



**GHANA HEALTH SECTOR
2021 PROGRAMME OF WORK**

MINISTRY OF HEALTH

ACRONYMS

ABFA	Annual Budget Funding Allocation
AfDB	African Development Bank
APOW	Annual Programme of Work
ARV	Anti-Retroviral
BADEA	Arab Bank for Economic Development in Africa
BMC	Budget Management Center
CDC	Center for Disease Control
CHAG	Christian Health Association of Ghana
CHIM	Center for Health Information Management
CHPS	Community-based Health Planning & Services
COVID-19	Corona Virus Disease
DFID	Department for International Development
DHMT	District Health Management Team
DHS	Demographic and Health Survey
DMHIS	District Mutual Health Insurance Scheme
DP	Development Partner
EM	Earmarked (funds)
EmOC	Emergency Obstetric Care
EmONC	Emergency Obstetric and Neonatal Care
EPA	Environmental Protection Agency
EPI	Expanded Programme on Immunization
GAVI	Global Alliance for Vaccines and Immunizations
GCNM	Ghana College of Nurses and Midwifery
GCP	Ghana College of Pharmacists
GCPS	Ghana College of Physicians and Surgeons
GDHS	Ghana Demographic & Health Surveys
GDP	Gross Domestic Product
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
GH¢	Ghana Cedi
GHS	Ghana Health Service
GNDP	Ghana National Drug Programme
GOG	Government of Ghana
GSGDA	Ghana Shared Growth Development Agenda
GSS	Ghana Statistical Service
HATS	Health Assistants Training School
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
HMIS	Health Management Information System
HO	Health Objective
HRHD	Human Resources for Health Development
HSMTDP	Health Sector Medium Term Development Plan
HSS	Health System Strengthening
IALC	Inter-Agency Leadership Committee
ICT	Information Communication Technology
IE & C	Information, Education & Communication
IGF	Internally Generated Fund
IMR	Infant Mortality Rate
IPPD	Integrated Payroll and Personnel Database
IPT	Intermittent Preventive Treatment
ITN	Insecticide Treated Net

JICA	Japan International Cooperation Agency
KATH	Komfo Anokye Teaching Hospital
KCCR	Kumasi Centre for Collaborative Research
KBTH	Korle Bu Teaching Hospital
LDP	Leadership Development Programme
LI	Legislative Instrument
M&E	Monitoring and Evaluation
MAF	MDG Acceleration Framework
MAH	Mental Health Authority
MCH	Maternal and Child Health
MDAs	Ministries, Department and Agencies
MDGs	Millennium Development Goals
MICS	Multi-Indicator Cluster Survey
MLGRD	Ministry of Local Government and Rural Development
MMDAS	Metropolitan, Municipal and District Assemblies
MOF	Ministry of Finance
MOH	Ministry of Health
MRI	Magnetic Resonance Imaging
MTEF	Medium Term Expenditure Framework
MTS	Midwifery Training School
NACP	National AIDS Control Programme
NAS	National Ambulance Service
NCD	Non-Communicable Disease
NDPC	National Development Planning Committee
NGOS	Non-Governmental Organizations
NHIA	National Health Insurance Authority
NHIF	National Health Insurance Fund
NHIS	National Health Insurance Scheme
NMC	Nurses and Midwives Council
NMIMR	Noguchi Memorial Institute for Medical Research
NTC	Nursing Training College
NTD	Neglected Tropical Disease
OPD	Out-patient Department
OPEC	Organization of the Petroleum Exporting Countries
OPIC	Overseas Private Investment Corporation
ORET	Development-Related Export Transactions
PBB	Programme Based Budget
PIP	Priority Intervention Programmes
PMTCT	Prevention of Mother To Child Transmission
PPM	Planned Preventive Maintenance
PPME	Policy Planning Monitoring and Evaluation
PPP	Public Private Partnership
RCH	Reproductive and Child Health
RHN	Regenerative Health and Nutrition
SABC	Southern Area Blood Center
SBS	Sector Budget Support
SIP	Social Intervention Programmes
SUN	Scaling Up Nutrition
TB	Tuberculosis
TBA	Traditional Birth Attendant
TMPC	Traditional Medicine Practice Council
TTH	Tamale Teaching Hospital

U5MR	Under-Five Mortality Rate
USAID	United States Agency for International Development
WFP	World Food Programme
WHO	World Health Organization

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FOREWORD



The year 2020 under review has been very challenging. The COVID-19 pandemic affected all aspects of the economy of Ghana, and the Health Sector was no exception. Although the country has made significant improvement in providing access to quality health services, especially, in line with the vision of the Ministry "creating wealth through health for all" over the years, the pandemic exposed the gaps in infrastructural needs of the sector.

In response to these challenges posed by the pandemic, the Government of Ghana initiated a 5-prong approach to sustain the fight against the pandemic: Limit and stop importation of cases, Detect and contain cases, Care for the Sick, Impact on social and economic life and Domestic capability and deepen self-reliance. In line with these strategies, the Ministry of Health, with the support of its Agencies and other collaborating MDAs developed a revised National Strategic COVID-19 Response Plan (2020 – 2024) to reduce the incidence of COVID-19 and mitigate its impact on public health and socio-economic life.

Nonetheless, the pandemic has driven several innovations and increased collaboration among Agencies and Development partners in the health sector. First, it has helped build the capacity of local institutions in the area of testing and approval of COVID-19 commodities. The Ministry has also strengthened community surveillance, port health services and has collaborated with research centres such as Noguchi Memorial Institute for Medical Research (NMIMR), the West African Centre for Cell Biology of Infectious Pathogens (WACCBIP), the Kumasi Centre for Collaborative Research (KCCR) and the Private sector to manage the COVID-19 pandemic.

Similarly, the use of the Zipline Drone Delivery Technology, which began operations in April 2019 to airlift on-demand emergency health commodities such as medicines, vaccines, blood and blood products, to deprived areas has improved access to essential health commodities and transportation of COVID-19 samples across the country.

As part of Government's efforts towards Ghana Beyond Aid, the Ministry will continue to collaborate with the Private Sector to mobilize domestic resources for health care delivery and implement the Agenda 111 plan of constructing district and regional hospitals in areas without District and Regional hospitals across the country to improve access.

The Ministry in 2021, will implement the revised Human Resources Policy to help address the challenges of training, recruitment, distribution and retention of human resource for health towards the attainment of Universal Health Coverage. Being the last year of the implementation of the 2018-2021 Health Sector Medium Term Development Plan, the Ministry will prioritize to reduce morbidity, disability, mortality and intensify prevention and control of non-communicable diseases. The Ministry will intensify efforts at implementing the COVID-19 Strategic Plan 2020-2024 by continuing the procurement and rollout of COVID-19 Vaccines.

The 2021 Annual Programme of Work, which is the final year of implementation of the Health Sector Medium-Term Development Plan 2018-2021 will reinforce the gains made so far, and outline plans and programmes to deal with challenges identified in the implementation of the 2018-2021 Health Sector Medium Term Development Plan.

I recognize and appreciate the enormous contribution of all staff of the Ministry, Agencies and Development Partners in coming up with this year's Annual Programme of Work and look forward to working with all stakeholders towards the full implementation of this document.


KWAKU AGYEMAN-MANU (MP)
MINISTER FOR HEALTH

CHAPTER ONE

1.0 INTRODUCTION

The Annual Programme of Work represents annual action plans of the 2018-2021 Health Sector Medium-Term Development Plan (HSMTDP). The 2021 Annual Programme of Work (APOW) is the last action plan of the current HSMTDP and outlines key priorities and programmes for implementation. The APOW spells out the core functions, objectives and priorities of the Ministry. It will consolidate the gains made so far under the implementation of the 2018–2021 HSMTDP and takes cognizance of emerging issues and new Government priorities.

The APOW reviews the performance and achievements of the sector for the year 2020, and as well identifies challenges in order to inform the priorities for 2021. It presents the key programmes and activities to be executed by the various Agencies in the year 2021.

The document will continue to maintain the Programme Based Budget Structure. In this regard, all closely related programmes/activities are reorganised into budget programmes and sub- programmes which are then linked to respective expected outputs. All budget programmes have ultimately been linked to the health objectives.

COVID 19 pandemic remains a major challenge globally. The Ghanaian economy like other economies has also faced the health and economic consequences of this pandemic which threatens lives and livelihoods. Despite these challenges, the government is still committed to its economic transformation agenda of implementing flagship programmes which have created the platform for real economic transformation, strengthening human capital through enhancing access to health care, education and skills development, modernizing agriculture and industry, delivering infrastructure across the country –including a revitalized railway sub-sector –and creating jobs. Coupled with the Government achievement to headquarter AFCFTA in Accra- Ghana brings to bear the need of the health sector to reorganize its self to meet the health needs of the people of Ghana through the implementation of the Ghana UHC roadmap “**Leaving no one behind**”.

1.1 Vision

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

1.2 Mission

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

1.3 Sector Goal

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

1.4 Health Objectives

- ◆ Ensure sustainable affordable, equitable and easily accessible healthcare services
- ◆ Reduce morbidity, disability, mortality and intensify prevention and control of non-communicable diseases
- ◆ Ensure efficiency in governance and management of health systems
- ◆ Intensify prevention and control of communicable diseases

CHAPTER TWO

2. PERFORMANCE DURING 2020

2.1 Summary of Key Achievements in 2020

2.1.1 Management and Administration

As part of its oversight role, the Ministry developed and launched the Health Care Waste Management Policy in collaboration with the Ministry of Environment, Science, Technology and Innovation in September 2020, as part of efforts of improving healthcare waste management in Ghana. The Ministry also completed and launched UHC Road Map as well as the National Health Policy to support healthcare delivery in Ghana.

The NHIA in the bid to improve operations of the scheme in 2020, introduced the game-changing mobile renewal system, which allows NHIS members to renew their membership using their mobile phones and authenticate their visits to health care providers. Other innovative reforms include e-receipting and onsite banking for improving efficiency in revenue mobilization at the district offices. The introduction of mobile renewal platform system has helped to increase membership of the scheme from 12.29 million in 2019 to 13.96 million people in 2020 of which 80% of the renewals was by mobile means. The Authority also piloted family planning in selected districts for possible inclusion into NHIS benefits package. The medicines list of the NHIS has also been expanded to include Herceptin for the treatment of breast cancer.

In order to ensure access to essential services, the Ministry established Drone services to deliver medicines and medical goods to deprived areas. Presently, 4 Drone centres have been established: Omenako in the Eastern Region, Mpanya in the Ashanti Region, Vobisi in the North East Region and Sefwi Wiawso in the Western North Region.

Ghana recorded its first case of COVID-19 on the 12th of March 2020. As part of efforts to stem the pandemic, the Ministry of Health together with its Agencies undertook the following activities:

- Executive Instrument (EI) 61 was issued by the President to declare COVID-19 as a public health emergency. The Imposition of Restrictions Act, 2020 (Act 1012) and Executive Instrument (EI) 164 which makes the wearing of face masks compulsory was also introduced.
- Developed COVID-19 Strategic Plan and Guidelines for COVID 19 Case management, Treatment and Laboratory testing for infectious diseases.
- Set up a National multisectoral COVID-19 Coordinating Committee to provide direction for the management of the pandemic. Technical leads for surveillance, case management, laboratory, logistics, regulation, resource mobilization, risk communication and social mobilization were

appointed. The Technical leads were empowered to deal with the public, private and quasi-government facilities and ensure the enforcement of quality assurance protocols across board. In order to better respond to the anticipated second wave of COVID-19 cases in 2021, the Ministry of Health with the support of its Agencies and other collaborating MDAs developed a revised National Strategic COVID-19 Response Plan (2020 – 2024), to reduce the incidence of COVID-19 and mitigate its impact on public health and socio-economic life.

- Constituted a commodity and logistic committee made up of multi-disciplinary team of MOH, Military, National security, private sector among others to work towards procuring and distributing appropriate commodities to aid the COVID-19 response plan. The committee was responsible for procuring and distributing Covid-19 commodities to all public and private health facilities and institutions across the country.
- Instituted and organized a Ministers' bi-weekly press briefing in collaboration with the Ministry of Information (MOI), to inform the public about the disease and response activities undertaken to address the Covid-19 pandemic. To reassure and motivate health workers, an insurance scheme for Frontline workers and tax waivers were also instituted.
- Developed a case definition guide for COVID-19 and disseminated same to all relevant facilities in both the public and private sector.

2.1.2 Health Service Delivery

Management of COVID-19

As part of the strategies to stem COVID-19 pandemic, health services delivery agencies developed a case definition guide for COVID-19 and disseminated same to all relevant facilities in both the public and private sectors. Multiple surveillance strategies were adapted and implemented in Ghana. This includes Routine Surveillance, Enhanced surveillance- Trace, Test and Treat, Mandatory quarantine and testing for all contacts and isolation of all confirmed cases.

