



MINISTRY OF HEALTH
REPUBLIC OF GHANA

HEALTH SECTOR ANNUAL PROGRAMME OF WORK

2020 HOLISTIC ASSESSMENT REPORT

APRIL 1, 2021

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ACRONYMS AND ABBREVIATIONS

ABFA	Annual Budget Funding Account
ADR	Adverse Drug Reaction
AFP	Non-polio acute flaccid paralysis
AIDS	Acquired Immunodeficiency Syndrome
ANC	Antenatal care
ART	Antiretroviral therapy
BCC	Behavior Change Communication
BMCs	Budget and Management Centres
CAPEX	Capital Expenditure
CDR	Case Detection Rate
CFR	Case Fatality Rate
CHPS	Community Health Based Planning and Services
CYP	Couple Year Protection
DHIMS 2	District Health Information Management System
EPI	Expanded Programme on Immunization
EPRP	Emergency Preparedness and Response Plan
FDA	Food and Drugs Authority
FP/RH	Family Planning and Reproductive Health
GES	Ghana Education Service
GHS	Ghana Health Service
GoG	Government of Ghana
HIV	Human Immunodeficiency Virus
HSMTDP	Health Sector Medium Term Development Plan
IGF	Internally Generated Fund
IPEP	Poverty Eradication Programme
MHA	Mental Health Authority
MOF	Ministry of Finance
MOH	Ministry of Health
MTEF	Medium Term Expenditure Framework
NACP	National Aids Control Programme
NCD	Non-Communicable Diseases
NHIA	National Health Insurance Authority
NHIF	National Health Insurance Fund
NHIS	National Health Insurance Scheme
OPD	Outpatient Department
PLHIV	People living with Human Immune Virus
PMTCT	Prevention of Mother-to-Child Transmission of HIV
PNC	Postnatal Care

POW	Programme of Work
RDTs	Rapid Diagnostic Tests
SDGs	Sustainable Development Goals
UHC	Universal Health Care
WHO	World Health Organization
WIFA	Midwife to Women in Fertility Age

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FOREWORD



The 2020 Holistic Assessment Report highlights the major outcomes of the health sector performance with emphases on assessment of agreed indicators and milestones focused on delivering good health for all people living in Ghana as contained in the Health Sector Medium Term Development Plan (HSMTDP) 2018-2021.

The year 2020 was the third year of implementing the sector medium term plan. Planned activities in the programme of work (POW) for the year under review were severely disrupted especially in the first half of the year where the first two cases of COVID-19 were reported. This development challenged the Ministry with difficult decisions to balance the demands of responding directly to the COVID-19 pandemic with the need to maintain the delivery of other essential health services.

A review of the mid-year performance using routine data from District Health Information Management System (DHMIS2), showed that essential services utilisation and coverage had reduced. The initial interventions of limiting people movements for control of the disease, and fear on the part of health workers and clients, the stigma and misinformation about COVID-19 affected healthcare delivery as many routine services were suspended.

In response to increase demand in essential service, the Ministry of Health adopted an all-inclusive government and private sector approach aimed at strengthening vital health services and core capacity development at different levels of the sector. A National Strategic Covid-19 response plan (2020-2024) was developed and is being implemented. Additionally, the Ministry through the Ghana Health Service activated the emergency preparedness and response teams at all levels to ensure early detection of epidemic prone and priority disease. Other activities the Ministry undertook to address the challenges of low service utilization included: the launch of behaviour change communication using multiple channels including social media, providing avenue for patients with non-communicable diseases to book appointment and use of technology to provide teleconsultation.

Improved national capacity for effective disease surveillance is a major priority for the sector. This is demonstrated by the nationwide rollout of the Surveillance Outbreak Response Management and Analysis System (SORMAS), an application tool for data capture for priority diseases especially COVID -19 and the deployment of the national eHealth project aimed at digitizing health data for continuity of care.

The early response and the interventions introduced led to recovery in coverage of most of the key service indicators towards the end of the review year. A remarkable progress was observed for maternal and child health indicators. Considerable improvements were also recorded in the areas of improving access to quality healthcare through expansion of healthcare to the peripherals, increased

production of health personnel, and improved NHIS active membership. However, OPD attendance, Childhood Immunization and all-cause deaths performed below their respective targets.

It is worth mentioning that Ghana is recognised as one of the countries that have managed the COVID-19 effectively. This is evidenced by the low deaths of COVID-19 cases, thus, recording a case fatality of 0.65% as at end of 2020 compared to other countries.

The Ministry and its Agencies together with Development Partners and stakeholders will continue to prioritize the health needs of the country in ensuring provision of essential health services and protection of the population against public health emergencies through effective partnership, community ownership and restoration of people's confidence in health systems

I wish to express satisfaction with the pivotal role of the Ministry of Health and its agencies in the fight against COVID-19. My sincere gratitude to the Development Partners, CSOs and Private Sector for contributing financially and technically to improve performance in the sector.



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EXECUTIVE SUMMARY

Introduction

The year 2020 was anticipated to record worse performance in the sector because of the COVID-19 pandemic. However, analysis of data gathered shows improvement in the annual targets for the sector. Generally, there were improvements in routine health services delivery particularly maternal health services.

Overall sector performance

The sector performed moderately overall, recording a standardized score of 3.1 out of a maximum of 5. The 2020 performance is lower compared to the 2019 performance score of 3.6. This is attributed to the COVID-19 pandemic, which changed priorities for the sector. The associated restrictions of the pandemic also affected procurement of essential goods and services for health service delivery.

Ensuring sustainable, affordable, equitable, easily accessible healthcare services

Access to essential health services was moderate overall, recording a score of 3.8 on a scale of 0-5. Understandably, OPD attendance declined by 9%, from 32.8 million to 29.9 million, translating to a reduction in OPD per capita from 1.08 to 0.89. However, there was a marked increase in the proportion of functional CHPS zones from 75.8 to 79% between 2019 and 2020 but fell short of the set target of 85%.

Analysis of key indicators under this domain also show that the proportion of mothers who made at least 4+ antenatal care visits increased marginally from 55.7 to 58.6%; and proportion of mothers and children receiving post-natal care within 48 hours after delivery increased from 55.8 to 58.7%. In addition, institutional maternal mortality ratio (iMMR) reduced remarkably from 137.9/100,000 live births (LB) to 109.5/100,000 LB over the same period. However, family planning acceptor rate declined from 39.8 to 29.6% over the 2019-2020 period. Access to skilled delivery also decreased from 59.1 to 58.7% between the base year (2019) and target year (2020).

Reducing morbidity and mortality, and intensify prevention and control of non-communicable diseases

The performance of this domain was average overall with a score of 2. There was a reduction in institutional maternal mortality rate from 117.6/100,000 LB to 109.2/100,000 LB. All-cause mortality also increased from 17.7% to 22.9% over the 2019-2020 period. Stillbirth, however, stagnated whilst neonatal mortality increased from 7.3 to 7.4% over the same period.

Efficiency in governance and management of the health system

Performance of this dimension was sustained in the year under review. It had a score of 2.5 out of a maximum of 5. Overall resource (revenue) mobilized increased from GHS6.72 billion to GHS8.35 billion (24%) over the 2019-2020 period. The Government of Ghana (GOG) budget allocated to the health sector increased marginally from 8.1 to 9.0% between 2019 and 2020 but fell short of the Abuja Declaration of 15%. Consequently, both GOG per capita allocation (23-32.8) and total health expenditure per capital (38.9-US\$46.6) improved.

Releases from the national health insurance fund (NHIF) from the Ministry of Finance dropped in the year under review. A total amount of GHS790.29 million was received compared to the expected amount of GHS2.19 billion. This led to a reduction of 36% compared to the previous year. Nonetheless, there was a remarkable improvement in healthcare provider claims settlement time, from six to three months.

Prevention and control of communicable disease, HIV/AIDS and other STI

This dimension of the assessment performed moderately well, recording a score of 3.4 out of 5. The milestone for this objective was for 80% of health facilities to offer PMTCT services, however, it was not achieved in the year under review. Trend analysis of key indicators reveals that immunization coverage using Penta 3 as a proxy decreased by 3 percentage points from 97.2 to 94.2% between 2019 and 2020.

On the other hand, HIV incidence reduced marginally from 0.1 to 0.6 whilst prevalence stagnated over the same period. Proportion of HIV+ adults receiving ART also improved from 153,901 to 208,811 (36%). HIV+ pregnant women receiving ARV for eMTCT, however, declined from 87 to 80 over the same period. The HIV 90-90-90 target was also missed, as the number of HIV+ people knowing their status stagnated at 74% over the last three years (2019-2020) and those on ART reduced from 60 to 60% between 2019 and 2020. Nonetheless, there was improvement in proportion of those who had their viral load suppressed (73%) compared to the 41% in the previous year (2019).

Both TB case detection rate and treatment success rate also declined the 2019-2020 period, 54.5 to 40.2% and 84 to 83% respectively. Institutional under-5 case fatality rate also worsened marginally from 0.1 to 0.12 over the 2019-2020 assessment period.

Programme of work

The Ministry of Health adopted the Programme Based Budgeting (PBB) approach to link planning to budget with its 2018-2021 Health Sector Medium Term Development Plan (HSMTDP). The Ministry and its Agencies are responsible for the implementation of all programmes in the POW. The POW was structured into four (4) main programmes and corresponding sub-programmes. In 2020, a total of 133 activities were earmarked under 4 main structured programme areas, of which 88 were carried out, representing 65.8%. A total budget of GHS8.85 billion was approved for the Ministry of

Health, comprising GoG (GHS5.87 billion), IGF (GHS1.93 billion), Donor (GHS992 million) and ABFA (GHS57.4 million) for the main three budget lines Compensation, Goods and services, and CAPEX. Government of Ghana remains the main source of budget funding and it represents 66.32%, followed by IGF 21.81%, Donor 11.22% and ABFA 0.65% respectively.

Management of COVID-19

As of 31 December 2020, the cumulative confirmed cases stood at 68,559. The Greater Accra and Ashanti regions recorded the highest number of 52,773 cases constituting 77% of total confirmed cases reported. The COVID-19 death rate was 0.65% in the same period.

1.0 INTRODUCTION

This report presents performance assessment of the health sector for the year 2020 with respect to implementation of programme of work, major milestones achieved, challenges, and mitigating strategies. It represents the final stage of an intensive bottom-up review process for the Agencies of the Ministry of Health (MOH). The report was prepared by a Review Team of technical staff from selected Agencies of the MOH. The team assessed performance of the health sector using a set of indicators and Holistic Assessment Tool, a scientific tool developed by the MOH. This report is organized into four sections. Section one provides a background to the report. Section two discusses performance of the sector by objectives; section three provides updates on implementation of the 2020 Programme of Work (POW); and section four provides progress report on COVID-19 pandemic.

1.1 Situational analysis of the year under review

The events of 2020 cannot be reported without the mention of COVID-19 and its devastating impact on the performance of the health sector. Ghana recorded its first two cases of COVID-19 on 12 March 2020, a day after WHO declared the disease as pandemic. In response, the country developed a national strategic plan aimed at reducing incidence, morbidity, and mortality of the disease. The plan is targeted at reducing exposure to COVID-19 infections, tracking all suspected infected individuals and their contacts to minimize spread, testing all suspected cases and their contacts for early detection and appropriate management, and initiating early treatment to effectively manage cases. The MOH played a leading role in mobilizing financial resource and technical guidance in the fight against the [pandemic. As of 31 December 2020, the cumulative confirmed cases stood at 68,559. The Greater Accra and Ashanti regions recorded the highest number of 52,773 cases constituting 77% of total confirmed cases reported. The COVID-19 death rate was 0.65% in the same period.

Besides, as part of the Infrastructure for Poverty Eradication Programme (IPEP), 10,000 hospital beds were procured to support healthcare delivery across the country. In addition, each constituency was allocated 29 hospital beds, comprising delivery beds, critical care beds with overbed tables, standard hospital beds type 1 & 2 with bedside lockers, and children's Cots. Three-Hundred and Seven (307) new ambulances were also procured to strengthen and improve quality of care in pre-hospital and emergency care services. The Ministry also successfully organized COVID-19 Monitoring exercise to assess the implementation status of Ghana's Emergency Preparedness and Response Plan (EPRP) Project. In addition, several policies and strategies were developed during year under review. These included the National Health Policy, Mental Health Policy, the Universal Health Coverage Roadmap, Pre-Hospital Emergency Policy, National Food Safety Policy, among others. The Ministry and its Agencies together with Development Partners and other stakeholders continued to prioritize the health needs of the country in ensuring provision of essential health services and protection of the

population against public health emergencies through effective partnership, community ownership, and restoration of people's confidence in health systems.

1.2 Performance Review Process

The MOH performance review employs a bottom-up approach to assess performance of the sector. It starts from the districts through to the regions and then to the national level, where strategic policy directives are discussed and reviewed. The overarching aim of the performance assessment is to measure and report on progress of the health sector using agreed set of core indicators and standardized tools. The review process forms part of the accountability agenda, and it starts from the Budget Management Centres (BBCs) through to the national level. The detail process is elaborated below:

BMC Performance Reviews

This is the first step of the review process which is undertaken between January and February. At this stage, all Agencies of the Ministry ensure that all Budget and Management Centers (BMCs) under their supervision review their performance against targets set for the year using routine data generated from the health delivery system, as well as relevant research studies. The BMC reviews provide input into a district review and subsequent regional reviews.

Inter-Agency and Partners' Reviews

The Inter agency and partners review is organized by the MOH for Agencies and Development Partners to share their experiences and assess performance of the sector. Prior to this meeting, all Agencies hold technical review meetings as part of preparations for the meeting. The inter- agency and partners review meeting provides opportunity for Heads of Agencies to answer for their stewardship. It also provides opportunity for Development Partners to review their financial and technical contributions to the health sector and present their reports to the Minister of Health.

Holistic Assessment of the Health Sector

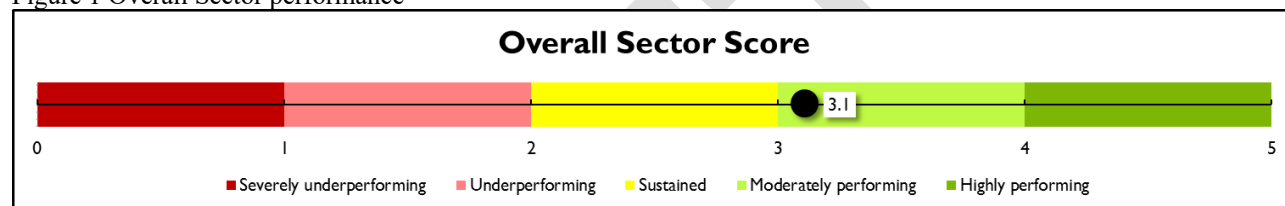
During the year, a holistic assessment of the sector is carried out by either key personnel of the Ministry or an independent assessor who will provide an independent opinion on the extent of achievement of the health sector programmes of work. Several tools are used to conduct this performance assessment of the sector. The annual operational plan or Programme of Work (POW), derived from the strategic Health Sector Medium-Term Development Plan (HSMTDP) forms the basis for this assessment. Other documents include capital investment plan, Annual budget plans, Annual MOH financial Statements. All these review processes and assessment culminates in a Health Summit, where stakeholders review and validate the assessment report. Recommendations for improvement are then made for consideration subsequent years. Thus, the holistic assessment report is finalized after the Summit when stakeholders' inputs are considered to fine-tune the report

2.0 PERFORMANCE OF THE HEALTH SECTOR BY OBJECTIVES

2.1 Overall sector performance

The overall sector score for 2020 was 3.1 on a scale of 0-5, indicating a moderate performance. However, this was a decline from the 2019 overall performance score of 3.6. Objective one (1) “ensure sustainable, affordable, equitable, easily accessible healthcare services” recorded the best performance score of 3.8 whilst objective three (3) “enhance efficiency in governance and management” attained the least performance score of 2.5.

Figure 1 Overall Sector performance



2.2 Objective 1: Ensure Sustainable, Affordable, Equitable, Easily Accessible Healthcare Services

This objective seeks to ensure sustainable, affordable, equitable, easily accessible healthcare services. It was adjudged the best performing objective. It monitors the extent of health service coverage and utilization through the primary health care system (CHPS to district hospital), NHIS active membership and availability of critical human resource. In all, eleven (11) out of twenty-one (21) indicators were tracked to assess the performance of this domain.

The domain recorded a score of 3.8 overall on a scale of 0-5, representing a moderate performance. There were 21 indicators under this objective of which six were not assessed because survey data was not available. Four indicators had the maximum score of +2. Nine indicators obtained a score of +1 each, one indicator attained a -1 and one indicator recorded -2. The milestone under this objective was to scale up e-tracker for data collection across the country and evaluate the referral services. There is evidence that this activity is ongoing. Therefore, the milestone obtained a score of zero. Table 1 provide summary of the scoring.

Figure 2 Overall performance score for objective 1

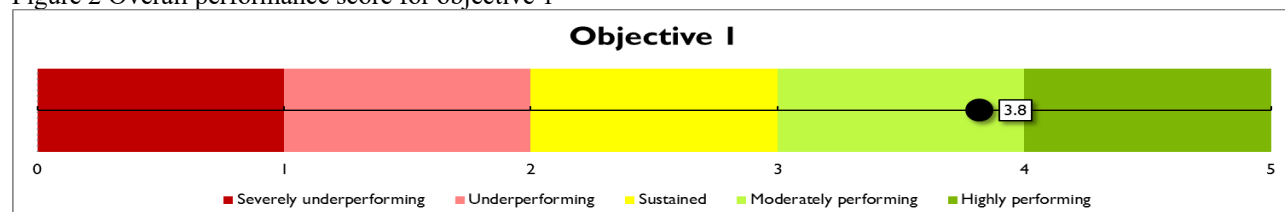


Table 1 Indicators for assessing Sustainable, Affordable, Equitable, Easily Accessible Healthcare Services

Performance Category	Indicators	Code
Objective 1: Ensure Sustainable, Affordable, Equitable, Easily Accessible Healthcare Services		
4 had Maximum score: +2	1. Midwife to Women in Fertility Age (WIFA) population ratio 2. Proportion of population with active NHIS membership 3. Proportion of districts with Ambulance centres 4. Proportion of functional Ambulance centres	
9 had positive scores: +1	1. Proportion of deliveries attended by trained health workers 2. Proportion of newborns (mothers) receiving postnatal care (PNC) within 48 hours from birth 3. Proportion of mothers who made at least four ANC visits 4. Doctor to population ratio 5. Nurse to population ratio 6. Proportion of functional Community Health Planning and Services (CHPS) zones 7. Regional variation in nurse/doctor to population ratio 8. Ratio of females to males among NHIS active members 9. Regional variation in proportion of supervised deliveries	
1 had negative score: -1	1. Regional variation in nurse/doctor to population ratio	
1 had a negative score -2	1. Total estimated protection by contraceptive methods supplied (Couple Year Protection (CYP))	
Milestone	Scale-up e-tracker to cover the entire country	

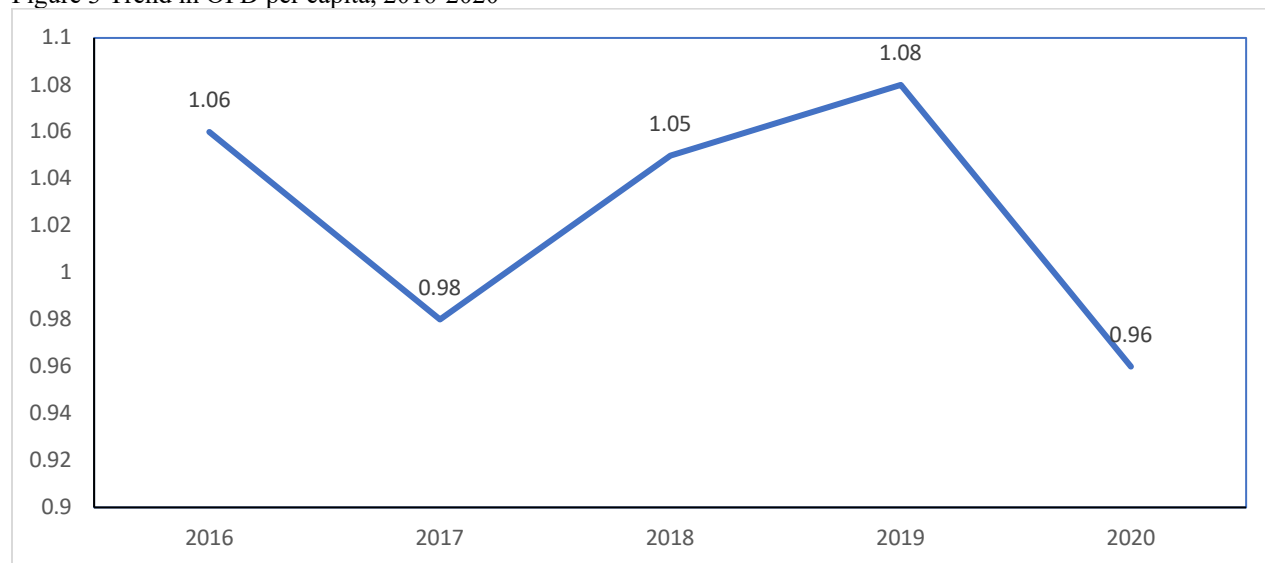
Trend analysis of key indicators under objective 1

Outpatient Service Utilization

As expected, the number of outpatient visits declined in the year under review. It decreased from 32,854,002 million to 29,890,394 (9%) between 2019 and 2020 as seen in figure 3. Consequently, outpatient visit per capita assumed a downward trend from 1.08 to 0.96 over the same period.

