOG/SBS funding and 30% of total Item 3 in 2010. Total resources dedicated from all sources to service delivery in 2010 therefore amounts to GH¢304.3 million out of which various eligible expenditures will be made. Operational costs of Budget Management Centres (BMCs) will account for 37.6% of the resources which is estimated at GH¢114.51 million. The major expenditure item under this category includes consolidating the implementation of the HIRD strategy at the district and sub-district levels.

The next eligible expenditure relates to strengthening interventions directed at reproductive and child health which is estimated to cost GH¢81.84 million and representing 26.9% of total resources dedicated. Some of these interventions are aimed at securing maternal health so as to reduce maternal mortality, strengthen nutrition actions particularly in the areas of reversing stunting, wasting and anaemia among children of zero to five years, and promoting family planning initiatives.

Table 9: Allocation of Item 3 budget by source of funds and programme (GH¢ '000)

	GOG	Donor – SBS	Donor – EM	IGF	HIPC	TOTAL	*NHIF*
Operational costs for MOH and agencies	3,839	2,778	-	83,846	-	**90,463**	-
Sub-total Operational	***3,839***	***2,778***	-	***83,846***	-	***90,463***	-
Reproductive and child health							
Free maternal care initiative		10,000				**10,000**	
EPI		3,400	15,762			**19,162**	6,500
Family planning	400	3,200	14,842			**18,442**	3,800
Nutrition	240	1,000	12,738			**13,978**	
Adolescent Health	100		659			**759**	
MCH campaigns		4,500	245			**4,745**	
Other support for RCH			14,752			**14,752**	
Sub-total RCH	***740***	***22,100***	***58,998***	-	-	***81,838***	***10,300***
Communicable diseases							
Malaria	90	2,625	34,408			37,123	7,000
Tuberculosis	26	1,109	735			1,870	
HIV & AIDS		900	12,676			13,576	
Diseases targeted for eradication	200	380	802			1,382	
Diseases of public health importance	180	80				260	
Other communicable disease support	40		23,630*			23,670	
Sub-total Communicable	***536***	***5,094***	***72,250***	-	-	***77,880***	***7,000***
Non-communicable diseases							
NCD prevention	60		202			**262**	
Regenerative Health		685				**685**	
Cancer screening & control	100	100				**200**	5,000
Occupational Health		65				**65**	
Sickle cell screening	100					**100**	2,000

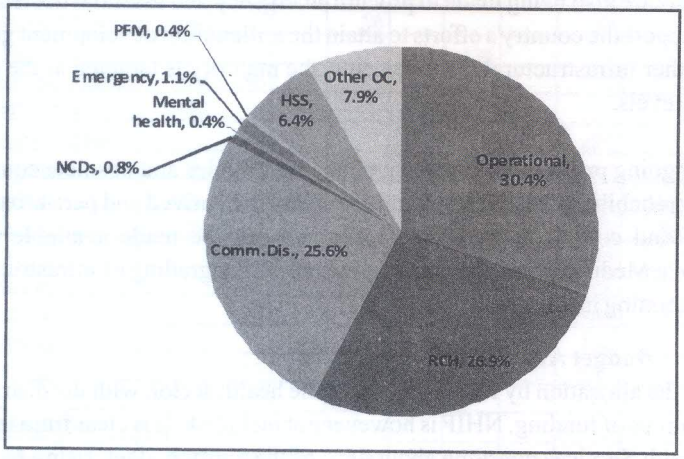
Anti-snake and rabies	200	1,000				1,200	
Sub-total NCD	***460***	***1,850***	***202***			***2,512***	***7,000***
Mental health							
Psychiatric care		1,328				1,328	
Drug & alcohol rehab.		18				18	
Sub-total Mental health	-	***1,346***	-	-	-	***1,346***	-
Emergency services and referrals							
Trauma and injury care	180	400				580	
Ambulance services		200			1,000	1,200	
Clinical care and referrals	50					50	
Emergency & disaster preparedness	150	350	988			1,488	
Sub-total Emergency	***380***	***950***	***988***	-	***1,000***	***3,318***	-
Public financial management							
Budget & POW	90	150				240	
Audit charges		450				450	
PFM strengthening	65	335				400	
National Health Accounts		150				150	
Sub-total PFM	***155***	***1,085***	-	-	-	***1,240***	-
Health system strengthening							
Fellowships	325	1,200				1,525	
Institutional reform	323	70				393	
Capacity building		80				80	25,000
Mainstreaming gender issues	35	15				50	
Research Fund	50	250				300	
Health technology	50	100				150	
Pharmacy system strengthening	30					30	
Support to West African Colleges		250				250	
Facility rationalisation		100				100	
Task forces/working groups		100				100	
Corrective & preventive maintenance of biomedical equipment		83				83	
Specialist outreach services		200				200	
Strengthening monitoring systems		317				317	
Other HSS support			15,995			15,995	
Sub-total	***813***	***2,765***	***15,995***	-	-	***19,573***	***25,000***
Other operating costs							
Commitments		14,617				14,617	
HIRD implementation		5,900	91			5,991	
Overseas conferences	434					434	
District Assemblies' health programmes					3,000	3,000	7,000
Sub-total	***434***	***20,517***	***91***	-	***3,000***	***24,042***	***7,000***
Total Item 3	**7,357**	**58,435**	**148,524**	**85,963**	**4,000**	**304,280**	**56,300**

*Expected GFATM funding for 3 programmes included here as no breakdown yet by disease (with the exception of ITNs)

The other category of eligible expenditures relates to measures directed at health prevention and promotion. A total amount of GH¢80.31 million representing 26.4% of resources for service delivery has been dedicated to implement programmes geared towards elimination of malaria including diseases targeted for eradication. The amount will also be utilized to minimize diseases of public health importance, promotion of healthy lifestyles and regenerative health, screening of cancers and strengthening of the ambulance service delivery.

Additionally, GH¢19.57 million would be expended to support strengthening of the health systems particularly in the areas of improving health information management, middle level human resource development, streamlining public financial management within the sector and devising new health financing strategies to mobilise additional resources. The final eligible expenditure of GH¢1.35 million is earmarked to support the psychiatric institutions, to enhance mental health service delivery and care.

Figure 2: Allocation of Item 3 budget for 2010 by category



The Item 4 vote shown in Table 9 covers the procurement of investment items such as civil works involving new constructions and rehabilitation, vehicles and equipment. It is funded from all sources, with the majority coming from earmarked sources, many of which are mixed credits.

Other equipment referred to include largely laboratory and laundry projects. Further details of the specific activities and the breakdown by level are provided in the Capital Investment Budget in the Annex.

Table 10 : Allocation of Item 4 by source of funds and programme (GH¢ '000)

	GOG	Donor - SBS	Donor – EM	IGF	HIPC	TOTAL	NHIF
Obstetric Care Equipment		1,068				**1,068**	
CHPS equipment		1,000				**1,000**	
Other equipment			17,096			**17,096**	15,000
Infrastructure	8,460	9,282	71,507	56,097		**145,346**	25,000
CHPS/ambulances					4,000	**4,000**	5,000
Transport		250				**250**	
Other costs (arrears, M&E)		1,203				**1,000**	
Total Item 4	**8,460**	**12,803**	**88,603**	**56,097**	**4,000**	**169,963**	**45,000**

Notes: Some pipeline projects are not included here but may become operational in 2010.

In 2010, CHPS has been prioritized as a strategy for scaling up primary health care delivery. Funding has been provided under HIPC for CHPS compound rehabilitation and construction. Additional funds have been allocated under SBS and NHIF for procurement of equipment. Total allocation in support of CHPS amounts to GH¢3.4m. Extra investments are also being made to procure emergency and essential obstetric care equipment to support the country's efforts to attain the millennium development goals by 2015. Of the other infrastructural developments, the majority is targeted at the district and sub-district levels.

Additionally, ongoing projects, replacement of ageing vehicles and obsolete equipment as well as major rehabilitation of existing infrastructure in deprived and peri-urban areas will be funded and completed in 2010. Funds will also be made available for the establishment of a Medical Assistant Training School and upgrading of infrastructure of selected health training institutions.

b. Budget Allocation by level

Table 10 shows the allocation by item and level of the health sector, with the distribution including all sources of funding. NHIF is however not included. It is clear from the table that District Health Services consume about 46% of the entire budget, rising to 54% if CHAG is included. The district level directly accounts for 65% of the Item 3 budget. Funds held under MOH HQ, other than operational costs for HQ itself, are to provide sector wide support, while other activities across levels are included under the "sector-wide" level.

Table 11: Summarized allocation by level (GH¢ '000)

Item	Description	MOH HQ	GHS HQ	Subv. Org.	Teaching hospitals	Training instit.	Psych. Hosp.	Reg. health services	District health services	CHAG	Sector-wide	TOTAL	% by item
1	Established posts	30,389	10,456	8,367	68,847	16,059	12,299	40,584	146,774	54,252	-	388,028	
	Recruiment	5,120										5,120	
	Sub-total Item 1	**35,509**	**10,456**	**8,367**	**68,847**	**16,059**	**12,299**	**40,584**	**146,774**	**54,252**	**-**	**393,148**	**42%**
	% by level	*9%*	*3%*	*2%*	*18%*	*4%*	*3%*	*10%*	*37%*	*14%*	*0%*		
2	Operational	1,379	705	3,924	5,930	2,068	1,851	5,377	35,242	7,784	-	64,260	
	Cuban Medical Brigade				61			245	919			1,225	
	Procurement costs	157										157	
	Reviews & health summit										1,918	1,918	
	ICT maintenance	150										150	
	Contingency	100										100	
	Sub-total Item 2	**1,786**	**705**	**3,924**	**5,991**	**2,068**	**1,851**	**5,622**	**36,161**	**7,784**	**1,918**	**67,810**	**7%**
	% by level	*3%*	*1%*	*6%*	*9%*	*3%*	*3%*	*8%*	*53%*	*11%*	*3%*		
3	Operational	3,819	489	4,706	23,017	7,229	768	18,888	21,267	12,396	-	92,579	
	Reproductive & child health		2,372		1,000			9,820	68,647			81,839	
	Communicable diseases	1,500	4,210						72,171			77,881	
	Non-communicable diseases	600	427		200				1,200			2,427	
	Mental health						1,346					1,346	
	Emergency services & referrals	1,488	565	1,200							100	3,353	
	Public financial management	690	150								400	1,240	
	Health systems strengthening	783	300			250			6,073		12,167	19,573	
	Other operating costs	50			3,796			156	8,991		11,099	24,092	
	Sub-total Item 3	**8,930**	**8,513**	**5,906**	**28,013**	**7,479**	**2,114**	**28,864**	**178,349**	**12,396**	**23,766**	**304,330**	**33%**
	% by level	*3%*	*3%*	*2%*	*9%*	*2%*	*1%*	*9%*	*59%*	*4%*	*8%*	**92%**	
4	EmOC equipment								1,068			1,068	
	CHPS equipment								1,000			1,000	
	Other equipment								17,096			17,096	
	CHPS/ambulances			1,600					2,400			4,000	
	Other infrastructure	1,910	775	5,766	72,223	3,601	300	14,213	43,909	642	1,997	145,336	
	Transport								250			250	
	Other (arrears, M&E etc)	203									1,000	1,203	
	Sub-total Item 4	**2,113**	**775**	**7,366**	**72,223**	**3,601**	**300**	**14,213**	**65,723**	**642**	**2,997**	**169,953**	**18%**
	% by level	*1%*	*0%*	*4%*	*42%*	*2%*	*0%*	*8%*	*39%*	*0%*			
TOTAL		***48,338***	***20,449***	***25,563***	***175,075***	***29,207***	***16,564***	***89,283***	***427,007***	***75,074***		***935,241***	
% by level		*5%*	*2%*	*3%*	*19%*	*3%*	*2%*	*10%*	*46%*	*8%*			