Ministry of Health and the Ghana Health Service conducted a Facemask Survey at night in the Greater Accra Region among 16,007 participants in July 2020. The purpose of the study was among other objectives to assess the adherence to mandatory wearing of facemasks in the Greater Accra Region. The findings of the survey revealed that 26% of the study participants were wearing facemask; 17% were not wearing it correctly; and 57% were not wearing it all. Decomposition by gender showed that 61% of the males and 51% of the females were not wearing facemasks. Moreover, streets with the highest proportions of people found not to be wearing facemask were in Dansoman, Mamprobi, Sowutuom and Prampram among others. It was further revealed that, facemask use was highest in the mornings and lowest in the evenings.

Some Rapid Diagnostic tests were evaluated for consideration as a potential window for expanding and enhancing testing for COVID-19. The tests were conducted by the Food and Drugs Authority and the Noguchi Memorial Institute for Medical Research.

Risk communication was one of the key strategies for fighting the COVID-19 pandemic. i.e. multiple avenues for information dissemination were employed, including public awareness using multiple media to communicate disease transmission, risk factors, signs and symptoms and available treatment; Presidential broadcasts on COVID-19; Weekly Ministerial Press Briefs since 21st January, 2020. Investigation of rumors and management of misinformation was also adopted. COVID-19 risk communication and Social Mobilization protocols were developed, and deployed with strong involvement from the private sector and Civil Society Organizations. Messages that have been communicated over the period are: Social/physical distancing, washing of hands with soap under running water, use of Alcohol-based hand sanitizers, wearing of face/nose masks in public and healthy eating. Protocols for transport, sports, tourism, churches, mosques, schools, and workplace were also developed.

As a response to treatment of COVID-19 cases, ninety-eight (98) Treatment and Isolation Centres were established in the country as at mid-July, 2020. Seventy-one (71) of these were Treatment Centres whilst twelve (12) were Isolation Centres. Total bed capacity (both isolation and treatment) was two thousand and two (2,002). Case Management Guidelines as well as COVID-19 Provisional Standard Treatment Guidelines were developed. Ghana has also registered to become part of the Global Solidarity Trial. Co-Principal Investigators have therefore been appointed and Treatment Centre leads adequately engaged in this respect. Ghana adopted two main case management approaches: Treatment in Isolation at treatment centres and treatment in isolation at homes for mild conditions.

Laboratory services

Ghana adopted a robust testing mechanism to identify suspected cases as a way of stemming down the pandemic. Molecular testing by PCR was the main testing mechanism in addition to antigen testing testing. During the onset of the pandemic, Noguchi Memorial Institute for Medical Research (NMIMR) was the only laboratory providing COVID-19 testing services. To increase testing facilities across the country the Ministry supported other testing sites: Kumasi Centre for Collaborative Research (KCCR), National Public Health Reference Laboratory (NPHRL), Veterinary Services Department Laboratory (VSD), University of Health and Allied Sciences (UHAS), Council for Scientific and Industrial Research (CSIR) and some private sector operators. Additionally, six Ghana Health Service facilities were identified for GeneXpert testing for COVID-19. They included Bolgatanga Regional Hospital, Wa Regional Hospital, Western North Regional Hospital-Sefwi Wiawso, Sunyani Regional Hospital, Takoradi Public Health Laboratory and Cape Coast Teaching Hospital, totaling 12 public facilities and nine private facilities. Guidelines were also developed for Polymerase Chain Reaction (PCR). Currently, antigen test guidelines are being finalized.

Drone delivery of medicines and medical goods

The drone centres that were established in 2020 to deliver medicines and medical goods to deprived areas have so far, delivered 127,651 medical products to 925 health facilities, 53,331 Vaccines, 1,652 blood and

blood products and 3,239 COVID-19 samples to Noguchi Memorial Institute and KCCR as at end of December, 2020. Table 1 below shows a breakdown of the deliveries.

Table 1: Number of medical products delivered by drone centres as at December 2020

Services	Total Deliveries
Total medical products	127,651
Total blood and blood products delivered	1,652
Total vaccines delivered-	53,331
Covid-19 samples delivered	3,239
Total	185,873

To sustain the delivery of essential medicines and medical products at deprived areas, the Zipline Agreement has been amended for another term of 4 years.

Procurement and supply of medical commodities

As part of the efforts to improve the supply chain management system, currently, the Ghana Logistic Management Information System (GhiLMIS) has been deployed to 299 facilities, the Temporary Central Medical Store, 10 Regional Hospitals and Medical Stores, 10 Teaching hospitals, 50 District Hospitals and 4 Zipline Distribution Centres.

Provision of health infrastructure

The COVID-19 pandemic has posed challenges to health service delivery in Ghana by exposing inequalities in health infrastructure. As a result, Government announced a major infrastructure drive (Agenda 111) to ensure that health facilities are available in deprived places, where healthcare is mostly needed. Currently, land sites have been identified and the process of procuring contractors and consultants has begun. The Ministry has also begun the development of hospital/infrastructure strategy to guide health infrastructure planning. Cabinet and Parliamentary approval has been secured for construction of New Obstetrics & Gynecology block at Korle Bu Teaching Hospital.

The Government's commitment to increase geographical access to health and deliver quality health care to the populace continues unabated. The following projects were completed in 2020:

- Staff Housing for 4 District Hospitals at Twifo-Praso, Tepa, Nsawkaw and Bekwai;
- District Hospitals in Sawla, Tolon, Somanya, Buipe, Wheta and a Polyclinic in Bamboi; and
- Completion of 9 CHPS Compounds at Wiaboman in the Greater Accra Region, Antwirifo in the Bono Region, Kofiasua in the Bono Region, Mantewareso Bono Region, Amakyekrom in the Bono Region, Mewerenfiwuo in the Bono Region, Samproso in the Ashanti Region, Koforidua (Near Offinso) in the Ashanti Region, Akaaso in the Western Region.

The following projects were reviewed and received Cabinet, Parliamentary and Public Procurement Authority (PPA) approvals for construction works to begin:

- Koforidua Regional Hospital;

- Shama District hospital, and La General Hospitals;
- Tema General Hospital, Tema Central Medical Stores, Nkoranza District Hospital and Dormaa Accident & Emergency center;
- 400 Bed Obstetrics and Gynaecology Block at Korle Bu Teaching Hospital;
- Construction of Urology and Nephrology Centre at Korle Bu Teaching Hospital;
- 11 No. 40-Bed and 1 No. 30-Bed Hospitals in Ashanti, Bono, Greater Accra and Eastern Regions; and
- Trauma Hospitals at Obuasi and Anyinam and an Accident and Emergency Centre at Enyiresi.

Work on the following ongoing projects continued:

- One District Hospital and Five (5) Polyclinics in Western Region by Orio at Akontombra, Bogoso, Wassa Dunkwa, Mpoho, Elubo and Nsuaem;
- Expansion and equipping of Aburi, Kibi, Atibie and Tetteh Quarshie Memorial Hospital (Akuapim Mampong) facilities.
- Upper East (Bolgatanga) Regional Hospital, Phase II;
- University of Ghana Medical Centre (Phase II); and
- Regional Hospital in Kumasi (Sewua) and 2No. District Hospitals with Staff Housing at Konongo-Odumasi, and Salaga.

As at July, 2020 functional CHPS zones have been increased to 6,166, providing both clinical and public health services. As part of improving neo-natal and child care the 1st Lady H.E. Rebecca Akufo- Addo constructed two Pediatric Intensive Care / Neonatal Intensive Care Units at the Korle Bu (KBTH) and Komfo Anokye (KATH) Teaching Hospitals.

As part of the effort to improve HIV/AIDs services, the Anti-Retroviral Therapy (ART) eTracker was developed and deployed to all 488 ART facilities. Deployment of TB eTracker is ongoing. As part of efforts to retool immunization infrastructure, 2,343 vaccine fridges were procured through GAVI and distributed across the country.

Health information is key to planning and execution of health projects, therefore capturing data from all sources is paramount. So far 90% of all private facilities are now reporting in the DHIMS2. With support from Private hospital unions, Health Facilities Regulatory Agency (HeFRA) and Sustaining Health Outcomes through the Private Sector (SHOPS) USAID, all private facilities in Ashanti Region, Greater Accra Region and Western Region have been trained and given core monthly reporting tools and registers to support reporting in the DHIMS2. Private facilities reporting has moved from 1,128 to 1,324 as at December 2020.

2.1.3 Human Resource for Health Development and Management

In order to attain the Sector's objective of ensuring affordable, equitable, easily accessible and ~~14~~ universal

Health Coverage (UHC), the Ministry recognizes human resource for health as a backbone for national development. The Human Resource for Health Policy and Strategy was finalized and launched in December 2020.

The Ministry is currently exploring international collaboration and partnership for Human Resource for Health to share experience and support countries. As the first step, the Ministry of Health facilitated the recruitment and exportation of 95 Ghanaian Nurses to Barbados on 30th July, 2020.

H.E the President's declaration on Insurance package for Health Workers who contracted the COVID-19 virus, the Ministry of Health and its Agencies put in place systems to roll out the scheme. The Insurance cover currently targets 10,000 health workers beginning from 30th March, 2020 to 29th March, 2021. By the end of December, 2020 Fifty-One (51) Health Workers who contracted the virus in the course of their duty had been paid.

As a motivation, the President announced fifty percent (50%) salary increase incentives package for Health Workers during the start of the pandemic. By the end of December, 2020 Forty-Five Thousand One Hundred and Eighty-Five (45,185) Health Workers from the various Agencies had been paid an amount of Fifty Million, Two Hundred and Twenty-One Thousand, Two Hundred and Ninety-Nine Ghana Cedis and Thirty-Eight Ghana Pesewas (GHc50,221,299.38).

As part of its mandate to develop the human resource base of the health sector, the Ministry in 2020, through the Government restoration of the payment of Nursing Trainees allowance paid a total of **GHC173,400.000.00** to 48,167 trainees (GHC400.00 /student /month for 10 months) in the 2019/2020 academic year.

In keeping to the promise of the government to increase access and improve quality of care, **58,191** Health Workers acquired Financial Clearance into the various Service Agencies of the Health Sector in 2020. Out of this number, **50,970** were permanent staff and **7,221** were temporal workers (interns of the health Sector).

The breakdown is as indicated in the table below:

Table 2: Number of healthcare workers engaged, 2020

No.	Permanent workers	No. Recruited in 2020
1.	Medical Officers	822
2.	Specialist (Contract)	8
3.	Physician Assistants	637
4.	Nurses (Certificates, Diploma & Degree)	43,057
5.	Support Staff (Admin. Managers Cooks Executive Officers etc.)	2,000
6.	Pharmacists	150
7.	Pharmacy Doctors	150
8.	Allied Health Professionals (Optical, Field, Lab Technicians)	4,146
Total		50,970

No.	Temporal workers	No. Recruited in 2020
1.	House Officers	1,030
2.	Rotation Nurses	6,016
3.	House Officers (Pharmacy Doctors)	175
Total		7,221

2.1.4 Health Regulation

Health Regulation is a key function of the Ministry that aims at ensuring standards in the health sector towards the objective of enhancing efficiency in governance and management of the health system.

In 2020, the Health Professions Regulatory Bodies Act (HPRBA), 2013 (Act 857) was amended as part efforts to improve health regulation. The Legislative Instrument (LI) for the Act was submitted to cabinet for approval. HEFRA, in fulfillment of its mandate embarked on a nationwide registration of all public and private health facilities.

In ensuring public safety, the Food and Drugs Authority (FDA) expedited the registration process of PPEs nationwide, and increased surveillance on COVID-19 related products. The Authority also actively engaged with Universal Pass (UNIPASS) to resolve teething Integrated Customs Management System (ICUMS) implementation problems and work with Customs to enforce inspection.

The MDC placed 329 first year and 281 second year medical students in March-May 2020. Total no of housemanship interns were 1,506 (Year 1: 783; Year 2: 723). Furthermore, Medical and Dental Council through its monitoring activities arrested two fake Doctors in Accra.

The Nurses and Midwives Council (NMC) conducted three (3) inductions for qualified Nurse Assistances, Nurses and Midwives. The NMC conducted examinations for 14 programs Nurse Assistants, Nurses and Midwives all online whiles the Pharmacy Council placed 442 pharmacy house-officers (Doctor of Pharmacy 188: BPharm 254), conducted two licensing examinations for 295 pharmacy graduates, inducted 389 newly qualified pharmacists and renewed 76% of community pharmacies and Over-The-Counter Medicine Sellers shops in 2020.

2.2 Budget Performance for 2020

Approved Budget verses Actual Expenditure 2017-2020

Approved budget for the health sector shows nominal increase of 0.05% (2017-2018), 32%(2018-2019) and 9.1% (2019-2020) respectively. Conversely, expenditure keeps increasing more than the approved budget.

In 2017, the Ministry of Health's actual expenditure exceeded the approved budget by 30%, an increase of 2% in 2018 and a further increase of 8.9% in 2019. On the other hand, actual expenditure for 2020 did not exceed the approved budget. With the exception of ABFA, expenditure for all sources of funding exceeded

approved budget for 2017-2018.

Table 3 below shows approved budget and actual expenditure between 2017 and 2020.