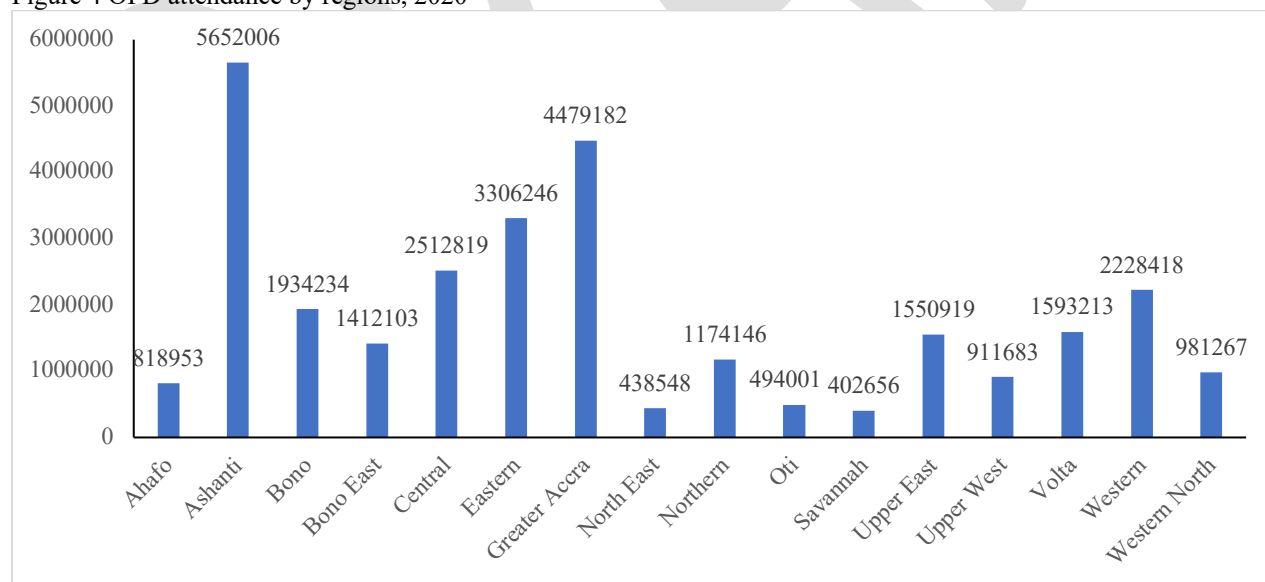
Nonetheless, a trend over the last five years shows general improvement in this indicator particularly between 2017 and 2019 (0.98-1.08).

Figure 3 Trend in OPD per capita, 2016-2020



Regional decomposition of the outpatient visits shows that the Ashanti and Greater Accra regions recorded the higher numbers, as shown in Figure 4.

Figure 4 OPD attendance by regions, 2020

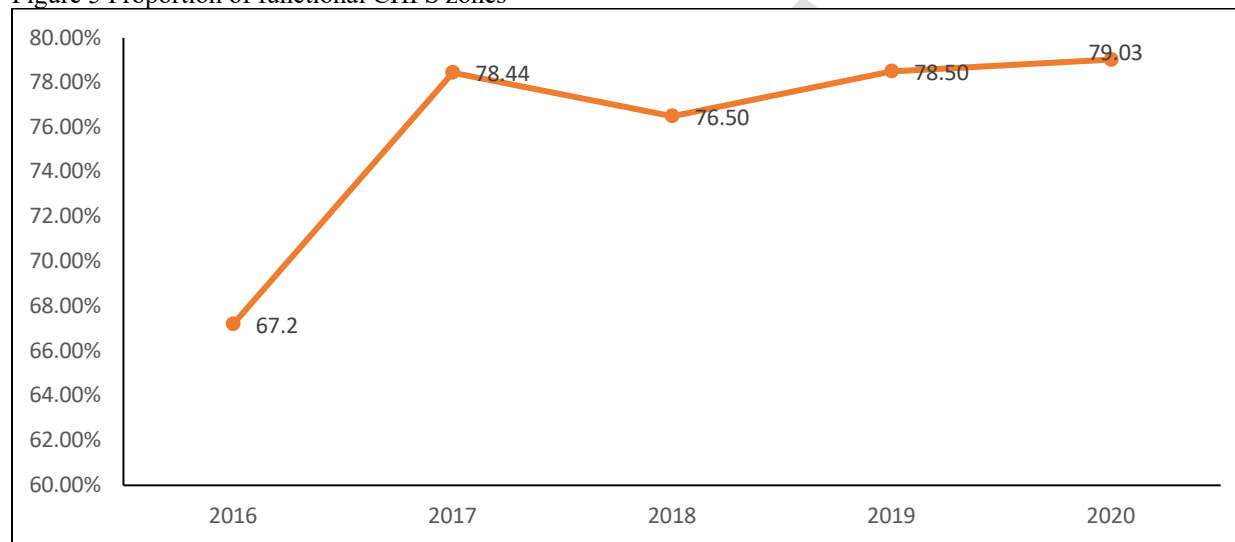


Proportion of functional Community Health Planning and Services (CHPS) zones

Generally, there has been an improvement in the establishment of functional Community-based Health Planning and Services (CHPS) zones over the last five years. The last three years (2018-2020)

in particular, have seen a consistent increase in the number of functional CHPS zones. The CHPS policy is aimed at ensuring health service is extended to every Ghanaian irrespective of location. The full implementation of this policy puts the country in near to reaching UHC. In the year under review, the proportion of functional CHPS zones established increased to 79% (figure 5), however, this falls short of the set target of 85% for the year under review.

Figure 5 Proportion of functional CHPS zones



Population Coverage for National Health Insurance Scheme

The number of people enrolling in the NHIS has seen a remarkable improvement in the last two years (2019-2020), after recording consistent declines in the previous three years (2016-2018). Figure 6 shows that the proportion of population with active NHIS membership increased from 12,283,457 (40.6%) to 16,310,425 (52.6%) between 2016 and 2020, exceeding the set target of 42%. This increment can be attributed to the introduction the mobile renewal registration as shown by analysis of NHIS exempt categories. Table 2 summarizes population coverage by gender over the last five years (2016-2020)

Figure 6 Trend of NHIS Population Coverage, 2016-2020

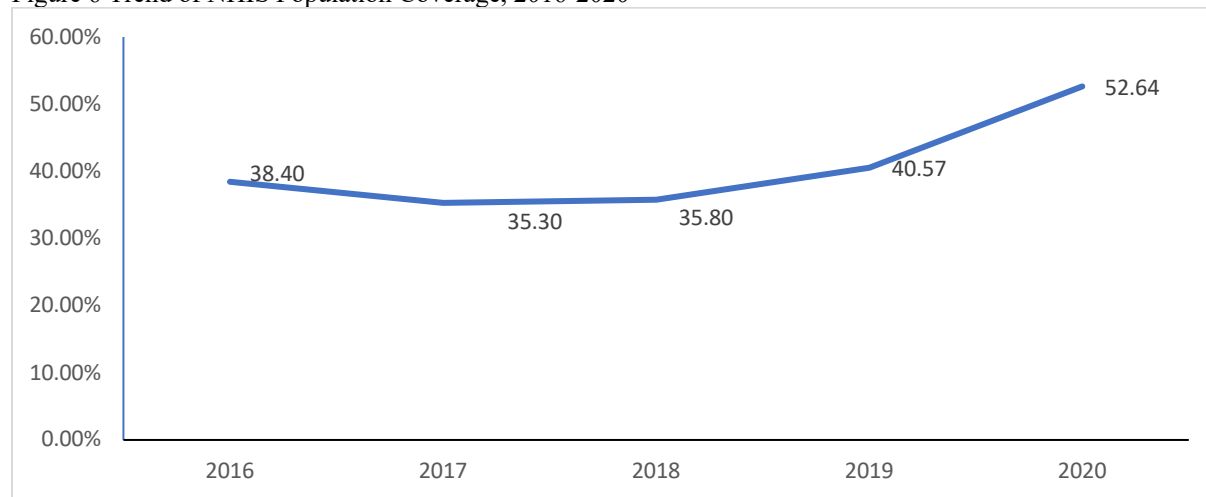
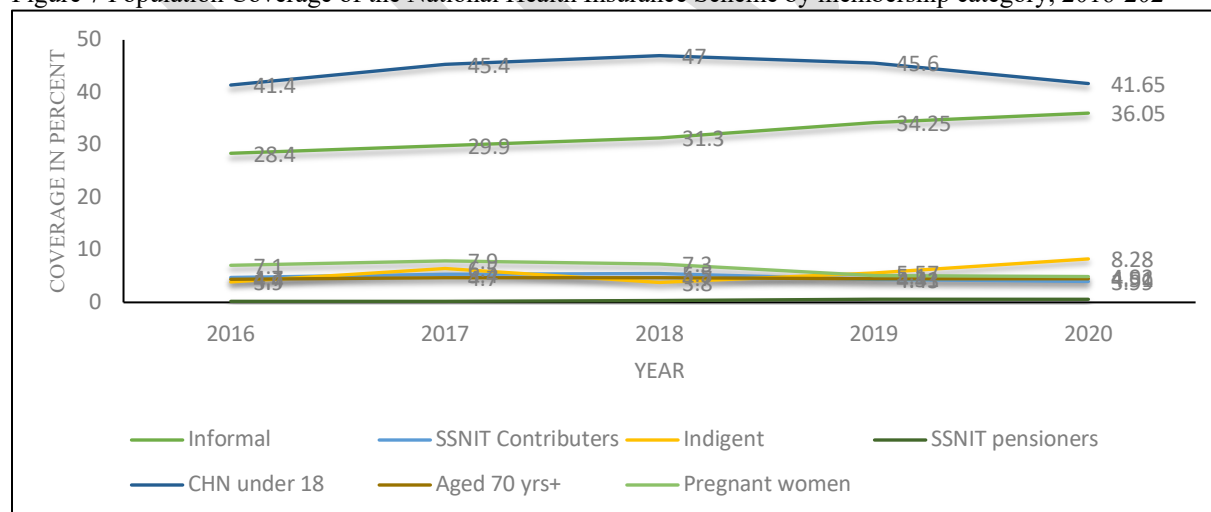


Table 2 Active membership of the NHIS from 2016 to 2020

Variable	2016	2017	2018	2019	2020
Active members	11,029,068	10,576,542	10,793,456	12,283,457	16,310,425
Male	4,547,285	4,336,382	4,390,641	5,081,659	6,608,104
Female	6,481,783	6,240,160	6,402,815	7,201,798	9,702,321
Estimate population	28,308,301	29,710,642	30,177,970	30,280,811	30,955,202
% Coverage	38.44	35.6	35.77	40.57	52.7

Analysis by membership category shows that only 36.1% (informal sector workers) of the total members pay premium. Children under 18 years representing 41.7% are the largest category of active members as shown in Figure 7 below.

Figure 7 Population Coverage of the National Health Insurance Scheme by membership category, 2016-2020

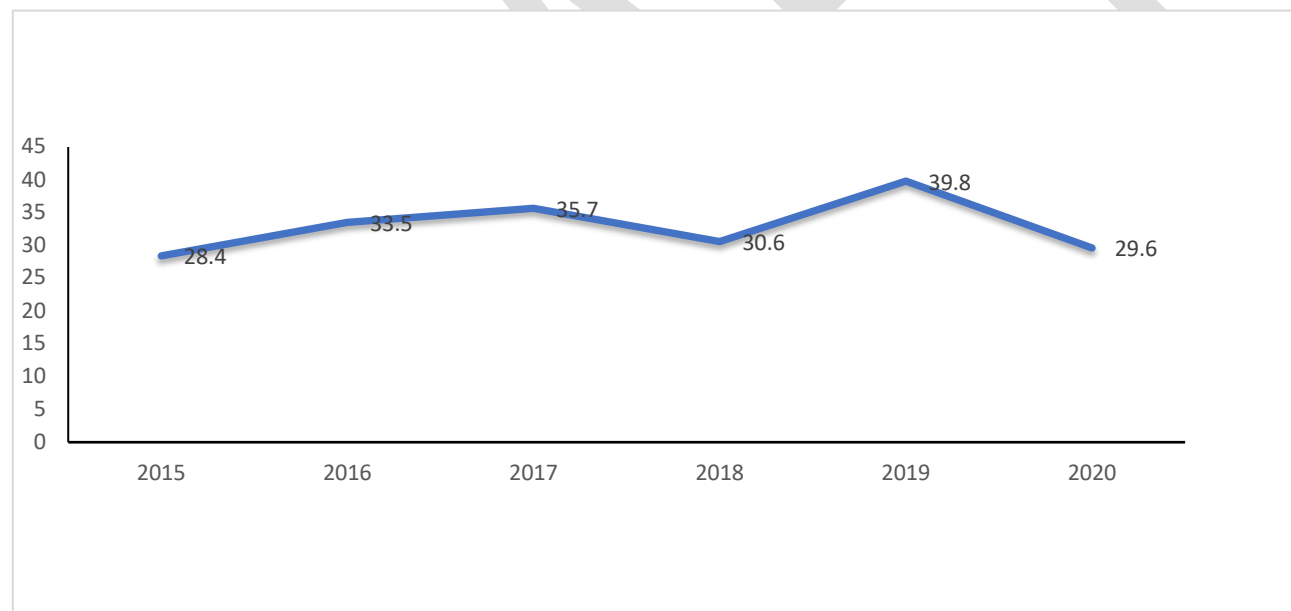


Family Planning

Expanding access to Family Planning and Reproductive Health (FP/RH) services is one of the best investments a country can make. FP/RH services can improve women and children's overall health, reduce maternal and child mortality, and help prevent HIV infections. As a country, family planning services are provided at all levels of the healthcare system with basic training offered to health workers to deliver appropriate family planning services.

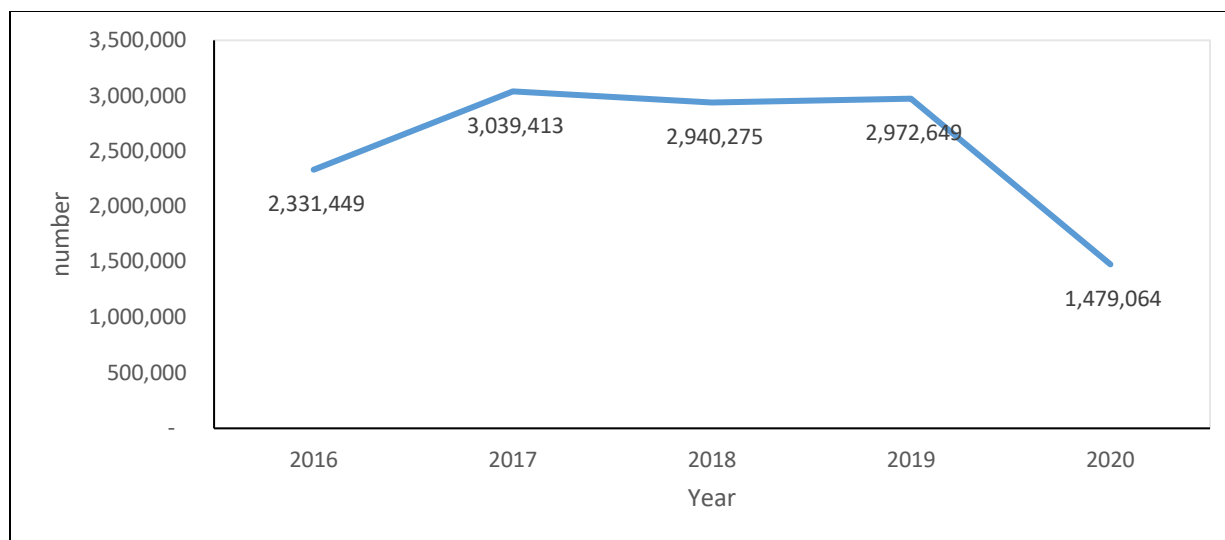
In the year under review, the number of clients accepting to use family planning methods declined nationwide by 25.6%, from 39.8 to 29.6% between 2019 and 2020 (Figure 8). Similar observation was seen in all regions except Upper East region, which sustained its family acceptor rate at 31%. This decline can be attributed to shortage in commodities, client record books and registers, arising from the COVID-19 restrictions. The situation also led to frequent stock outs of FP commodities at district and regional level facilities. It is partly attributed to poor procurement, distribution, and supply management, resulting in missed opportunities for family planning and increased unmet needs. Subsequently, this situation affected data routine capturing of users of family planning services.

Figure 8 Trend in family planning acceptor rate, 2016-2020



Family planning acceptor rate improved considerably during the 2019-year period. This improvement was, however, not sustained as 2020 recorded a dip of 29.6%. The regional decomposition shows that the Greater Accra decreased by 54%, from 73.5 to 33.6% between 2019 and 2020, whilst Volta recorded 8% increase, from 24.6 to 26.6% over the same period. In 2020, the estimated protection provided by family planning declined by 50%, from 2,972,649 in 2019 to 1,479,064 in 2020 (figure 9) falling short of a target of 3,800,000 set for the year.

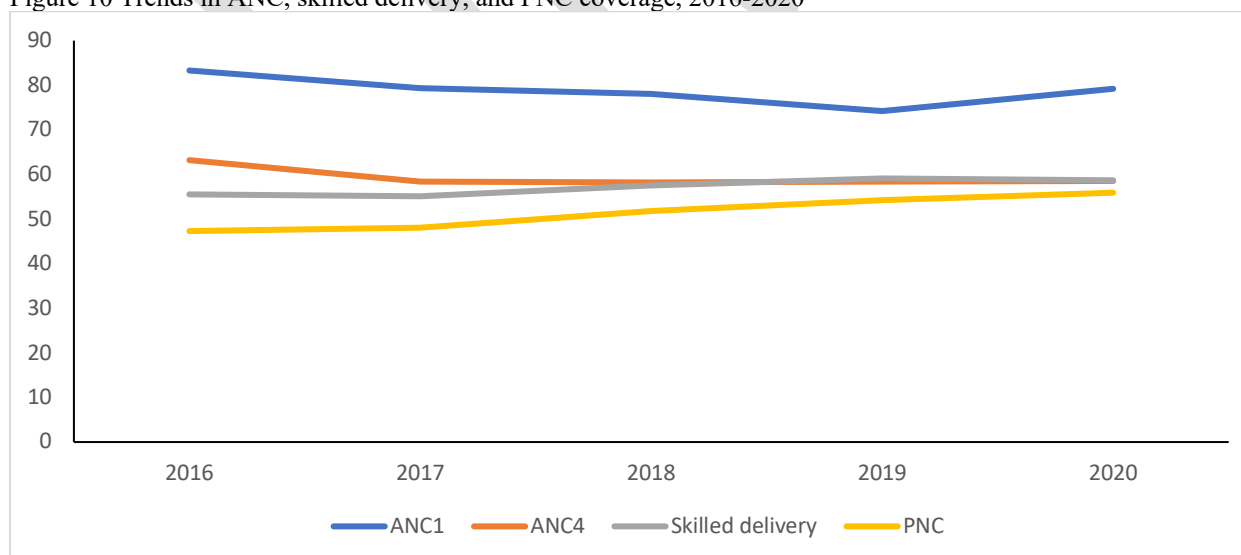
Figure 9 Trend in couple year of protection, 2016-2020



Maternal healthcare service

Antenatal care (ANC), skilled delivery and postnatal care (PNC) are among other effective interventions to promote maternal and child health. Although these services are rendered for free, an overall analysis of the data for the reporting period shows that service utilization recorded mixed results. Whilst ANC+1 visit, +4 visits and PNC visits recorded marginal increases in the year under review, skilled delivery showed a dip. Trends over the last five years (2016-2020), also show increases in PNC visits and skilled delivery (Figure 10). However, both ANC1+ and ANC4+ visits declined over the same period, generally. The increase in PNC is attributed to increased awareness of staff and community members about postnatal care schedule and its importance. Nonetheless, data capturing for PNC and skilled delivery remains a challenge.

Figure 10 Trends in ANC, skilled delivery, and PNC coverage, 2016-2020



Access to quality maternal and child health services are crucial to achieving the SDG related goals. Women in fertility age is a core segment of the population that requires health care services such as family planning, antenatal care, skilled delivery, and post-natal care. Available data shows that, Ghana achieved its target of 1:710 midwife to women in fertility age (WIFA) population ratio for 2020 using 2016 as a benchmark, where the figure stood at 1:560 as shown in the Figure 11 below. This finding is a remarkable improvement and needs to be sustained across all the administrative regions as the country strives to attain the related SDGs. Table 3 provides regional distribution of the indicator over the last five years, 2016-2020. The upper west region (UWR) recorded the best performance regarding WIFA, from 1:570 to 1:384.

