HEALTH SECTOR ANNUAL PROGRAMME OF WORK

2021 HOLISTIC ASSESSMENT REPORT

APRIL 2022

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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	Behaviour Change Communication
BMCs	Budget and Management Centres
CAGD	Controller and Accountant General's Department
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 2021 Holistic Assessment Report highlights the major outcomes of the health sector performance with emphasis on assessment of agreed indicators and milestones as contained in the 2018-2021Health Sector Medium Term Development Plan (HSMTDP). The report aims to take stock of where we are as a sector and to provide a snapshot of the extent to which our health system responded to the disruptive impact of COVID-19 on provision of essential services for the vulnerable population.

The year 2021 marked the end of term for the of implementation of the 2018-2021 HSMTDP. Generally, access to essential healthcare services has improved. More than half of the population are covered by the National Health Insurance Scheme (NHIS) to enable them access healthcare services at the credentialled healthcare providers without having to pay at the point of use. Majority of the population also accessed outpatient services at the various healthcare facilities across the country. Immunisation services for children (1-year olds) has improved remarkably. There is also increasing availability of health personnel and services at the community levels.

Despite above-mentioned achievements, inequity in distribution of health personnel and availably of services remains a challenge. The Ministry is making efforts to address these challenges by putting together an incentive package to attract and retain health professionals in rural areas and to further extend healthcare to the doorsteps of the people through the Community Health and Planning Services (CHPS) programme. Another challenge confronting the sector is the suboptimal quality of healthcare services delivery. Although several attempts improve quality of service delivery, including implementation of the healthcare quality improvement strategy in 2016, not many gains have been made.

The Ministry has also recognised the importance of instituting a national health information system to improve data collection, storage, analysis and use for timely and informed decision making. In view of this, a Health Information Systems Strategic Plan (HISSP) has been developed for implementation in the next four years, 2022-2025. This plan will leverage existing health information system such as the electronic medical records system (eHealth), District Health Information Management Systems (DHIMS2) and other agency-specific health insurance systems to build a centralised health information system that captures health data from all sectors, including the private sector. this will widen the scope of data collection for comprehensive assessment of the sector.

The Ministry and its Agencies together with Development Partners and other 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 stakeholders in the fight against the COVID-19 pandemic. My sincere gratitude also goes to the Development Partners, CSOs and Private Sector for contributing financially and technically to improve health services delivery to the population.

KWAKU AGYEMAN-MANU (MP)

MINISTER FOR HEALTH

EXECUTIVE SUMMARY

Introduction

This end-of-year review of the 2021 annual programme of work (APOW) is the last for the 2018-2021 Health Sector Medium-Term Development Plan (HSMTDP). Results of the 2021 APOW review formed the baseline for the 2022-2025 medium term plan which is designed to build on the successes of the past, and to address areas of weakness for improved health outcomes. In the year under review, 78.7% of activities scheduled were implemented. Analysis of data on the agreed sector indicators shows a mixed performance. Generally, there were improvements in access to healthcare services.

Overall sector performance

The sector performed moderately overall, recording a standardized score of 2.9 out of a maximum of 5. The 2021 performance is lower compared to the 2020 performance score of 3.1. This is attributed to the COVID-19 pandemic, which changed priorities for the sector. Although the COVID-19 pandemic has led to sharp increases in health spending, not the entire health system benefits. The poor quality of care and inability to collect and report complete data persist.

Ensuring sustainable, affordable, equitable, and easily accessible healthcare services

Access to essential health services was moderate overall, recording a score of 3.2 on a scale of 0-5. As expected, OPD attendance increased by 16.8%, from 29.9 million to 34.8 million, translating to an increase in OPD per capita from 0.89 to 1.13. Malaria remains the one cause of health facility visit over the last five years. There was a marginal increase in the proportion of functional CHPS zones in the year under review but fell short of the set target of 85%.

The proportion of the population who enrolled in the NHIS increased by a little of over one percentage point to 54.4% with regional variations. Persons under the age of 18 years remain the largest group (41.6%) in the NHIS, followed by the informal sector workers (36.4%).

The number of persons accepting to use family planning methods increased by 14% to 2.5 million, however, the estimated protection by family planning methods for couples in the year declined. The proportion of mothers who made at least 4+ antenatal care visits increased by 7 percentage points to 65.7%; and the proportion of pregnant mothers who were attended by skilled professionals during delivery went up by 5.4 percentage points to 63,5%. Moreover, the proportion of mothers and children receiving post-natal care within 48 hours after delivery increased by 6 percentage points to 62.1%.

Access to emergency medical services also improved. Over 41,000 emergency medical services requests were responded to in the year under review, compared to 38 thousand in 2020. However,

the average response time increased marginally by 2 minutes, from 20 to 22 minutes between 2020 and 2021. The average case holding time hovered around 2 hours whilst that for vehicle engaged was around 4 hours, with the highest of 11 hours recorded in the Western North region.