Table 3: Approved Budget verses Actual Expenditure 2017-2020 in GHS million

Source of Funds	2017		2018		2019		2020	
	Approved Budget	Actual Expenditure	Approved Budget	Actual Expenditure	Approved Budget	Actual Expenditure	Approved Budget	Actual Expenditure
GoG	2,480.02	3,425.28	2,613.43	2,623.16	3,421.28	3,932.75	5,870.88	5,405.95
IGF	977.25	1,039.04	1,345.41	1,357.69	1,772.91	1,553.17	1,931.08	1,063.91
ABF A	50	7.09	50	20.79	47.5	1,046.87	57.40	41.61
Donor	718.88	1,039.51	413.51	548.03	795.82	47.34	992.97	859.62
Total	4,226.15	5,510.91	4,422.35	4,549.67	6,037.51	6,580.13	8,852.33	7,371.09

Source: 2017, 2018, 2019 and 2020 Approved Budgets and MoH Financial Report

2020 Financial Performance

In 2020, a total budget of GHS8.85 billion was approved for the Ministry of Health, made up of GoG (GHS5.87 billion), IGF (GHS1.93 billion), Donor (GHS992 million) and ABFA (GHS57.4 million) for the main three budget lines Compensation, Goods & services and Capex.

GoG remains the main source of budget funding and it represents 66.32%, followed by IGF 21.81%, Donor 11.22% and ABFA 0.65%. Even though GoG is the major funding source, it mainly funds compensation of employees representing 76.66%, Goods and Services 13.89% and Capex 9.45% of the total GoG budget respectively. IGF as the second major source of funding is generated, retained and used by Agencies/facilities to support service delivery. As a result of the COVID-19 pandemic, Donor support was secured to help stem down the pandemic. Overall, the Ministry achieved a total budget execution of 83.27% of the total approved budget.

The approved budget by source of funding and execution rate is shown in the table 4 below

Table 4: 2020 Budget Execution

Source of Fund	Approved Budget	Actual	Execution (%)
GoG	5,870,878,734.00	5,405,950,954.10	92.08
IGF	1,931,083,856.00	1,063,907,166	55.09
Donor	992,970,000.00	859,624,334	86.57
ABFA	57,396,929.00	41,610,000	72.50
Total	8,852,329,519.00	7,371,092,454.10	83.27

Source: Ministry of Finance, 2020 Appropriation Bill, 2020 Ministry of Health Financial Statement

Note

The initial approved budget for the sector was GHS6.59billion. A total of GHS2.27 billion was approved to support the Health budget as a result of the COVID-19 pandemic. The breakdown of the additional GHS2.27 billion is as follows: GHS600 million was allocated to Government's Agenda 111 program, GHS80 million for payment of 50% basic salary allowance for 10,000 frontline workers for six months, GHS762 million for COVID-19 related Preparedness and Response Plan and GHS98 million for procurement of COVID-19 related medical equipment and supplies, USD100 million translating into GHS572 million and GHS 150 million was allocated for other activities.

Table 5 below shows the rate of execution per the budget programme as against their respective approved budgets. The breakdown of the sector's budget execution by budget programmes shows that Service Delivery program is the major spender of the sector, spending 69% of the total health expenditure followed by Management and Administration (25%), Human Resource for Health Development (4%) and Health Sector Regulation (2%). It must be noted that there are other central projects that are managed at the Ministry level such as initial project sourcing, special projects, monitoring and evaluation amongst others to support the sector.

Table 5: Budget expenditure by Budget Program and Source of Fund (in GHS million)

BUDGET PROGRAM	APPROVED BUDGET	SOURCE OF FUND				TOTAL	% Execution
		GOG	IGF	DONOR	ABFA		
Management and Administration	2,228.20	1,360.72	267.79	859.62	41.61	1,855.36	25
Health Service Delivery	6,098.41	3,724.19	732.93			5,077.98	69
Human Resource for Development	372.81	227.67	44.81			310.43	4
Health Sector Regulation	152.91	93.38	18.38			127.32	2
Total	8,852.33	5,405.95	1,063.91	859.62	41.61	7,371.09	100

2.3. Challenges

The year 2020 was a difficult one for the sector because of the global COVID -19 pandemic. The following are some of the challenges that the sector encountered in the year under review:

- Impact of COVID-19
 - Limited funds to support routine and COVID-19 activities
 - Pressure (increased workload, etc) on health facilities, equipment, and health workers due to the COVID-19 pandemic
 - Utilization of health facilities due to the COVID-19 pandemic
 - Disruptions in academic calendar of Health Training Institutions due to the COVID-19 pandemic
- Inadequate essential health commodities to support routine and COVID-19 activities
- Delay in processing financial clearance onto the payroll system
- Poor health information management system
- Delays in submission of Agencies Budget Performance Reports
- Delays in payment of NHIS claims
- Inadequate e-learning facilities at various health training schools
- Inadequate resources – human, logistical and financial to enable the agencies execute their mandate.

- Inadequate capacity of regulatory Agencies to monitor health professionals, facilities, and products.
- Inadequate policy guidelines/protocols/standards
- Increased number of quack professionals and fake products.

CHAPTER THREE

3.0 PRIORITY AREAS FOR 2021

As the last implementing year of the 2018-2021 HSMTDP, the Ministry will continue to consolidate and sustain the gains made for the last three years. In addition, the Ministry will consider alongside emerging and Government priorities.

The following are the priority areas for 2021:

- **Improving health infrastructure**
 - Coordinate implementation of Agenda 111
 - Accelerate the construction of CHPS Compound and hospitals
 - Complete some existing health infrastructure (hospitals and polyclinics)
 - Construct Oncology centers
 - Establish a national database for medical equipment
 - Reconstruct the Central Medical Stores
 - Develop and implement Hospital/Infrastructure Strategy
- **Funding and Financial Sustainability for the sector**
 - Mobilize domestic resource for health care delivery
 - Advocate for increase in government budget to the health sector
- **Improve Human Resource Management**
 - Implement the Human Resources Policy
 - Develop a comprehensive Human Resource distribution plan
 - Foster international collaboration for Human resource for health
 - Recruit needed staff
- **Improve Health Service Delivery**
 - Improve Health Information
 - Continue Implementation of E-health program (THs, RH, Regions)
 - Scale up tele-consultation centers to regions
 - Continue the implementation of the policy on HIV Test, Treat and Track (95 95 95)
 - Prevention of Mother to Child Transmission (PMTCT) Option and B plus and reduction of Mother to Child Transmission (MTCT) of HIV
 - Procure essential health commodities - vaccines and antiretroviral medicines from external sources
 - Reduce the threat of communicable and non-communicable diseases
 - Implement planned activities towards Malaria elimination

- Ensure adherence to confirmed malaria cases treated with first line anti-malaria
 - Ensure distribution of ITN to targeted groups (Pregnant women and children under five years)
- Strengthen surveillance against all diseases including vector borne zoonotic diseases locally and those affecting neighboring countries
- Implement the National Neglected Tropical Diseases Action Plan
- Implement the health promotion plan
- Strengthen Public health emergency preparedness and response (evidence-based solutions for preventing, detecting and response)
 - Establish the Ghana CDC
 - Increase access to ambulance services
 - Procure ambulances and create additional ambulance stations
 - Train additional Emergency Medical Technicians (EMT)
- Implement the Supply Chain Master Plan
 - Deploy the Ghana Logistic Management Information System (GhiLMIS) to Regions and Districts
- Implement the New-born Care Strategy to reduce high neonatal deaths
- Implement the Anti-Microbial Action Plan
- Implement the National Quality Health Strategy
- Conduct research to support service delivery
- Promote healthy environment, food safety and personal hygiene
 - Strengthen regulation of health professionals and goods
 - Ensure adherence to standards
 - Induct qualified professionals
 - License health facilities
 - Advocate the passage of the Health Bills & LIs
- **Develop Policies**
 - Develop a Medical Tourism Policy
 - Development of Health Sector Medium Term Development Plan
- **Implement the COVID-19 Strategic Plan 2020-2024**
 - Procure and rollout COVID-19 Vaccines
 - Strengthen COVID-19 testing capacity

- Continue COVID-19 education
- Strengthen case management capacity
- Procure PPEs and other essential commodities

CHAPTER FOUR

4.0 ACTION PLAN FOR 2021

The table below shows the action plan for the sector for 2021 by budget programmes, sub-programmes, operations, expected output and lead agency/directorate as corresponding to the appropriate health objective(s).

Table 5: 2021 Action Plan

Health Objective	Programme	Sub programme	Operations	Expected Output	Lead Agency
HO 3	Management & Administration	General Management	Organize inter agency leadership meetings (improve governance and accountability in the health sector)	12 Directors/ management meetings conducted	MoH HQ General Administration/PPME/TCD
				eight (8) management training programme conducted	
				Four Inter-agency meetings organised	
			Coordinate Fortnightly meetings of the National Technical Coordination Committee for Covid-19	24 Meetings on National Technical Coordination Committee for COVID-19 organized	
			Management of Physical Environment	Maintenance of equipment and fixtures undertaken by 31st December, 2021.	
				Two (2) Fumigation exercises undertaken by 31st Dec., 2021.	
			Maintenance and upkeep of the Ministry's Assets	-Asset register quarterly updated - Two (2) Bungalows renovated by December, 2021	
			Enhancing the Welfare and wellbeing of staff	Staff trained on the new staff performance appraisal Instrument by 31st March, 2021	
				Seminar for staff on retirement planning organized by 31st December 2021.	
			Provide transport services to the Ministry	Routine maintenance works on 65 Vehicles undertaken by 31st December, 2021.	
				157 unserviceable vehicles disposed of by auction by 31st December, 2021.	
			Digitize the Ministry Headquarters documents	Sensitization meeting for Directors on records management organised by 31st December, 2021.	
				Documents of all Directorates of the Ministry classified and referenced by 31st December, 2021.	
				Five Directorates Offices decongested by 31st Dec., 2021.	
				Documents of four (4) Directorates worked on and digitized by 31st December, 2021.	
			Strengthen performance management of	Chief Directors Performance Agreement signed and implemented by 31st December, 2021.	

Health Objective	Programme	Sub programme	Operations	Expected Output	Lead Agency
			the Ministry.	Four (4) Ministerial Advisory Board meetings organized by 31st Dec., 2021	
				Four (4) regular Audit Committee meetings organized by 31st Dec., 2021	
				Two (2) training retreats for Chief Director, Directors & Analogous grades organized by 31st December, 2021.	
				Quarterly staff durbars organized by 31st December, 2021.	
		Health Research Statistics and Information Management	Strengthen the ICT capacity in the Ministry	Smartwork Place Project (Official E-mail and Document Management System) Implemented	MOH HQ RSIM
				E-Health software (Lightwave Health Management Information System) to health facilities deployed	
				Planned preventive maintenance report (Computers and accessories, installation of Antivirus etc.)	
				Survey report on the use of Microsoft Office by staff produced (Excel, PowerPoint and Word)	
			Operationalize Research Statistic and Information System	3 Senior staff Trained in Using the DHIMS and report produced	
				2 Technical workshop meetings with agencies on administrative data Organized	
				RSIM Operational Manual Developed and Staff sensitized	
			Conduct research on Covid-19 Vaccine Deployment and seroconversion	Research on Covid-19 vaccination conducted	MOH HQ RSIM/ TCD
			Strengthen nursing trainee allowance payment system	Nursing training allowance validation system automated	MOH HQ RSIM

Health Objective	Programme	Sub programme	Operations	Expected Output	Lead Agency
HO 3	Management & Administration	Health Policy Formulation, Planning, Budgeting, Monitoring and Evaluation	Conduct a resource Mapping exercise	Health Sector resource envelop developed	MoH HQ PPME
			Establish Ghana Centre for Disease Control (CDC)	ToR for the establishment of the Ghana CDC developed	
			Ensure integration of health tourism in the health system	Health tourism strategy and action plan developed	
			Organize 2021 Annual Health Summit	2021 Annual Health Summit organized	
			Develop the Hospital strategy/ capital investment plan	Hospital strategy developed	
			Ensure integration of national health policies and strategies with regional and global health initiatives and conventions	International Health Regulation strategy developed Health financing strategy reviewed	
			Disseminate the following Policies -National Health Policy(NHP) -Universal Health Coverage Roadmap (UHC2020-2030) -National Strategic COVID-19 Response Plan	New Policies disseminated	
			Complete E-governance framework for policy alignment for key determinants of Health	E-governance Policy Framework developed	
			Co-ordinate and review health sector policies, strategic documents, guidelines and health system issues	Policies reviewed (Food Safety Policy)	