Figure 11 Trend in midwife to Women in Fertility Age (WIFA) population ratio, 2016-2020

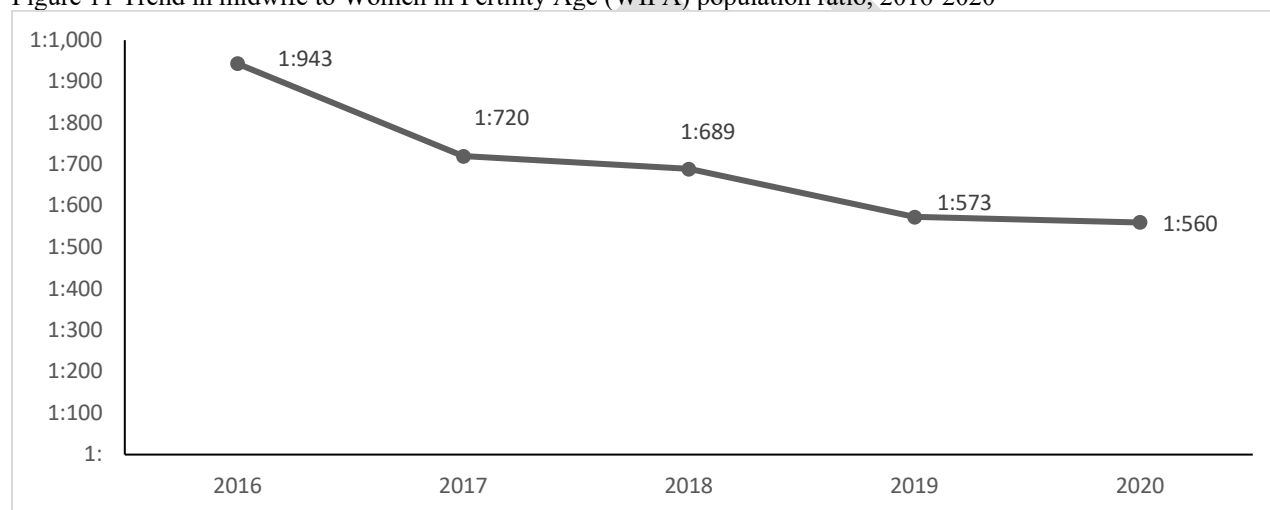


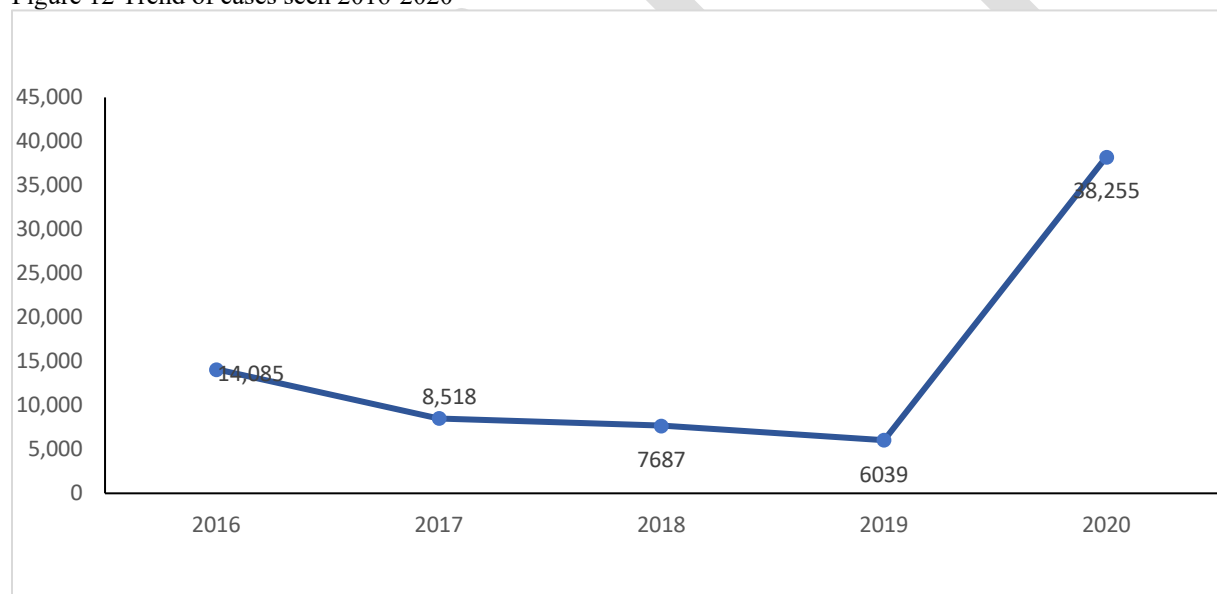
Table 3 Trends in Midwife to WIFA ratio, 2016-2020

Region	2016	2017	2018	2019	2020
Ashanti	1:838	1:649	1:613	1:488	1:479
Brong-Ahafo	1:913	1:713	1:680	1:570	1:553
Central	1:1,070	1:873	1:816	1:589	1:596
Eastern	1:973	1:767	1:727	1:634	1:619
Greater Accra	1:1,021	1:828	1:768	1:618	1:571
Northern	1:1,282	1:924	1:792	1:654	1:643
Upper East	1:705	1:611	1:561	1:526	1:535
Upper West	1:570	1:421	1:389	1:382	1:384
Volta	1:897	1:751	1:721	1:616	1:578
Western	1:1041	1:839	1:688	1:632	1:645

Pre-hospital Care (Access to Ambulance Service)

Pre-hospital care is critical to reducing deaths associated with emergencies particularly road traffic accidents, and eventually all-cause mortality. Analysis of the data shows a marked improvement in both the number of ambulances procured and ambulance service stations established across the country. The number of ambulances increased nearly by seven folds, from 47 to 310 over the 2019-2020 period. Figure 12 shows that access to pre-hospital services in the year under review increased considerably by 6 times the baseline number, from 6,039 to 38,255 between 2019 and 2020. Consequently, the service recorded an increase in coverage from 52% in 2019 to 100% in 2020. These gains are because of procurement and distribution of 307 new ambulance vehicles for each constituency in the country to the existing 55 functional ambulances. As a result of the COVID-19 pandemic, 40 ambulances were dedicated to conveying COVID-19 patients to treatment centres, and in all 4,706 COVID-19 patients were transported.

Figure 12 Trend of cases seen 2016-2020



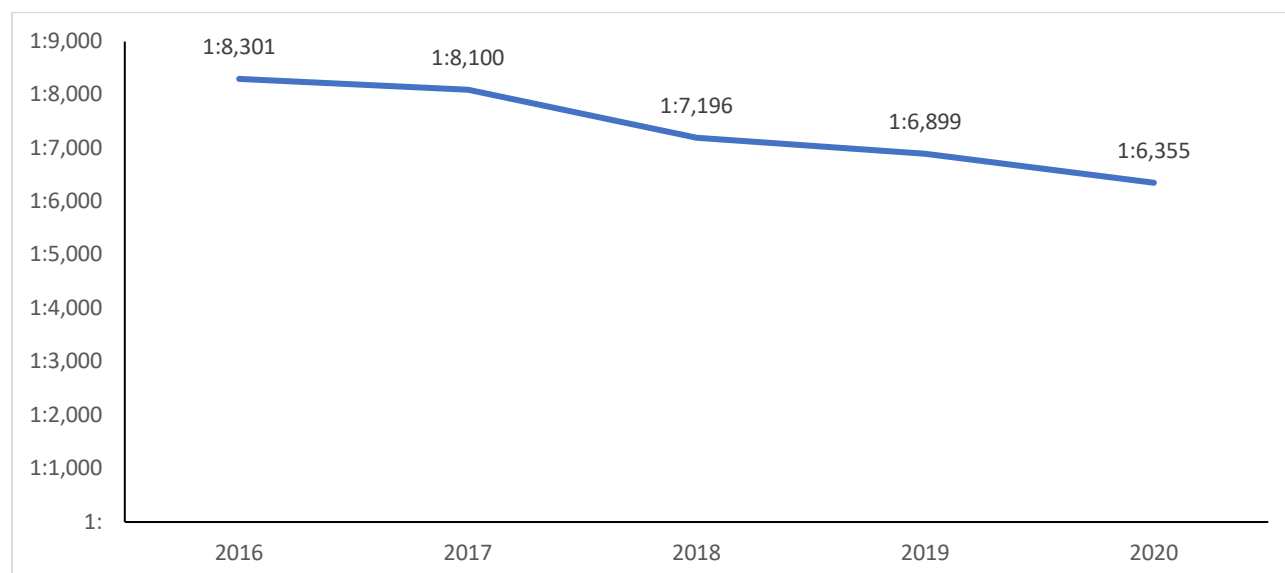
Human Resource Development for Health (Availability of Key Staff)

In 2020, the Ministry finalized the human resource for health policy and strategy. In the same year, it secured financial clearance to recruit 58,191 staff. The priority for the sector is to develop a strategic document to attract and retain health workers in deprived areas to ensuring equity in distribution of health workforce for improved health services delivery.

Doctor to Population Ratio

Doctor to population ratio improved marginally in the year under review although it falls short of the WHO standard of 1 doctor to 1000 population (1:1000). A trend over the last five years (2016-2020) also shows consistent improvement (Figure 13).

Figure 13 Trend in doctor to population ration, 2016-2020



Analysis of this indicator by region also improved overall. Although there has been improvement of 26% of number of doctors posted to Upper East region in the year under review (Table 4), the ratio of doctor to population (1: 23,587 in 2019 to 1: 19,158 in 2020 performance is still far below national target of 1: 6,800 and WHO recommended standard of 1:1000. Only Greater Accra remained best performing region with regards to this indicator from 1:2,839 in 2019 to 1: 2,619 in 2020. This performance, however, indicates inequity in the distribution of health workforce in the country, which needs to be addressed. This performance is attributed to mal distribution of staff which is more skewed towards the urban regions.

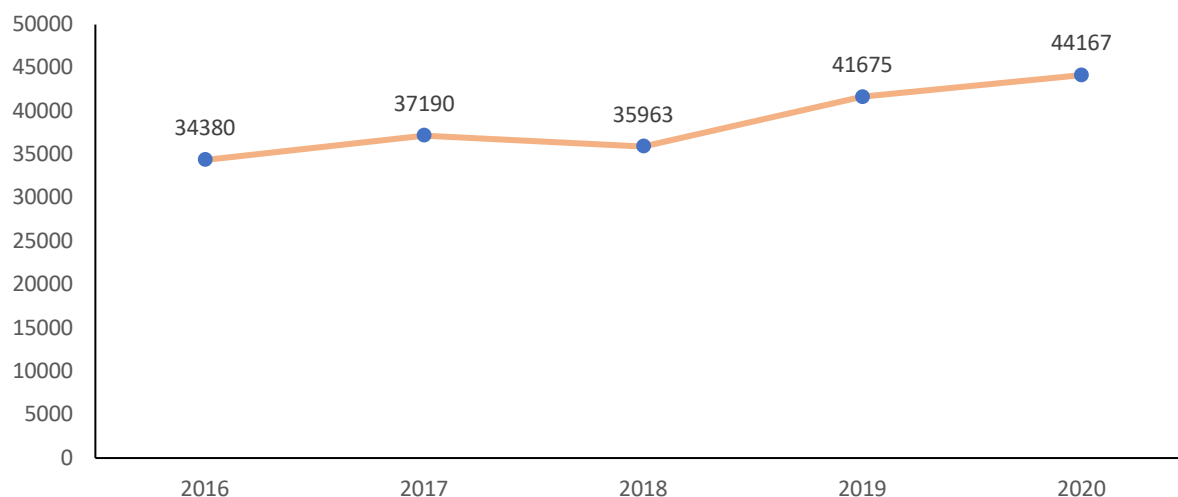
Table 4 Doctor-to-patient ratio by region, 2016-2020

Region	2016	2017	2018	2019	2020
Ashanti	1:7,769	1:8,041	1:6,389	1:6,344	1:6,007
Brong-Ahafo	1:11,468	1:9,795	1:11,270	1:10,239	1:10,159
Central	1:9,905	1:9,158	1:7,787	1:7,180	1:6,188
Eastern	1:13,082	1:12,808	1:11,602	1:11,757	1:10,881
Greater Accra	1:3,518	1:3,404	1:3,246	1:2,839	1:2,619
Northern	1:13,627	1:12,949	1:9,770	1:10,243	1:8,945
Upper East	1:24,985	1:27,652	1:20,936	1:23,587	1:19,158
Upper West	1:17,860	1:16,222	1:13,160	1:14,897	1:14,477
Volta	1:12,160	1:10,832	1:11,520	1:10,390	1:9,392
Western	1:20,275	1:22,729	1:17,850	1:18,977	1:17,577

Nurse-to-population ratio

The number of nurses improved by 5% during the period under review from 41,675 to 44,167 between 2019 and 2020 (Figure 14). Generally, there was a consistent increase in the number of nurses over the 5-year period. At the regional level, more than 5% increment in the number of nurses was observed in Ashanti (5.9%), Eastern (7.5%), Greater Accra (7.9%), Upper West (6.5%) and Volta (13%).

Figure 14 Trend in number of Nurses, 2016- 2020



In ratio terms, the nurse to population ratio for the year under review improved marginally (1:701), compared to 2019 (1:727). This achievement is higher than the WHO recommended standard of 1:1,000, indicating that the country has excess nurses although the issue of maldistribution still exists. This improved performance over the years is the basis for which policy makers have raised concerns to train more nurses in the various specialized areas such as peri-operative nursing, paediatric nursing, etc. by converting some of the nursing training institutions to specialized nursing training centers and the exportation of nurses in recent times.

Table 5 Trends in nurse-to-population ratio, 2016-2020

Region	2016	2017	2018	2019	2020
Ashanti	1:946	1:880	1:796	1:796	1:764
Brong-Ahafo	1:880	1:807	1:887	1:750	1:743
Central	1:755	1:713	1:768	1:615	1:606
Eastern	1:838	1:816	1:855	1:776	1:739
Greater Accra	1:745	1:743	1:783	1:675	1:640
Northern	1:1033	1:945	1:986	1:850	1:825
Upper East	1:500	1:500	1:494	1:458	1:472
Upper West	1:644	1:597	1:632	1:514	1:493
Volta	1:833	1:785	1:839	1:731	1:659
Western	1:1009	1:1030	1:1015	1:935	1:944
Ghana	1:834	1:799	1:839	1:727	1:701

2.3 Objective 2: Reduce Morbidity and Mortality, Intensify Prevention and Control of Non-Communicable Diseases

This objective obtained a performance score of 2.9 overall, interpreted as a sustained performance. The indicators under this objective are all-cause mortality, Institutional Maternal Mortality Ratio (iMMR), Institutional Neonatal Mortality ratio and stillbirth rate. The remaining are survey indicators and data is only provided for when surveys are conducted. Four (4) indicators out of sixteen (16) indicators were used to assess this domain for the year under review. The milestone of this domain is to develop database for medical equipment.

Figure 15 Overall performance score for objective 2

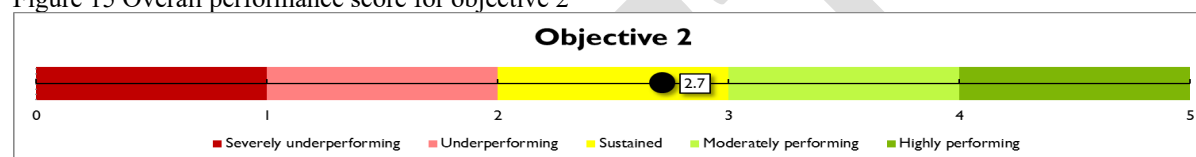


Table 6 Indicators for assessing morbidity and mortality, and prevention and control of non-communicable diseases

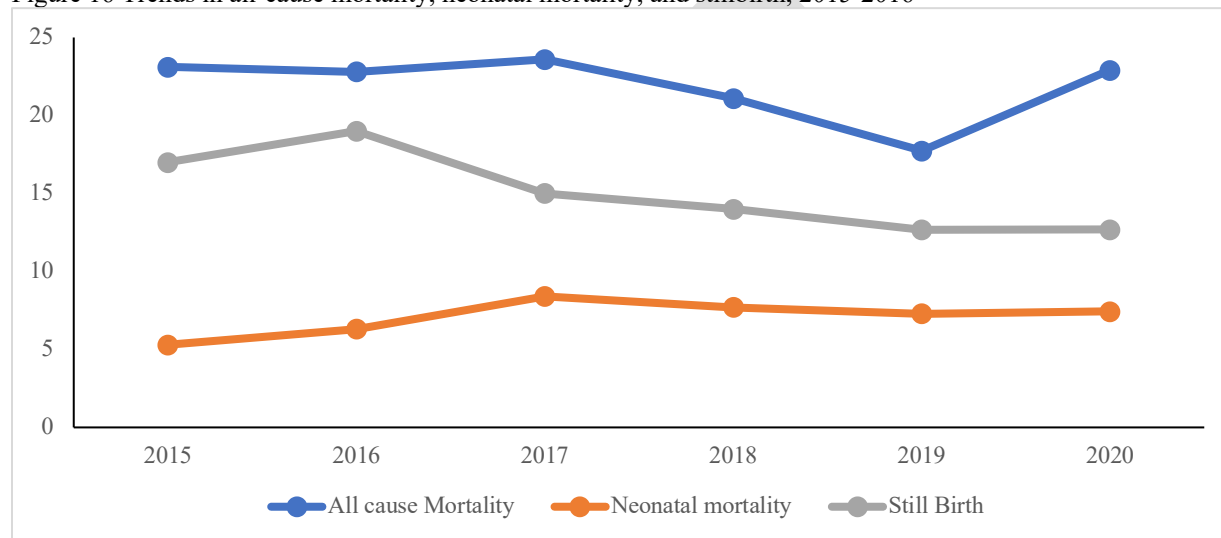
Performance Category	Indicators	Code
Objective 2: Reduce Morbidity and Mortality, Intensify Prevention and Control of Non-Communicable Diseases		
2 had a maximum score: +2	1. Institutional Maternal Mortality Ratio 2. Still birth rate (per 1000 LB)	
1 had a positive score: +1	1. Institutional Neonatal Mortality Rate	
1 had a negative score: -2	1. Institutional all-cause mortality rate (per 1000)	
Milestones	Develop database for medical equipment	

Trend analysis of key indicators under objective 2

All-cause mortality, neonatal mortality, and stillbirth

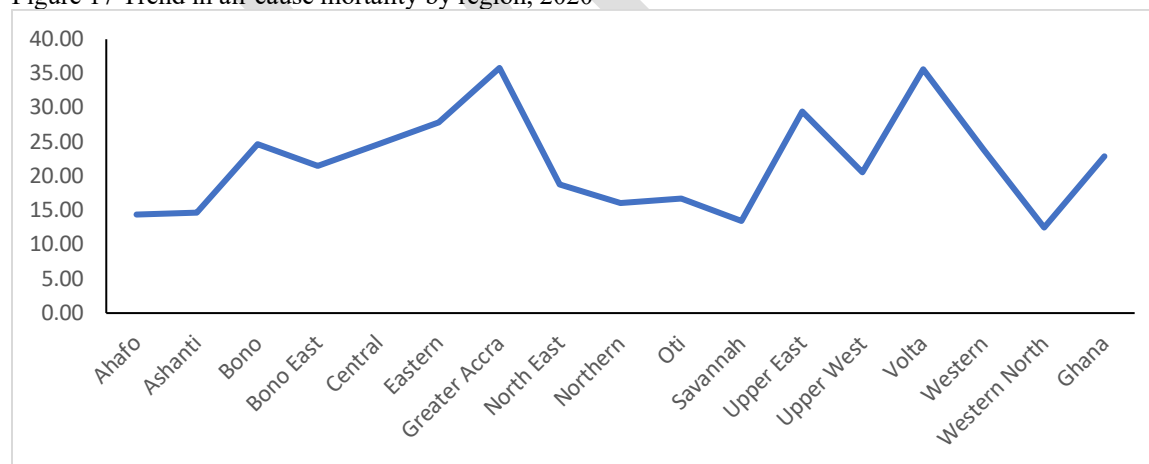
Figure 16 shows trends all-cause mortality, neonatal mortality, and stillbirths. Institutional mortalities (all-cause, neonatal, and stillbirth) deteriorated in 2020 as compared to 2019. Institutional-all- cause mortality increased by 29% from 17.74/1,000 in 2019 to 22.9/1,000 in 2020, missing the set target of 21.5/1,000 LB.

Figure 16 Trends in all-cause mortality, neonatal mortality, and stillbirth, 2015-2016



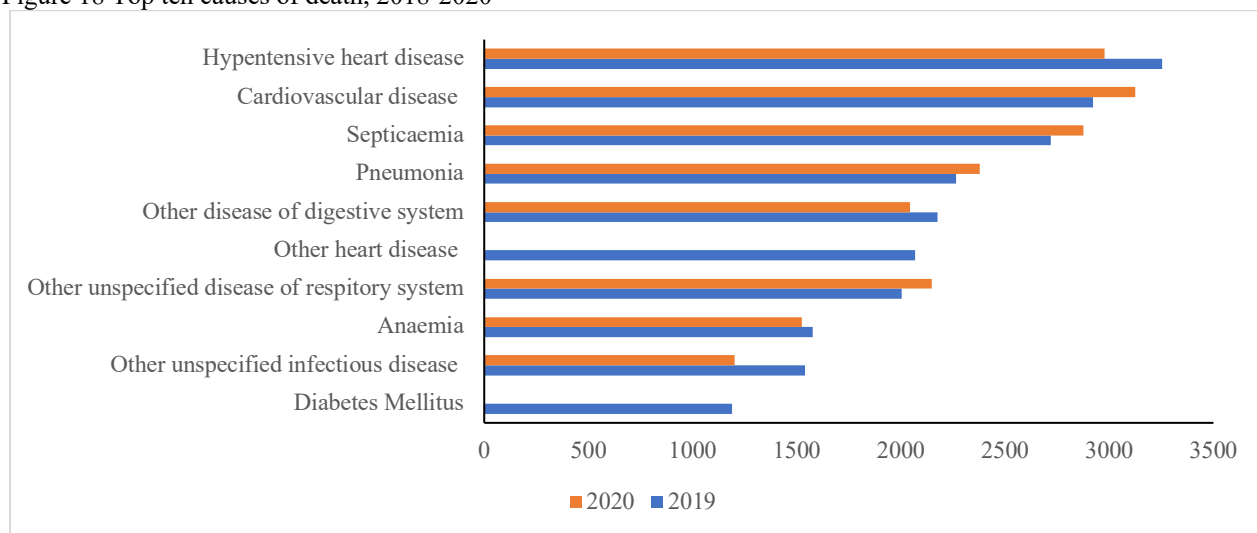
Disaggregation by geographical distribution shows that seven regions (Ahafo, North East,Oti, Savanna, Ashanti, Upper West and Western) achieved the national target of 21.5/1000LB, as shown in Figure 17. Volta region and Greater recorded, however, recorded higher all-cause mortality of 35.57/1000 and 35.81/1000 respectively.