Table 11 provides a breakdown of expected donor funding to the sector. The table is based on bottom-up compilation of the data received from partners. However, there exists some gaps and inconsistencies which we would work on in 2010.

Table 12: Expected donor funding in 2010, by type

Type	Partner	Detail	GH¢ '000	
Budget support	Danida	Support to POW	22,242	
	DFID		19,538	
	Netherlands		37,271	
Health Fund	Unfpa	Support to POW	735	
	Unicef		37	
Earmarked grant funding (incomplete)	Chinese Govt	Teshie general hospital and malaria research centre	5,000	
	Danida	Support to CHAG; reviews and studies, HIV prevention, TA	9,633	
	DFID	Improving access to RH; TA fund	855	
	GAVI	Vaccines, Immunisation services support, Health system strengthening	14,957	
	Global Fund	Support for malaria, tuberculosis and HIV/AIDS control	23,718	
	JICA	Support to the health sector	6,603	
	Netherlands	Capacity building; TA fund	924	
	Unfpa	Reproductive health	3,380	
	Unicef	Child health, nutrition, PMTCT and essential neonatal care	8,982	
	USAID	Improved family health	49,457	
	WFP	Supplementary feeding and health	6,392	
	WHO	Support to various areas	12,065	
Earmarked loan/mixed credit funding	AfDB	Construction of 2 district hospitals	6,005	
	NDF	Construction of regional blood banks	2,574	
	BADEA/OPEC	Radiotherapy and nuclear imaging	7,500	
	World Bank	Health insurance; nutrition and malaria;	13,226	
	OPEC	Second Rural Health Service Project (21 HC, 3 DH)	750	
	ORET/Orio (NL)	Tamale Teaching Hospital	12,029	
	ORET/Orio (NL)	Winneba District Hospital	10,000	
	Austrian Govt	5 polyclinics	8,500	
	Euroget SA	Construction of 2 regional and 6 district hospitals	15,000	
	Saudi Fund	Rehabilitation of Bolgatanga RH	3,077	
	Stericon	District hospital equipment	1,203	
	Belgian Govt (KVC)	Laundry and imaging equipment	15,894	
	Abu Dhabi Fund	5 health centres, 1 district hospital	1,072	
Total expected external funding			**318,618**	**%**
Sub-total budget support (and IIF)			*79,823*	*25%*
Sub-total earmarked grants			*141,966*	*45%*
Sub-total earmarked loans/mixed credits			*96,829*	*30%*
Note: Excludes WB Multi-sectoral HIV & AIDS Project				

It should be noted that this table, as with Table 9, excludes pipeline projects for which agreements have not yet been signed, but which may become operational in 2010. This should be borne in mind when considering future Item 4 budget execution.

Based on the figures presented, total external funding for the POW is expected to be 38% higher in nominal terms than in 2009. Within this, the share of sector budget support has again fallen slightly for 2010, from 44% in 2008 and 27% in 2009, to a quarter of the expected external funding, while the share of loans and mixed credits has risen from 28% to 30% in 2009.

8.0PERFORMANCE ASSESSMENT FRAMEWORK

8.1INDICATORS AND TARGETS

Table 13: below shows the indicators and targets for measuring and assessing performance of the health sector in 2010.

No.	Indicator	Baseline 2008	2010	2011	2012	2013
Thematic Area 1: Maternal Health						
1	Maternal Mortality Rate (MMR) per 100,000 live births	451[1]	N/A	N/A	N/A	226[2]
2	Total Fertility Rate	4.0	N/A	N/A	3.8	3.8
3	HIV+ prevalence among pregnant women 15-24 years	2.2[3]	<1.9	<1.8	<1.7	<1.6
4	Contraceptive Prevalence Rate (CPR) (For modern methods)	16.7	N/A	N/A	22.0	22.0
5	Institutional maternal mortality rate per 1,000 live births	196	185	170	160	150
6	% of pregnant women attending at least 4 antenatal visits	62.4	70.0	74.6	80.1	85.7
Thematic Area 2: Child Health & Nutrition						
8	Infant Mortality Rate (IMR) per 1,000	50	N/A	N/A	<30	<30
9	Under 5 Mortality Rate (U5MR) per 1,000	80	N/A	N/A	<50	<50
10	Under 5 prevalence of low weight for age	13.9%	N/A	N/A	8.0%	8.0%
11	% children 0-6 months exclusively breastfed	62.8	N/A	N/A	70.0	70.0
12	% deliveries attended by a trained health worker	39.4	50.3	55.6	60.2	65.0
13	% of U5s sleeping under ITN	40.5	50	65	70	75
14	% of children fully immunized by age one - Penta 3 (DTP3 Hib3HepB3)	86.6	87.9	89.0	91.4	93.5
Thematic Area 3: Bridging equity gaps in access to health services and health outcomes						
15	Equity Index: Poverty (U5 Mortality Rate)	1:2.18	N/A	N/A	1:1.5	1:1.5
16	Equity Index: Geography (services) Supervised deliveries)	1:1.97	1:1.9	1:1.8	1:1.7	1:1.6
17	Equity Index: Geography (resources) (Nurses : Population)	1:2.03	1:2	1:2	1:1.95	1:1.9
18	Equity Index: NHIS Gender (Female/Male Card Holder Ratio	1:0.92				
19	Equity Index: NHIS Poverty (Ratio lowest quintile to whole population who holds NHIS cards)		N/A	N/A	N/A	
20	HIV+ clients receiving ARV therapy[4]	23,614	51,814	65,914	80,014	94,114

The baseline for maternal mortality ratio is from Ghana Maternal Health Survey 200
MDG targets using 2007 Maternal Mortality Survey as baseline
National prevalence for HIV and AIDS was 1.7 in 2008
Targets are reset based on results from sentinel surveys

21	Outpatients attendance per capita (OPD)	0.77	0.82	0.85	0.88	1.00
Thematic Area 4: Healthy Lifestyle and Environment						
22	Incidence of Guinea Worm	501	<100	<70	<50	0
23	% of households with improved sanitary facilities	11.3	N/A	N/A	21.3	21.3
24	% of households with access to improved source of drinking water	77.3	N/A	N/A	80.0	80.0
25	Obesity in adult population (women aged 15-49 years)	30%				28%
26	TB treatment success rate	84.7[1]	86.0	88.0	89.0	90.0
Thematic Area 5: Capacity Development						
27	% population living within 8km of health Infrastructure	N/A	N/A	N/A	N/A	N/A
28	Doctor : population ratio	1:13,449	1:11,500	1:10,500	1:9700	1:9500
29	Nurse : population ratio	1:1,353	1: 1,100	1:1000	1:900	1:800
Thematic Area 7: Governance, Financing & Partnership						
30	% total MTEF allocation to health	14.9	11.5	15	=15	=15
31	% non-wage GOG recurrent budget allocated to District level and below	49	50	50	50	50
32	Per capita expenditure on health	23 (US$)[2]	26(US$)	28(US$)	30(US$)	31(US$)
33	Budget execution rate (Item 3 as proxy)	97%	=95	=95	=95	=95
34	% of annual budget allocations to items 2 and 3 (GOG and SBS) disbursed to BMCs by end of June	23	40	42	50	50
35	% of population with valid NHIS membership card	45.0	60.2	65.0	70.3	75.0
36	Proportion of NHIS claims settled within 12 weeks	N/A	40%	60%	70%	80%
37	% of IGF from NHIS	66.5	70.0	70.0	75.0	75.0

8.2 HEALTH SECTOR 2010 MILESTONES

- Essential Nutrition actions implemented in some selected regions with emphasis on complementary feeding.
- Health Industry strategy developed within the framework of public private partnership (PPP).
- New organizational architecture for the sector agreed upon;
    - organizational change roadmap agreed upon
    - organizational development plans completed
- Hold Roundtable dialogue with the Universities (medical schools) and other key stakeholders on effective specialist services in deprived areas.

8.3 MONITORING AND REPORTING ON PERFORMANCE

The Ministry of Health has the responsibility of monitoring and evaluating programmes and activities of the health sector. Even though over the years a system for monitoring and evaluation has evolved and become institutionalized, tracking programme implementation, particularly performance of the annual programme of work has remained largely weak.

To improve monitoring, the Ministry will strengthen its monitoring, evaluation, research and data management units so as to ensure the timely availability of reliable data for tracking progress of programme implementation and rectification of bottlenecks.

Monitoring and evaluation of the implementation of the 2010 programme of work will be done quarterly and will involve a systematic process of collecting, analyzing and disseminating data to show improvements in programme management. Every quarter, collection of data and performance assessment of various components of the programme of work will be carried out. Specifically it will aim at determining whether activities are being implemented as planned and key milestones are being attained. The Governing Councils and Boards of the various Agencies will have primary responsibility for monitoring the performance of the various agencies as well as accounting for the use of resources.

In addition to the quarterly monitoring and reporting system, the Ministry, DPs and Agencies will institute systems of joint monitoring visits to provide technical support to Agencies, and BMCs. These support visits will be structured and targeted primarily at assisting the health sector to improve performance in areas where performance is less than optimal. Special emphasis would be placed on monitoring the implementation of the free maternal health care delivery scheme and other pro-poor initiatives.