Health Objective	Programme	Sub programme	Operations	Expected Output	Lead Agency
HO 3	Management & Administration	Health Policy Formulation, Planning, Budgeting, Monitoring and Evaluation	Review the Health sector gender policy	Gender policy and plan for health sector revised	MoH HQ PPME
			Develop a comprehensive strategy for Health Promotion and Public Health	Health Promotion and Public Health strategy developed	
			Develop and implement the health sector draft decentralization action plan	Sector draft decentralization Policy and action plan developed	
			Develop 2022 Budget	Annual Sector Budget Developed	
				4 Budget Committee Meetings organized	
				4 Parliamentary Select Committee on Health Meetings organized	
			Budget Implementation/ Expenditure Tracking	Annual Budget Performance Report Developed	
				Quarterly Budget Performance Report Developed	
			Work with HR to establish the actual workforce of the health sector	Health Sector Human Resource Database established	
			Develop the 2022-2025 HSMTDP	Health Sector Medium Term Development Plan produced	
			Develop Annual Program of Work	Annual Health Sector Program of Work developed	
			Review and implement the Health Financing Strategy	-Health Financing Strategy reviewed	
				-PFM plan reviewed (PPME-PBU/Finance)	
				-Donor transition plan developed	
				-NHIS review recommendations implemented and reports submitted	
			Strengthen resource use and tracking	Domestic resources mobilisation plan developed	
				2018, 2019, 2020 Health Account Developed	
			Mobilize resources to support COVID-19 pandemic activities	-Donor resource tracking reports produced	
				Inputs to support COVID-19 activities provided	

Health Objective	Programme	Sub programme	Operations	Expected Output	Lead Agency
HO 3	Management & Administration	Health Policy Formulation, Planning, Budgeting, Monitoring and Evaluation	Develop, Disseminate and Implement Policies	Policy to strengthen the referral systems at all levels developed	MoH HQ Technical Coordination
				Pharmaceutical production strategy developed	
				Local production strategy for antiretroviral therapy (ART) commodities developed	
				Antigen guidelines for Covid-19 Testing developed	
				Guidelines for the Third Edition of the Standard Treatment for Covid-19 revised	
				Medicines Pricing Policy Implemented	
			Develop operational manual for the Technical Coordination Directorate	Operational Manual developed	MoH HQ Infrastructure Directorate
			Operationalize the Client Service Charter	Quarterly Meetings for Professional Regulatory Bodies organized	
			Initiate innovation to improve service delivery and work processes	Diabetic Care Technology initiated	
				Preceptorship system initiated	
			Construct, rehabilitate and expand Health facilities	10 CHPS Compounds supervised and completed	
				Commence works on 10 Health Facilities (including La General, Shama District Hospital, Dormaa District Hospital, Trauma Hospital in Obuasi, Anyinam, Accident and emergency Centre at Enyiresi Hospital, Rehabilitation of Obuasi Health Centre and Nkoranza Hospital and Construction and Equipping of Eleven 40-Bed Hospitals in Ashanti, Eastern and Greater Accra Region and One (1) Polyclinic in Ahafo Region	
				Commence works on 2 specialist hospitals: Obstetrics and Gynecology, Urology and Nephrology center of excellence.	
				Ghana Central Medical Stores and Mechanical Workshop reconstructed	
			Develop the National Health Infrastructure Strategy	National Health Infrastructure Strategy developed and disseminated	
			Develop and implement policies to support	Strategy for integration of traditional medicine into the health service developed	MoH HQ TAMd

Health Objective	Programme	Sub programme	Operations	Expected Output	Lead Agency
			integration of traditional medicine practice into existing health service delivery system	Guidelines for evaluation of Herbal Medicines published and launched by end November, 2021	
				Recommended Herbal Medicines List published and distributed by October, 2021	
			Conduct monitoring of Herbal medicine manufacturing sites	Ten (10) Herbal medicine manufacturing sites monitored by end September, 2021	
			Create Regional Coordinators for herbal medicine	Regional Coordinators for herbal medicine created by end of November, 2021	
			Commemorate the 19th African Traditional Medicine Day	The 19th African Traditional Medicine Day commemorated by August, 2021	
		Finance and Audit	Work with PPME/PBU to review and implement the health sector PFM plan	Annual sector PFM plan developed	MOH HQ Finance/PPME
			Improve PFM activities in the health sector	Annual /Quarterly financial reports produced	MoH HQ Finance
				Cost control, Asset value protection and financial liquidity risks managed	
				Payroll and pension administration strengthened	
				Payment of suppliers streamlined	
				Transactional processes on GIFMIS enhanced	
			Improve management of vehicle revolving fund	Monitoring of vehicle revolving fund improved (providing update reports and account of the fund)	MoH HQ Internal Audit
			Prepare Health sector audit statements	-Annual Audit report prepared -Quarterly Audit reports prepared	
			Update staff knowledge on the Public Procurement Amendment Act,2016 (Act 914)	3 Audit staff trained in the Public Procurement Amendment Act,2016 (Act 914)	
			Organize IIA International Annual Conference	Organize Internal Audit Agency Conference organised	
		Finance and Audit	Strengthen capacity of Internal Auditors	10 Audit staff trained in Auditing 3 Audit staff trained on global knowledge on internal auditing	
		Procurement, Supply and Logistics	Finalize the revision of the National Supply Chain Master Plan	National Supply Chain revised	MOH HQ Procurement and Supplies Directorate
			Coordinate the third-round framework		

Health Objective	Programme	Sub programme	Operations	Expected Output	Lead Agency
		Human Resource for Health Management	contracting		MOH HQ Human Resource Directorate
			Develop and disseminate policies and guidelines	Policy/guideline on retention of Health workers in deprived areas developed	
				National Human Resource for Health Policy distributed to all MoH stakeholders.	
				Health Training Institutions Administrative & Human Resource Policies and Procedures Manual developed	
			Improve staff performance	New Framework for Performance Appraisal developed	
				Promotional interviews conducted	
			Strengthen specialist training	Specialist training needs identified.	
				Post graduate specialist colleges programs harmonized	
			Implement the staffing norm	Staff equitably distributed to Agencies (based on staffing norm -Skills Gap Analysis)	
	Management & Administration	Human Resource for Health Management	Create Health Workforce Information System	Health Workforce Information System developed	MOH HQ Human Resource Directorate
			Initiate the admission of new students into Health Training Institutions	Sale of forms and other administration process for admission of students completed	
			Review Job Description of key personnel at the Training Institutions	Job Description for Key Personnel developed and circulated to all Training Institutions	
			Facilitate the Creation of Librarian Grade /Job class on the Salary Structure	Librarian grade created on salary structure.	
			Undertake effective follow-up on the implementation of signed collective Agreement with Labour Unions/Associations related issues	Signed collective Agreement with Labour Unions / Associations effectively implemented.	
				Related labour issues with Nurses and Allied Health Professionals resolved	
				Database on labour unrest and contacts of stakeholders updated	
HO 1, HO 2, HO 4	Health Service Delivery	Primary & Secondary Health Services	Strengthen community- based services -Networks of practice/model Health center	Networks of Practice for Health Centres established	GHS, CHAG, Ahmadiyyah, GHS, CHAG,

Health Objective	Programme	Sub programme	Operations	Expected Output	Lead Agency
			approach		Ahmadiyyah
			Strengthen Emergency Preparedness at Regional and District Levels	Emergency Preparedness Plan reviewed and implemented at all levels	
			Continue Implementation of COVID-19 prevention interventions including vaccination	Exposure to COVID-19 infection reduced	
			Continue the Management/Treatment of COVID-19 positive cases		
			Implement key activities of thenational qualitystrategy - Complete QI baseline assessment for all CHAG facilities and implement plans - Achieve 80% of Safe Care level 3 score for CHAG facilities	National Health Quality Strategy implemented	
			Improve human resources policy, planning and management - Build capacity of leaders/managers and mentors -Increase numbers of support staff -Improve Staff Distribution and Retention	Human Resources Strategy and Action Plan implemented	
			Implement the Supply Chain Management Plan	All regions implementing the Last Mile Distribution Plan	

Health Objective	Programme	Sub programme	Operations	Expected Output	Lead Agency
HO 1, HO 2, HO 4	Health Service Delivery	Primary & Secondary Health Services	Develop Referral Registers for use in all Health Facilities and at various levels of Service Delivery	Referral Registers in Facilities Institutionalized	GHS, CHAG, Ahmadiyyah
			Implement key activities of the Maternal, New Born and Adolescent Plans	Proportion of new-borns receiving Postnatal Care within 48hrs from birth increased from 53% to 55%	
				Skilled Delivery coverage increased from 58.7% to 65%	
				Institutional Maternal Mortality Ratio per 100,000 Live Births reduced from 127 to 122	
				85% of ANC coverage achieved	
				Neonatal Mortality per 1,000 live births reduced from 6.5 to 5.0	
				Family Planning acceptance rate increased from 30.6% to 38%	
			Continue implementation of Malaria Control Program	Malaria Incidence per 1,000 of population reduced from 300 to 290	
			Strengthen Malaria Case Detection	Institutional Malaria under 5 case fatality rate reduced from 0.16 to 0.02	
			Increase Immunization coverage targeting Districts with high numbers of un-immunized	Immunization coverage increased from 93% to 95% for all Childhood Antigens	

Health Objective	Programme	Sub programme	Operations	Expected Output	Lead Agency
HO 1, HO 2, HO 4	Health Service Delivery	Primary & Secondary Health Services	Scale up Test Treat and Track (95 95 95) Programme	HIV/AIDS Test, Treat and Track increased from 71/40/66 to 75/55/70	GHS, CHAG, Ahmadiyyah
			Ensure Universal access to TB, HIV and AIDS Prevention, Treatment, Care and Support Services	70% tested and 60% linkage to ART as against 65% tested and 42% linkage to ART in 2018	
				70% of PLHIV screened for HIV and 75% of PLHIV screened for TB	
			Intensify behavioral change strategies, especially for high - risk group for HIV AIDS	95% of MSM and 90% of FSW reached with HIV Prevention and Promotion Services	
			Offer EMTCT Services in all ANC Facilities at all levels of Service Delivery	All ANC sites offering Testing increased from 81% to 85%; EMTCT Facilities identifying positive clients to provide ARVs increased from 76% to 80% and proportion of HIV Exposed Infants (HEI)s screened increased from 70% to 80%	
			Ensure access to Antiretroviral Therapy	30 new ART sites added to existing 488 ART sites	

Health Objective	Programme	Sub programme	Operations	Expected Output	Lead Agency
HO 1, HO 2, HO 4	Health Service Delivery	Primary & Secondary Health Services	Increase access to Health Services for the elderly and agedpopulation	Develop Protocol for Geriatric Care	GHS, CHAG, Ahmadiyyah,
			Scale up the E-Health program - Increase ICT for Tele-medicine (LHIMS) to districts. - Scale-up the roll-out of key Information systems solutions (GHILMIS, E-tracker, etc)	50% of GHS Hospitalsusing the E-Health Hospital Program	
			Implement NCD and Emerging Health issue-based activities -Concepts of the Wellness Centres/Clinics	Wellness Centres/Clinics established	
		Tertiary & Specialized Health Services	Expand specialised and allied services (e.g., Oncology etc.)	Specialized services increased	Korle Bu Teaching Hospital, Komfo Anokye Teaching Hospital, Tamale Teaching Hospital, Cape Coast Teaching Hospital, Accra PsychiatricHospital, Ankaful Psychiatric Hospital, Pantang PsychiatricHospital
			Implement key activities of the National Hospital Strategy	National Hospital Strategy implemented	
				Quality improvement training for Agencies carried out	
			Strengthen the Referral Systems	Review and implement the Referral Policy	
			Continue Implementation of COVID-19 prevention interventions including vaccination	Exposure to COVID-19 infection reduced	
			Continue the Management/Treatment of COVID-19 positive cases		
			Implement key activities of the Maternal, New Born and Adolescent Plans	Institutional Maternal and Neonatal Mortality reduced	

Health Objective	Programme	Sub programme	Operations	Expected Output	Lead Agency
HO 1, HO 2, HO 4	Health Service Delivery	Tertiary & Specialized Health Services	Implement key activities of the National QualityStrategy	Quality of Care improved	Korle Bu Teaching Hospital, Komfo Anokye Teaching Hospital, Tamale Teaching Hospital, Cape Coast Teaching Hospital, Accra Psychiatric Hospital, Ankaful Psychiatric Hospital, Pantang PsychiatricHospital
			Support Regional and District levels with specializedservices	Specialist services improved	
			Increase number of specialists -Recruit specialists -Improve residency specialists/medical doctors		
			Expand rehabilitation centres in tertiary facilities	Rehabilitation services improved	
			Improve access to Mental Healthservices -Strengthen Community Mental Health Activities	Guidelines for Integration of Mental Health Services implemented	
			Collaborate with Academia to conduct mental health research	Mental health research conducted	

Health Objective	Programme	Sub programme	Operations	Expected Output	Lead Agency
HO 1, HO 2, HO 4	Health Service Delivery	Tertiary & Specialized Health Services	Scale up the E-health program	E-health programs at tertiary facilities expanded	Korle Bu Teaching Hospital, Komfo Anokye Teaching Hospital, Tamale Teaching Hospital, Cape Coast Teaching Hospital, Accra Psychiatric Hospital, Ankafu Psychiatric Hospital, Pantang Psychiatric Hospital
		Research	Conduct operational Research as per the National Research Agenda	Operational Research conducted	Research Department within the Service Delivery Agencies and Centre for Plant Medicine Research
			Conduct Research Dissemination Forum	Research findings disseminated	
			Support capacity building for research at all levels	Research workshops, short courses and conferences organized	
			Develop new herbal Products	Two (2) Herbal products reformulated/developed	
			Improve research capacity and quality	Research capacity and quality improved	
			-Efficacy studies -Toxicity studies -Herbalist product analysis	Efficacy studies- 5 Toxicity studies-3 Herbalist product analysed- 600 50 students supervised Construct solar dryers at Begoro and Ayikumah farms	