Figure 17 Trend in all-cause mortality by region, 2020



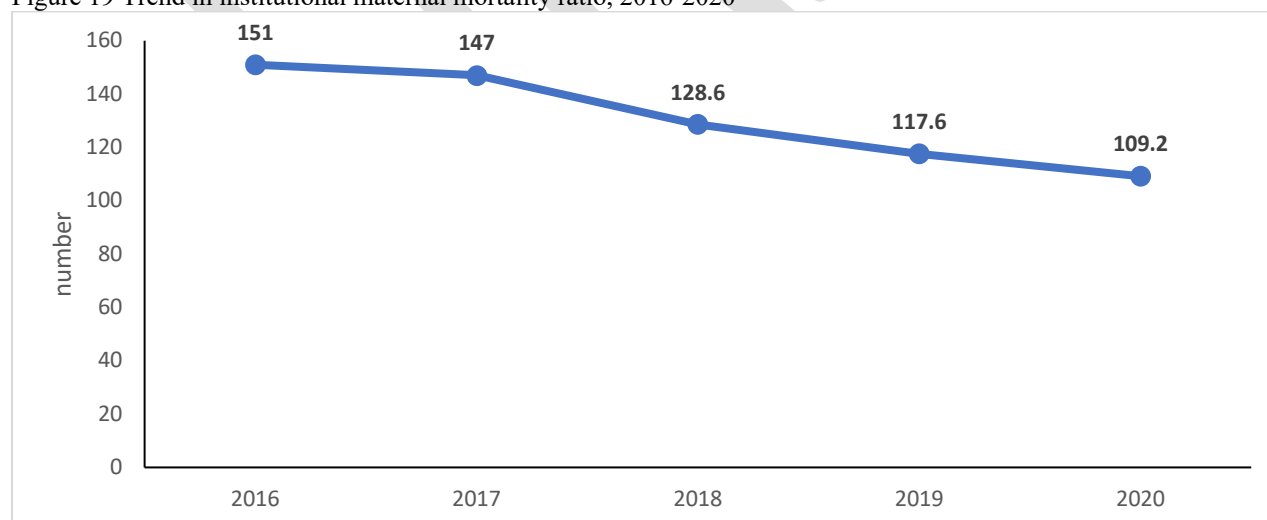
In the past few years, non-communicable diseases (NCDs) have become one of the leading causes of death. Available data shows that cardiovascular diseases were among the top 10 leading causes of deaths in the country, as shown in Figure 18.

Figure 18 Top ten causes of death, 2018-2020



In the year under review, the total number of maternal deaths declined remarkably from 838 to 779, translating into 117.6/100,000 LB to 109.2/100,000 LB over the 2019-2020 period (Figure 19). This achievement was higher than the set target of 140/100,000 for the year 2020. Success of this can be attributed to strict adherence to maternal health protocols and guidelines, and the implementation of maternal death audit recommendations.

Figure 19 Trend in institutional maternal mortality ratio, 2016-2020



2.4 Objective 3: Enhance Efficiency in Governance and Management

The health sector objective seeks to measure the decisions managers make about what evidence (if any) exist, what expertise they draw on, and how they search for solutions and present them in a persuasive way. In all, there are 31 indicators under this objective which include administrative indicators such as proportion of hospitals offering mental health, traditional and alternative medicine practice, facilities in good standing, bed occupancy rate, and length of stay at wards. It also has financial management indicators such as revenue mobilized, NHIA claims settlement time, GOG per capita, and many more.

Overall performance score for this objective is 2.5 on the scale of 0-5, representing a sustained performance (Figure 20). Twenty-nine (29) out of thirty-one (31) indicators of this objective were assessed because there was no survey data. Thirteen (13) indicators had a maximum score of +2; two indicators obtained +1; three indicators scored 0 and ten indicators scored -2, as shown in Table 7.

Figure 20 Overall performance score for objective 3

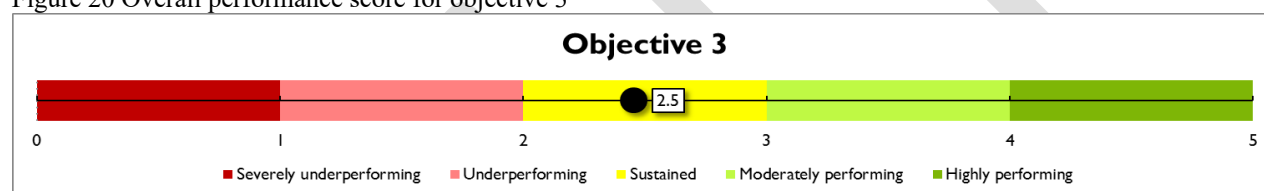


Table 7 Indicators for assessing efficiency in governance and management of the health system

Performance Category	Indicators	Code
Objective. 3: Improve efficiency in governance and management of the health system		
13 had maximum score: +2	- Hospitals (public and private) with mental health units - Proportion of hospitals (public and private) with functional emergency department - Regional and district hospitals providing traditional and alternate medicine - Adverse drug reactions investigated and reported on by Food and Drugs Authority (FDA) - Proportion of encounters with an antibiotic prescribed - Licensure examination pass rate (for physician assistants, nurses, midwives, and allied health professionals) - GOG budget execution rate for goods and services	

	8. Average number of medicines prescribed per patient encounter (public facilities) 9. Average Time of NHIS Claims Settlement (Month) 10. GOG allocation to health 11. Percentage change in annual revenue mobilized from all sources (real and nominal) 12. Proportion of Agencies with functional audit committees 13. Per capita expenditure on health (all sources) - (USD)	
2 had a positive score: +1	1. Hospital beds per 1000 population 2. Food and medicinal products that undergo quality testing	
1 had a negative score: -1	1. Bed occupancy rate (all wards)	
3 had a neutral score: 0	1. Restaurants in good standing 2. Average length of stay at the accident and emergency (A&E) ward - (Days) 3. GoG budget execution rate (total)	
10 scored: -2	1. Proportion of health facilities (public and private) Licensed 2. GOG budget execution rate for goods and services 3. Proportion of NHIF receivable funds released to NHIA by MOF 4. Percentage of encounters with an injection prescribed (public facilities) 5. Proportion of NHIS expenditure on claims reimbursement 6. Percentage of medicines prescribed by generic name (public facilities) 7. Tracer drug availability 8. Psychotropic drug availability 9. Proportion of total health budget allocated to health research activities 10. Proportion of total expenditure financed through IGF	

Milestone

Develop medical tourism policy

Trend analysis of key indicators under objective 3

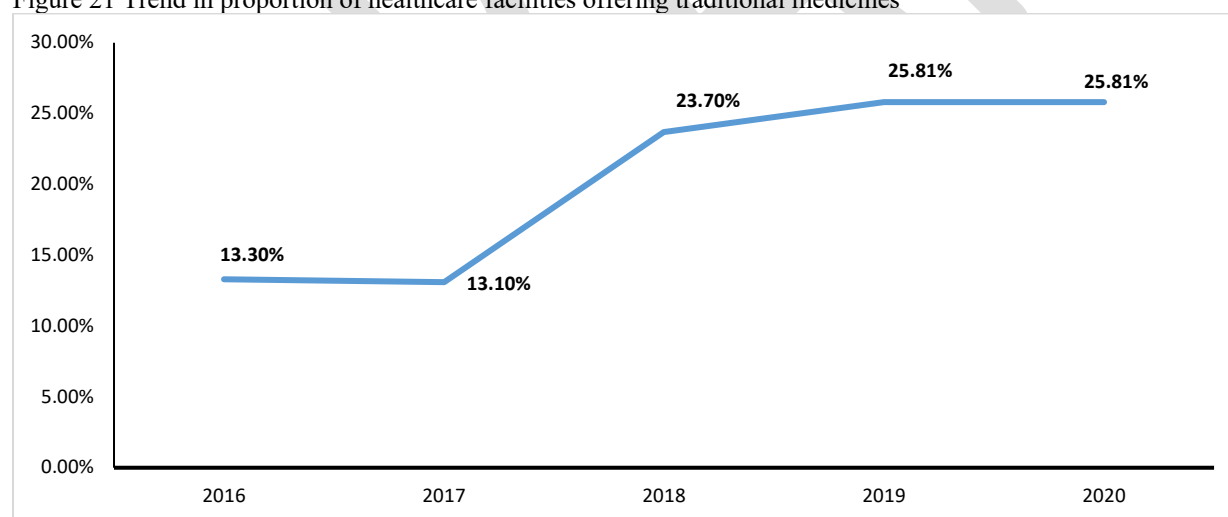
Proportion of hospitals offering mental health services

Mental health services remain a priority area in the health sector for attainment of UHC. This indicator is to measure the extent to which mental health services are provided at all levels of the health system. In 2020, whilst all district and regional hospitals had mental health units that admitted mental health cases, only the two regional hospitals (Eastern and Bono Regional Hospitals) have mental health wings. The Mental Health Authority (MHA) developed guidelines and protocols on general services (Clinical) to increase access at the psychiatric hospitals. In the same period, the Authority reported mental health data to DHMIS 2.

Proportion of regional and district public hospitals offering traditional medicine practice

In 2020, 40 hospitals were reported to be offering traditional medicine practice alongside orthodox treatment. Trend over the last five years (2016-2020) shows that the proportion of regional and district public hospitals offering traditional medicine practice increased from 13.3% to 25.8% (Figure 21). However, this proportion remained same as reported in 2019.

Figure 21 Trend in proportion of healthcare facilities offering traditional medicines

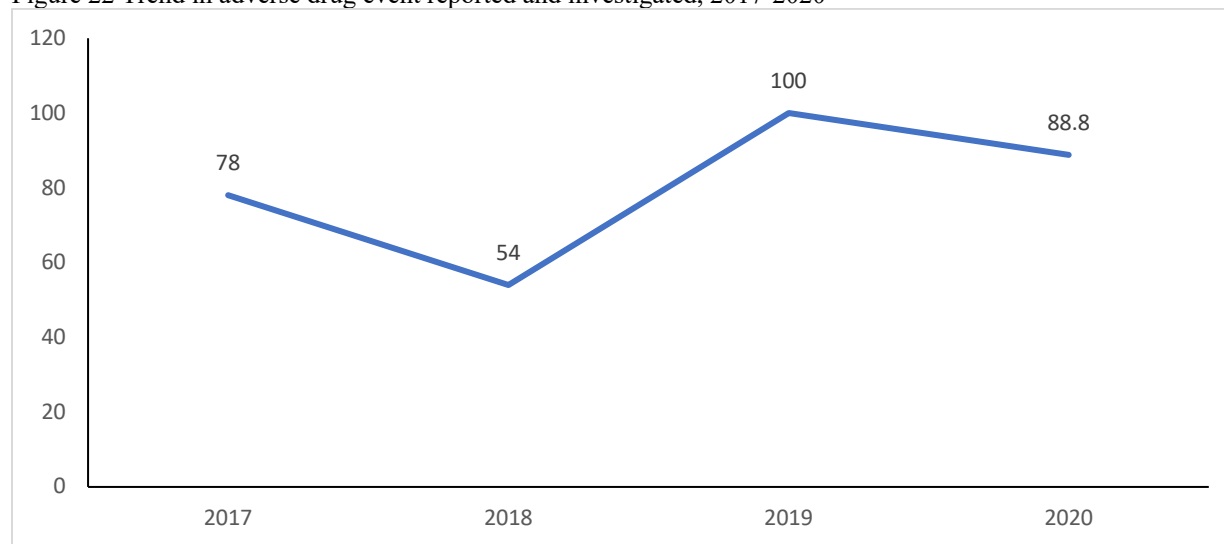


Adverse Drug Event

The number of adverse drug reaction reports received by FDA for 2020 reduced by 21% from 3,446 in 2019 to 2,733 in 2020 (Figure 22). As shown in Figure 26, ADR reported and investigated declined to 88% as shown in Figure 26, nonetheless, the set target of 75% was achieved. This reduction is because of

the decreased hospital attendance due to the COVID-19 restrictions introduced at health facilities, as only patients with emergencies were admitted. Trend over the last five years, however, shows an increase in reported adverse drug event from 78% to 88.8%.

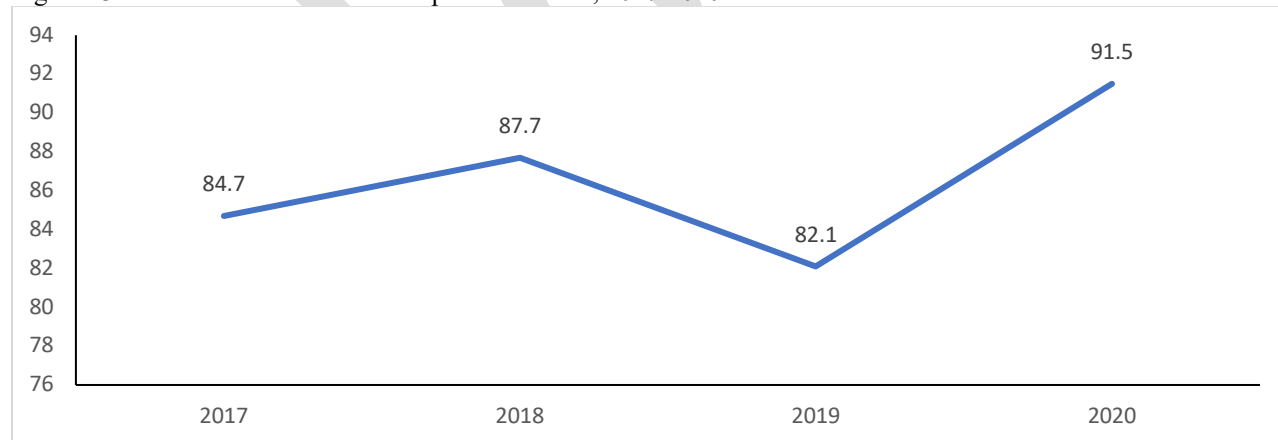
Figure 22 Trend in adverse drug event reported and investigated, 2017-2020



Quality testing for food and drug products

In 2020, the number of products received at the Laboratory of FDA increased by 2.4 times, from 2,896 in 2019 to 7,010 in 2020. Figure 23 shows the percentage increase from 82.1% to 91.5% between the baseline and target year. The 4-year trend (2017-2020) further shows an increase in the number of products tested generally. The increased number of requests in the year under review is due to the number of COVID-19 related products that were submitted for registration. Out of the total received, 6,418 products were analyzed, with 4,821 products passed whilst 1,553 failed. The remaining 591 products could not be analyzed for the year under review due to inadequate quantities of laboratory consumables and personnel constraints.

Figure 23 Trend in food and medicinal products tested, 2017-2020



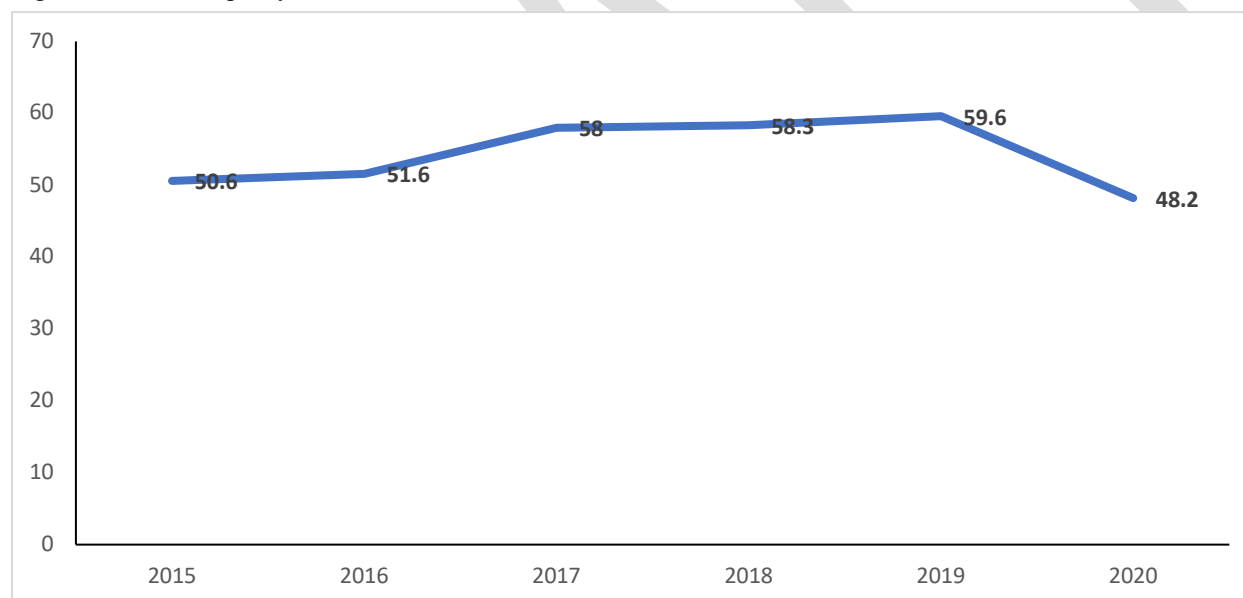
Restaurants in Good Standing

The number of restaurants in the register of FDA has declined by 103 from 989 in 2019 to 886 in 2020. This reduction reflected in the number of restaurants that are in good standing according to the standards of FDA in the year under review. The number of licensed restaurants reduced by 40 in 2020, from 619 to 579. This decrease in performance is because of applicants not availing themselves on the day of inspection. The FDA would need to strengthen public education to encourage more restaurants to avail themselves for registration. It would also need to collaborate with other organizations such as the Tourist Board, District Assemblies and the Ghana Health Service which has a wider reach to propagate the message of the benefit of registering restaurants.

Bed Occupancy Rate

A low bed occupancy rate may reflect a longer length of stay in a hospital inpatient. In the year under review, bed occupancy rate reduced by 8.4 percentage points compared to the baseline rate of 59.6%. as shown in Figure 24. Trend of the indicator over the 2015-2020 period shows a consistent increase over the last four (4) years (2015-2019) but dipped in 2020.

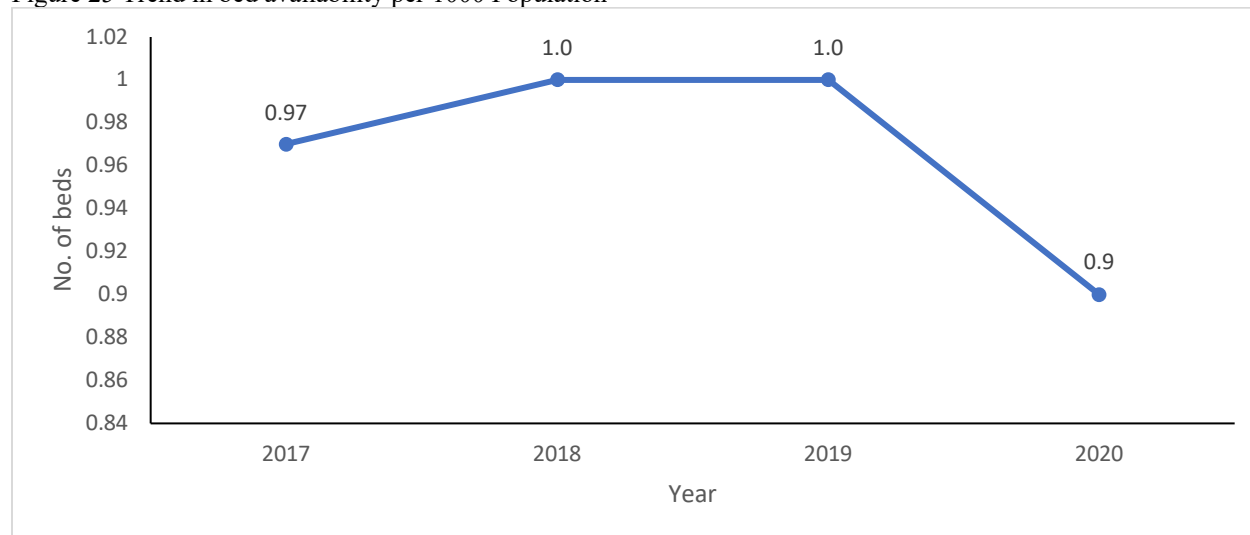
Figure 24 Bed Occupancy Rate, 2015-2020



Hospital Bed Availability

The total number of beds available in the country is estimated at 28,115. This includes the 4,032 beds in all the Teaching Hospitals. The country's hospital bed to a 1,000 population has reduced to 0.9/1000 from 1/1000 in 2019 as shown in Figure 25.