Access to healthcare professionals also improved in 2021. The number of doctors, nurses, and midwives per 1000 population all recorded improvements. The population is increasingly having access to more healthcare professionals, although there are regional variations, the Upper East, Upper West, and Western regions recorded higher doctor to population of more than one doctor to 10,000 population.

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 2.6. there was an increase in the percentage of persons dying from all causes of conditions, from 17.7% to 22.9% over the 2020-2021 period. Institutional maternal mortality ratio (iMMR) also increased from 109.2 to 119.5 deaths per 100,000 live births. Stillbirth, neonatal mortality, infant mortality, and under-5 mortality have all assumed upward trends but remained relatively low.

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 2.4 out of a maximum of 5. Overall resource (revenue) mobilized increased by 35.3% GHC11.30 billion. Consequently, total health spending per person improved slightly from US$46.62 to US$61.23. However, Government of Ghana (GoG) budget allocated to the health sector decreased by almost 4 percentage points to 5.4%.

Releases from the national health insurance fund (NHIF) from the Ministry of Finance dropped in the year under review. A total amount of GHC127.47 million (6.7%) of the approved 2021 budget of GHC1.90 billion was received. Compared to the previous year, the approved budget reduced by 13.1%. The proportion of total revenue used to settle provider claims remained unchanged, around 60%, however, the average settlement time went up to 4 months from 3 in 2020.

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

This dimension of the assessment performed moderately well, recording a score of 3.6 out 5. Trend analysis of key indicators reveals that immunization coverage using Penta 3 as a proxy increased to almost 100% but there were regional differences. The Greater Accra Region for instance, recorded the lowest coverage of 76.4%.

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 increased by 12 percentage points to 92% in the year under review. The HIV 95-95-95 target also improved. The number of HIV+ people who know their status increased from 74% to 88% between 2020 and 2021; those on ART increased from 60 to 79% those who had their viral load suppressed went up from 73% to 79% over the same period.

Although TB case detection rate also declined from 40.2% to 30% between 2020-2021 period, the treatment success rate improved from 83% to 86%. Regarding, blood services, the number of unpaid blood donations increased by 26%, from 156,453 in 2020 to 173,938 in 2021. This translated to marginal increase in the number of blood donations per 1000 population from 5.1 in 2020 to 5.7 in 2021.

Management of COVID-19

As of 31 December 2021, the cumulative confirmed cases stood at 147,203 with a positivity rate of about 7%. A total of 24.7 million doses of vaccines were received, of which 8.5 million (65.6%) were administered. A comprehensive vaccine deployment plan has been rolled out to ensure that all segments of the population including children under 15 and pregnant women are vaccinated. Discussions are also far advanced at the government level to produce vaccines locally to shore up the numbers, reduce cost and improve the vaccination towards herd immunity.

1.0 INTRODUCTION

This report presents performance assessment of the health sector for the year 2021 with respect to implementation of programme of work. 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 Holistic Assessment Team, comprised of technical staff from selected Agencies of the MoH. The team assessed performance of the health sector using a set of indicators and a Holistic Assessment Tool, a scientific tool developed by the MoH together with its stakeholders. This report is organized into four sections. Section one provides a background to the report. Section two discusses performance of the sector by objectives of the 2018-2021 HSMTDP; section three provides updates on implementation of the 2021 Programme of Work (POW); and section four provides progress report on COVID-19 pandemic.

1.1 Situational analysis of the year under review

The 2021 Programme of Work was the last for implementation of the 2018-2021 HSMTDP. The HSMTDP forms an integral part of government vision on social development towards creating an equitable, healthy, and prosperous society, which provides every Ghanaian the opportunity to live a happy and fulfilling life.

During the year under review, the Ministry continued with its pivotal role in the fight against the COVID-19 pandemic; providing policy direction for the health sector; and supporting its agencies to implement the 2021 programme of work. The Ministry disseminated the National Health Policy, Universal Health Coverage (UHC) Roadmap 2020-2030, and the Health Information Systems Strategy to its stakeholders. Additionally, the health sector medium term development plan (2022-2025) was developed to linked to the high-level vision, goal, and objectives of the sector. This translated the UHC Roadmap into concrete plans. Several other policies and strategies including the essential health services package, oxygen policy, and medical tourism policy were developed in the year under review.

The country's quest to achieve the initial vaccination target of 20 million people was missed despite implementation of different strategies, including regular hand washing, social distancing, wearing of nose masks, and increased vaccination. The Ministry will, however, continue to engage with other partners for support; pursue additional vaccines; and institute vaccine mandates particularly at public institutions, social, religious and entertainment venues.