Health Objective	Programme	Sub programme	Operations	Expected Output	Lead Agency
HO 1, HO 2, HO 4	Health Service Delivery	Pre-hospital Services	Ensure availability of safe blood	35% of donated blood nationwide collected from voluntary unpaid blood donors	National Ambulance Service, St. John's Ambulance Brigade, National Blood Service
				75% of donated blood at Zonal Blood Centres collected from voluntary unpaid blood donors	
				Blood collection index increased from 5.2 to 5.5	
			Establish ambulance Stations for service delivery	100 functional Ambulance stations established	
			Provide Ambulances for service delivery	297 functional ambulances distributed nationwide	
			Train Emergency Medical Technicians (EMTs)	3,044 EMTs trained	
			Expand and Improve Facilities at Pre-Hospital Care Training School	Expansion on classroom blocks completed	
			Institute Vehicle tracking system -1,676 EMTs introduced to Ambulance tracking system -19 monitoring screens installed in all regional dispatch centres and headquarters for vehicle monitoring	Vehicle tracking system institutionalized	
			Establish Regional Ambulance Service Secretariat	6 Regional Ambulance Service Secretariat established	
			Strengthen Human resource management -Recertify 183 EMTs -Recruit 2016 EMTs: 448 Advanced EMTs, 1,120 EMT Drivers and 448 Non-driver EMTs	Human resource management strengthened	

Health Objective	Programme	Sub programme	Operations	Expected Output	Lead Agency
HO 1, HO 2, HO 4	Health Service Delivery	Pre-hospital Services	Train Volunteers, workforce and children in First Aid skills	-13,000 (6,500 volunteers, 3,500 workers and 3,000 children) trained in First Aid skills	National Ambulance Service, St. John's Ambulance Brigade, National Blood Service
			Provide First Aid service cover for people during public gatherings	First Aid services provided at National events e.g. Independence celebrations across the nation	
			Education on First Aid at various forum and platforms	Fora for first aid education organized	
			-radio/TV -Lorry Station/Market places -Religious outfits e.g. Churches, Mosques etc.		
HO 3	Human Resource for Health Development	Pre-Service Training	Admit new students into Preservice Health Training Institutions	No. of students admitted into Health Training Institutions	Health Training Institutions
			Implement Students' Handbook, Code of Conduct and Administrative Manual for Staff in the Health Training Institutions.	Students' and staff oriented on the use of handbook and Code of Conduct	
				Managers of Training institutions oriented on Administrative Manual	
			Strengthen teaching and learning	Health training institutions supplied with Basic teaching and learning materials (Electronic, Furniture, Linen, Hospital and Medical)	
			Strengthen Administrative and Human Resource Procedures	Principals and Administrative Managers Trained on Administrative & Human Resource Policies and Procedures Manual	
			Upgrade Leadership and Managerial skills of Principals	Principals and Vice Principals trained on Leadership & Managerial Skills	

Health Objective	Programme	Sub programme	Operations	Expected Output	Lead Agency
HO 3	Human Resource for Health Development	Pre-Service Training	Build capacity of Procurement personnel in all training Institutions	Procurement and Stores personnel trained on Procurement System	Health Training Institutions
			Conduct staff performance assessment in Health Training Institutions	Performance of staff in Health Training Institutions assessed	
			Build capacity of Tutors/managers	40 Lab Managers trained in modern Lab management	
				90 Health Tutors trained on Infection Prevention and Control (WASH)	
				60 Health Tutors trained on Effective Teaching Methodologies	
		Post Basic Training	Admit new students into Post Basic Health Training Institutions	No. students admitted	
			Implement Students' Handbook, Code of Conduct and Administrative Manual for Staff in the Health Training Institutions.	Students' and staff oriented on the use of handbook and Code of Conduct	
				Managers of Training institutions oriented on Administrative Manual	
		Specialised Training	Train Specialists	New Specialists admitted by Ghana College of Pharmacists -50 Ghana College of Nurses and Midwives - 470 Ghana College of Physicians and Surgeons - 350	Ghana College of Pharmacists, Ghana College of Nurses and Midwives, Ghana College of Physicians and Surgeons
				Promote Continuous Professional Development (CPD) Training for all professionals	
			Organize Annual General Meeting and Scientific Conferences	Number of Annual General Meetings/ Scientific Conferences held by	

Health Objective	Programme	Sub programme	Operations	Expected Output	Lead Agency
				Ghana College of Pharmacists - 1 Ghana College of Nurses and Midwives - 1 Ghana College of Physicians and Surgeons - 2	
			Introduce new programmes	15 updated courses introduced by the Ghana College of Physicians and Surgeons	
HO 3	Health Regulation	Regulation of Health Facilities	Strengthen the accreditation and regulation of health facilities.	1,000 new Health facilities registered and licensed by HeFRA	Health Facilities Regulatory Agency, Pharmacy Council, TMPC
				No. of Community Pharmacies and Over the Counter Chemical Shops (OTCS) regulated	
				3,349 Herbal/alternative facilities registered and licensed by TMPC	
		Regulation of Health Professions	Strengthen Mortuaries and Funeral Facilities Agency	- Legislative Instrument and Scheme of Service for Mortuaries and Funeral Facilities Agency completed -Fees and charges for Mortuaries and Funeral Facilities developed -Data on mortuary facilities and practitioners collected and processed	Mortuaries and Funeral Facilities Agency
			Enforce professional standards	Health Professionals Accredited: Doctors Pharmacists Nurses and Midwives Allied Health Professionals Alternative Medical Practitioners Psychologists	Medical and Dental Council, Nurses and Midwives Council, Pharmacy Council, Allied Health Professionals Council, Traditional Medicine Practice Council and Psychology Council
			Conduct CPDs for all practitioners	CPDs organized by: Medical and Dental Council Pharmacy Council Nurses and Midwives Council	

Health Objective	Programme	Sub programme	Operations	Expected Output	Lead Agency
				Allied Health Professionals Council Traditional and Alternative Medicine Practice Council Psychology Council	
			Accredit new Health Professionals to practice	New health professionals accredited by: Medical and Dental Council Pharmacy Council Nurses and Midwives Council Allied Health Professionals Council Traditional and Alternative Medicine Practice Council Psychology Council	
			Pass Amendment to Part II of Act 857 (Health Professions Regulatory Bodies Act)	Health Professions Regulatory Bodies Act Part II Amended	
			Electronic Pharmacy Services introduced by Pharmacy council	Pharmacy shops accredited for electronic services	
			Develop scope of practice for Physician Assistants/Clinical Research Associates	Code of practice for Physician Assistants/Clinical Research Associates developed by Medical and Dental Council	

Health Objective	Programme	Sub programme	Operations	Expected Output	Lead Agency
HO 3	Health Regulation	Regulation of Pharmaceutical and Medicinal Health Products	Strengthen accreditation and licensing of medicinal and herbal products	No. of Medicinal and herbal products accredited -COTVET accreditation for Qualified Supervisor Courses secured -Progressive Licensing Scheme to Herbal Manufactures extended -Online product registration launched	Food and Drugs Authority
			Conduct safety monitoring of pharmaceutical & medicinal health products.	Adverse Drug Reaction (ADR) investigated Market surveillance conducted	
			Implement the new Food and Drugs Authority (FDA) organogram	-Condition of service of FDA developed -Number of staff recruited - offices in 6 new regions operationalized -FDA/Ghana Standard Authority operational plans harmonized -Collaborative support with respective secretariats of Government flagship programmes (e.g. One District One Factory (1D1F)) provided	

CHAPTER FIVE

5.0 2021 HEALTH SECTOR PROGRAMME BASED BUDGET

The 2021 health sector budget has been developed based on the Budget Statement and Economic Policy of the Government of Ghana for the 2021 financial year—themed: *Economic Revitalization Through Completion, Consolidation & Continuity*.

For the year 2021, the health sector budget will be funded from the four (4) traditional main sources, i.e. GoG, IGF, ABFA and Donor. The budget structure remains the same as in the Health Sector Medium Term Development Plan (2018-2021).

Tables 6 and 7 Below show the performance trend of share in health sector budget against total government budget and year-on-year change in health sector budget respectively.

Table 6: Trends in Health Share of Total Government Expenditure, 2017 – 2021

	2017	2018	2019	2020	2021
MOH	4,226,152,354	4,422,348,243	6,037,506,718	6,587,092,478	8,533,590,233
TOTAL MDA	25,599,402,815	29,782,315,852	38,154,370,171	44,741,860,202	48,058,278,721
TOTAL GOVERNMENT BUDGET (TGB)	28,856,531,731	33,785,144,071	42,128,998,696	49,146,193,583	129,032,804,203
MOH share of total MDAs	16.50%	14.80%	15.80%	14.70%	17.76%
MOH share of TGB	14.60%	13.10%	14.30%	13.40%	6.61%
Abuja Target	15.00%	15.00%	15.00%	15.00%	15.00%

Source: Budget Statement and Economic Planning (Appendix Tables), 2017- 2021NB: TGB= Total Discretionary fund+ All other funds except Statutory funds. This is because the statutory NHIA fund is approved separately from the health budget.

Health share of Total TGB oscillated between 14.6% and 6.61% from 2017 to 2021, which is lower than the Abuja target.

Table 5: Year-on-year comparison of Health Budget by Source of Fund (in GHS)

Source of Fund	2017	2018	2019	2020	2021
GOG	2,480,021,905	2,613,430,344	3,421,276,474	5,870,878,734	5,291,740,123.00
IGF	977,254,679	1,345,406,689	1,772,909,529	1,931,083,856	2,328,137,112.00
ABFA	50,000,000	50,000,000	47,500,000	57,396,929	32,425,000.00
DONOR	718,875,771	413,511,210	795,820,716	992,970,000	881,287,988
TOTAL	4,226,152,355	4,422,348,243	6,037,506,719	8,852,329,519	8,533,590,223.00
Year-on-year % change		4.64%	36.52%	46.62%	(3.60%)

Source: MoH Appropriation Bill – 2017, 2018, 2019, 2020, 2021

Year-on-year, the health sector budget increased nominally from 4.64%, 36.52%, 46.62% for the years 2018, 2019 and 2020 respectively. Nominally the 2021 budget decreased by 3.60% compared to 2020. The increase in total budget in 2019 over 2018 was due to the increase in GoG and Donor funding. As indicated earlier compensation is the main cost driver in GoG. Out of the total GHS795 million for Donor in 2019, 78.51% was allocated for payment of capital investment loans. The increase from 2019 to 2020 was due to the COVID-19 pandemic where GHS2.27 billion was approved in addition to the GHS6.58 billion that was appropriated by Parliament.

BREAKDOWN OF 2021 BUDGET

Table 6. represents the approved health sector budget by source of funds and respective shares for the 2021 fiscal year.

Table 6: 2021 Approved Resource Envelop (in Million GHc)

Source of Funds	Compensation of Employees	Goods and Services	Capex	Total	%
GoG	5,245.37	33.30	13.08	5,291.74	62.0
IGF	265.56	1,816.17	246.40	2,328.14	27.3
Donor	-	160.06	721.23	881.29	10.3
ABFA	-	-	32.43	32.43	0.4
TOTAL	5,510.93	2,009.53	1,013.14	8,533.60	100

Source: 2021 Budget Statement

Government over the years has remained the major financier of Health in Ghana. The traditional sources of funding are GoG constituting 62.0% of the total approved budget, followed by IGF 27.3%, Donor 10.3% and ABFA 0.4%. Out of the GoG amount, compensation of employees constitutes 99.1%. This means that there is not much left for service delivery and capex leading to incompleteness of numerous capital investment projects across the country. The main purpose of IGF is to supplement the limited GoG goods and service funding for service delivery. In 2021 IGF funding accounted for 78% for Goods and service. Out of the GHS 881 million for donor funding, 81.83% went for payment of capital investment loans.

Even though the National Health Insurance Fund (NHIF) is another source of fund to the Health Sector, it is approved separately from the main sector's budget. It must be noted that the way both the health budget and the NHIF are treated leads to some level of double counting in IGF.

The Table 8 below shows the percentage share of source of funding by budget programs.

Health Service Delivery accounts for 78.49% of the total budget. Even though service delivery accounts for 78.49% of the total budget 99.92% is used for the payment of compensation of employees. Similarly, it enjoys 80.49% of the total IGF budget. Regulation and Human Resource programs share of the total budget remains the lowest. There is therefore the need to relook at their budgets moving forward.