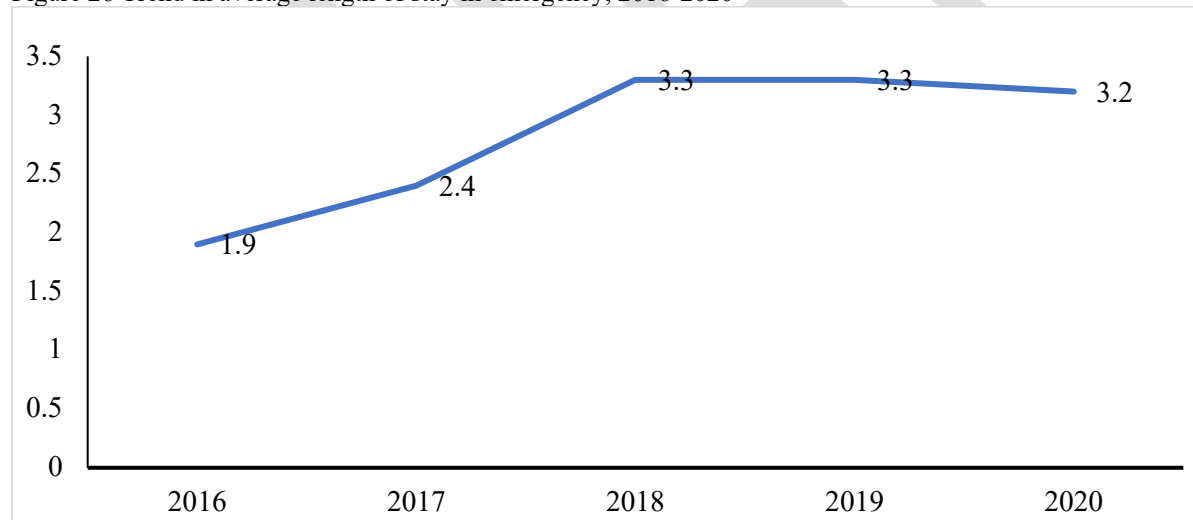
Figure 25 Trend in bed availability per 1000 Population



Average length of stay in emergencies

There was a marginal improvement in the average length of stay in emergency in the year under review, as shown in Figure 26. This improvement, however, falls short of the set target of 2.5 days. The trend of this indicator over the last five years, however, shows a worsened situation, from 1.9 to 3.2 days.

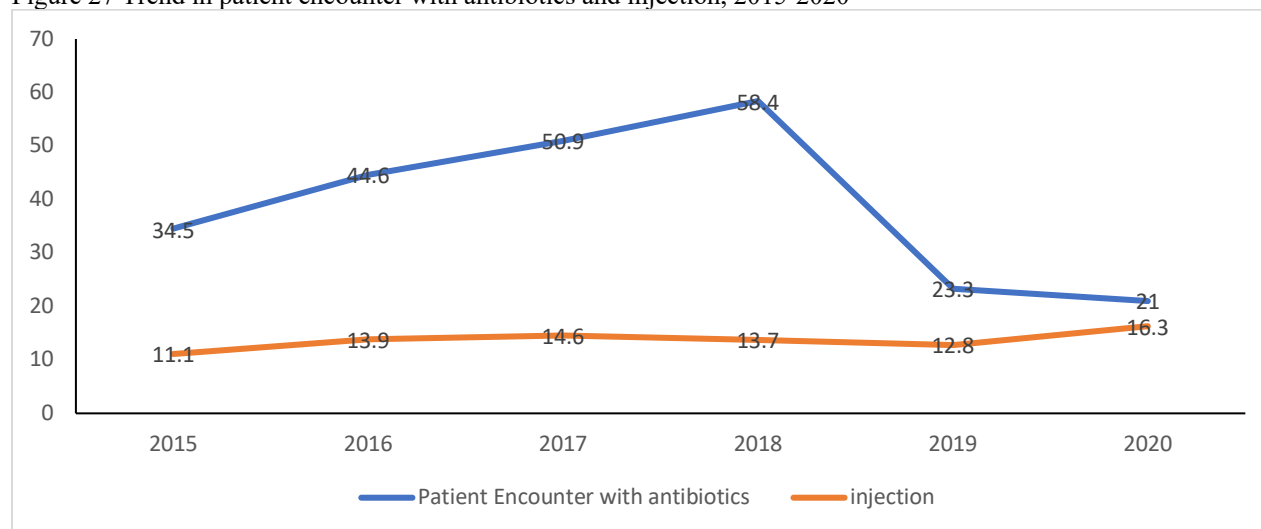
Figure 26 Trend in average length of stay in emergency, 2016-2020



Patient encounter with Antibiotics

Patient encounter with antibiotics fell marginally from 23.3% to 21% between the base year and the target year while patient encounter with injection increased from 12.8% to 16.3% over the same period, as shown in Figure 27. Trends over the last six years (2015-2020) also show a decline from 34.5 to 21% for antibiotics and 11.1 to 16.3% for injections.

Figure 27 Trend in patient encounter with antibiotics and injection, 2015-2020



Average medicines prescribed per encounter

The average number of medicines prescribed per patient encounter saw a marginal increase from 2.1 to 2.9 between the base year and target year (Figure 28). Performance for this indicator was close to the target of 3 medicines per encounter.

Figure 28 Trend in medicines prescribed per encounter, 2015-2020

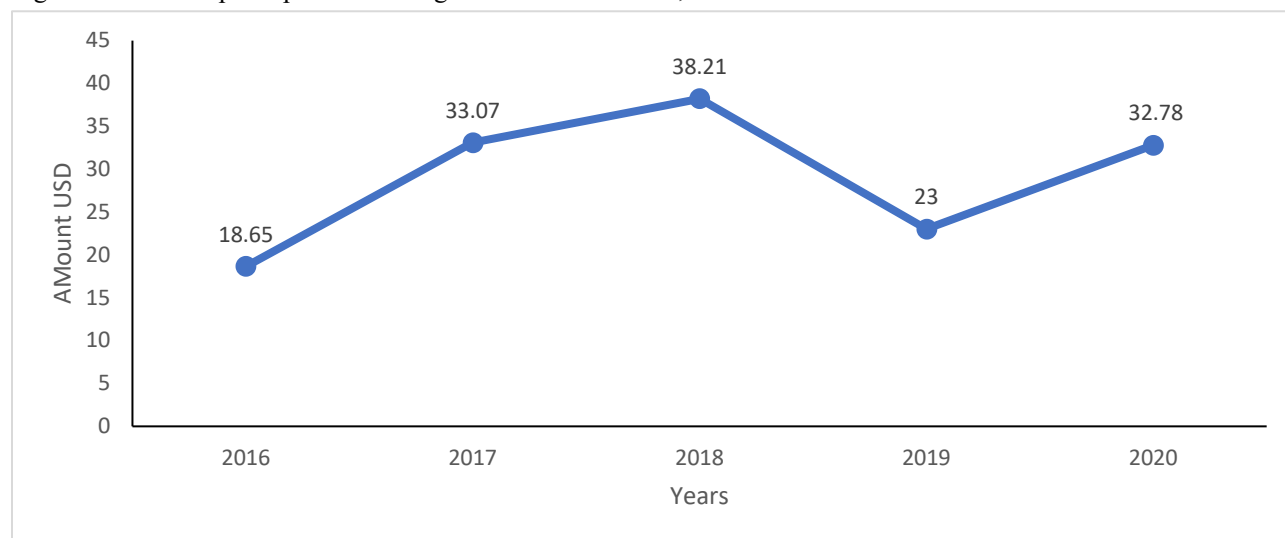


Per capita Government of Ghana (GOG) budget allocation to health (MTEF)

The Ministry of Health obtains its revenue from various sources. Some of the sources include general government appropriation from the central government, Internally Generated Fund, Technical assistance from bi-lateral and multilateral sources and from local authorities. Per capita GOG budget allocation to the sector was chosen as one of the metrics to monitor health financing. Figure 29 shows that the total GOG budgetary allocation to the health sector in 2019 amounted to GH¢ 3,853,679,825

(USD 676,084,179.80). This resulted in per capita expenditure of USD32.78 in 2020, a 9.8 percentage points increase from the base year (2019).

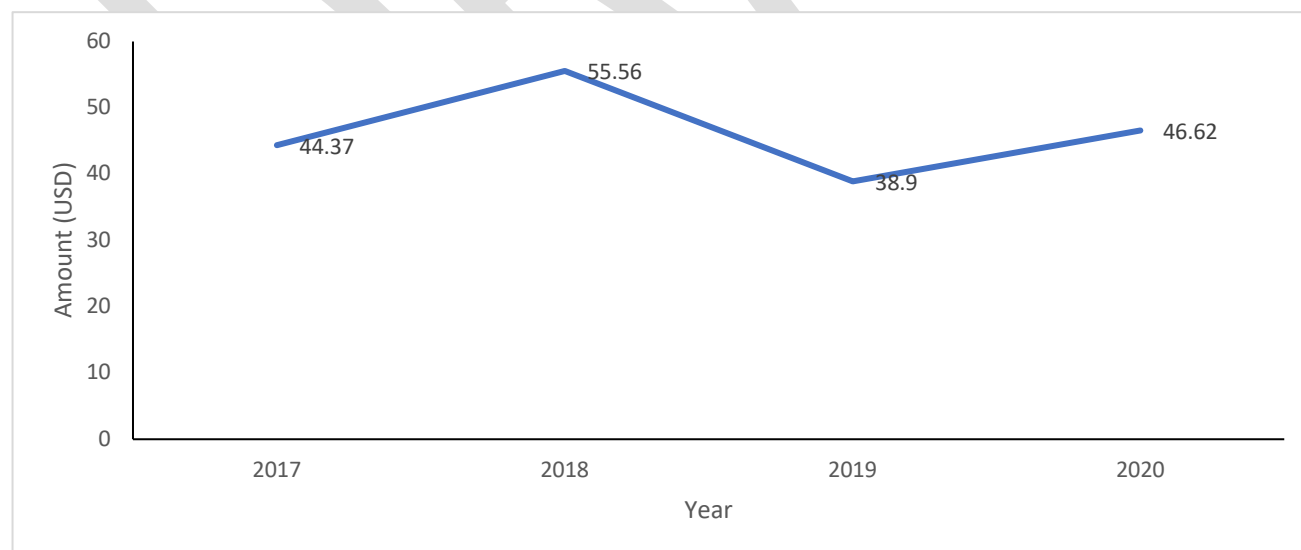
Figure 29 Trend in per capita GOG budget allocation to health, 2016-2020



Total health expenditure per capita

Total Health expenditure per capita is the sum of public and private health expenditures as a ratio of total population. Expenditure per capita also saw an improvement in the target year. It went up by US\$7.72, from US\$38.9 in 2019 to US\$46.62 in 2020 as shown in Figure 30. Similarly, there was a general increase over the 4-year period, 2017-2020.

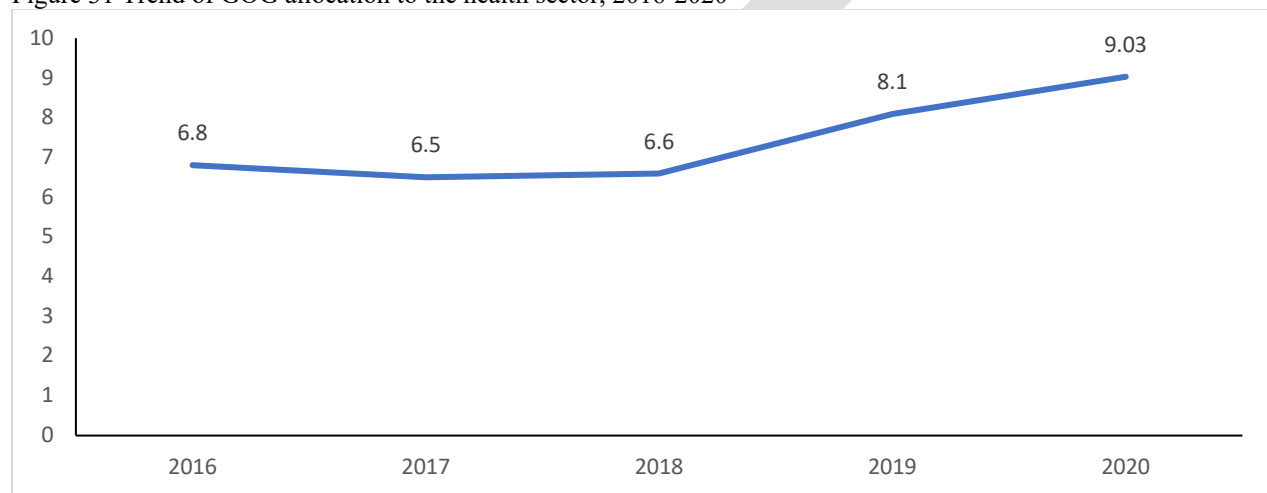
Figure 30 Trend in health expenditure per capita, 2017-2020



GOG allocation to the health sector

The share of national budget to the health sector saw an improvement in the year under review. It increased by nearly 1 percentage point between the base year (2019) and target year (2020), as shown in Figure 31. It however falls short of the Abuja declaration of 15% of total government expenditure to the health sector. Generally, there has also been an increase in the allocation over the last five years (2016-2020).

Figure 31 Trend of GOG allocation to the health sector, 2016-2020



Revenue mobilization also grew from 6.72 billion to 8.35 billion from the base year to the target year as shown in Figure 32. This represents 28.9% growth in revenue compared to the base year (2019), as shown in Figure 33. The rate of change in the last six years has seen an upward trend from 40.1 to 28.9%.

Figure 32 Total Revenue Mobilized, 2015 -2020

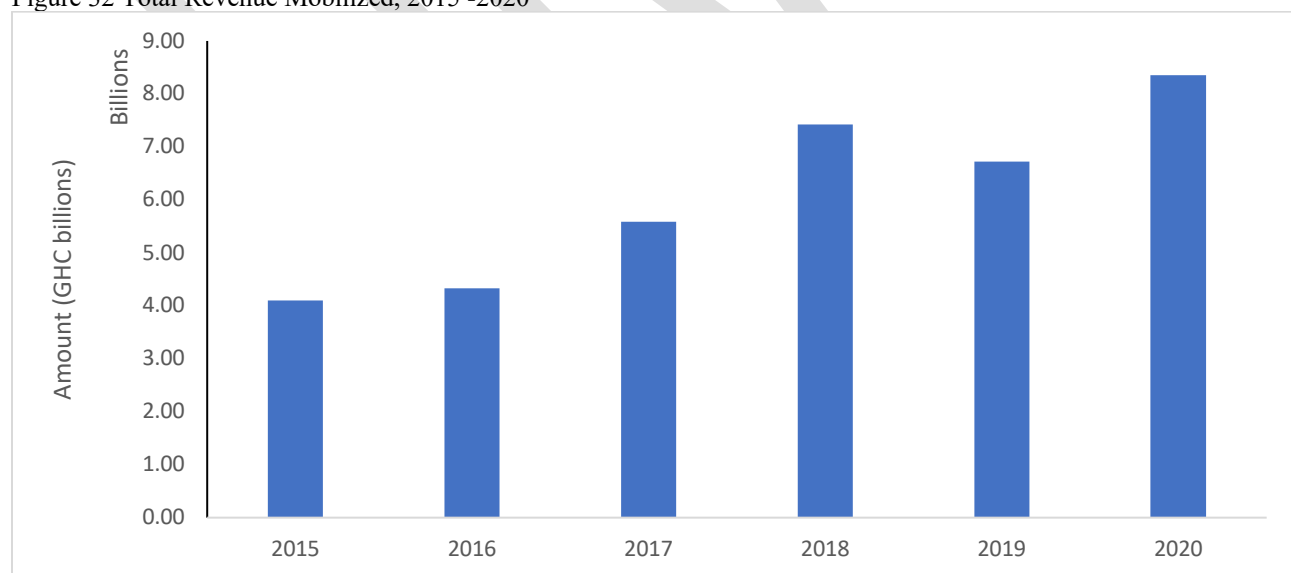
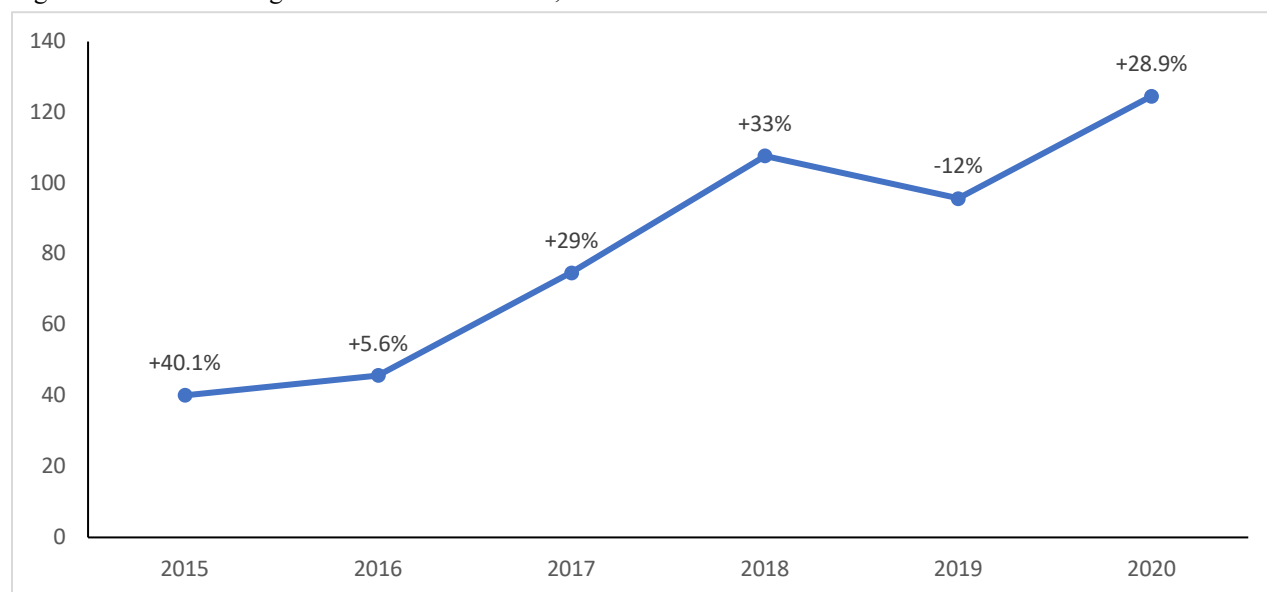


Figure 33 Trend in change in revenue mobilization, 2015-2020



NHIA Receivable Funds

The performance assessment of this indicator focuses on the National Health Insurance Fund (NHIF) receivables released to NHIA by Ministry of Finance (MOF). In 2020, the total receivable funds released to NHIA by MoF was GHS790.29 million, out of the total estimated amount of GHS 2.19 billion expected (Figure 34), indicating a drop from 42.6% recorded in 2019 to 36.1% in 2020 (Figure 34). The amount also falls short of the 2020 performance target of 90%.