2007 performance
Provisional figures. National Health Accounts to provide accurate figures

Annual review and evaluation of the 2010 will be conducted by joint internal and external teams. This review will feed into the 2011 annual health sector review summit where the overall performance of the health sector will be assessed using the holistic assessment tool.

8.4 RISKS AND ASSUMPTIONS

The major risks to the successful implementation of the programme of work in 2010 are outlined as follows:

- Inadequate adherence to the Paris Declaration and Accra Agenda for Action (Alignment, Harmonisation, Mutual Accountability and use of Country systems) which results in inefficient parallel processes for planning, reporting, monitoring and evaluation.
- Challenges in execution of the budget, (that is, adherence to planned expenditures)
    - Approved budget may not be released in full and this may affect programme implementation.
    - Indebtedness – erosion of fungible funds arising out of incurred debts (goods, services and work) transferred to ensuing year's budget.
- Slower than anticipated recovery from the global economic recession, external shocks such as oil price rises or reductions in commodity prices (eg. gold, cocoa), and/or poorer than expected national economic performance could affect the availability of funds to the sector.
- Continued delays in claims reimbursements and management - whether due to internal challenges or to delayed releases of the NHIF to the NHIA - could affect service provision, and potentially impact negatively on the credibility of the NHIS.
- Industrial action by health workers particularly, for salary enhancement may disrupt service delivery.

8.5 Managing the risks

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

- Improved monitoring of programme implementation and evaluation;
- Adequate resources would be available for execution of planned activities;

- Continuous dialogue between MOH, DPs and MOFEP on earmark funding would result in increased earmarked funding;• Health commodity security would be achieved for priority health programmes;
- Improvement in staff attitude, commitment and dedication to service; and
- Procurement and investment plans would be adhered to.

Table 14: 2010 CAPITAL INVESTMENT BUDGET
MINISTRY OF HEALTH TABLE 1: AGENCY/BMC ALLOCATIONS

S/N	TITLE OF PROJECT	TOTAL 2010 BUDGET PROVISION (GH¢)	SOURCE OF FUNDING					
			GOG (GH¢)	SECTOR BUDGET SUPPORT (GH¢)	EXT. FINANCIAL MIXED CREDITS (GH¢)	HIPC (GH¢)	NHIS (GH¢)	IGF (GH¢)
A	**GHANA HEALTH SERVICE**							
1	Selected nationwide HC, DH, DHNT, RHMT, Headquarters & staff accommodation projects with high level of completion and sunk cost that can be completed in 2010	5,428,418.00	0.00	3,157,000.00	0.00		0.00	2,271,418.00
2	District Assemblies Health Projects	3,000,000.00				3,000,000.00		
3	Construction of CHPS nationwide	3,400,000.00				3,400,000.00		
4	Completion of Disease Control Unit project at Korel-Bu	275,000.00	0.00	275,000.00	0.00		0.00	0.00
5	**Sub-Total**	**12,103,418.00**	**0.00**	**3,432,000.00**	**0.00**	**6,400,000.00**	**0.00**	2,271,418.00
	% of 2010 Investment Budget	**9.77**	**0.00**	**26.81**	**0.00**			**38.04**
B	**MDG 5 STRATEGIC PROJECTS**							
1	Completion of rehabilitation & upgrading works at Kaneshie, Mamprobi, Maamobi, Ussher Polyclinics & Achimota Hospital	400,000.00	0.00	400,000.00	0.00		0.00	0.00
2	Construction of new maternity facility at Tema General Hospital	250,000.00	0.00	250,000.00	0.00		0.00	0.00
3	Rehabilitation of Bechem Hospital	125,000.00	0.00	125,000.00	0.00		0.00	0.00
4	Rehabilitation of Nandom Hospital	100,000.00	0.00	100,000.00	0.00		0.00	0.00
5	**Sub Total**	**875,000.00**	**0.00**	**875,000.00**	**0.00**	**0.00**	**0.00**	**0.00**
	% of 2010 Investment Budget	**0.71**	**0.00**	**6.83**	**0.00**			**0.00**
C	**MATCHING FUND FOR PIU MANAGEMENT**							
1	Matching Fund for SAUDI Projects - Rehabilitation of Bolgatanga Regional Hospital	3,576,560.00	500,000.00	0.00	3,076,560.00		0.00	0.00
2	Matching Fund for ADB III/NDF Projects	9,828,973.38	1,250,000.00	0.00	8,578,973.38		0.00	0.00

	Matching Fund for OPEC II Projects (3 No. District Hospitals)	1,028,461.00	538,461.00	0.00	490,000.00			
3	Matching Fund for OPEC II Projects (21 No. Health Centres)	762,654.00	502,739.00	0.00	259,915.00		0.00	0.00
4	Matching Fund for ABU DHABI Fund 5 No Health Centres	465,000.00	138,000.00	0.00	327,000.00			
5	Matching Fund for ABU DHABI Fund 1 No. Dist Hospital	1,083,000.00	338,000.00	0.00	745,000.00		0.00	0.00
6	**Sub Total**	**16,744,648.38**	**3,267,200.00**	**0.00**	**13,477,448.38**	**0.00**	**0.00**	**0.00**
	% of 2010Investment Budget	**13.52**	**38.62**	**0.00**	**15.21**			**0.00**
D	**MATCHING FUNDS FOR TURNKEY PROJECTS**							
1	Matching Fund for the Construction of Winneba Hospital by Enraf Nonius Project with Dutch ORET Funding	10,075,000.00	75,000.00	0.00	10,000,000.00		0.00	0.00
2	Matching Fund for the Construction of 5 Polyclinics by Vamed Eng Karaga,Kpandai, Tatale, Janya and Chereponi with Austrian Funding	8,625,000.00	125,000.00	0.00	8,500,000.00		0.00	0.00
3	Matching Fund for Construction of eight Hospitals atWa, Kumasi, Adenta, Salaga,Twifo-Praso, Wenchi, Konongo-Odumasi, Tepa	15,125,000.00	125,000.00	0.00	15,000,000.00		0.00	0.00
4	Construction of Hospital and Research Centre at Teshie	5,928,148.61	928,148.61	0.00	5,000,000.00		0.00	0.00
5	Matching funds for development of health facilities with funding from China Exim Bank	89,946.39	89,946.39	0.00	0.00	0.00	0.00	0.00
6	Major rehabilitation and upgrading of Tamale Teaching Hospital	15,529,364.62	3,500,000.00	0.00	12,029,364.62		0.00	0.00
7	Upgrading of Radiotherapy & Nuclear Medicine Centres at KBTH & KATH with BADEA and OPEC funding	7,600,000.00	100,000.00	0.00	7,500,000.00		0.00	0.00
8	**Sub-Total**	**62,972,459.62**	**4,943,095.00**	**0.00**	**58,029,364.62**	**0.00**	**0.00**	**0.00**
	% of 2010 Investment Budget	**50.85**	**58.43**	**0.00**	**65.49**			**0.00**
E	**PSYCHIATRICT HOSPITALS**							
1	Development of a centre for Alcohol & Drug Addiction	300,000.00	0.00	300,000.00	0.00		0.00	0.00
2	**Sub-Total**	**300,000.00**	**0.00**	**300,000.00**	**0.00**	**0.00**	**0.00**	**0.00**
	% of 2010 Investment Budget	**0.24**	**0.00**	**2.34**	**0.00**			**0.00**

F	**SUPPORT FOR CHAG INSTITUTIONS**						
1	Rehabilitation of Infrastructure in selected CHAG institutions	1,275,000.00		250,000.00	0.00		1,025,000.00
2	**Sub Total**	**1,275,000.00**	**0.00**	**250,000.00**	**0.00**	**0.00 0.00**	**1,025,000.00**
	% of 2010 Investment Budget	**1.03**	**0.00**	**1.95**	**0.00**		**17.17**
G	**EQUIPMENT AND TRANSPORT**						
1	Replacement of Equipment in selected facilities	17,096,466.00		0.00	17,096,466.00	0.00	0.00
2	Equipment and Motorbikes for CHPS	1,000,000.00		1,000,000.00			
3	Transport	250,000.00		250,000.00		0.00	0.00
4	Equipment for Emergency & Essential Obstetric Care	1,068,000.00		1,068,000.00		0.00	0.00
5	**Sub-Total**	**19,414,466.00**	**0.00**	**2,318,000.00**	**17,096,466.00**	**0.00 0.00**	**0.00**
	% of 2010 Investment Budget	**15.68**	**0.00**	**18.11**	**19.30**		**0.00**
F	**TRAINING SCHOOLS**						
1	Rehabilitation works and Construction of new facilities in training institutions nationwide	1,500,000.00		1,500,000.00	0.00	0.00	0.00
2	Construction of Offices & Lecture Halls for the Ghana College of Physicians and Surgeons at Ridge, Accra	700,000.00		200,000.00	0.00	0.00	500,000.00
3	**Sub-Total**	**2,200,000.00**	**0.00**	**1,700,000.00**	**0.00**	**0.00 0.00**	**500,000.00**
	% of 2010 Investment Budget	**1.78**	**0.00**	**13.28**	**0.00**		**8.37**
G	**TEACHING HOSPITALS**						
1	**KORLE BU TEACHING HOSPITAL**						
i	Completion & Equipping of the Medical Block	200,000.00		200,000.00	0.00	0.00	0.00
ii	Rehabilitation of selected facilities Maternity, Children, Surgical.)	275,000.00		175,000.00	0.00	0.00	100,000.00
iii	Completion of Plastic Surgery buildings	120,000.00		100,000.00	0.00	0.00	20,000.00
vii	**Sub-Total**	**595,000.00**	**0.00**	**475,000.00**	**0.00**	**0.00 0.00**	**120,000.00**
	% of 2010 Investment Budget	**0.48**	**0.00**	**3.71**	**0.00**		**2.01**