Table 8: 2021 Resource Envelop by Budget Program and Source of Fund (in GHS)

Budget Program	Source of Fund					%
	GoG	IGF	Donor	ABFA	Total	
Management and Administration	334,440,888	10,312,476	881,287,988	32,425,000	1,258,466,352	14.75
Health Service Delivery	4,823,838,522	1,873,898,634	-	-	6,697,737,156	78.49
Human Resource Development and Management	87,158,238	322,292,941	-	-	409,451,179	4.80
Health Sector Regulation	46,302,475	121,633,062	-	-	167,935,537	1.97
Total	5,291,740,123	2,328,137,113	881,287,988	32,425,000	8,533,590,224	100

Source: 2021 MoH Appropriation Bill.

MoH 2021 Budget Projections

In 2021 the Ministry projected GHS 12.87 billion (Compensation GHS 7.54 bn, Goods and services 3.39bn, Capex 1.85 bn and outstanding payments of GHS79 m) However MoF provided GHS8.53 billion leaving a total gap of GHS 4.34 billion.

The Donor mapping for the Health Sector also indicated 2021 budget support of GHS4,210,742,035 is available. However, the challenge is that these funds are not captured in the approved budget. The funds are usually held, and used by the Donor and therefore difficult to align to the sector's activities.

In addition, GHS754,000,000 was also secured for specific COVID-19 activities across Ministries, Departments and Agencies (MDAs).

Table 8 shows breakdown of projected resources required against approved.

Table 8: 2021 Required Resource Envelop against Approved

	MoH	MoF	Variance
Total Compensation	7,543,888,375	5,510,933,762	(2,032,954,613)
GoG Compensation	6,997,015,541	5,014,169,972	(1,982,845,569)
IGF Compensation	311,522,834	265,563,790	(45,959,044)
Trainee Allowance	231,200,000	231,200,000	-
Cuban Medical Brigade	4,150,000	-	(4,150,000)
Sub-total	3,396,669,951	2,009,524,553	(1,387,145,398)
GoG Goods & Services	974,878,991	33,295,151	(941,583,840)
IGF Goods & Services	2,016,614,278	1,816,172,955	(200,441,323)
Donor Goods & Service	405,176,683	160,056,447	(245,120,236)
Sub-total	1,852,024,002	1,013,131,908	(838,892,094)
IGF Capex	555,891,228	246,400,367	(309,490,861)
GoG Capex	298,953,215.24	13,075,000	(285,878,215)
ABFA capex	275,948,016.94	32,425,000	(243,523,017)
Donor Capex	721,231,541	721,231,541	-
Outstanding	79,029,559	-	(79,029,559)
TOTAL	12,871,611,886	8,533,590,223	(4,338,021,663)

Table 9 shows the total resource envelop for the Health Sector for 2021. The envelop includes the approved budget of GHS8.53billion and off-budget resources i.e. donor resources of GHS4.96 billion.

Table 9: Summary of 2021 Resource Envelope by Source of Fund

Source of Fund	Approved GoG Budget (GHS)	Donor Contribution Budget (USD)
GoG	5,291,740,123	
IGF	2,328,137,112	
DONOR	881,287,988	
ABFA	32,425,000	
Total Discretionary	8,533,590,223	
Off budget Donor	4,210,742,035	725,990,006
COVID-19 Funding	754,000,000	130,000,000
Overall Total	13,498,332,258	855,990,006
Exchange Rate 5.8		

CHAPTER SIX

6.0 PERFORMANCE ASSESSMENT FRAMEWORK

6.1 Sector Monitoring and Evaluation

The Ministry continues to strengthen monitoring and evaluation by enhancing systems for appropriate and timely reporting on the performance of the health sector.

In 2021, the sector will continue to use the list of agreed set of sector-wide indicators as prescribed in the current HSMTDP 2018-2021 to monitor the implementation of the Annual Programme of Work. It will also involve quarterly collection and assessment of performance of the different components of the programme of work; specifically aiming at determining whether activities are being implemented as planned, milestones are being achieved and outputs are being delivered.

In addition to the quarterly monitoring and reporting system, the Ministry and Development Partners will continue to provide technical support to Agencies and BMCs via organizing joint monitoring visits.

The MOH will co-ordinate the collation, analysis and dissemination of the sector wide performance as defined in the HSMTDP 2018-2021. This will further aid the Ministry in fulfilling its obligation as required by the Head of Civil Service.

6.1.1 Sector-wide indicators and Targets

SN	INDICATOR	DEFINITION	DATA SOURCE	Baseline	Targets			
				2017	2018	2019	2020	2021
1.1	Unmet need for contraception	The proportion of women of reproductive age (15-49)years either married or in a consensual union, who are fecund and sexually active, who are not using any method of contraception and report not wanting any more children or wanting to delay the birth of their next child for at least 2 years.	DHS 2014	29.9%	N/A	26%	N/A	N/A

SN	INDICATOR	DEFINITION	DATA SOURCE	Baseline	Targets				
				2017	2018	2019	2020	2021	
1.2	Couple Year Protection (CYP), all sources incl. private sector	The estimated protection provided by family planning (FP) services during a one-year period, based upon the volume of all contraceptives sold or distributed free of charge to clients during that period.	DHIMS	3,039,413	3,500,000	3,670,000	3,800,000	4,000,000	
1.3	Deliveries attended by a trained health worker	Proportion of births attended by skilled healthpersonnel	DHS/DHIMS	57.10%	58%	60%	62%	65%	
1.4	Postnatal care coverage for newborn babies	Proportion of newborns receiving postnatal care within 48 hours from birth	DHIMS	49.8%	53%	55%	58%	63%	
1.5	Mothers making fourthANC visit during period of pregnancy	Proportion of mothers who have made at least fourth ANC visits	DHIMS	60.5%	63%	65%	67%	70%	
1.6	Regional variation in proportion of supervised deliveries	Regional variation in the level of skilled delivery (SD) coverage, focusing onthe regions with the highestand the lowest coverage	DHIMS	1:1.38	1:1:30	1:1.28	1:1.25	1:1.2	
1.7	Children under5 years sleeping underITN	The proportion of children under 5 sleeping under ITN	DHS	*47%	N/A	60%	N/A	N/A	
1.8	Exclusive breast feedingfor six months	Proportion of infants being exclusively breastfed for thefirst six months of life to achieve optimal growth, development and health.	DHS/MICS	52%	N/A	60%	N/A	N/A	
1.9	Doctor: Population ratio	The number of populationper doctor	IPPD/Regulatory bodies	1:8090	1:7500	1:6800	1:5900	1:5000	
1.10	Nurse Population Ratio	The Number of populationper Nurse	IPPD/Regulatory body	1:799	1:750	1:700	1:700	1:700	
1.11	Midwife: WIFA Population ratio	Number of Women in Fertility Age (defined as15-49) per midwife	IPPD/Regulatory bodies	1:720	1:715	1:710	1;700	1:700	
1.12	Pharmacist: Population ratio	The number of population per pharmacist	IPPD/Regulatory bodies	2,404	2,684	2,964	3,353	4,000	

SN	INDICATOR	DEFINITION	DATA SOURCE	Baseline	Targets				
					2017	2018	2019	2020	2021
1.13	Regional variation in nurse/doctor to population ratio	Geographical variation in the nurse to population ratio and doctor to population ratio, focusing on the regions with the highest and the lowest coverage	IPPD	1:1.88	1:1.80	1:1.70	1:1.65	1:1.60	
1.14	Population with active NHIS membership	Proportion of population with active NHIS membership	NHIS annual report	35.3%	38.5%	40%	42%	45%	
1.15	Districts with ambulance centres	Proportion of districts with ambulance centres	NAS annual report	45%	45%	50%	57%	60%	
1.16	Districts with functional ambulance centres	Proportion of districts with functional ambulance centres. An ambulance service is classified as functional when it has a functioning vehicle, active staff and relevant equipment	NAS annual report	34%	34%	34%	80%	80%	
1.17	Proportion of CHPS zones that are functional	Proportion of CHPS zones that are functional. Functionality is defined as: presence of trained CHO in community, community involvement (including active CHMC), services are being offered and reported on	DHIMS	74%	78%	82%	85%	87%	
1.18	Active NHIS members in lowest wealth quintile Using Women as proxy	Proportion of NHIS active members in lowest wealth quintile	DHS 2014	50.9%	50.9	55%	N/A	N/A	
1.19	Ratio of females to males among NHIS active members	Ratio of females to males among NHIS active members	NHIS	1:1.44	1:1.40	1:1.37	1:1.35	1:1.33	
1.20	Per capita OPD attendance	The number of OPD encounters in health facilities during the period relative to the total population. Health facilities include all public, private,	DHIMS/THs returns	0.98	1.00	1.08	1.12	1.18	

SN	INDICATOR	DEFINITION	DATA SOURCE	Baseline	Targets			
				2017	2018	2019	2020	2021
		quasi-government and faith-based facilities.						
1.21	Population with access to OPD services in lowest wealth quintile	Proportion of population with access to OPD services in lowest wealth quintile	DHS/MICS	N/A	48%	50%	52%	55%
1.22	Ratio of U5MR in lowest wealth quintile to U5MR in highest wealth quintile	Measures access to quality health services according to wealth quintiles	Maternal Health Survey 2017	1.9: 1	1.9:1	N/A	N/A	N/S
2.1	Mortality and burden of disease attributed to unsafe water, unsafe sanitation and lack of hygiene(exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services	The deaths and DALYs caused by exposure to unsafe water, sanitation and lack of hygiene, considering only diarrheal diseases	WHO Global Health Estimates/Global Burden of Disease	60/376525 (15%)	56	55	53	50
2.2	Age-standardized prevalence of current tobacco use among persons aged 18 years and above	Age-standardized prevalence of current tobacco use among persons aged 18 years and above. Included in the definition are cannabis, pipes and any other form of smoked tobacco.	DHS/MICS	N/A	N/A	N/A	N/A	N/A
2.3	Population prevalence of hypertension	This measures the proportion of the population termed as hypertensive at a point in time	DHS	13%	N/A	4%	N/A	N/A
2.4	Proportion of children U5 who are stunted	Proportion of under-fives falling below minus 2 standard deviations from the median height-for-age of the reference population	DHS/MICS	19%	N/A	17%	N/A	N/A

SN	INDICATOR	DEFINITION	DATA SOURCE	Baseline	Targets				
				2017	2018	2019	2020	2021	
2.5	Overweight prevalence among children U5	Proportion of under-fives below minus 2 standard deviations of weight for height according to WHO standard	DHS/MICS	3%	N/A	3%	N/A	N/A	
2.6	Wasting prevalence among children U5	Proportion of under-fives above minus 2 standard deviations of weight for height according to WHO standard	DHS/MICS	5%	N/A	4%	N/A	N/A	
2.7	Underweight prevalence among children U5	Proportion of children under age 5 who (a) fall below minus two standarddeviations (moderate and severe) (b) fall below minus three standards deviations (severe) from the median weight for ageof the WHO standard	DHS/MICS	11%	N/A	9%	N/A	N/A	
2.8	Institutional all-cause mortality rateper 1,000	Total deaths per thousand patients in facilities	DHIMS/THs returns	23.60	22.8	22	21.5	21.3	
2.9	Institutional Maternal Mortality Ratio	Maternal deaths per 1,000 institutional live births. Maternal deaths are definedas deaths from any cause related to or aggravated by pregnancy or its management during pregnancy and child birth or within 42 days of termination of pregnancy, irrespective of the duration and side of pregnancy.	DHIMS	147	150	142	140	138	
2.10	Institutional Neonatal Mortality Rate	Neonatal deaths per 1,000 institutional live births	DHIMS	8.36	6.5	5.3	4.8	4.3	
2.11	Still birth rate per 1,000 LBs	Number of babies born with no signs of life at orafter 28 weeks gestation per 1,000 live births	DHIMS	15.01	14.8	14. 5	14.25	14	

SN	INDICATOR	DEFINITION	DATA SOURCE	Baseline	Targets				
					2017	2018	2019	2020	2021
2.12	Maternal Mortality Ratio	Maternal deaths per 1,000 live births. Maternal deaths are defined as deaths from any cause related to or aggravated by pregnancy or its management during pregnancy and child birth or within 42 days of termination of pregnancy, irrespective of the duration and site of pregnancy.	Maternal Mortality Survey	310	N/A	N/A	N/A	N/A	290
2.13	Neonatal Mortality Rate	Neonatal deaths per 1,000 live births	DHS/MICS	25	N/A	23	N/A	N/A	N/A
2.14	Under-5 Mortality Rate	Deaths among children under 5 per 1,000 live births	DHS/MICS	52	N/A	50	N/A	N/A	N/A
2.15	Infant Mortality Rate	Deaths among children under 1 per 1,000 live births	DHS/MICS	41	N/A	35	N/A	N/A	N/A
3.1	Hospitals (public and private) offering mental health services	Proportion of hospitals (public and private) offering mental health services. Mental Health staff must be permanently based at facility.	GHS Report	431	431	435	435	435	435