Figure 34 Trends in estimated funds and receivable funds, 2016-2020

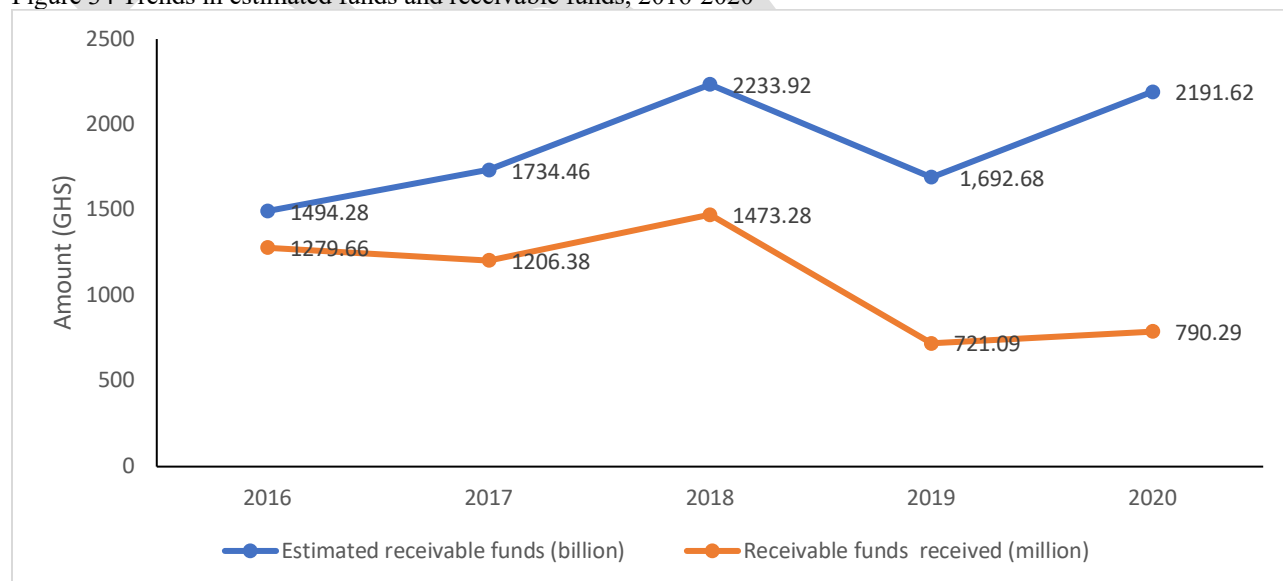
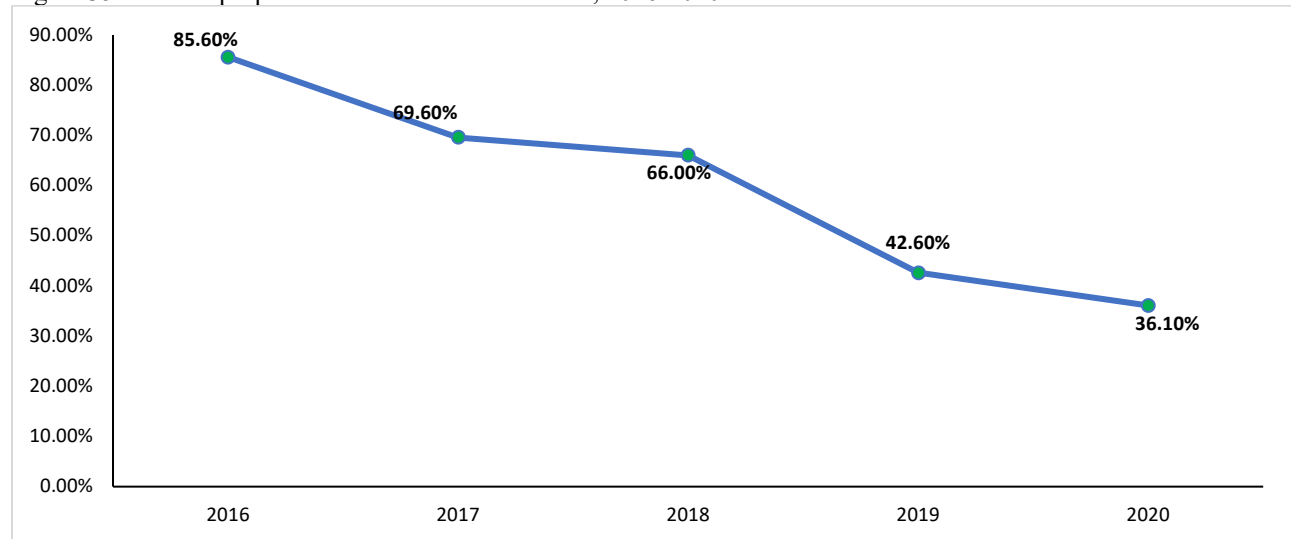


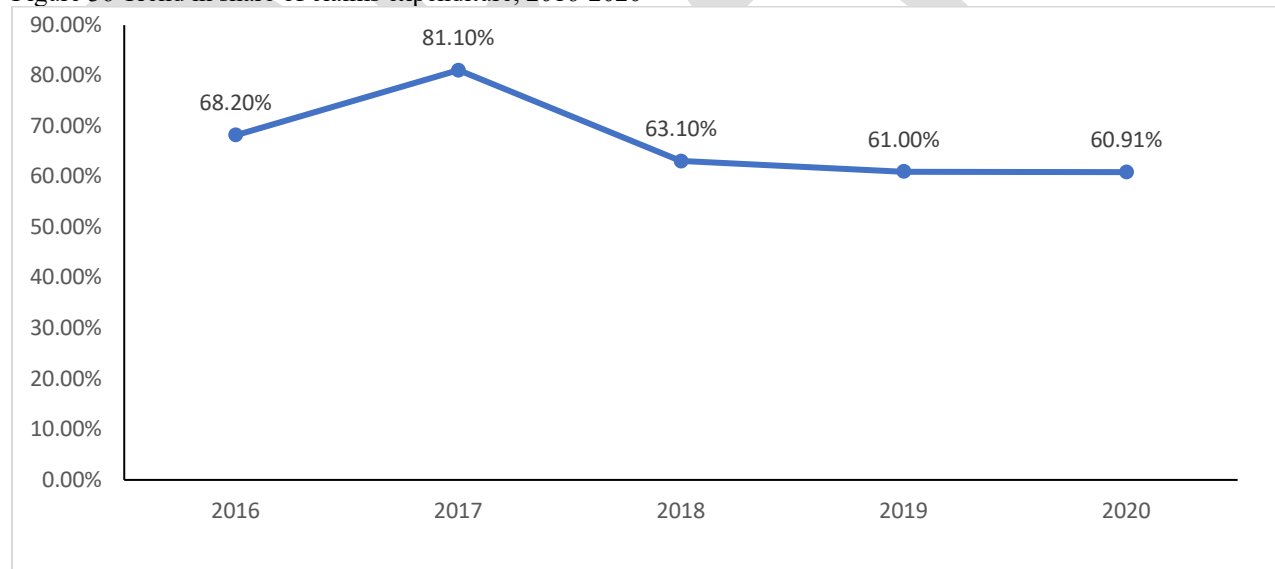
Figure 35 Trend in proportion of NHIS funds received, 2016-2020



Claims Expenditure

There was a marginal dip in the share of claims expenditure from 61% to 60.9% between the base year (2019) and the target year (2020) as shown in figure 36. The time trend shows that share of claims expenditure assumed a downward trajectory over the last four years (2017-2020). As the main source of revenue to the healthcare providers, delays in settling provider claims would affect quality of service delivery to the members of the scheme because of consumable and medicine stock outs.

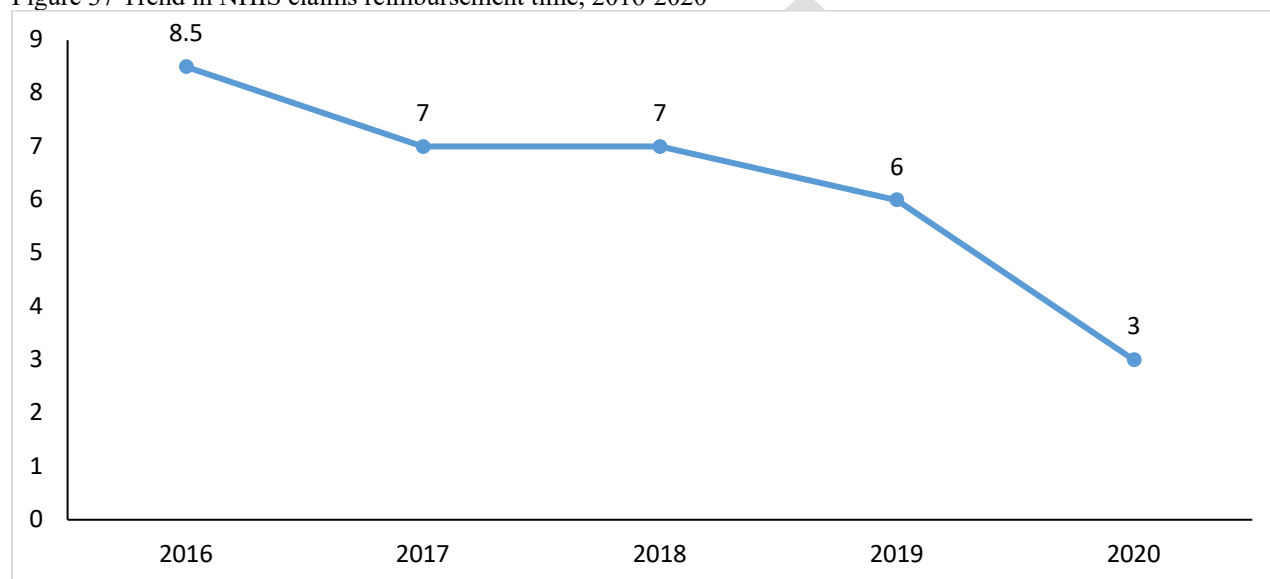
Figure 36 Trend in share of claims expenditure, 2016-2020



Average time of NHIA claims settlement

The average time it took to settle claims by the NHIA in the year under review was three months. This represents an improvement over the 2018 settlement time of seven months. Despite the seemingly long period for reimbursement of claims, there has been steady improvement since 2016 when claims settlement period rose to 9 months, as shown in figure 37.

Figure 37 Trend in NHIS claims reimbursement time, 2016-2020



2.5 Objective 4: Intensify Prevention and Control of Communicable Disease and Ensure the Reduction of New HIV/AIDS and other STI, especially among the Vulnerable Groups

This domain performed moderately well, scoring 3.4 out of 5. Twenty (20) indicators were used to measure progress on quality of health services. All the indicators were assessed, and six indicators obtained the maximum score of +2; four indicators scored +1; three indicators scored '0'; four indicators were scored -2; and three scored -1 (Table 8). The milestone for this objective was for 80% of health facilities to offer PMTCT services. This milestone, however, was not achieved in the year under review. Thus, it scored 0 on the standardized scale of 0-5.

Figure 38 Overall performance score for objective 4

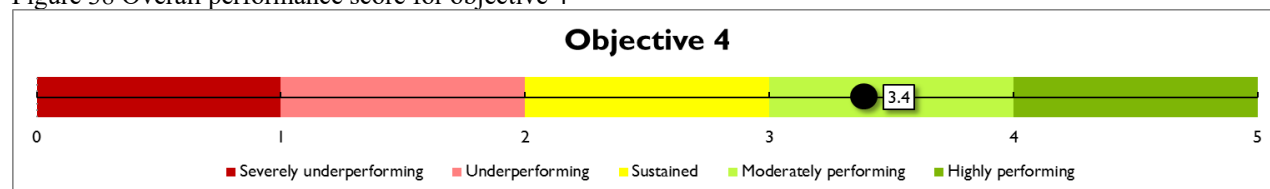


Table 8 Indicators for assessing quality of health services delivery including mental health services

Performance Category	Indicators	Code
Objective 4: Intensify Prevention and Control of Communicable Disease and Ensure the Reduction of New HIV/AIDS and other STI, especially among the Vulnerable Groups		
6 had maximum score: +2	1. Institutional Malaria Under 5 Case Fatality Rate 2. Non- polio AFP rate 3. Malaria incidence per 1,000 population 4. HIV incidence per 1,000 population 5. Tuberculosis Incidence per 100000 6. Case fatality rates for epidemic prone diseases (100,000)	
4 had positive scores: +1	1. Proportion of children under one year fully immunised (Penta 3 as proxy) 2. Proportion of HIV-positive adults and children currently receiving antiretroviral therapy 3. TB treatment success rate 4. 90-90-90 Target (HIV Positive people)	
3 Neutral score: 0	1. 90-90-90 Target (HIV Positive people receiving ART with viral Suppression) 2. 90-90-90 Target (HIV Infected persons who know their HIV Status) 3. 90-90-90 Target (HIV Infected persons who are receiving sustained ART)	
3 Indicators had negative score of (-1)	1. Proportion of infected pregnant women who received ARVs for eMTCT 2. Proportion of babies born to HIV-positive mothers being HIV-negative after 18 months 3. TB Case detection rate	
4 indicators had negative score (-2)	1. Surgical site infection rate 2. Proportion voluntary unpaid blood donations 3. Blood collection index per 1000 4. Mortality rate due to tuberculosis	

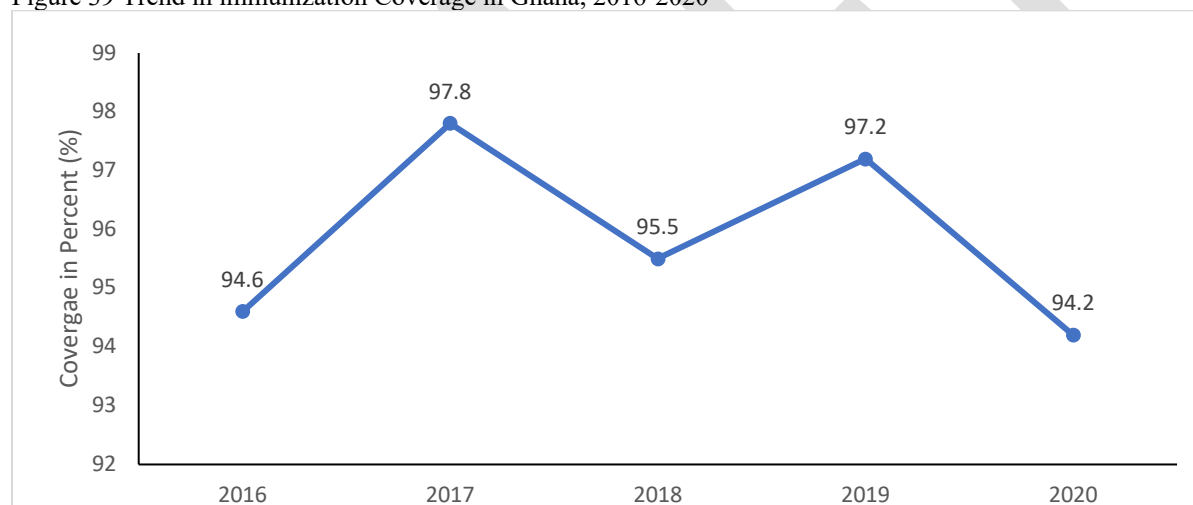
Milestone score (0)	<i>Implement and work towards 90-90-90 HIV target and develop transitional arrangement for co-financing of the immunization program</i>	
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Trend analysis of key indicators under objective 4

Childhood Immunization Coverage

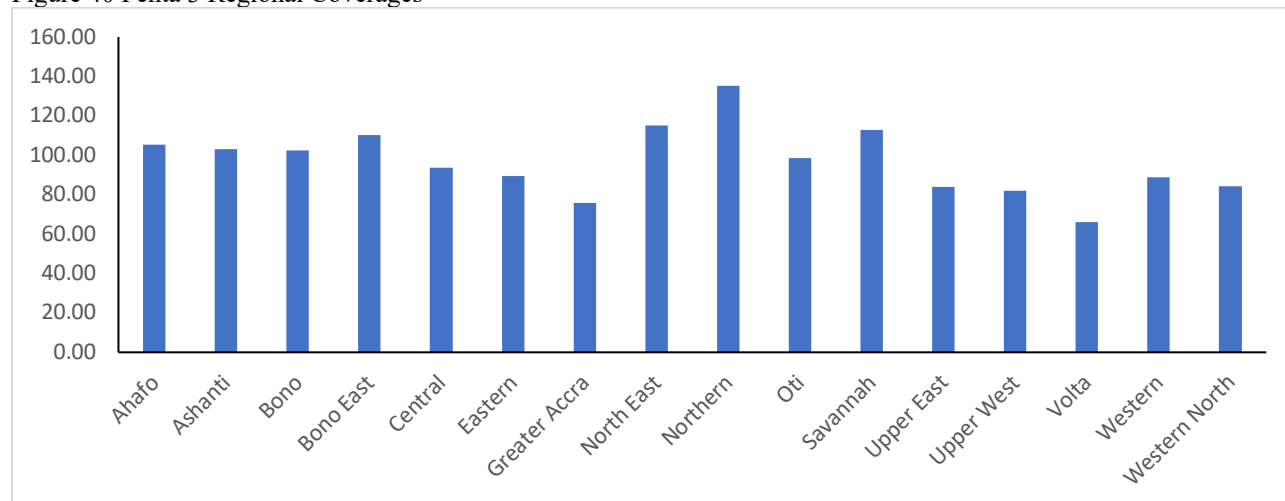
Penta 3 coverage estimates serve as a benchmark for measuring improvements in childhood immunization in Ghana. Over the last five years, Penta-3 coverage, which is used as a proxy for immunization coverage, as shown in figure 39 sustained above 90% and decreased marginally by 3% from 97.3 to 94.2% between 2019 and 2020. Despite the general nationwide sustained improvements in childhood immunization, significant regional variations persist.

Figure 39 Trend in immunization Coverage in Ghana, 2016-2020



As shown in Figure 40, Northern and North-East regions have overachieved the 100% target, whilst Volta and Greater Accra regions had less than 80% coverage in 2020. These wide regional disparities observed show the need for continuous investments in EPI alongside targeted based allocation of funds to address existing challenges in the underlined regions. Additionally, factors such as inadequate and aging cold chain equipment and logistics, and inappropriate numbers and mix of relevant staff have been consistently identified to affect readily accessibility of childhood immunization.

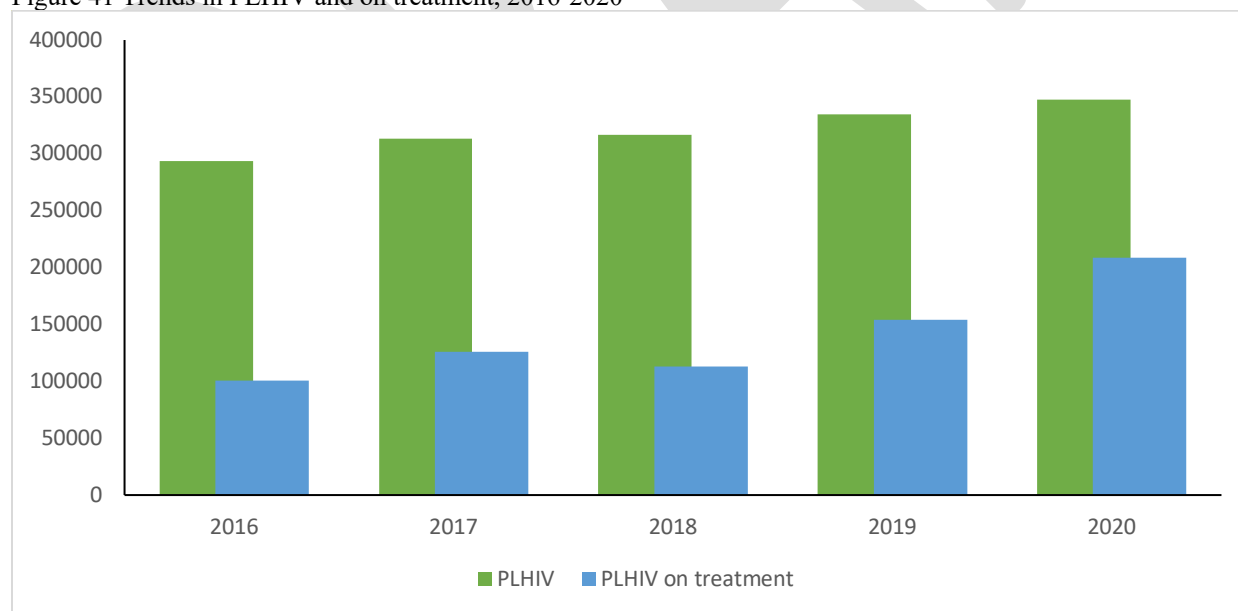
Figure 40 Penta 3 Regional Coverages



Proportion of HIV+ adults and children currently receiving antiretroviral therapy

The number of persons living with HIV (PLHIV) who received treatment continue to rise considerably within the last three years, thus from 2018 to 2020 as indicated in figure 41. In 2020, PLHIV receiving antiretroviral therapy (ART) increased largely by 36%, from 153, 901 (2019) to 208, 811 (2020). This high increase in ART treatment for PLHIV shows massive investments gains by NACP in the control of HIV/AIDs in the country. However, set targets (90%) are still far from being achieved, hence sustaining current efforts are essential for its realization.

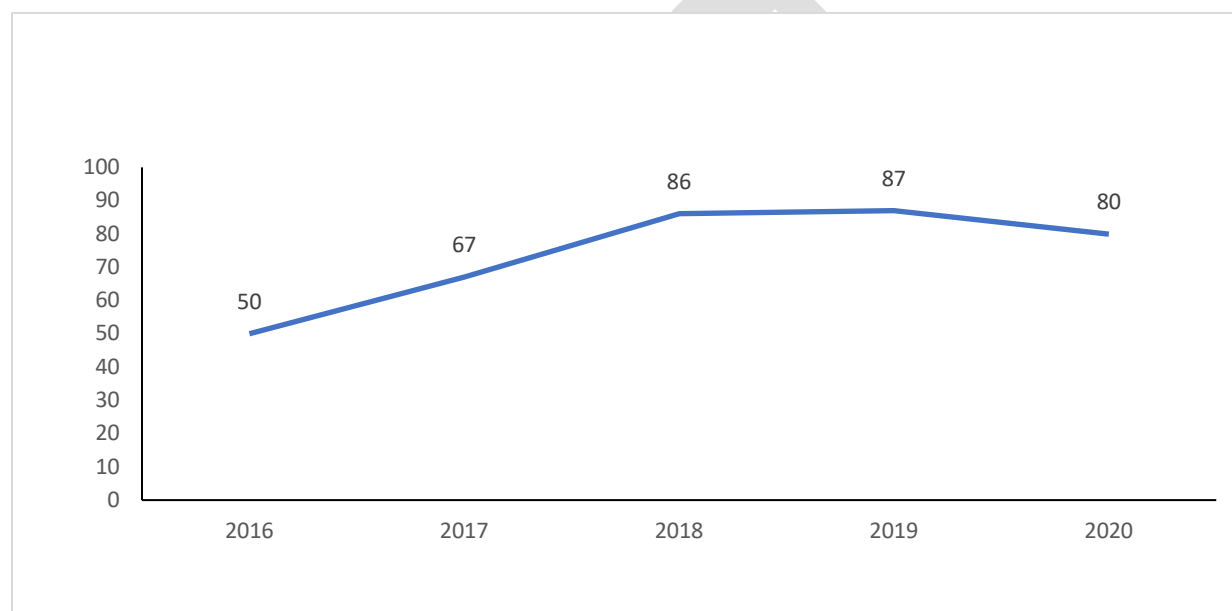
Figure 41 Trends in PLHIV and on treatment, 2016-2020



Proportion of infected pregnant women who received ARVs for eMTCT

The proportion of pregnant women receiving ARVs in Ghana decreased considerably by 8% between 2019 and 2020, as shown in Figure 42. Time trend shows large significant increase from 2017 to 2018, as the proportion of pregnant women receiving ARVs increased from 67% to 86%. The success of Prevention of Mother-to-Child Transmission of HIV (PMTCT) programme is measured using this indicator as a benchmark.