2	**KOMFO ANOKYE TEACHING HOSPITAL**							
i	Completion of Maternity and Childrens' Block	1,700,000.00		1,500,000.00	0.00		0.00	200,000.00
ii	Completion of Office Complex/Resource Dev. Centre	65,000.00		50,000.00	0.00		0.00	15,000.00
iii	**Sub-Total**	**1,765,000.00**	**0.00**	**1,550,000.00**	**0.00**	**0.00**	**0.00**	**215,000.00**
	% of 2010 Investment Budget	**1.43**	**0.00**	**12.11**	**0.00**			**3.60**
3	**TAMALE TEACHING HSPITAL**							
i	Major Rehabilitation and Upgrading of Tamale Teaching Hospital	0.00	0.00	0.00	0.00		0.00	0.00
ii	**Sub-Total**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**	**0.00**
	% of 2010 Investment Budget	**0.00**	**0.00**	**0.00**	**0.00**			**0.00**
4	**Total for Teaching Hospitals (excluding TTH)**	**2,360,000.00**	**0.00**	**2,025,000.00**	**0.00**	**0.00**	**0.00**	**335,000.00**
	% of 2010 Investment Budget	**1.91**	**0.00**	**15.82**	**0.00**			**5.61**
H	**STATUTORY BODIES/REGULATORY BODIES**							
1	Construction of Offices and Laboratories for Food and Drugs Board	2,000,000.00	250,000.00	250,000.00			0.00	1,500,000.00
2	Office Complex and Training Centre for National Ambulance Service & St. Johns Ambulance in Accra	175,000.00		175,000.00	0.00		0.00	0.00
3	Procurement of Ambulances, Equipment, rehabilitation and construction of new stations	1,600,000.00				1,600,000.00		
4	Construction of Offices for the Nurses and Midwives Council	520,000.00		200,000.00	0.00		0.00	320,000.00
6	Completion of staff accommodation for Medical and Dental Council	94,525.00		75,000.00	0.00		0.00	19,525.00
7	National Health Insurance Authority (Head-quarters Building, Zonal & DHMIS Offices)	0.00		0.00	0.00		0.00	0.00
8	**Sub-Total**	**4,389,525.00**	**250,000.00**	**700,000.00**	**0.00**	**1,600,000.00**	**0.00**	**1,839,525.00**
	% of 2010 Investment Budget	**3.54**	**2.95**	**5.47**	**0.00**			**30.81**

2	Contingency (Provision for arrears from 2008 and 2009 in the sector)	1,000,000.00	0.00	1,000,000.00				
3	Preparatory works including feasibility studies, Needs & site assessment, appraisals & surveys for proposed projects (Medical Assistants Training Schools in Volta, Western & Northern Regions, Cape Coast Teaching Hospitals projects & New Midwifery Training School in Northern Region at Damango & Nalerigu, Specialised Neurology and Urology Centres at Korle-Bu Teaching Hospital, ORIO/BADEA/OPEC/KBC/OeKB-funded projects)	100,000.00		100,000.00	0.00	0.00	0.00	0.00
4	**Sub-Total**	**1,202,500.00**	**0.00**	**1,202,500.00**	**0.00**	**0.00**	**0.00**	**0.00**
	% of 2010 Investment Budget	**0.97**	**0.00**	**9.39**	**0.00**			**0.00**
J	**GRAND TOTAL**	**123,837,017.00**	**8,460,295.00**	**12,802,500.00**	**88,603,279.00**	**8,000,000.00**	**0.00**	**5,970,943.00**
	% of Sources of Funding	**100.00**	**6.83**	**10.34**	**71.55**	**6.46**	**0.00**	**4.82**

Note: A revised IGF ceiling of GHC55,874,621.00 is yet to be allocated on the basis of Agency/BMC projections.

TABLE 15: ITEM 4 ALLOCATIONS BY LEVELS

S/N	BMC	Budget Provision	%
A	Sector-wide Allocation (Provision for accumulated arrears, Equipment and Transport, etc.)	20,414,466.00	16.48
B	MOH Headquarters	202,500.00	0.16
C	Subvented Organisations/Regulatory Bodies	4,389,525.00	3.54
D	Teaching Hospitals (KATH, KBTH & TTH)	17,889,364.62	14.45
E	Ghana Health Service (including CHPS, HQ, RHS, DHS, Matching Funds and MDG 5 strategic projects)	77,166,161.38	62.31
F	Psychiatric Hospitals	300,000.00	0.24
G	CHAG Institutions	1,275,000.00	1.03
H	Training Institutions	2,200,000.00	1.78
I	**TOTAL 2010 BUDGET**	**123,837,017.00**	**100.00**

2	Reproductive Health	Ghana	x	1,500	6	9.000
3	Biomedical Engineering	Ghana	x	1,500	1	1.500
4	Clinical Psychology	Ghana	x	1,500	2	3,000
5	Child Health Sp.	Ghana	x	2,000	6	12,000
6	Family Medicine Sp.	Ghana	x	2,000	10	20.000
7	Psychiatry Sp.	Ghana	x	2,000	8	16.000
8	Anaesthesia Sp.	Ghana	x	2,000	8	16.000
9	Radiology Sp.	Ghana	x	2,000	8	16.000
10	Obstetrics and Gynaecology	Ghana	x	2,000	5	10.000
11	Internal Medicine Sp.	Ghana	x	2,000	10	20.000
12	Laboratory Medicine Sp.	Ghana	x	2,000	10	20.000
13	Dental Surgery Sp.	Ghana	x	2,000	8	16.000
14	General Surgery Sp.	Ghana	x	2,000	5	10.000
15	ORL Sp.	Ghana	x	2,000	9	18.000
Sub-Total						**192.000**
Overall Total						**757.400**

Annex 3

Table 17: PROCUREMENT PLAN

	Estimated Cost Ghȼ (000)	Source of Funds	Proc Method	Expected Tender Invitation Date	Expected Tender Closing Date	Evaluation and Approval by approriate authority	Expected Contract completion date
International Consultant for Development of Advocacy Strategy	40.00	Health Fund	CO	04-Feb-10	05-Apr-10	25-Apr-10	04-Jun-10
Consultant for Implementation of Advocacy Strategy(Adverts, Development and Printing of materials, Training etc)	400.00	Health Fund	QCBS	04-May-10	03-Jul-10	23-Jul-10	01-Sep-10
Consultant for Development of Nutrition Policy	15.00	Health Fund	CO	04-Feb-10	24-Feb-10	26-Mar-10	20-Apr-10
Website Development & Update	50.00	Health Fund	QCBS	04-Feb-10	05-Apr-10	25-Apr-10	20-May-10
Consultant for Development of Community Service Delivery Strategy	10.90	Health Fund	CO	04-May-10	03-Jul-10	23-Jul-10	12-Aug-10
Consultant for Development of Small Scale Fortification Strategy and Testing for Micro Nutrient Deficiency Control	100.00	Health Fund	QCBS	06-Nov-10	20-Nov-10	30-Nov-10	29-Jan-11
Consultant for Development of Post NID Vitamin A Strategy	1.25	Health Fund	CO	05-Nov-10	19-Nov-10	19-Nov-10	08-Jan-11
Consultant for Development of Financing Strategy for Vitamin A Control	1.25	Health Fund	CO	06-Mar-10	20-Mar-10	05-Apr-10	24-Jun-10
Consultant to Update Anaemia Control Policy	15.00	Health Fund	CO	05-Nov-10	19-Nov-10	19-Nov-10	08-Jan-11
Independent Monitoring of activities in sampled communities	90.00	Health Fund	QCBS	06-Nov-10	20-Nov-10	06-Dec-10	04-Feb-11
Operational Research to strengthen implementation	15.00	Health Fund	CO	06-Nov-10	20-Nov-10	06-Dec-10	04-Feb-11
Consultant to design Performance based incentive system for Community based service delivery	11.25	Health Fund	CO	06-Nov-10	20-Nov-10	21-Dec-10	30-Jan-11
Consultant to review and update Monitoring system for Community based Health and Nutrition service	10.00	Health Fund	CO	07-Nov-10	21-Nov-10	22-Dec-10	31-Jan-11
Consultant to develop software for monitoring Health and Nutrition service	4.00	Health Fund	CO	06-Oct-10	20-Oct-10	20-Nov-10	19-Jan-11

Consultant to conduct Formative Research, develop key program communication messages, and training modules	35.00	Health Fund	CO	28-Jul-10	11-Aug-10	11-Sep-10	30-Nov-10
Consultant to develop prototype program communication materials and field testing	31.50	Health Fund	CO	05-Aug-10	19-Aug-10	19-Sep-10	18-Nov-10
Consultant to review and update modules/ job aids	10.00	Health Fund	CO	05-Sep-10	19-Sep-10	20-Oct-10	03-Jan-11
Consultant to conduct Operational Research on Monitoring and Evaluation	50.00	Health Fund	CO	06-Sep-10	20-Sep-10	21-Oct-10	04-Jan-11
Consultant to monitor resistance of mosquitoes to Insecticides	250.00	Health Fund	QCBS	04-Oct-10	18-Oct-10	22-Nov-10	21-Jan-11
Procurement Audit	80	GOG	QCBS	15-Jan-10	29/3/2009	30/4/2009	27-Jun-09
Financial Audit	331	GOG	QCBS	02-Jul-10	8/8/2008	24/09/2008	30-Jun-09
Procurement Agent Labiofarm	200.00	Health Fund	Sole Source	02-Oct-10	14/11/2008	24/12/2008	28-Feb-09
	1,000.00	Sector Budgetary Support	Sole Source	28-Jul-10	11-Aug-10	11-Sep-10	30-Nov-09
Regenerative Health Program	240.00	Sector Budgetary Support	Sole Source	28-Jul-10	11-Aug-10	11-Sep-10	30-Nov-09
Total	**2,991.15**						

Table 18: MINISTRY OF HEALTH 2010 PROCUREMENT PLAN (SUMMARY)