There were remarkable improvements in access to healthcare services particularly prenatal care, child immunization, and family planning. The number of people who accessed OPD services increased by 17% from 29,890,394 million in 2020 to 34,880,590 million in 2021. However, maternal and child health outcomes deteriorated. The number of maternal deaths increased by 12%

from 779 to 875, translating into 109.2/100,000 to 119.5/100,000 live births over the 2019-2020 period. Institutional under-5 mortality rate also increased marginally from 7.4/1,000 in 2020 to 7.6/1,000 live births in 2021, missing the national target of 4.3/1000 live births. In the same period, still birth stagnated around 12.69 per 1,000 live births.

In the year under review, the Ministry also secured financial clearance to recruit 26,421 health professionals. A draft document on rural incentive package was developed and it is awaiting stakeholder validation. The Ministry continued to supervise several hospitals projects that are at various levels of completion. Again, there is an effective collaboration with the office of the president to complete government initiative (Agenda 111), which is intended to address the health infrastructural gaps and improve geographical access to health services for the population.

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 detailed 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 Centres (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

At the end of the year under review, 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 algorithm for scoring the various indicators under each of the four policy objectives are shown in the Appendix. 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. All these review processes and assessment culminate in a Health Summit, where stakeholders review and validate the assessment report. Recommendations for improvement are then made for consideration in 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 2021 was 2.9 on a scale of 0-5, indicating a sustained performance (Figure 1). This score, however, was a decline from the 2019 and 2020 overall performance score of 3.6 and 3.1 respectively. Objective four (4) "Intensify prevention and control of communicable disease and ensure the reduction of new HIV/AIDS and other STIs, especially among the vulnerable groups" recorded the best performance score of 3.6 whilst objective three (3) "enhance efficiency in governance and management" attained the least performance score of 2.4.

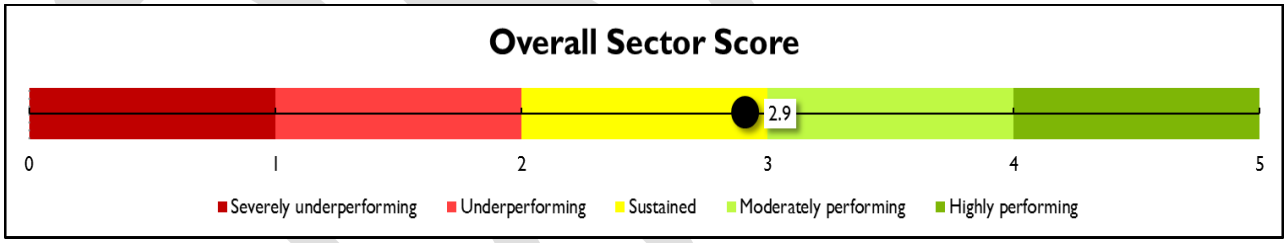


Figure 1 Overall Sector performance

2.2 Objective 1: Ensure sustainable, affordable, equitable, easily accessible healthcare services

This objective seeks to measure access to healthcare services. It considered the extent of health service coverage and utilization through the primary health care system (CHPS to district hospital), NHIS active membership, availability of critical human resource and healthcare facilities. In all, eleven (15) out of twenty-one (21) indicators were tracked to assess the performance of this objective. The remaining six (6) were survey indicators, which data was not available for analysis.

The domain recorded a score of 3.2 overall on a scale of 0-5, representing a moderate performance (Figure 2). Three indicators had the maximum score of +2; ten indicators obtained a score of +1 each, one indicator attained a 0 score and another one indicator recorded -1. The milestone under this objective was to review the referral policy. There is evidence that this activity is ongoing. Therefore, the milestone obtained a score of zero. Table 1 provides summary scores for the indicators used.

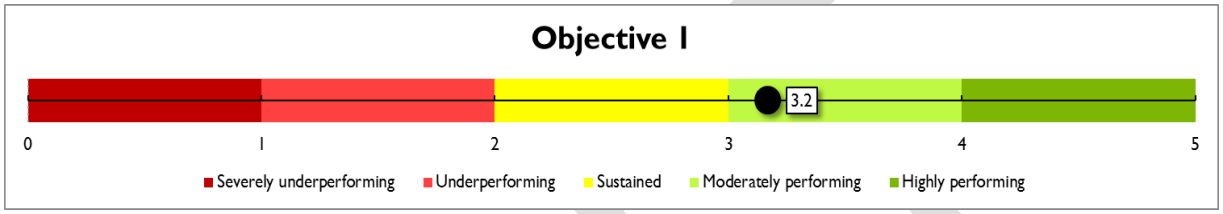


Figure 2 Overall performance score for objective 1

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

Performance score	Indicator	Code
Objective 1: Ensure Sustainable, Affordable, Equitable, Easily Accessible Healthcare Services		
3 had Maximum score: +2	1. Midwife to Women in Fertility Age (WIFA) population ratio 2. Proportion of districts with Ambulance centres 3. Nurse to population ratio	
10 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. Proportion of functional Community Health Planning and Services (CHPS) zones 6. Regional variation in doctor to population ratio 7. OPD per capita 8. Regional variation in proportion of supervised deliveries 9. Proportion of functional Ambulance centres 10. Proportion of population with active NHIS membership	