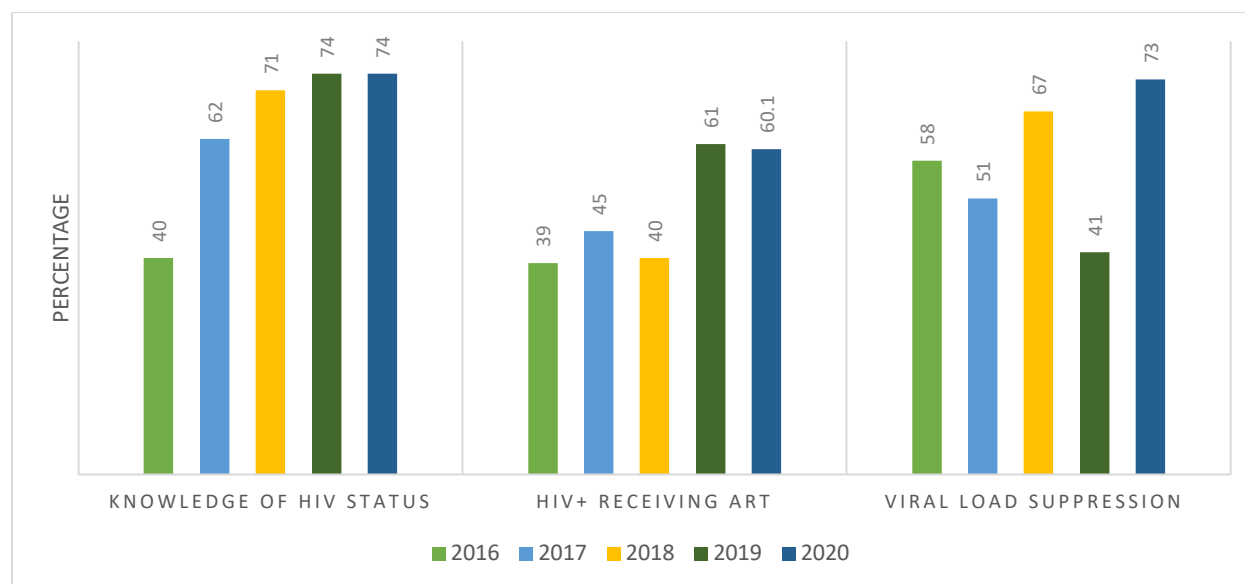
Figure 42 Trend in proportion of infected pregnant women who received ARVs for eMTCT, 2016-2020



HIV 90-90-90

In 2020, the estimates for the 90-90-90 indicator shows a mixed performance as indicated in figure 43. The coverage for HIV persons knowing their status stagnated at 74% in 2020 compared with the previous two years (2018-2019). In addition, HIV positive persons on ART reduced marginally by 0.9%, from 61 to 60% over the same period. The highest gains in 2020 regarding the HIV 90-90-90 target is observed with HIV diagnosed persons on ART with viral suppression. Seventy-four percent (74%) of HIV positive persons on ART had viral suppressions. This drastic improvement on viral load suppression implies significant improvements in the availability of laboratory testing for viral load.

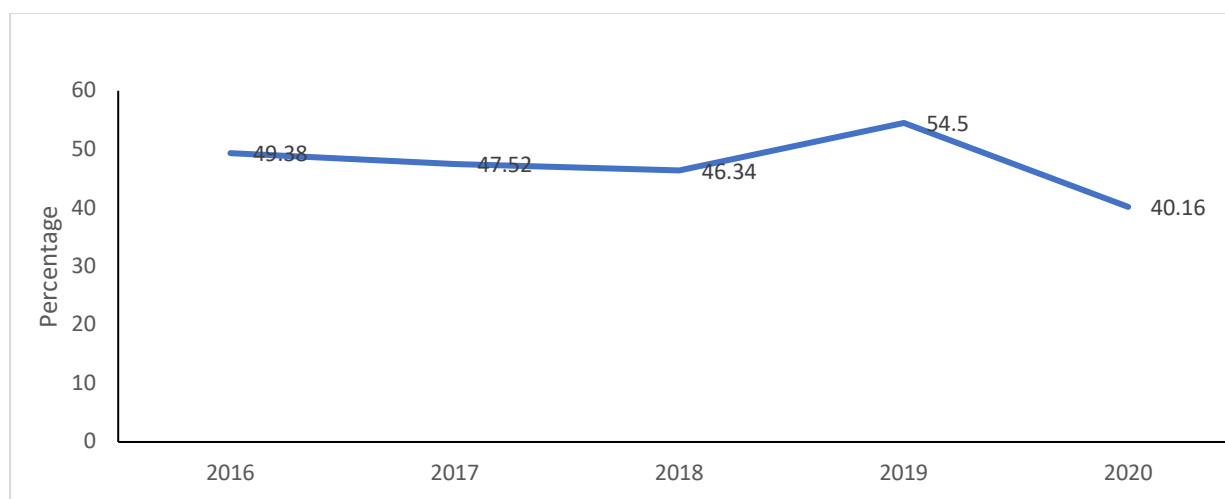
Figure 43 HIV 90-90-90 targets, 2016-2020



TB Case detection rate

Tuberculosis Case Detection Rate (CDR) declined from 54.5% in 2019 to 40.2% in 2020 (Figure 44). This shows a large 26% drop in 2020. TB case detection rate is the ratio of the number of notified TB cases to the number of TB cases that occurs each year. Ghana's TB case detection rate has always fallen short of the global targets of 70% case detection for TB programmes. The sudden sharp decrease in TB case detection rate in Ghana is worrying since previous year-on-year comparisons show a stagnation within 45% to 55%. However, several challenges have been raised regarding the appropriateness of the survey projections of the number of occurrences of TB each year. Other notable concerns raised by TB control programme include the issues regarding the sensitivity of screening tools and diagnostic algorithms, as well as low case suspicion index by health professionals.

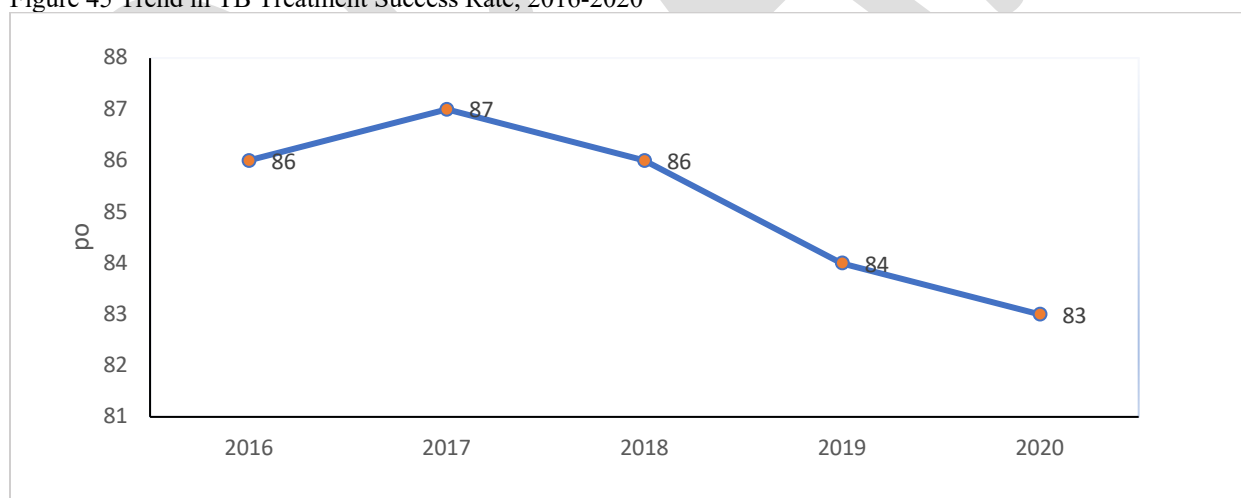
Figure 44 TB case detection rate, 2016-2020



TB Treatment Success Rate

TB Treatment Success Rate has continued to reduce gradually since 2017, as shown in figure 45. TB success rate declined from 87% in 2017 to 86% in 2008 and down to 84% in 2019. This drop further dipped to 83% in 2020. TB treatment success rate is reported with a 1-year lag; thus, TB treatment success rates are estimated based on a follow up study of patients each year successfully completing their treatment regimen i.e. proportion of new smear positive TB cases registered under DOTS that completed treatment with or without bacteriological evidence of success. Hence 83% successfully completed their treatment whilst the remaining 17% either dropped out of treatment or died before treatment was completed.

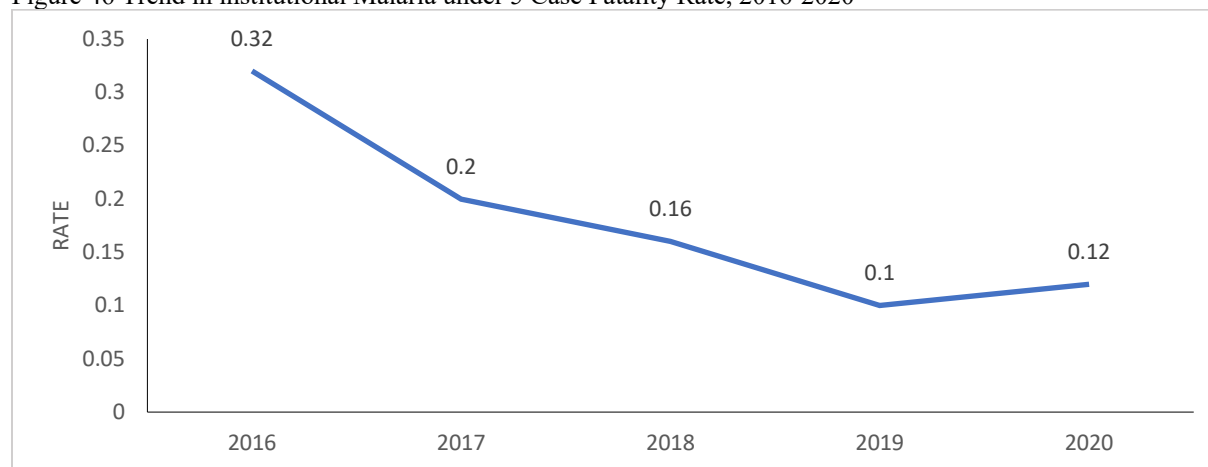
Figure 45 Trend in TB Treatment Success Rate, 2016-2020



Institutional Malaria under 5 Case Fatality Rate

Institutional Malaria under 5 case Fatality Rate improved over the last five years, especially between 2016 and 2019 as observed in Figure 46. However, it deteriorated marginally from 0.10 in 2019 to 0.12 in 2020.

Figure 46 Trend in institutional Malaria under 5 Case Fatality Rate, 2016-2020



Non-Polio AFP Rate

Non-polio acute flaccid paralysis (AFP) rate is an indicator of surveillance sensitivity. The global target for countries is to be able to detect at least one case of non-polio AFP annually per 100 000 population aged less than 15 years. However, to ensure higher sensitivity in endemic regions, the rate has been pecked at 2 per 100, 000. Ghana has consistently overachieved its set target for the last five years. The AFP surveillance annualized non-polio AFP rate for the year under review thus 2020 was 5.30%. This indicates a high surveillance sensitivity in the country and puts us in a green light towards achieving a polio free certification soon.

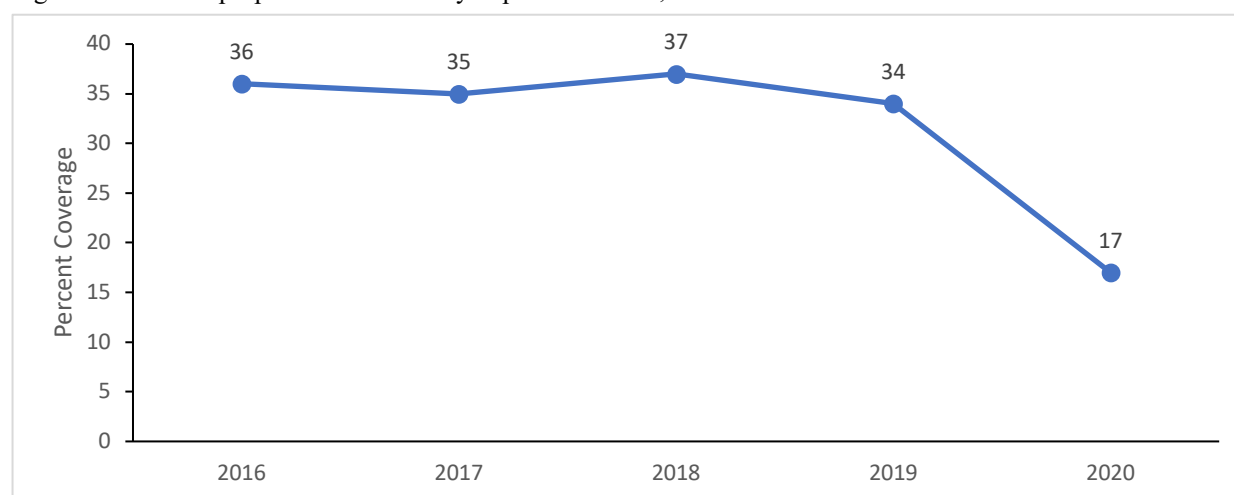
Surgical Site Infection Rate

This indicator was introduced as a proxy measure to determine the quality and effectiveness of safety measures instituted or implemented in health facilities across the country. The surgical site infection rate increased marginally from 0.07 in 2019 to 0.08 in 2020. The observed 0.08% Surgical rate falls below the estimated risk of 1% - 5% surgical site infection globally after surgery.

Voluntary Unpaid Blood

Generally, voluntary blood donation performance for 2020 was poor. As shown in figure 47 Voluntary unpaid blood performance reduced by 50% from 34% in 2019 to 17% in 2020. This poor performance in 2020 indicates that the country is persistently challenged with achieving national targets thereby falling short of achieving the World Health Organization's 2020 set goal for all countries to obtain all their blood supply from voluntary non-remunerated donors. The outbreak of COVID-19 and its preventive measures instituted nationally in 2020 directly impacted the national supply of blood. As a result of COVID-19 restrictions, the National Blood service cancelled most scheduled mobile blood donation sessions, closed institutions involved in blood donations, reduced individual and group blood donations at fixed sites which immensely affected the supply of blood in the country. Overreaching factors

Figure 47 Trend in proportion of voluntary unpaid donations, 2016-2020



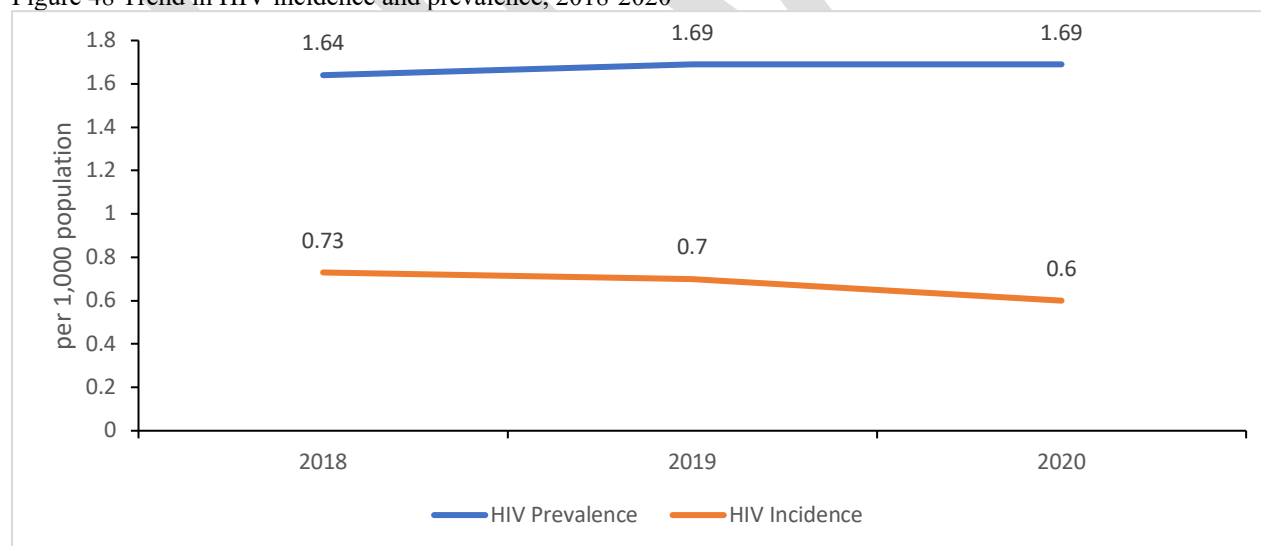
Blood collection index per 1000 population (BCI)

The average number of blood donation per 1000 population was 5.02 in 2020. This indicator is defined as a measure of the amount of blood collected per 1,000 population. Comparatively, the country's blood collection index stagnated around 6 per 1,000 population for the last two years, from 2018 to 2019. However, a sharp decrease was observed from 6.02 in 2019 to 5.2 per 1,000 in 2020.

HIV Incidence and Prevalence

HIV prevalence reveals a stagnated prevalence between 2019 and 2020 (Figure 48). This probably shows an improving ARTs for People Living with HIV (PLHIV) in Ghana. The median HIV prevalence rate for 2020 remained 1.69 for the second consecutive time as observed. The incidence of HIV in Ghana reduced from 0.7 per 1,000 in 2019 to 0.6 per 1,000 in 2020.

Figure 48 Trend in HIV incidence and prevalence, 2018-2020



Tuberculosis Incidence per 100,000 population

The number of new TB cases reduced largely by 2,159 cases in 2020 from 2019, as shown in Table 9. In 2020, 12,443 new TB cases were detected compared to 14,602 news cases in 2019, translating into TB incidence of 40.16 per 100,000 population for 2020. In this report, TB incidence is defined as total case notifications in a year per 100,000 population.

Table 9 New cases of TB and TB Incidence per 100,000 population

Year	2016	2017	2018	2019	2020
Number of new TB cases	14,167	14,121	13,984	14602	12443
Total population	28,688,130	29,718,353	30,177,970	30,286,42	30,982,476
Incidence per 100,000 population	49.38	47.52	46.34	48.21	40.16

3.0 ANNUAL PROGRAMME OF WORK

The Ministry of Health adopted the Programme Based Budgeting (PBB) approach to link planning to budget with its 2018-2021 Health Sector Medium Term Development Plan (HSMTDP). The Ministry and its Agencies are responsible for the implementation of all programmes in the POW. The POW was structured into four (4) main programmes and corresponding sub-programmes (**see Addendum**). In 2020, a total of 133 activities were earmarked under 4 main structured programme areas, of which 88 were carried out, representing 65.8% as shown in **Appendix 2**. Below provides a snapshot of all the four main programme areas and key highlights of activities implemented during 2020:

Programme 1: Management and Administration

The Ministry of Health is responsible for carrying out this programme. This programme impacts directly on the achievement of the Health Sector Objective 4, that is, **Enhance Efficiency in Governance and Management**. Activities within this programme **provide overall leadership and management** for the health sector. This programme had a total of 29 sub-programmes categorized under-subsections for 2020, out of which 16 were carried out, representing 53.5% as shown in appendix 2. Most of the programmes planned for this sub-programme were carried out successfully.

Programme 2: Health Service Delivery

The agencies responsible for implementing planned activities under this programme 2 include Ghana Health Service, Teaching Hospitals, Christian Health Association of Ghana, the three Psychiatric Hospitals (Ankaful, Accra and Pantang) under the Mental Health Authority, National Ambulance Service, Saint John's Ambulance Brigade, National Blood Service, Ghana Institute of Clinical Genetics, Ghana Red Cross Society, and Centre for Plant Medicine Research. A total of 80 activities were planned for this programme and distributed disproportionately across the agencies, of which 61 (75.6%) were implemented.

Programme 3: Human Resource for Health Development

This program area involves the training and production of health professionals. Human Resource Management and Development encompasses pre-service, post basic, and specialized training at all levels. Relatedly, to ensure there is adequate Human resource capacity in the Health Sector, the Ministry of Health acquired Fifty-Eight Thousand One Hundred and Ninety-One (58,191) Financial Clearance for Health Workers between January and December 2020. In all a total of 15 activities were earmarked for implementation, however, 4 (26.7%) were carried out.

Programme 4: Health Sector Regulation

The Ministry of Health through its agencies provides regulatory oversight over health professionals, facilities, and commodities. During the year under review (2020), nine (9) key activities were planned and carefully aligned with the appropriate agencies responsible for its realization. Out of this number, eight (83.3%) were implemented.

Financial Performance of the Health Sector

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 (Table 10). 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% respectively. 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 a lot of 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.