Ref. No.	Procurement Package (Description)	Estimated Cost Gh ¢ (000)	Source of Funding	Procurement Method	Start date	Completion Date
1. Goods						
1	Pharmaceuticals	25,996.00	IGF	ICB	9/22/2008	19/03/2009
2	Non-Drug Medical Consumables	16,664.00	IGF	ICB	12/8/2009	5/23/2010
3	Vaccines	3,400.00	Sector Budgetary Support & Earmarked	ICB	4/2/2010	8/29/2010
4	Contraceptives	5,845.00	Sector Budgetary Support & Earmarked	ICB	4/2/2010	8/29/2010
5	TB Drugs	520.00	GOG & Earmarked	Single Sourcing	3/7/2009	10/9/2010
6	Psychotropics drugs	920.00	Sector Budgetary Support	ICB	3/22/2010	6/24/2010
7	HIV/AIDS/Anti-Retroviral Drugs	900.00	Sector Budgetary Support & Earmarked	ICB	4/2/2010	5/3/2010
8	Malaria/ACT (AS/AQ)	1,470.00	Sector Budgetary Support & Earmarked	ICB/WHO	2/9/2010	5/30/2010
9	ITNs	13,347.21	Sector Budgetary Support & Earmarked	ICB	6/1/2010	10/15/2010
10	Anti-Snake and Anti-Rabies Sera/Vaccines	1,100.00	Budgetary Support	ICB	9/22/2008	19/03/2009
11	Emergency Obstetric Equipment	17,204.00	Health Fund, GOG & IGF	ICB	5/13/2010	9/30/2010
12	Printing & Publication (Nutrition and Malaria Project)	1,565.35	Health Fund	NCT	24/01/2008	28/05/2009
15	Stationery	800.00	IGF & Sector Budgetary Support	ICB	02/01/2010	31/12/2010
16	Vehicles (Nutrition and Malaria Project)	1,330.00	World Bank	ICB	3/22/2010	6/24/2010
17	ITNs (Nutrition and Malaria Project)		Health Fund	ICB	3/22/2010	6/24/2010

19	Printing and Publications	2,000.00	IGF & Sector Budgetary Support	NCT/SHOPPING	02/01/2010	31/12/2010
10	Insecticide Treated Curtains (Nutrition and Malaria Project)	250.00	Health Fund	Single Sourcing	3/2/2010	6/2/2010
	Sub-Total	100,218.56				
2. Works						
19	Capital Investment	48,436	NHIS, IGF & Earmarked	ICB/NCB	8/6/2008	12/11/2009
GRAND TOTAL		**148,654.74**				

Table 19: AGENCY SPECIFIC LOGFRAME FOR IMPLEMENTATION OF THE 2010 PROGRAMME OF WORK

MEDICAL AND DENTAL COUNCIL

OBJECTIVES	KEY ACTIVITIES	RESPONSIBLE OFFICER	PERIOD OR TIME	KEY SUCCESS INDICATOR(S)
TRAINING: MAJOR GOAL1: Ensure that Medical and Dental Council's programmes reflect current global initiatives and best practices in medical and dental education and training.				
1. Regular review of training curricula	1. Develop relevant TOR for a committee on curriculum review	Chairman/Council	Beginning July 2007	TOR developed and agreed upon, TOR available
	2. Set up a five-member Committee on Curriculum Review with proposals	Chairman/Council	Beginning July 2007	Committee set up. Minutes available
	3. Committee develops Work Proposals	Chairman/Council	End July 2007	
	4. Council studies and approves Proposals	Chairman/Council	Mid August 2007	Proposal approved
	5. Committee works and submits reports	Registrar	August to October 2007	Report submitted
	6. Council approves Committee's report	Chairman/Council	End November 2007	Report approved – minutes
	7. Council starts implementation of the report	Registrar/Chairman	January 2008	Regular Curriculum Review
2. Develop standards, processes and guidelines for inspections of examination	1. Develop standards, processes & guidelines for inspection of examinations	Education Committee of Council	End July 2007	Standards, procedures, & guidelines developed
	2. Council prepares a schedule for yearly inspections of examinations	Council/Registrar	Yearly from end July 2007	Yearly schedule of inspections
	3. Appoint Inspectors with relevant contracts	Council	Yearly from Sept. 2007	inspectors contracted
	4. Train/orient Inspectors	Education committee	Yearly from October 2007	Inspectors trained
	5. Inspect examinations and produce examination reports to Council	Examination Committee	Yearly during each examination	Reports on inspections produced
	6. Council submits Committee's reports to relevant institutions	Council/Registrar	Within 2 weeks after each inspection	Reports to institutions
	7. Council receives feedback from institutions	Registrar	Within 28 days as per Law	Institutional feedback
	8. Council studies, discusses, and approves reports, recommendations, and feedback	Council/Chairman	Yearly from March 2008	Council approval of report
	9.			
	10. Council implements report	Registrar	Ongoing each year after each examination	Yearly inspection reports implemented
3. Develop standards, processes, and guidelines for visits to facilities	Council institutes institutional visits programme	Council	Every three years or earlier as Council determines	Periodic visits conducted with reports
4. Regularly review set standards for the development of medical and dental training institutions	1. Council appoints a Review Committee to review existing or set standards	Council/ Chairman	July 2007	Review Committee formed
	2. Review Committee reports to Council	Committee	Mid September 2007	Committee Report
	3. Council studies and approves report	Council/Chairman	End September 2007	Council approval

	4. Council publishes reviewed standards	Registrar	End November 2007	Published Standards
	5. Council disseminates standards	Registrar	End December 2007	Standards disseminated
	6. Council conducts periodic reviews of standards of training	Council	Every three years or as Council determines	Standards periodically reviewed
	Guidelines and processes reviewed periodically	General Purposes Committee	Every five years for as Council determines	
5. Develop guidelines and processes for the establishment of new medical and dental training institutions	1. Develop guidelines and processes and submit report to Council	General Purposes Committee	July 2007	Guidelines and Processes developed
	2. Council studies and accepts report	Council/Chairman	August 2007	Guidelines accepted
	3. Council publishes guidelines	Registrar	September 2007	Guidelines published
	4. Council disseminates guidelines	Registrar	October 2007	Guidelines disseminated
	5. Guidelines and processes reviewed periodically	General Purposes Committee	Every five years for as Council determines	-
STANDARDS : MAJOR GOAL: Develop a consolidated and comprehensive set of standards, create awareness, and train practitioners				
1. Update and unify all existing standards for professional medical and dental practice, developing new standards as appropriate.	1. Council sets up a five-member committee on standards codification with contracts	Council/Chairman	January 2008	Committee is set up
	2. Committee submits report and documents on standards	Committee	March 2008 2007	Codified Standards developed
	3. Council studies reports and documents	Council	April 2008	Council studies report and document
	4. Documents are ' tested' with selected stakeholders	Registrar	May 2008	Sample testing of standards
	5. Committee reviews comments and refines documents	Committee	July 2008	Documents refined
	6. Council approves final documents	Council	August 2008	Documents approved
	7. Documents printed	Registrar	September 2008	Codified standards printed
	8. Documents launched and disseminated to the general public and stakeholders	Council/Registrar	October2008	Documents exposed to the public
	9. Council undertakes periodic review of documents on standards	Council/Chair	At least every three years	Document periodically reviewed
2. Disseminate standards to and educate medical and dental practitioners. Practitioners thoroughly educated on standards of the	1. Launch of the codified standards	Council/Chairman	October 2008	Codified standards launched
	2. Hold series of two-day regional mandatory CPD sessions in each region as requirement for re-accreditation.	Registrar	October 2008 - December 2009	CPD sessions on standards held
	3. Hold two two-day mop up CPD sessions for Northern and Southern sectors	Registrar	February 2009	Mop-up CPDs held in the two sectors
	4. Provide all practitioners with copies of the codified standards on registration	Registrar	From November 2008	Practitioners provided the codified standards

3. Develop a monitoring and evaluation system of standards of medical and dental practice	1. Set up committee with consultant to develop practice M&E system for standards	Council/Chairman	July 2008	Standards M&E committee set up
	2. Committee develops practice M&E system, checklist and implementation plan for standards and submit to Council	Council/Chairman	July- end August 2008	Standards M&E system developed
	3. Council discusses and approves practice M&E system and checklist for standards	Council/Chair	September 2008	Standards M&E system approved
	4. Implementation of practice M&E system for standards	Registrar	From October 2008	Standards M&E system implemented
	5. Periodically reporting on practice M&E standards implementation	Registrar	From December 2008	Periodic reports on the standards M&E
	6. Council acts on any lapses in the practice M&E standards systems implementation	Council/Registrar	Periodically from December 2008	Audit the implementation of the practice M&E standards system
4. Develop and maintain a website for the Council	Periodic maintenance and regular updates of the website.	IT manager/Registrar	Ongoing from development	Maintenance and updates of website
5. Develop standards and guidelines for facilities and practitioners to ensure **'fitness to practice'** medicine and dentistry.	1. Set up Committee on "Fitness to Practice"	Council/Chair	July 2008	Committee set up
	2. Committee to undertake situational analysis or baseline study of disciplinary cases received by the Council and court cases involving practitioners and institutions	Disciplinary/Penal	July to October 2008	Situational Analysis and baseline studies done
	3. Committee develops standards and guidelines for facilities and practitioners on 'fitness to practice'	Disciplinary/Penal	July- October 2008	Standards and guidelines developed on "fitness to practice"
	4. Committee submits report to Council	Council/Registrar	End October 2008	Report submitted
	5. Council studies, discusses, and adopts report, standards, and guidelines	Council	Mid November 2008	Council adopts committee's report
	6. Standards and guidelines published	Registrar	End November 2008	Publication of report
	7. Practitioners and institutions educated on standards and guidelines on 'fitness to practice'	Registrar	January to March 2009	Workshops for practitioners and institutions
	8. Constant review of "fitness to practice"	Registrar	Yearly after March 2009	Reviews of practice
MAJOR GOAL: Significantly reduce incidents of "infamous conduct" or "acts discreditable to the profession" by practitioners and institutions				
Institute policy of publicizing 'infamous conducts' by practitioners and institutions	1. Research all disciplinary cases involving confirmed and sanctioned medical and dental malpractices	Disciplinary/Penal	June 2007	Study of medical and dental malpractice cases
	2. Comprehensively document all disciplinary cases of malpractice brought before Council	Disciplinary/Penal	June 2007	Malpractice cases documented
	3. Document all sanctions recorded by Council	Disciplinary/Penal	June 2007	Sanctions documented
	4. Publish documents	Registrar	End November 2007	Documents published
	5. Annual update of all of the above	Registrar	Starting 2007	Annual updates of malpractice cases
	6. Disseminate above documents to practitioners and the general public	Registrar	At same time as previous events	Dissemination of infamous cases documents