SN	INDICATOR	DEFINITION	DATA SOURCE	Baseline	Targets				
					2017	2018	2019	2020	2021
3.2	Regional and district hospitals (public and private) offering traditional medicine practice	Proportion of regional and district hospitals (public and private) offering traditional medicine practice	GHS Report	13.1%	13.1%	13.1%	13.1%	13.1%	13.1%
3.3	Adverse drug reactions events that are investigated and reported on by FDA	Proportion of reported adverse drug reactions events that are investigated and reported on by FDA	FDA	N/A	69%	72%	75%	80%	
3.4	Food and medicinal products that undergo quality testing	Proportion of individual products (imported and locally manufactured) that undergo quality testing, as defined in national guidelines	FDA	N/A	83%	72%	98%	98%	
3.5	Restaurants in good standing	Proportion of restaurants that satisfy food handling and public health standards of the Food and Drugs Authority	FDA	N/A	73%	67%	100%	100%	
3.6	Proportion of health facilities (public and private) accredited	Proportion of health facilities (public and private) that have been accredited by HeFRA	HeFRA	1%	5%	29%	40%	60%	
		Proportion of community pharmacies and OTCMS shops that have been accredited by PC	Pharmacy Council	68.6%	78.2%	81.3%	75.6%	85%	
3.7	bed occupancy Rate all wards	measures the rate a beds are effectively occupied for curative care in a year measured in days (365 days)	Hospitals	N/A	58%	60	23%	65%	
3.8	Average length of stay at the accident and emergency ward	Average duration of hospital admissions at the Accident and emergency ward. The day of admission is counted as day 1.	DHIMS/THs returns	3.5	3.2	3.0	2.5	2.0	

SN	INDICATOR	DEFINITION	DATA SOURCE	Baseline	Targets				
				2017	2018	2019	2020	2021	
3.9	Proportion of encounters with an antibiotic prescribed	Proportion of encounters with an antibiotic prescribed	Surveys of health care facilities and other medicine outlets using standardized instruments	39.1	35	30	30	30	
3.10	Health allocation to Total Government Budget	Proportion of total Health allocation to Total Government Budget	MOH Budget Unit	14.6%	13.1%	14.3%	15%	15%	
3.11	GOG budget execution rate for goods and services	Proportion of budget for goods and services that was actually disbursed	PBU/Finance directorate	100%	100%	100%	100%	100%	
3.12	GOG budget execution rate (total)	Proportion of total budget that was actually disbursed	PBU/Finance directorate	100%	100%	100%	100%	100%	
3.13	Proportion of NHIF budget released to NHIA	Proportion of NHIF budget released to NHIS	NHIS	69%	75%	80%	90%	100%	
3.14	Proportion of NHIS expenditure on claims reimbursement	Proportion of NHIS expenditure on claims reimbursement	NHIS	81.1%	82%	83%	84%	85%	

SN	INDICATOR	DEFINITION	DATA SOURCE	Baseline	Targets				
				2017	2018	2019	2020	2021	
3.15	Health budget expenditure financed through IGF	Proportion of total expenditure financed through IGF	PBU/Finance directorate	18%	20%	22%	24%	25%	
3.16	Health budget allocated to health research activities	Proportion of total health budget allocated to health research activities	PBU	0%	0.1%	0.25%	0.35%	0.5%	
3.17	Average number of medicines prescribed per patient encounter (public facilities)	Average number of medicines prescribed per patient encounter in GHS and CHAG facilities	Surveys of health care facilities and other medicine outlets using standardized instruments	3.3	3.0	3.0	3.0	3.0	
3.18	Percentage of encounters with an injection prescribed (public facilities)	Percentage of encounters with an injection prescribed in GHS and CHAG facilities	Surveys of health care facilities and other medicine outlets using standardized instruments	13.7%	13%	11.5%	11%	10.0%	
3.19	Percentage of medicines prescribed by generic name (public facilities)	Percentage of medicines prescribed by generic name in GHS and CHAG facilities	Surveys of health care facilities and other medicine outlets using standardized instruments	71.3%	87%	88%	90%	90%	

SN	INDICATOR	DEFINITION	DATA SOURCE	Baseline	Targets				
					2017	2018	2019	2020	2021
3.20	Average time of NHIS claims settlement	Average time of NHIS claims settlement in months	NHIS	N/A	8	7	6	5	
3.21	Tracer drug availability	Proportion public and private medicine outlets in sample areas where a selection of specified basket of essential medicines are found on the day of the survey. The medicines should be present and not expired on the day of visit or during a specified reference period, e.g., last month or last 3 months.	Surveys of health care facilities and other medicine outlets using standardized instruments	84	90	90	90	90	
3.22	Availability of tracer mental health drugs	The percentage of Psychotropic medicine (Define basket of essential Psychotropic medicines) are found on the day of survey	Mental Health Authority		90	90	90	90	
4.1	Proportion of children fully immunised by age 1	Proportion of children fully immunized (using Penta3 as proxy) by age 1	DHIMS2	97.8%	95%	95%	95%	95%	
4.2	Proportion of HIV-positive adults and children currently receiving antiretroviral therapy	Proportion of HIV-positive adults and children currently receiving antiretroviral therapy	NACP	32%	70%	80%	90%	95%	
4.3	Proportion of infected pregnant women who received ARVs for eMTCT	Proportion of infected pregnant women who received ARVs for eMTCT	NACP	67%	75%	80%	85%	90%	
4.4	TB Case detection rate	The number of TB cases (new and relapse) detected per 100,000 population.	TB R&R SYSTEM	52	70	74	81	81	
4.5	TB treatment success rate	Proportion of TB patients who have successfully been treated for TB	TB R&R SYSTEM	85	86	86	88	88	

SN	INDICATOR	DEFINITION	DATA SOURCE	Baseline	Targets				
					2017	2018	2019	2020	2021
4.6	Institutional Malaria Under5 Case FatalityRate	Number of deaths in health facilities due to malaria among children under 5	DHIMS	0.02%	0.02	0.02	0.02	0.02	0.02
4.7	Non- polio AFP rate	No. of non-polio AFP cases that are reported per 100,000 children under- fifteen. It indicates the quality of the surveillance system.	DHIMS	4.28%	>2%	>2%	>2%	>2%	>2%
4.8	Surgical site infection rate	Proportion of surgical interventions resulting in surgical wound infections occurring within 10 days post op.	DHIMS	N/A	5%	<5%	<5%	<5%	<5%
4.9	PLHIV with Viral Suppression	Proportion of PLHIV on ART who have viral Suppression	NACP	51%	70%	80%	90%	95%	95%
4.10	PLHIV on ART	Proportion of PLHIV who are put on ART	NACP	46%	70%	80%	90%	95%	95%
4.11	Status of PLHIV	Proportion of PLHIV who know their status (1st 90)	NACP	74%	80%	85%	90%	95%	95%
4.12	Proportion of babies born to HIV-positive mothers being HIV-negative after 18 months	The total number babies who were born to HIV+ mothers and tested –ve after 18 months relative to the total number of babies born to HIV +ve mothers	NACP	92%	90%	93%	>95%	>95%	>95%
4.13	Proportion voluntary unpaid blood donations	The percentage of total blood donations that came through a voluntary unpaid source	NBS	36%	37%	40%	45%	48%	48%
4.14	Blood collection index per 1000 population (BCI)	Measures amount of blood collected per 1,000 population	NBS	6.5	7.0	7.5	8.0	9.0	9.0
4.15	Malaria incidence per 1,000 population	New cases of malaria arising per 1,000 population	WHO Global Health Estimates/Global Burden of Disease	307	300	290	280	275	275

SN	INDICATOR	DEFINITION	DATA SOURCE	Baseline	Targets				
					2017	2018	2019	2020	2021
4.16	HIV/AIDS prevalence rate	People affected with HIV/AIDS per 1,000 population	NACP	1.67%	1.64%	1.62%	1.59%	1.55%	
4.17	HIV incidence per 1,000 population	Number of new HIV cases per 1,000 population	NACP	0.68%	0.62%	0.09%	0.09%	0.09%	
4.18	Mortality rate due to tuberculosis	TB deaths per 100,000 population	WHO Global Health Estimates/Global Burden of Disease	36	36	36	36	36	
4.19	Tuberculosis Incidence	Measures the estimated number of new and relapsed cases	WHO Global Health Estimates/Global Burden of Disease /TB R&R SYSTEM	44000	44000	44000	44000	44000	

6.2 Milestones

Health Policy Objectives	2021 Milestones
HO1 Ensure sustainable, affordable, equitable, easily accessible healthcare services (Universal Health Coverage (UHC))	<input type="checkbox"/> Scale up e-Tracker to cover the country <input type="checkbox"/> Evaluate referral service <input type="checkbox"/> Digitization of pharmaceutical service delivery
HO2: Strengthen healthcare management system	<input type="checkbox"/> Medical tourism policy
HO3: Reduce morbidity, disability and mortality	<input type="checkbox"/> Develop physiotherapy guidelines <input type="checkbox"/> Reduce institutional neonatal mortality to 4.8/1000LB

Annex
Annex 1 Capital Investment Plan

ITEM	TITLE OF PROJECT			ABFA GAP		LOAN & MIXED CREDIT	
		GOG	ABFA	REQUIRED	GAP	ON-GOING	NEW PROJECT
1.0	Provision for arrears from 2018-2019 in the sector	4,500,000.00	15,684,739.43	36,695,696.30	16,510,956.87		
2.0	Provision for payment of retention						
3.0	Provisions for payment for Consultancy on projects						
	Sub Total	4,500,000.00	15,684,739.43	36,695,696.30			
4.0	Rehabilitation of Bolgatanga Regional Hospital -SAUDI Projects Phase III	300,000.00		3,000,000.00	3,000,000.00	53,600,000.00	
5.0	Construction of Offices for Ministry of Health HQ /Regulatory Bodies	2,000,000.00		16,510,956.87	14,510,956.87		
6.0	Completion of the remaining 4No. of Housing Component under the Major Rehabilitation and Upgrading of Tamale Teaching Hospital Housing Project Phase I			4,500,000.00	4,500,000.00		
	Sub Total	2,300,000.00	-	24,010,956.87			
7.0	Completion of Kumawu, Fomena and Takoradi European Hospital Staff Housing under the Seven (7) District Hospitals Project					53,550,000.00	
8.0	Construction of University of Ghana Medical Centre (Phase II)					62,100,000.00	
9.0	Completion and Equipping of 2No. Regional Hospitals in Wa and Kumasi and 6No. District Hospitals with Staff Housing at Adenta/Madina,Twifo-Praso,Konongo-Odumasi, Nsawkaw,Tepa and Salaga					58,000,000.00	
10.0	Completion of Maternity and Childrens Block at Komfo Anokye Teaching Hospital in the Ashanti Region						55,000,000.00
11.0	Completion and Equipping of Bekwai District Hospital					53,140,000.00	
12.0	Construction of One (1) District Hospital and Five (5) Polyclinics in Western Region by Orio at Akontombra, Bogoso, Wassa Dunkwa, Mpoho, Elubo and Nsuaem					60,748,608.08	
13.0	Construction, Retooling and Equipping of selected 4 Health facilities in the Eastern at Aburi, Kibi, Atibie					15,952,900.98	

ITEM	TITLE OF PROJECT	ABFA GAP				LOAN & MIXED CREDIT	
		GOG	ABFA	REQUIRED	GAP	ON-GOING	NEW PROJECT
	and Mampong in Ghana - Phase I						
14.0	Construction of Koforidua Regional Hospital by JV Tyllium-Ellipse Project UK Ltd.						56,000,000.00
15.0	Construction of Shama District Hospital by Poly International Changda						62,000,000.00
16.0	Re-Construction of La General Polyclinics by Poly International Changda						60,000,000.00
17.0	Construction of 11 No. 40-Bed and 1 No. 30-Bed Hospitals in Ashanti, Bono, Greater Accra and Eastern Regions at Suame, Twedie, Manso Nkwanta, Sabronum, Drobonso, Mim, Adukrom, Kpone Katamanso, Achiase, Jumapo, Nkwatia						20,100,000.00
18.0	Redevelopment of Tema General Hospital, Reconstruction of the Central Medical Stores - Accra, Construction of Accident & Emergency Complex at Dormaa Hospital and Construction of District Hospital at Nkoranza in the Bono East Region						32,000,000.00
19.0	Construction and Equipping of 400 Bed Obs and Gynae Block at Korle-Bu Teaching Hospital - Accra						14,640,032.00
20.0	Design, Construction and Equipping of Urology & Nephrology Centre of Excellence at Korle-Bu Teaching Hospital - Accra						16,800,000.00
21.0	Construction of New Trauma Hospitals at Obuasi and Anyinam and Accident and Emergency Centre at Enyiresi Hospital						12,300,000.00
22.0	Rehabilitation of Effia Nkwanta Hospital and Construction of Western Regional Hospital at Agona Nkwanta						14,300,000.00
23.0	Construct and equip five health facilities in the Republic of Ghana at Osiem, Assin Kuyeh, Dormaa Akwamu, Wamfie and Kutre						11,000,000.00
24.0	Supply of Ambulances and Related Training and Maintenance Services						5,000,000.00