Table 10 Budget expenditure by Budget Program and Source of Fund (in GHS million), 2020

BUDGET PROGRAM	APPROVED BUDGET	SOURCE OF FUND				TOTAL	% EXECUTION
		GOG	IGF	DONOR	ABFA		
Management and Administration	2,228,195,995.42	1,360,717,339.03	267,793,204.23	859,624,334.00	41,610,000.00	1,855,357,807.55	25
Health Service Delivery	6,098,412,344.29	3,724,185,589.83	732,930,759.12			5,077,981,012.40	69
Human Resource for Development	372,812,797.25	227,669,755.48	44,806,082.48			310,431,010.36	4
Health Sector Regulation	152,908,382.04	93,378,269.76	18,377,120.17			127,322,623.80	2
Total	8,852,329,519.00	5,405,950,954.10	1,063,907,166.00	859,624,334.00	41,610,000.00	7,371,092,454.10	100

4.0 STATUS REPORT OF COVID- 19

The cumulative confirmed cases reported as of 31 December 2020 stands at 68,559. Greater Accra and Ashanti regions recorded the highest number of 52,773 cases (77%) of total confirmed cases reported. Details of regional case distribution is shown in Table 11. Cumulative incidence of the country as at the same period per 100,000 population stands at 221 with Greater Accra having the highest incidence of 798 per 100,000.

Table 11 Distribution of Confirmed Cases and Infection rates by regions as of 31 December 2020

Region	Cum. cases	Cum. Incidence rate/100,000 population	Cumulative deaths	CFR
Greater Accra	40,320	798	186	0.46
Ashanti	12,453	210	105	0.84
Western	3,622	164	19	0.52
Eastern	2,905	88	30	1.03
Central	2,340	90	16	0.68
Bono East	837	74	13	1.55
Volta	991	52	12	1.21
Western North	712	75	4	0.56
Bono	680	58	3	0.44
Northern	753	39	16	2.12
Ahafo	551	90	8	1.45
Upper East	713	55	9	1.26
Oti	246	32	4	1.63
Upper West	213	25	6	2.82
Savannah	63	11	1	1.59
North-East	25	4	1	4.00

International Travellers (KIA)	1,135	-	0	0.00
National	68,559	221	433	0.63

Cumulative laboratory test by type of surveillance

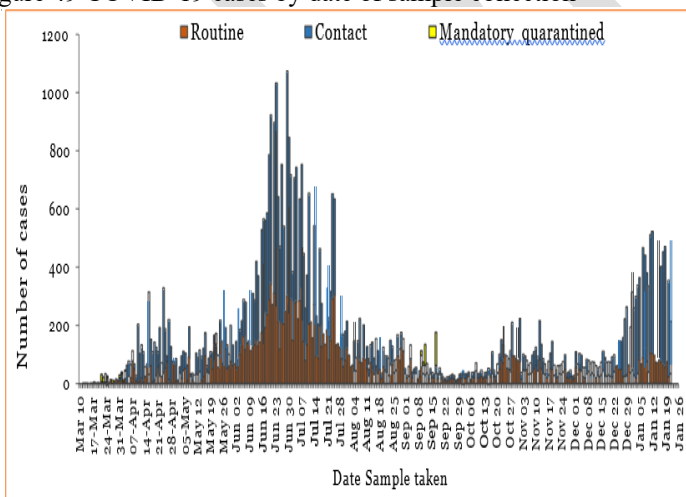
A national laboratory network has been established to coordinate and enhance capacities for laboratory testing. The national laboratory network is currently finalizing a draft national protocol and policy on a pilot Point-of-Care use of antigen RDTs. The Ministry of Health acquired adequate GeneXpert cartridges to be distributed to 10 newly trained sites and they have commenced COVID-19 testing. A total of 788, 526 tests, representing 25,473 tests per million populations have been conducted with a test positivity rate of 8.7% (68,559/788,526). Comparatively, higher number of tests were conducted through enhanced surveillance activity as indicated in Table 12.

Table 12 Summary statistics of Laboratory Test by type of surveillance

Type of Surveillance	Total Tested	Total +ve	Positivity (%)
Routine	244,299	25,766	10.5
Enhanced surveillance	391,947	41,658	10.6
International Travelers (KIA)	152,280	1,135	0.7
Total	788,526	68,559	8.7

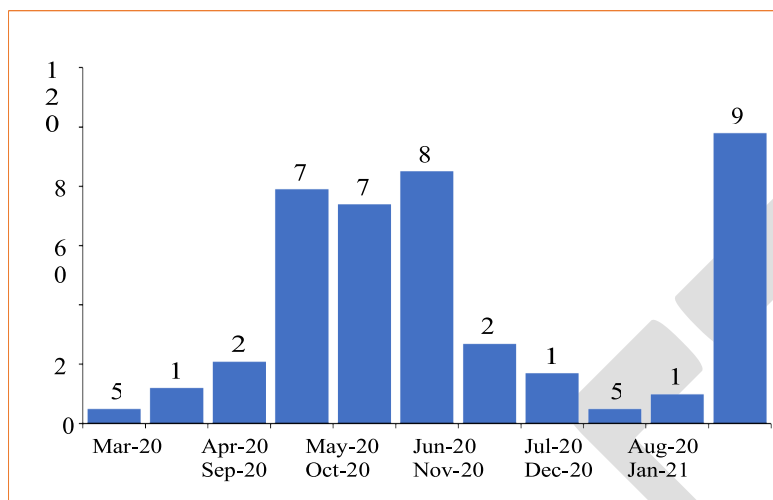
The cumulative number of recoveries as at the ending of January 2021 was 62,340 with a national recovery rate of 90.93% (62,340/68559). The cumulative total COVID-19 related deaths stood at 433 with a CFR of 0.63% (433/68559) in the same period.

Figure 49 COVID-19 cases by date of sample collection



Cases peaked in June 2020, and this corresponds to the period of intensive surveillance activities. During this period health workers and volunteers were mobilised and trained to support contact tracing and testing of suspected case. Ghana was largely successful in its control measures which brought rate of infection down considerably between August and early December. The occurrence of the disease is peaking again as of December 2020.

Figure 50 Covid-19 Deaths by Months



Deaths peaked in June July and August, corresponding to the period of peak infections in 2020. The month of January 2021 experienced a sudden peak from low of 10 deaths in December to 98 an increase of more than 900%. It should be noted however that deaths in January was against a backdrop of a comparatively less intense surveillance. Surveillance activities are improving once again.

A risk communication thematic group has been formed to coordinate Behaviour Change Communication (BCC) with other stakeholders. The thematic group jointly with Ghana Education Service (GES) has intensified communications in schools. The Ghana Health Service collaborated with Water Aid to review the SAY NO TO STIGMAIZATION in the form of videos, jingles, posters, and flyers under the safety of market and pre-empting stigmatization of COVID-19 project. A COVID-19 vaccine communication strategy has also been finalized with key stakeholders. Table 13 is the summary results reflecting available data for the period March 2020 to December 2020.

Table 13 Covid-19 Results Framework

INDICATORS	Baseline (Mar 31, 20)	End Target	2020 Performance	Remarks
<i>PDO</i>				
1. Recovery rate of diagnosed cases treated in all designated treatment centres per approved protocol (Percentage);	31	100	98.34%	This excludes data for Dec and Jan 21
2. Death rate of all reported cases	2.6		0.65%	January data not included
3. Designated acute healthcare facilities (Hospitals) with isolation capacity (Number);			260	
4. National health systems strengthened for public health preparedness	No	Yes	74%	Proportion of hospitals supported to provide

INDICATORS	Baseline (Mar 31, 20)	End Target	2020 Performance	Remarks
				requisite covid 19 services
<i>Intermediate Results Indicators by Components</i>				
<i>Component 1: Emergency COVID-19 Response</i>				
<i>Sub-Component 1.1: Case Detection, Confirmation, Contact Tracing, Recording and Reporting</i>				
1. Total COVID-19 Cases detected	195	All	51785	Figures excludes Dec and Jan 21.
2. Percent confirmed COVID-19 cases detected through contact tracing		50	18.66%	Figures represents Apr-Jun
3. Percent of COVID-19 cases detected as asymptomatic	Baseline Study	50	75.86%	Figures represents Apr-Nov
4. Percent of districts with daily updated database of reported or identified COVID-19 cases.	15.4	100	100%	
5. Total Individuals Tested for Covid 19 per million population. (Not total tests)	3000/mil		17,549	
6. Percent of Covid 19 cases detected as females	Below 50%		44.63%	
<i>Sub-Component 1.2: Containment, Isolation and Treatment</i>				
1. Total Confirmed cases that have recovered from COVID 19 disease	30%		98.34%	Data Excludes Dec
2. Average time lapse between hospitalised COVID 19 case detection and recovery	16 days	14	19	
3. Percent of total cases (hospitalized at designated treatment centres) that died from COVID 19 disease	YBD	0.25	0.65%	
4. Percent of cases 60 years and above that have died from COVID 19 disease			40.00%	

INDICATORS	Baseline (Mar 31, 20)	End Target	2020 Performance	Remarks
5. Rate of spread of covid-19 to newly infected districts	2.4	0.75	12.69%	
6. Percent of total affected females that have died from COVID 19 disease (Mortality among females) hospitalized			0.6	
7. Designated points of entry equipped with port health and holding room to support Pandemic response	5%	100%	100%	

APPENDICES

Appendix 1: Trends of sector wide indicators

#	Indicator	2016	2017	2018	2019	2020	% Change	P-T Gap	2020 Target	Outcome (-2, -1, 0 +1, +2)
Objective 1: Ensure Sustainable, Affordable, Equitable, Easily Accessible Healthcare Services (Universal Health Coverage)										
1.1	Proportion of need for contraception unmet		0.264	0.26	NA		NA	#VALUE!		
1.2	Total estimated protection by contraceptive methods supplied (Couple Year Protection (CYP))	2,331,449	3,039,413	2,940,275	2,972,649	1,479,064	-50.24	-61.08	3,800,000	-2
1.3	Proportion of deliveries attended by trained health workers (%)	55.5	57.1	57.6	55.8	58.7	5.1	-5.4	62	1
1.4	Proportion of newborns (mothers) receiving postnatal care (PNC) within 48 hours from birth (%)	47.00	49.80	51.80	51.48	55.94	8.66	-3.56	58	1
1.5	Proportion of mothers who made at least four ANC visits (%)	63.20	60.50	58.20	55.70	58.63	5.26	-12.49	67	1
1.6	Regional variation in proportion of supervised deliveries	1:1.72	1:1.53	1:1.59	1:1.54	1:1.50	-0.06	0.41	1:1.25	1
1.9	Doctor to population ratio	1:8,301	1:8,098	1:7,196	1:6,899	1:6,355	-7.88	27.11	1:5,000	1
1.1	Nurse to population ratio	1:834	1:799	1:839	1:727	1:701	-3.47	0.21	1:700	1
1.11	Midwife to Women in Fertility Age (WIFA) population ratio	1:943	1:720	1:689	1:574	1:560	-2.38	-20.01	1:700	2

#	Indicator	2016	2017	2018	2019	2020	% Change	P-T Gap	2020 Target	Outcome (-2, -1, 0 +1, +2)
1.12	Regional variation in nurse/doctor to population ratio	1:7.10	1:8.12	1:6.45	1:8.31	1:7.31	5830	6471	1:1.65	1
1.13	Proportion of population with active NHIS membership (%)	38.40	35.30	35.80	40.57	52.64	29.78	25.34	42	2
1.14	Proportion of districts with ambulance centres (%)	54.60	54.60	46.90	52.36	100	90.98	75.44	57	2
1.15	Proportion of functional ambulance centres (%)	115.38	57.69	41.98	35.34	100	182.98	25	80	2
1.16	Proportion of functional Community Health Planning and Services (CHPS) zones (%)	67.20	78.44	76.50	78.50	79.03	0.68	-7.03	85	1
1.18	Ratio of females to males among NHIS active members	1.4	1.4	1.5	1.4	1.47	3.60	8.76	1.35	1
1.19	Per capita Outpatient Department (OPD) attendance	1.06	0.98	1.03	1.08	0.96	-11.06	-13.86	1.12	-1
MS	Scale up e-Tracker to cover the country									0
Objective 2: Reduce Morbidity and Mortality, Intensify Prevention and Control of Non-Communicable Diseases										
2.8	Institutional all-cause mortality rate (per 1000)	22.8	23.6	19.2	17.74	22.91	29.16	6.57	21.5	-2
2.9	Institutional Maternal Mortality Ratio	151	147	128.6	117.60	109.19	-7.15	-22.01	140	2
2.1	Institutional Neonatal Mortality Rate	6.3	8.4	7.7	7.25	7.43	2.50	54.89	4.8	-1
2.11	Still birth rate (per 1000 LB)	19	15	13.9	12.67	12.69	0.20	-10.92	14.25	2
MS	Develop database for medical equipment									0

#	Indicator	2016	2017	2018	2019	2020	% Change	P-T Gap	2020 Target	Outcome (-2, -1, 0 +1, +2)
Objective 3: Enhance Efficiency in Governance and Management										
3.1	Hospitals (public and private) with mental health units (%)	100	100	100	100	100	0	-99	100	2
3.2	Regional and district hospitals providing traditional and alternate medicine (%)	13.30	13.10	22.60	25.81	25.81	0	97.00	13	2
3.3	Adverse drug reactions investigated and reported on by Food and Drugs Authority (FDA) (%)		78	54	100	89	-11.16	18.45	75	2
3.4	Food and medicinal products that undergo quality testing (%)		85	88	82	92	11.40	-6.57	98	1
3.5	Restaurants in good standing (%)		129	95	63	65	4.41	-34.65	100	0
3.6	Proportion of health facilities (public and private) Licensed (%)		100	27	34	30	-12.84	-99.26	40	-2
3.7	Bed occupancy rate (all wards) (%)	51.60	58.00	58.30	59.60	48.20	-19.13	109.57	23	-1
3.8	Hospital beds per 1000 population	0.09	0.97	1.00	1.00	0.91	-9.03	-67.591	2.8	-1
3.9	Average length of stay at the accident and emergency (A&E) ward - (Days)	1.9	2.4	3.3	3.3	3.2	-3.0	28	2.5	0
3.1	Proportion of encounters with an antibiotic prescribed (%)	44.60	50.90	58.40	22.32	21.00	-5.91	-99.30	30	2

#	Indicator	2016	2017	2018	2019	2020	% Change	P-T Gap	2020 Target	Outcome (-2, -1, 0 +1, +2)
3.11	Proportion of hospitals (public and private) with functional emergency department (%)	19	26	26	28	42	50	23.53	34	2
3.12	Licensure examination pass rate (for physician assistants, nurses, midwives, and allied health professionals) (%)			64.9	75.6	82.9	9.6	-99.0	80	2
3.13	Per capita expenditure on health (all sources) - (USD)	39.57	44.37	55.56	38.9	46.62	19.85	210.8	15	2
3.14	Per capita GoG budget allocation to health (MTEF) (\$)	18.65	33.07	30.21	23	32.78	42.52	-67.22	100	2
3.16	GOG allocation to health (%)	6.8	6.5	6.6	8.1	9.03	11.5	20.4	7.5	2
3.17	Percentage change in annual revenue mobilized from all sources (real and nominal)	5.6	0.29	33	-12	28	-333.3	86.67	15	2
3.18	GOG budget execution rate for goods and services (%)	46.10	55.10	82.00	100.00	42.12	-57.88	-36.18	66	-2
3.19	GoG budget execution rate (total)			1.63	1	0.92	-7.92	-7.92	1	0
3.2	Proportion of NHIF receivable funds released to NHIA by MOF (%)	85.60	69.00	66.00	42.60	0.36	-15.35	-59.93	90	-2
3.21	Proportion of NHIS expenditure on claims reimbursement (%)	68.20	81.10	63.10	61.00	60.91	-0.15	-27.49	84	-2

#	Indicator	2016	2017	2018	2019	2020	% Change	P-T Gap	2020 Target	Outcome (-2, -1, 0 +1, +2)
3.23	Proportion of total expenditure financed through IGF			0.188				-100	0.24	-2
3.24	Proportion of total health budget allocated to health research activities	0	0	0	0	0	0	-100	0.35	-2
3.25	Proportion of Agencies with functional audit committees				100	100	0	0	100	2
3.26	Average number of medicines prescribed per patient encounter (public facilities)	2.70	2.90	2.80	2.10	2.90	38.09	-3.33	3	2
3.27	Percentage of encounters with an injection prescribed (public facilities) (%)	13.90	14.60	13.70	12.80	16.30	27.34	48.18	11	-2
3.28	Percentage of medicines prescribed by generic name (public facilities)	0.824	0.85	0.915	0.716	0.771	7.68	-12.39	0.88	-2
3.29	Average Time of NHIS Claims Settlement (Month)	8.5	7	7	6	3	-50	-50	6	2
3.3	Tracer drug availability							-100	90	-2
3.31	Psychotropic drug availability							-100	90	-2
MS	Develop Medical Tourism Policy									0
Objective 4: Intensify Prevention and Control of Communicable Disease and Ensure the Reduction of New HIV/AIDS and other STI, especially among the Vulnerable Groups										
4.1	Proportion of children under one year fully immunized (Penta 3 as proxy) (%)	94.60	97.80	95.50	97.20	94.20	-3.09	0.84	95	1

#	Indicator	2016	2017	2018	2019	2020	% Change	P-T Gap	2020 Target	Outcome (-2, -1, 0 +1, +2)
4.2	Proportion of HIV-positive adults and children currently receiving antiretroviral therapy (%)	34.26	40.14	35.74	45.00	46.00	2.22	-48.88	90	1
4.3	Proportion of infected pregnant women who received ARVs for eMTCT (%)	50.0	67.0	86.0	87.0	80.0	-8.05	-5.88	85	-1
4.4	TB Case detection rate (%)	49.00	48.00	46.34	48.21	40.16	-16.70	-50.42	81	-1
4.5	TB treatment success rate	86	87	86	84	83	-1.66	-5.68	88	1
4.6	Institutional Malaria Under 5 Case Fatality Rate	0.32	0.20	0.16	0.10	0.12	20.0	-40	0.20	2
4.7	Non- polio AFP rate	3.50	4.30	4.30	0.17	0.053	-68.07	-97.35	2	2
4.8	Surgical site infection rate	-	0.071	0.068	0.065	0.075	20.77	292.5	0.02	-2
4.9	90-90-90 Target (HIV Positive people receiving ART with viral Suppression) (%)	58.00	51.00	67.00	67.75	72.97	7.704	-18.93	90	1
4.1	90-90-90 Target (HIV Infected persons who are receiving sustained ART) (%)	39	45	40	61	60	-1.52	-33.25	90	0
4.11	90-90-90 Target (HIV Infected persons who know their HIV Status) (%)	40.00	62.00	71.00	75.09	74.44	-0.87	-17.29	90	0
4.12	Proportion of babies born to HIV-positive mothers being HIV-negative after 18 months (%)	88.00	92.00	93.00	74.44		-100	-100	95	-1
4.13	Proportion voluntary unpaid blood donations (%)	36.0	35.0	37.0	33.60	16.50	-50.91	-63.33	45	-2
4.14	Blood collection index per 1000 population (BCI)	5.7	5.6	6	5.96	5.05	-15.32	-36.88	8	-2

#	Indicator	2016	2017	2018	2019	2020	% Change	P-T Gap	2020 Target	Outcome (-2, -1, 0 +1, +2)
4.15	Malaria incidence per 1,000 population	286	310	341	221	186	-16.01	-33.61	280	2
4.16	HIV/AIDS prevalence rate	1.62	1.67	1.64	1.7	1.69	-0.59	12.67	1.5	0
4.17	HIV incidence per 1,000 population				0.7	0.6	-14.29	-33.33	0.9	2
4.18	Mortality rate due to tuberculosis	5	4	4	4	9	115.31	-75	36	-2
4.19	Tuberculosis Incidence per 100000	49.38	47.52	46.34	48.51	40.16	-17.20	-8.72	44	2
4.2	Case fatality rates for epidemic prone diseases (100,000)	8.53	9.24	6.97	2.8		-100	-100	5	2
MS	Offer PMTCT services to 80% of health facilities									0

Appendix 2: Status of Implementation of the 2020 Annual Programme of Work

Programme	Sub-Programme	No. of Activity Planned	No. Implemented	Percentage (%) Implemented
Programme 1: Management and Administration	1.1 General Management	3	2	66.67
	1.2 Health, Research, Statistics, and Information Management	4	0.5	12.50
	1.3 Health Policy Formulation, Planning, Budgeting, Monitoring and Evaluation	19	11.5	60.53
	1.4 Finance and Audit	1	0	0.00
	1.5 Procurement, Supply and Logistics	1	0.5	50.00
	1.6 Human Resource for Health Management	1	1	100.00
	Sub-total	29	15.5	53.45
Programme 2: Health Delivery	2.2 Primary and Secondary Health Services	38	26	68.42
	2.3 Tertiary Specialized Health Services	21	19	90.48
	2.4 Research	5	5	100.00
	2.5 Pre-Hospital Services	16	10.5	65.63
	Sub-total	80	60.5	75.63
Programme 3: Human Resource for Health Development	3.1 Pre-Service Training	9	0	0.00
	3.2 Post Basic Training	1	0	0.00
	3.3 Specialized Training	5	4	80.00
	Sub-total	15	4	26.67
	4.1 Registration of Health Facilities	1	1	100.00
	4.2 Registration of Health Professionals	1	1	100.00

	4.3 Registration of Food, Pharmaceuticals and Medicinal Products (FDA)	5	3.5	70.00
	4.4 Regulation of Non-Medicinal Health Products	2	2	100.00
	Sub-total	9	7.5	83.33
Grand Total		133	87.5	65.79