OBJECTIVES	ACTION PLANS/KEY ACTIVITIES	RESPONSIBLE OFFICER	PERIOD OF TIME	KEY SUCCESS INDICATORS
REGISTRATION : MAJOR GOAL 2: Develop A Comprehensive Registration Information Documentation Systems				
Ensure a single competent source of registration requirements and information	1. Compile and update existing registration information	Registrar	September 2007	Updated comprehensive registration information
	2. Present to Council for discussion and Approval	Registrar	Mid November 2007	Document presented to Council
	3. Council discusses and approves	Council	December 2007	Council approval
	4. Document published	Council	January 2008	Document published
	5. Documents disseminated	Council	February 2008 and yearly thereafter	Information to practitioners
MAJOR GOAL 3: Strengthen Registration Information Verification And Registration Systems				
Ensure credibility of registration systems	1. Review current registration systems	Credentials committee	September 2008	Report on registration system produced
	2. Submit findings and recommendations to Council	Registrar	Mid November 2008	Report to Council
	3. Council studies, discusses, and approves recommendations	Council	December 2008	Council's approval given
	4. Develop new procedures and Print new forms	Credentials committee	January 2009	New registration systems, procedures, and forms in place
	5. Implement new system	Registrar	February 2009	New system in place
	6. Periodic updates and review	Credentials Committee/Registrar	Yearly	Updates and reviews of system
MAJOR GOAL 4: Maintain Credible Registers Of Medical And Dental Practitioners				
Ensure credibility of registers	Publish names or list of unregistered or defaulting practitioners	Registrar	February of each year	Yearly publication of unregistered practitioners
MAJOR GOAL 5: Maintain A Directory Of Registered Medical And Dental Practitioners				
Develop electronic database of practitioners	Publish database as a directory	Registrar	January 2008	Directory published
	Make directory available for sale to interested parties	Finance and Admin. Manager	January 2008	Sale of directory
	Yearly update of directory	Registrar/IT Manager	Every January	Updated directory
MAJOR GOAL 6: Proactively Ensure Compliance Of Registration By Recalcitrant Medical And Dental Practitioners And Institutions				

Register previously unregistered practitioners	1. Inform institutions in which unregistered practitioners are working	Registrar/IT manager	February 2008	Institutions informed of unregistered practitioners
	2. Inform the National Health Insurance Secretariat of unregistered practitioners and institutions	Registrar	January of each year	NHIS informed of unregistered practitioners
	3. Apply the law as to the cutoff date for unregistered practitioners	Registrar	January of each year	Law relating to registration strictly applied
REGULATIONS : MAJOR GOAL1: Ensure That Council Members And Medical And Dental Practitioners Are Conversant With The Provisions Of The MDC Law				
Education on the law regarding regulation by Council	1. Develop a programme to educate Council members	General Purposes Committee/Council	July 2007	Programme developed
	2. Implement programme for Council members	Penal/Disciplinary Committee	Starts mid-October 2007	Council members educated
	3. Monitor, evaluate, and report on the effects of the programmes	Council	Ongoing	M&E report prepared
	4. Report on the implementation	Registrar	Quarterly ongoing	Implementation report produced
	5. Monitor, evaluate, and report on the effects of the programmes	Council	Ongoing	M&E report prepared
MAJOR GOAL 2: Institutionalize Structured And Mandatory Continuing Professional Development Systems As A Condition For Retention On The Register				
Council develops a policy on CPD	Council periodically evaluates and reviews CPD policy	Registrar	Yearly from 2008	Periodic evaluation and update of CPD policy
	Council periodically evaluates policy and guidelines	Registrar	Yearly from 2008	Periodic evaluation of guidelines
Council mounts its own CPD Program (to supplement and fill gaps identified from other CPD providers)	1. Council mandates Education Committee to develop in-house CPD programme	Council	December 2008	Education Committee charged
	2. Committee develops programme and presents report to Council	Registrar/Committee	February 2009	In-house CPD Programme developed
	3. Council discusses and approves report	Council	March 2009	Council's approval
	4. Council implements programme	Registrar /Committee	From July 2009	In-house programme started
	5. Council develops CPD training manuals	Registrar/Experts	July to September 2009	In-house CPD Manuals developed
	6. Council evaluates and reviews programme and up-dates CPD manuals	Registrar/Committee	Periodically from 2009	Review reports
MAJOR GOAL 3: Enhance Existing Disciplinary Procedures And Systems				
Review and educate the public and practitioners on grievances redress systems	1. Conduct a comprehensive environmental mapping of available systems, documents, and procedures for redress of grievances	Disciplinary/Penal Committee	July 2008	Environmental map of grievance systems, procedures, and documents
	2. Develop new systems, procedures, and documents as appropriate	Disciplinary/Penal Committee	September 2008	New grievance systems
	3. Council approves new systems, procedures and documents	Council	October 2008	Council approval obtained

	documents			
	4. New systems, procedures, and documents published	Registrar	November 2008	Published new grievance systems, procedures, and documents
	5. New systems, procedures, and documents widely disseminated to public	Registrar	December 2009	Disseminated new grievance systems and procedures
	6. New systems, procedures, and documents widely disseminated to medical and dental practitioners and institutions	Registrar	December 2010	Disseminated new grievance systems, procedures, and documents
	7. Educate the public on the new systems, procedures, and documents	Registrar	January to February 2010	Educated public on new grievance systems
	8. Educate practitioners and institutions on new systems and procedures	Registrar	January to February 2010	Educated practitioners and institutions on new systems
	9. Conduct periodic reviews of the systems, procedures, and documents on grievances	Registrar	Yearly from 2009	Periodic reviews conducted
	10. Educate the public on the new systems, procedures, and documents	Registrar	January to February 2010	Educated public on new grievance systems
	11. Educate practitioners and institutions on new systems and procedures	Registrar	January to February 2010	Educated practitioners and institutions on new systems
	12. Conduct periodic reviews of the systems, procedures, and documents on grievances	Registrar	Yearly from 2009	Periodic reviews conducted
MAJOR GOAL 4: Enhance The Newsline As A Medium Of Information Dissemination				
Timeliness of information in any edition	1. Develop quarterly editions	Editorial Board	June 2008	Quarterly Newsline
	2. Become more professional/technically oriented in its outlook	Editorial Board	June 2009 and after	Professional Newsline
	3. Distribution a circulation and practitioners		After every edition	
	Develop CPD quizzes/ questions from the Newsline	Editorial Board	From December 2008	
5. MAJOR GOAL: ENHANCE FINANCIAL SELF-RELIANCE				
Increase internally generated funds	1. Charge a committee to review existing avenues for internal revenue generation	Finance Committee	February 2008	Committee set up
	2. Committee reports to Council	Finance Committee	April 2008	Committee's report ready
	3. Council discusses and approves report			Council's approval secured

	4. Report implemented			Enhanced internal revenues being generated
	5. Financial status and revenue generation capacity of the Council evaluated periodically			Report on periodic review of Council's financial status
SECRETARIAT MAJOR GOAL 1: Strengthened Human Resource Capacity Of The Secretariat				
1. Conduct jobanalysis and determine manpower needs	Engage a consultant with TOR	Council	July 2007	Consultant engaged
	Consultant works and submits report	Registrar	Sept. 2007	Job analysis report
	Council discusses and approves report	Council/Chairman	October 2007	Council approval secured
	Report implemented	Registrar	October 2007	Manpower needs report available
	Implementation monitored and evaluated periodically	Registrar/DAF	Period. after Oct. 2007	Periodic HRM audits
2. Seek approval to redress manpower needs (fill vacant positions)	Submit manpower request to Head of Civil Service and Ministry of Finance and Economic Planning	Council/Chairman Registrar	July 2007	Manpower request submitted
	Approval obtained from the Head of Civil Service	Council/Chairman Registrar	September 2007	Approval obtained from HoCS
	Approval obtained from Ministry of Finance and Economic Planning	Council/Chairman Registrar	September 2007	Approval obtained from MoFEP
	Evaluate and include in annual budget	Council/Registrar	Sept. 2007	Annual budget
3. Secure funding to support recruitment needs	Develop funding proposal for health sector development partners	Registrar/Consultant	September 2007	Funding proposal developed
	Council approves proposal for distribution	Council/Chairman	September 2007	Council approval secured
	Identify interested partners and submit proposal or funding	Council/Chairman	September 2007	Donors and development partners identified
	Funding secured and utilized	Council/Chairman	Nov. 2007	Funds obtained
	Report on utilization to partners	Registrar	Yearly after	Yearly reports
4. Recruitment and orientation	1. Develop job requirements and job descriptions	Registrar/Consultant	September 2007	Job descriptions developed
	2. Place advertisements for recruitment	Registrar	October2007	Advertisements placed
	3. Shortlist and conduct interviews	Registrar/Consultant	November 2007	Interviews conducted
	4. Develop performance contract documents for staff	Council/Registrar	December 2007	Performance contracts developed

	5. Appointment, signing of performance contracts and orientation of staff	Registrar/Consultant	January 2008	Staff recruited and orientated
	6. Periodic appraisals of staff		Yearly from 2008	Yearly performance appraisals done
5. Training for capacity development for Secretariat	1. Engage consultants for training needs assessment under contract	Registrar	February 2008	Training Needs Assessment contract
	2. Consultants submit reports	Registrar/ Consultant	March 2008	TNA report submitted
	3. Council discusses and approves reports	Council	April 2008	Council approval obtained
	4. Funding sourced and secured for training	Registrar	May 2008	Funding secured
	5. Training carried out and evaluated	Registrar/Consultant	May and on-going	Training completed with reports
SECRETARIAT: MAJOR GOAL 2: To Strengthen The Material Capacity Of The Secretariat				
1. Procure funding	Submit report to Council	Registrar	October 2007	Report to Council
	Funding requested and obtained	Registrar	November 2007	Funds obtained
2. Procure the needed equipment	Equipment procured through necessary processes	Procurement committee	November 2007	Equipment procured
	Assets register periodically updated	Internal Auditor/ Accountant	Annually	Updated assets register
	Contents insurance policy updated and maintained yearly	Registrar/DAF	Annually	Updater insurance coverage
3. Develop maintenance plan and periodic update of equipment	1. Maintenance plan developed	Registrar/DAF	July 2007	Maintenance plan developed
	2. Council assesses and approves plan	Council	August 2007	Council approval
	3. Equipment maintained periodically	Registrar/DAF	Yearly	Equipment in good order
	4. Periodic reports to Council	Registrar	Yearly	Equipment reports
MAJOR GOAL 3: To Strengthen The Operative And Administrative Structures Of The Secretariat				
1. Conduct operational audit	1. Secure funding for operational audit	Registrar	March 2008	Funding available
	2. Engage consultants with TOR to carry out operational audit and submit report	Council/Registrar	June 2008	Contract signed with consultant
	3. Council assesses and approves report	Council	July 2008	Approved report
	4. Implement the recommendations of the audit	Registrar	September	New systems exist
	5. Train Council and Staff on audit findings	Consultant	October 2008	
2. Develop operational manuals	1. Set up committee with TOR to determine manual requirement needs and submit report	Council/GPC	July 2008	Committee appointed