ITEM	TITLE OF PROJECT	ABFA GAP				LOAN & MIXED CREDIT	
		GOG	ABFA	REQUIRED	GAP	ON-GOING	NEW PROJECT
	Construction of 3 District Hospital at Ayensuano, Offinso and Effiduase and Completion of Maternity Blocks at Tafo Hospital & Kumasi South Hospital and Residential Facility at Abrepo for Kumasi South Hospital.						5,000,000.00
	Sub Total						
						357,091,509.06	364,140,032.00
25.0	Completion of 15 ongoing CHPS Compounds	600,000.00		2,699,041.17	2,699,041.17		
26.0	Completion of 26 CHPS Compounds		7,788,051.32	28,381,115.31	20,593,063.99		
27.0	Payment of Land compensation in respect of road verge of Pantang Psychiatric Hospital.			18,700,000.00	18,700,000.00		
28.0	Construction of Health Centre at Mempeasem in the Greater Accra Region		647,209.25	2,429,600.00	1,782,390.75		
29.0	Rehabilitation of Cape Coast Teaching Hospital Accident & Emergency Unit	400,000.00		1,600,000.00	1,600,000.00		
30.0	Completion of Hostel block and External Works at Cape Coast NTC	400,000.00		2,000,000.00	2,000,000.00		
31.0	Completion of Pankrono Health Centre in the Ashanti Region			500,000.00	500,000.00		
32.0	Completion of Nsawora Health Centre in the Sefwi Akontombra District			500,000.00	500,000.00		
33.0	Rehabilitation of Diabetes Management, Research and Training Center at Korle-Bu Teaching Hospital	800,000.00		1,500,000.00	700,000.00		
34.0	Construction of Fencewall at Pantang Hospital	739,074.69		4,100,000.00	3,360,925.31		
35.0	Completion of 80-Capacity Female Hostel Block at Agogo Presby NTC			1,500,000.00	1,500,000.00		
36.0	Renovation of Korle-bu Ministry of Health SSNIT Flat Staff Accommodation - Court 7B and 9B	335,925.31		2,000,000.00	1,664,074.69		
37.0	Treatment and Holding Centre at Takoradi	900,000.00		9,000,000.00	8,100,000.00		
38.0	Treatment and Holding Centre at Nalerigu	900,000.00		13,500,000.00	12,600,000.00		
39.0	Treatment and Holding Centre at Sunyani	800,000.00		18,222,820.00	17,422,820.00		
	Sub Total	5,875,000.00	8,435,260.57	106,632,576.48			
40.0	Completion and Equipping of Nationwide CHPS initiated in 2012		800,000.00	7,000,000.00	6,200,000.00		

ITEM	TITLE OF PROJECT			ABFA GAP		LOAN & MIXED CREDIT	
		GOG	ABFA	REQUIRED	GAP	ON-GOING	NEW PROJECT
41.0	Construction and Completion of Greater Accra Regional Administration Block for Ghana Health Services		300,000.00	3,000,000.00	2,700,000.00		
42.0	Completion of Remodeling of 4-Storey Office Block for Disease Control Department at Korle Bu including External Works		200,000.00	4,500,000.00	4,300,000.00		
43.0	Procurement of Vehicles	150,000.00		2,000,000.00	1,850,000.00		
44.0	Procurement of office furniture	250,000.00		1,358,559.40	1,108,559.40		
	Sub Total	400,000.00	1,300,000.00				
45.0	Construction of Wards, CSSD & Laundry, Theatre, Mortuary and Block of flats for Akatsi District Hospital						
46.0	Construction of Selected Health Facilities: Kintampo, Bibiani, Sampa, etc						
47.0	E-health Project		7,000,000.00	341,414,400.00	334,414,400.00		
48.0	Construction, Retooling and Refurbishment of the National Paramedic and Emergency Care Training School (Nkekensu in the Asanti Region)			10,000,000.00	10,000,000.00		
	Sub Total		7,000,000.00	369,272,959.40			
	Grand Total	13,075,000.00	32,420,000.00	536,612,189.05	492,817,189.05	357,091,509.06	364,140,032.00

Annex 2 Procurement Plan

Procurement Plan for Goods Procurement Entity: MOH HQTS Budget Period: January - December, 2021

Ref. No.	Procurement Package (Description)	Estimated Need (GHS)	Approved Budget (GHS)	Source of Funding	Procurement Method	Proposed Start Date	Actual Start Date	Expected Contract Completion Date	Actual Contract Completion Date
1	Procurement of Reagents for Abbot Architect Immunochemistry Analyser	2,985,421.84		GoG	SS	4/19/2021		24-Jun-21	
2	Procurement of Psychotherapeutic Medicines	46,122,000.00		GoG	NCT	5/5/2021		20-Aug-21	
3	Procurement of Essential Medicines	120,000,000.00		IGF/NHIF Claims Payment to facilities	NCT	4/19/2021			
4	Procurement of Antiretroviral Medicines and RDT Kits	96,000,000.00						15-Sep-21	
5	Procurement of Rabies Vaccines	2,923,944.22							
6	Procurement of Tetanus Immunoglobulin	2,713,537.26							
7	Procurement of Anti-Snake	28,200,000.00							
8	Procurement of TB Commodities	3,600,000.00							
9	Procurement of Antimalarial Medicines	41,453,017.20							
10	Procurement of Cholera Supplies	3,046,291.20							
11	Procurement of Contraceptives	37,613,182.80							
12	Supply of Infection Prevention and Control (IPC) Supplies and Re-usable nose Mask for	942,151,300.00	942,151,300.00	GoG	SS				
							8-Jan-21		5-Apr-21

Ref. No.	Procurement Package (Description)	Estimated Need (GHS)	Approved Budget (GHS)	Source of Funding	Procurement Method	Proposed Start Date	Actual Start Date	Expected Contract Completion Date	Actual Contract Completion Date
	General School Reopening								
13	Procurement of Personal Protective Equipment (PPE's) and Infection Prevention Control Supplies (IPCs) and Essential Medicines	202,873,975.20		World bank Allocation Formula	SS				
14	Printed Materials, Stationery and Office Supplies	800,000.00		GoG	RFQ	2/15/2021	15-Feb-21	15-May-21	
15	Procurement of Office Equipment and Accessories	1,700,000.00		GoG	RFQ	2/15/2021		10-Sep-21	
	TOTAL	1,532,182,669.72	942,151,300						

WORLD BANK ACTIVITIES IN (USD)

Ref. No.	Procurement Package (Description)	Estimated Need (USD)	Source of Funding	Procurement Method	Proposed Start Date	Actual Start Date	Expected Contract Completion Date	Actual Contract Completion Date
1	GH-COVID-19-206795-CW-RFQ/Engagement of a firm to erect Glass barriers for registration and reception areas in 300 health facilities	900,000.00	Worldbank Allocation Formular	RFQ	19-Feb-21		9/28/2021	
2	GH-COVID-19-206353-CS-CQS/Engagement of a firm(s) to provide tele-medicine continuing care for Patients to with known but stable, chronic diseases such as diabetes, hypertension and similar conditions at the primary (Zones2)	250,000.00	Worldbank Allocation Formular	RFQ	17-May-21		12/12/2021	

Ref. No.	Procurement Package (Description)	Estimated Need (USD)	Source of Funding	Procurement Method	Proposed Start Date	Actual Start Date	Expected Contract Completion Date	Actual Contract Completion Date
3	GH-COVID-19-206485-CW-D+A4:M11IR/Refurbishment and Equipping of Treatment and Holding Centre Accommodation - Dodowa	850,000.00	Worldbank Allocation Formular	DIR		11/01/20	9/22/2021	
4	GH-COVID-19-206507-CW- DIR/Refurbishment and Equipping of Treatment and Holding Centre Accommodation - Pantang	780,000.00	Worldbank Allocation Formular	DIR		11/01/20	9/22/2021	
5	GH-COVID-19-2066804-CW- DIR/Refurbishment and Equipping of Treatment and Holding Centre Accommodation - Adaklu	770,000.00	Worldbank Allocation Formular	DIR		11/01/20	9/22/2021	
6	GH-COVID-19-206487-CW- RFQ/Construction of portable water and sanitation services for 70 selected rural and peri-urban health facilities	1,250,000.00	Worldbank Allocation Formular	RFQ		02/19/21	9/28/2021	
7	GH-COVID-19-206788-CS-CQS/Engagement of a firm(s) to provide tele-medicine continuing care for Patients to with known but stable, chronic diseases such as diabetes, hypertension and similar conditions at the primary (Zones3)	250,000.00	World bank Allocation Formula	RFQ	17-May-21		12/13/2021	
8	GH-COVID-19-206807-CS-CQS/Engagement of a consultant(s) to develop institutional manuals, standard procedures and protocols for the newly establish Port Health Division and the GCDC	100,000.00	World bank Allocation Formula	RFQ	13-Apr-21		11/3/2021	
9	GH-COVID-19-206482-GO- DIR/Provide additional cold chain equipment and infrastructure (270No. Districts) and transportation vans (20) in all regions	3,700,000.00	World bank Allocation Formula	DIR		04/13/21	11/3/2021	

Ref. No.	Procurement Package (Description)	Estimated Need (USD)	Source of Funding	Procurement Method	Proposed Start Date	Actual Start Date	Expected Contract Completion Date	Actual Contract Completion Date
10	GH-COVID-19-206490-GO-RFQ/Procurement of 4 pick-up vehicles and 2 station wagons to support operations of the Ghana Centres for Disease Control	240,000.00	World bank Allocation Formula	LIMITED	7-Apr-21		7/12/2021	
11	GH-COVID-19-206351D-GO-RFQ/Procurement of 30000 plastic chairs for registration and reception areas in 300 health facilities	600,000.00	World bank Allocation Formula	LIMITED	4-May-21		8/9/2021	
12	GH-COVID-19-206782-GO-RFQ/Supply and Installation of off-grid solar for 70 selected rural and per-urban health facilities	1,250,000.00	World bank Allocation Formula	LIMITED	10-May-21		8/26/2021	
	TOTAL	10,940,000.00						

Procurement Plan for Consultancy									
Procurement Entity: MOH HQTS									
MOH 2020 Consultancy Services									
Consultancy (NON BUDGETED)									
Ref. No.	Procurement package (Description)	Estimated Cost (GHS)	Source of Funds	Contract Type	Proc Method	Proposed Start Date	Actual Strat Date	Expected Contract Completion Date	Actual Contract Completion Date
1	Development of software for procurement and contract management	100,000.00	GOG	Lump sum	CQS	24-Feb-20		21-Oct-20	
	TOTAL	100,000.00							

Procurement Entity: MOH HQTS

MOH 2020 Technical Services

Ref. No.	Procurement package (Description)	Estimated Cost (GHS)	Approved Budget (GHS)	Gap/Excess (GHS)	Actual Contract Amount (GHS)	Source of Funds	Proc Method	Proposed Start Date	Actual Start Date	Expected Contract Completion Date	Actual Contract Completion Date
1	Engagement of Cleaning & Janitorial and Glazing Services for MOH	1,222,400.00	336,000.00	886,400.00		GOG	RT	20-Jan-20		16-Sep-20	
2	Engagement of Security Services for MOH	611,700.00	456,000.00	155,700.00		GOG	RT	4-Feb-20		1-Oct-20	
3	Leasing of an Isolation Facility for 5years	1,188,000.00	1,188,000.00	-		World Bank	SS	16-Mar-20		19-May-20	
	Total	3,022,100.00	1,980,000.00	1,042,100.00							
NON-BUDGETED											
1	Extension of contract Renting and Furnishing of New MOH Medical Stores and Office Accomodation at the Spinlex Road	1,989,637.38		1,989,637.38		GOG	SS	12-Jan-20		8-Sep-20	
2	Engagement of Firm to undertake port Clearance	15,000,000.00		15,000,000.00		GOG	RT	25-Feb-20		22-Oct-20	
3	Engagement of a Procurement Consultant	79,200.00		79,200.00		GOG		6-Jan-20		2-Sep-20	
	Total	17,068,837.38		17,068,837.38							

Annex 3: World Bank COVID-19 Loan

CERC	BUDGET ESTIMATES	IPF	BUDGET ESTIMATES
Component 1: Diagnostics, laboratory Equipment and Logistics	US\$ 16,510,000	Component 1: Emergency COVID-19 Response	US\$ 21,500,000
Component 2: Community Engagement	US\$ 14,676,400	Component 2: Strengthening multi-sector, institutions and platforms	US\$ 3,400,000
Component 3; Case management: Medical supplies, logistics and equipment	US\$ 33,813,600	Component 3: Community engagement and risk communication	US\$ 7,400,000
		Component 4: Implementation management and monitoring and evaluation and project management	US\$ 2,700,000
CERC Total	US\$ 65 Million	IPF Total	US\$ 35 Million

Annex 4: 2021 Donor Off Budget Allocation

Donors	Amount (USD)
AfDB	68,000,000
BMZ	7,150,809
Embassy of Japan	416,164
FCDO	
GAVI	15,659,843
Gov.of France	47,529,760
JICA	16,003,850
KOFIH	2,050,000
KOICA	3,625,000
MASHAV	25,124
PEPFAR	4,344,000
TGF	325,104,972
UNFPA	6,377,956
UNICEF	5,321,503
USAID	94,372,735
WBG	111,446,338
WFP	4,644,459
WHO	13,917,493