	2. Council assesses and approves report	Council	August 2008	Report approved
	3. Manuals developed and published	Consultant/Committee	Nov. 2008	Manuals exit
	4. Training on manuals	Consultant	Dec. 2008	Trained staff
	5. Manuals used and usage monitored and evaluated periodically	Council/Registrar	Yearly	M&E report exist
3. Develop Management Information Systems (MIS)	1. Set up committee to work with consultant on needs assessment of MIS with TOR	Council/Registrar	July 2008	Contract for consultant
	2. Consultant works & submits report on MIS	Council/Registrar	August 2008	MIS developed
	3. Council studies and approves report	Council	Sept. 2008	MIS document
	4. Print MIS documents	Registrar	October 2008	Printed MIS doc.
	5. MIS implemented with training	Registrar	October 2008	Trained staff
	6. Periodic maintenance and updating	Registrar/Consultant	Annual	Up-dated MIS
	7. Monitoring and evaluation and audit of systems	Consultant	Annual	M&E reports exist

CENTRE FOR SCIENTIFIC RESEARCH INTO PLANT MEDICINE

STRATEGY OBJECTIVE	OUTPUT	ACTIVITIES	AMOUNT
To strengthen health systems by enhancing health infrastructure, establishing specialized tertiary services and improving human resources for health	CSRPM Staff Trained or undergoing Training by December 2010	Two Staff MPh. in Pharmaceutical Chemistry & Post Doc. Phytochemistry for a Staff	6,640.00
		Short Course for 2 Accounts Staff in Financial Regulation and Project Management	1,500.00
		Short Course in information Tech. Audit and procurement Audit (Int. Audit)	1,100.00
		Sponsorship course in Biomedical engineering at All Nation University for one Staff	1,400.00
		Organise Workshop for Production Staff in GMP	3,220.00
		Post Diploma Degree in Management Studies for 1 Staff	1,200.00
		On-going Training for One Technical Staff in Computer Engineering and 1 MSc in Info. Sc./MIS	6,640.00
		One Staff Trained in Pharmacology	1,500.00
		Staff trained in BSc Environmental and Natural Resources Management	3,320.00
		Examination Refunds and Professional Subscriptions	2,400.00
		BSc Degree programme at University for Procurement Officer	3,340.00
		Administrative Department - Staff Development programmes	2,000.00
		Post Diploma Training in Mass Communication and Public relations	1,200.00

		Master of Business Administration (MBA)	5,920.00
		3 year Bsc. Degree for a Staff at Internal Audit/Accounts	6,360.00
		Short course for Tissue culture and Taxanomy	3,000.00
		Principles of Nursery and Gardening	500.00
		On going PhD programme for 2 Staff in Phytochemistry and Botany	3,440.00
Rehabilitation of the Offices and Laboratories by December 2010	Existing Labs. Refurbished and expanded		60,000.00
	One New Lab created for Plant Development Department		12,000.00
	Conference Room Rehabilitation		10,500.00
	Replacement of Desk and Chairs for all Offices		35,000.00
Dissemination of Information through Research	Sustained improvement in Data acquisition and data Management		3,440.00
	Hardware and Software Acquisitions		43,650.00
	To Organised Departmental Seminars and attend Conferences and Workshops		16,424.00
	Create easy access to information flow and to keepsake with trends in the industry		24,000.00
	Materials, Consumables and Computer accessories needed to run Computers and equipment		5,188.00
Cultivation of 10,000 Medicinal Plants by 31st December 2010	Collect Germplasm and compile field Data on (a) Biological sources (b) Geographical sources		11,570.00
	Reconstruction solar dryers at Mampong and Ayikuamh		2,000.00
	Construction of a Laboratory for tissue culture and Plant science		20,000.00
Expansion of various farms	Farms at Begoro, Ayikumah and Mampong expended		7,800.00
1000 Copies of newsletters Produced by 31st December 2010	To prepare Report and Two issues of newsletter.		1,500.00

To integrate planning to strengthen orthodox and Alternative Medicine Practice at all levels of the Health Care Delivery system	Clinical Care: Heamatological, Biological and miscellaneous Test conducted on 3000 clinical specimens by 2010	Conduct biochemical and miscellaneous test on Patients samples	**970.00**
		Conduct Investigations on Patients Specimen	**24,949.00**
		Materials and consumables needed at the Doctors consulting Rooms	**1,016.00**
		Conduct Heamatological tests on Patients samples	**2,250.00**
		Clinical Equipments	-
	250 Herbalist and 24 CSRPM products Phytochemically screened by December 2010	Qualitative, quantitative measure of key constituents of CSRPM and Herbalist products	**11,210.00**
		Phytochemistry Equipment	**28,160.00**
		Refurbishment of Head of Department of ICU	**2,000.00**
	250 Herbalist and 600 batches of CSRPM products Microbiologically screened by 31st December 2010	Microbiological Equipments	**24,020.00**
	Microbiological Test on about 200 Patients Samples	Conduct Culture and sensitivity test on patients samples	-
	Pharmacological and Toxicological screening of 5 CSRPM products and 250 Herbalist products by December 2010	Special in-vitro and in-vivo investigations	**49,455.00**
		LD 50, Acute Toxicity, Sub acute, and Chronic toxity, Teratogenic (Safety assessment)	**12,060.00**
To collaborate with the private sector	2,022,500 different dosage forms of Herbal Medicines to be produced by 31s December 2010	2,000,000 Bottles of Decoctions produced by Dec 2010	**111,180.00**
		10,000 of Sachets Powders Produced by 2010	**5,650.00**
		2,500 Jars of Ointment produced by Dec. 2010	**9,244.00**

		20,000 Sachets of Lippia Tea produced by Dec. 2010		5,572.00
		Production Block Cleaned and Maintained throughout the year		1,334.00
	140,000 NPK -500 Capsules produced by 31st December 2010	Raw Material requirements		6,115.00
	TOTAL			602,937.00

Ghana Health Services log frame

	Health Sector MTDP	Objective	SP_Activities	Total
1	Bridge equity gaps in access to health care and nutrition services	General health System Strengthening	Improve supply of essential medicines and essential commodities	12,264,059
			Improve Transport availability and management	330,946
			Work with other stakeholders and communities to help members maintain healthy lifestyle behaviours	34,220
		Governance, Partnerships and Sustainable Financing	Monitor performance to improve quality service delivery	87,820
		Health Reproduction and Nutrition Services	Improve access and quality of eye care services	136,069
			Improve access and quality of oral health services	86,557
			Improve quality of clinical care	3,836,723
			Promote and facilitate Prosthetics and Orthotics Services	44,820
			Promote and facilitate physiotherapy services	123,214
			Promote the reduction of malnutrition as a public health and developmental problem	355,261

			Provide Catering Services	49,410
			Strengthen disease surveillance, emergency preparedness and response	119,213
		Healthy lifestyle & Environment	Improve supply of essential medicines and essential commodities	695,508
			Increase awareness on health promotion and protection	1,667,235
			Promote Food Safety	217,046
			Promote Occupational Health and safety	211,008
			Strengthen disease surveillance, emergency preparedness and response	71,267
			Work with other stakeholders and communities to help members maintain healthy lifestyle behaviours	154,686
2	Ensure sustainable financing arrangements that protect the poor	Governance, Partnerships and Sustainable Financing	Improve financing and financial management and accountability	243,674
3	Improve health infrastructure	General health System Strengthening	Expand infrastructure to support effective and efficient services delivery at all levels	739,493
4			Improve supply and Equipment Management	291,854
		Healthy lifestyle & Environment	Advocate for improved access to water and sanitation infrastructure	144,552
	Strengthen efficiency in health service delivery	General health System Strengthening	Develop and use information technology to improve information management and service delivery	266,883
			Establish performance monitoring framework and reporting system for organisational accountability	43,198
			Improve human resource recruitment, deployment and retention and management	381,052
			Promote Research & Development	405,425
		Governance, Partnerships and Sustainable Financing	Develop mechanisms to achieve effective intersectoral collaboration	88,538
			Establish performance monitoring framework and reporting system for organisational accountability	262,567
			Mainstream Gender and ensure equity in health programmes	52,007
			Maintain Active Surveillance on Selected diseases	228,500
			Strengthen management systems	247,677
			Training of Health workers on HMIS	182,546
		Health Reproduction and Nutrition Services	Provide Staff Motivation	17,568
			Strengthen management systems	32,586
		Healthy lifestyle & Environment	Develop HR capacity to plan, implement and evaluate RGN activities	88,123

			Improve human resource recruitment, deployment and retention and management	32,943
	Ensure improved Maternal and Child Health Care	Governance, Partnerships and Sustainable Financing	Train health workers on safe motherhood IE&C Practices	521,109
		Health Reproduction and Nutrition Services	High impact reproductive, sexual health and nutrition interventions rapidly scaled	592,178
			Improve access to quality maternal, newborn and reproductive health services	1,645,367
5			Promote the survival growth and development of all children	542,957
			Provide logistics for reproductive health services	18,300
			Provide Reproductive Health services	91,713
		Healthy lifestyle & Environment	Promote the survival growth and development of all children	152,044
	promote reduction of HI/AIDS/STI /TB transmission, ensure its proper management	Health Reproduction and Nutrition Services	Improve early detection, reporting and management of communicable diseases	187,569
			Improve early detection, reporting and management of non communicable diseases	417,769
8	Improve Mental health services delivery			
	Grand Total			28,403,250

TRADITIONAL MEDICINE PRACTICE COUNCIL

EXPECTED OUTPUT	PLANNED ACTIVITIES	START	END	ACTIVITY COST (GH¢)	SOURCE OF FUNDS
Strengthened and enforced regulatory mechanism	Finalise guidelines for accreditation of TM training Schools and Curriculum review	Feb	Sept	8,000	GOG
	Orientation programme for Desk Officers	Feb	June	7,800	SBS
	Guidelines for accreditation of Alternative Medicine Practitioners	Apr	Sept	8,000	SBS
	Information, Education and communication programmes	Jan	Dec	9,000	SBS
	Finalize Legislation Instrument	Jan	Feb	6,000	SBS
Strengthen Administrative and Management Structures	Finalise development of organogram, scheme and conditions of service	Jan	Jun	10,200	GOG
	Develop data base on Registered Practitioners	Feb	Dec	6,000	GOG
	Decentralize management of regulation process	May	Dec	15,000	SBS
	Conduct capacity development for registered THPs	Mar	Dec	15,000	SBS
Improved professional capacity	Sponsor staff on relevant courses/Seminars/ conferences	Jan	Dec	15,000	GOG
	Conduct professional Qualifying Examination	Mar	Apr	21,000	GOG
	Induction ceremony for newly registered and qualified medical herbalists	May	Jun	10,000	GOG
	Orientation programme for newly recruited staff	Feb	Dec	3,000	GOG
	Guidelines for the Internship programme	Jan	Jun	12,000	GOG
	Collaborative activities with other Agencies and interested groups	Aug	Sept	3,000	SBS
Common front in Regulation	Exchange programmes (local and International)	Jan	Dec	5,000	SBS
	Inter-agency programmes (MOH)	Jan	Dec	3,000	SBS
	Develop 3-5 years plan	Jan	Jun	10,000	SBS
Strategic Plan Document Developed	167,000				

SECTOR OBJECTIVE	POLICIES & PRIORITIES	AGENCY OUTPUT	Tasks	BPEMS STANDARDISED ACTIVITIES	TOTAL COST (GH¢)
To improve access to health care through strengthening primary health care services, increasing access to the National Health Insurance and Prevention of malnutrition to ensure Disease Control and Prevention.	**1. Promoting healthy lifestyles and healthy environments**	**1. Enacting and enforcing Legislation**	1. legal instrument for regulating health facilities modernized and common standards established for both public and private health facilities, and also establish mechanisms for the review of laws in future to suit changing environment and technology	Hold four working group meeting Draft revised legislative instrument Consensus building on draft document Finalize document	**4,000.00** **54,500**
		2. Institutional strengthening	Full primary/secondary care (clinical/public health) provision in the appropriate category of facilities promoted and adopted.	Review job description and specification Finalize the staff"s condition of service Finalize the development of mission and vision/mandate for the Board based on the new role Organize six meetings every year	36,000.00
		3. Reaching people with infrastructure and services	Private Health Care Practice Board fully established and functioning, with accreditation of facilities linked to type of personnel, equipment and to services being provided	Inspect private facilities Receive applications consider applications Approve applications Prosecute and or revoke license of a private practice as and when necessary Supervise and monitor regional/district committees of the Board Supervise and monitor activities in a practice to, determine the adequacy and standard of health care provided therein	**142,600.00**
		4. link performance of the Board to current Int. linkages in regulation	Institute mechanisms for regular update	attend relevant conferences and seminars attend observational tours go on short attachment to regulatory bodies abroad	**60,000.00**

	2. Providing Health, Population and Nutrition Services	1. Holistic, integrated and seamless services	Validation of data submitted for approval	Review, visit accredited facilities	**120,000.00**
		2. Package of health interventions comprising health promotion, preventive, diagnostic, therapeutic and rehabilitation	Create a unified regulatory framework for the sector facilities as a whole, taking into consideration the needs of the health of consumers and the responsibilities of different kinds of health providers	Develop authentic database to give the scope of work to be done: Building of database, Data capturing, analysis, reporting and dissemination Building a network system	**202,500.00**
		3. Quality of services Access to services	Develop appropriate institutional framework for supervision, monitoring and experience sharing by statutory	Monitoring tools and modalities for support for private health care practice developed Supervise and monitor health facilities. Coordinate national workshops per year	**35,000.00**
To strengthen health systems by enhancing health infrastructure, establishing specialized tertiary services and improving human resources for health.	Investing equitably in Capacity Development of the health sector	1. Human resources (Technical, managerial and communication)	1. Offices of the Board fully equipped and functioning **2.** Employ specified staff, for the appropriate positions, in the right mix and type	Acquire offices and furnish it (HQ and 3 zonal) Review job description and specification to take care of expanded role of the Board Review the staff's condition of service to take care of zonal officers Review the mission and vision/mandate for the Board based on the new role Advertise, shortlist, interview and employ according to specific job description for the expanded role of the Board Set up programme of orientation To institute regular in-service training for the staff and Board members	**2.7 million**

Collaborate with the private sector.	**Ensuring sustainable and equitable Financing**	**1. Resource mobilization (GOG, NHI, Grants, Loans and out of pocket payment)**	MDAs and general public sensitized to the problems in operating a private health care practice, with an arbitration system established	Advocate banks to give minimal interest loans to private providers Arbitration systems established and in operation (the Board to Act as mediator) MDAs and general public sensitized to the problems in operating private practices. Advocate for private sector representation in the annual review of the POW and all policy discussions.	**46,200.00**
		2. Equitable and Efficient allocation of health resources	Interest of the private sector in terms of health sector resources represented for equitable and efficient resource distribution	Develop Modalities for private health care support by the public sector Determination of incentive package/scheme per type/category of health institution	**54,500.00**
		3. Effective utilization of health resources	Document and ensure equitable distribution of private facilities across the country, which are appropriately categorized, monitored and enhanced	Private health care practice extended to underserved areas Build database on private health institutions to provide information	**50,000.00**
	Promoting a local Health Industry	**1. Analysis and capacity development**	Existing database on private health care facilities documented and improved to assist in institutional and capacity strengthening in health facilities	Build database on private health institutions Develop database Re-register/register existing private allopathic health facilities Capture data on the allopathic health practice into database Accredit facilities for contracting services Complete criteria for accreditation Hold two stakeholder meetings on criteria Finalize accreditation criteria	**60,000.00**

				Publish accreditation criteria Disseminate document on accreditation criteria Build information system for private allopathic health system using census and re-registration results. Develop framework for the information system Develop current information Publish information Disseminate current information	
		2. Standards and Quality control	Develop a policy framework that allows concerns of all stake holders, including that of knowledgeable health consumers to be represented in developing and implementing the principles guiding regulation of facilities at regular intervals	Organize Focus group discussions Organize meetings Working groups Media slots Newspaper feature writings	**50,000.00**
	Ensuring good Governance and Partnership	**1. Legislative and regulatory environment improved**	Legal instrument for regulating health facilities modernized and common standards established for both public and private health facilities, and also establish mechanisms for the review of laws in future to suit changing environment and technology	Develop modern regulatory arrangements that balance incentives and enforceable sanctions	**54,500.00**
		2. Partnership development, coordination and collaboration	create the platform/forum for collaboration and partnership between the private health sector, public health sector, allied agencies, donor community and non-governmental organizations, and to have the private health sector represented in policy formulation	MDAs and general public sensitized to the problems in operating a private health care practice, with an arbitration system established and in operation	**30,000.00**

PHARMACY COUNCIL 2010 PROGRAMME OF WORK

Sector Objectives	Policies & Priorities	Out Put	Activities	Tasks	Total Cost GH¢
To improve access to health care through strengthening Primary Health Care Services, increasing access to NHI and Prevention of Malnutrition to entire Disease Control and Prevention.	Ensure proper management and promote healthy life style	Policies & programmes to enhance access to pharmaceutical facilities, especially to deprived and needy areas developed and implemented by Dec 2010.	Implement District Pharmacy Concept Implement guidelines for licensing Pharmacies and Licensed Chemical Shops	Identify needy/ deprived areas Launch concept. Hold meetings with stakeholders. Develop & implement policies and programmes to enhance access to deprived areas. Implement Relic ensure policy for service providers.	71,072.00
To strength health systems by enhancing health infrastructure, establishing specialized tertiary services and improving human resources for health.	Ensure proper management and promote healthy life style	Train all Pharmaceutical Care Providers to ensure quality service provision by Dec 2010.	Licensing and regulation of service providers Implement training programme for all service providers	Conduct GPPQE. Monitor Internship training. Induct newly qualified Pharmacist. Register and regulate DTS & technologist. Train & Certify MCAs. Conduct training programmes for all categories of Pharmaceutical Services providers.	320,873
To improve access to health care through strengthening Primary Health Care Services, in greasing access to National Health Insurance and Prevention of Malnutrition to entire Disease Control and Prevention.	Ensure proper management and promote healthy life style	Compliance to practice standards through inspections monitored and enforced by Dec 2010.	Conduct Inspections Public & Provider Education Training of Inspectors.	Dev. Train & implement checklist for inspections. Schedule, set targets and undertake inspections of all facilities. Educate service provider on set standards.	11,454.00
To collaborate with the private sector.	Ensure proper management and promote healthy life style	Close partnership and collaboration with major stakeholders fostered by Dec 2010.	Develop and implement MOU with relevant collaborators/ Partners	Identify stakeholders and areas of collaboration. Conduct joint swoops.	2,800.00
To improve access to health care through strengthening Primary Health Care Services. in greasing access to NHI and Prevention of Malnutrition to entire Disease Control and Prevention.	Ensure proper management and promote healthy life style	Empowerment of consumer rights through IEC activities promoted by Dec 2010.	Public Education on rational Drug use and danger of drug abuse	Collaborate with other stakeholder to educate the general public on rational drug use.	3,200.00

To improve access to health care through strengthening Primary Health Care Services, in greasing access to NHI and Prevention of Malnutrition to entire Disease Control and Prevention.	Ensure proper management and promote healthy life style	Empowerment of consumer rights through IEC activities promoted by Dec 2010.	Public Education on rational Drug use and danger of drug abuse	Collaborate with other stakeholder to educate the general public on rational drug use.	3,200.00
To strength health systems by enhancing health infrastructure, establishing specialized tertiary services and improving human resources for health.	Ensure proper management and promote healthy life style	Making Pharmacy Council centre of Excellence by Dec 2010.	Market and brand PC through every planned activity.	Train staff to own policies and programme of council. Ensure excellence in every activity conducted.	1,300.00
To strength health systems by enhancing health infrastructure, establishing specialized tertiary services and improving human resources for health.	Ensure proper management and promote healthy life style	Human Resource Institutional capacity developed by Dec	Staff Training	Conduct training needs assessment of staff Train & develop staff competencies and skills	5,400.00
To strength health systems by enhancing health infrastructure, establishing specialized tertiary services and improving human resources for health.	Ensure proper management and promote healthy life style	Rehabilitation and refurbishment and upgrading of existing assets by Dec 2010.	Maintenance of Office building and equipment annually		89,748.00
To strength health systems by enhancing health infrastructure, establishing specialized tertiary services and improving human resources for health.	Ensure proper management and promote healthy life style	Procurement of property by Dec 2010.	Procure vehicles, equipments and consumables		79,500.00
	GRAND TOTAL				