1 had negative score: -1	1. Total estimated protection by contraceptive methods supplied (Couple Year Protection (CYP)	
1 had a zero-score 0	1. Ratio of females to males among NHIS active members	
Milestone	• scale up e-tracker to cover the country • Review and disseminate the referral policy • Digitalize pharmaceutical services delivery	

Trend analysis of key indicators under objective 1

Outpatient Service Utilization

Several factors account for outpatient's service utilisation in Ghana. Predominant among them on the supply side are the introduction of the National Health Insurance Scheme (NHIS), implementation of CHPS, availability of human resource, and investment in health infrastructure. Analysis of data on OPD utilisation shows improvement across all levels of healthcare, an indication of peoples' confidence in the healthcare delivery system.

Out-patient department utilization (OPD) per capita

Facility visits for outpatient services in the year under review increased by 16.8%, from 29.9 million to 34.8 million. Out of the total OPD visits, 14.1 million (6%) were new visits. Consequently, the number of OPD visits per person per year improved considerably. It increased from 0.9 in 2020 to 1.13 in 2021 as shown in Figure 3. A trend over the last five years (2017-2021) also shows a general improvement, despite a dip in 2020 (0.96).

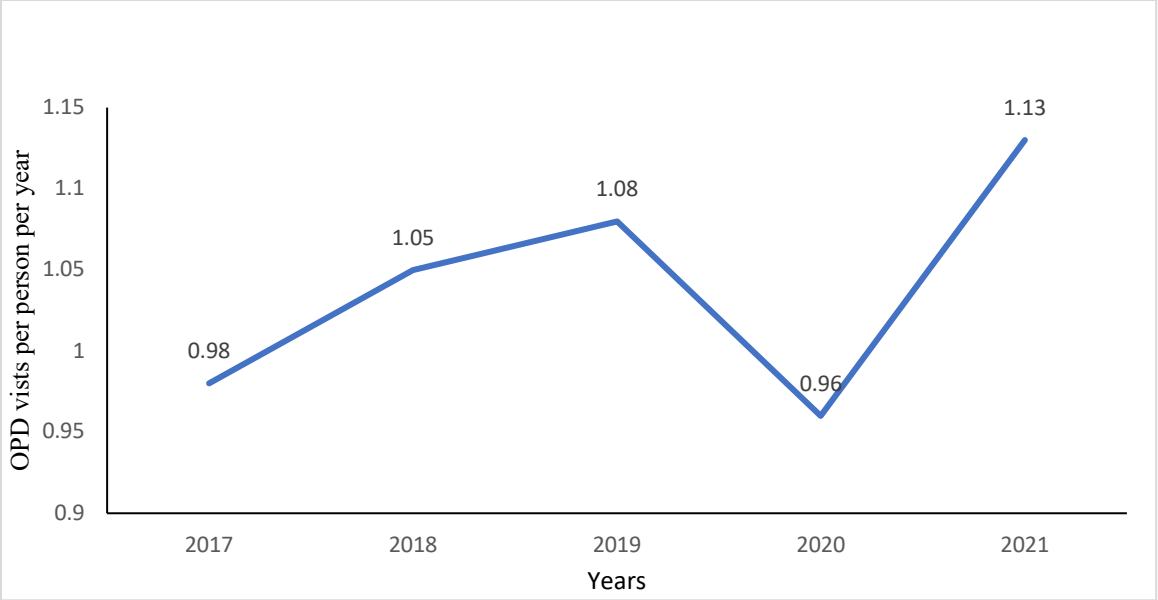


Figure 3 Trend in OPD per capita, 2017-2021

Regional decomposition of OPD per capita for 2021, shows that the Bono region recorded the highest OPD visits per person per year compared to the other regions. Nonetheless, all the regions recorded higher OPD visits per person per year than the national figure except Northern (0.55), Oti (0.63), North East (0.76), and Savanna (0.76) regions, which recorded less than one visit per person per year. All the regions also recorded higher OPD visits per person per year compared to the previous year, except Northern region (Table 2).

Table 2 OPD per capita by regions, 2017 -2021

Region	**2017**	**2018**	**2019**	**2020**	**2021**
Ahafo	1.04	1.41	1.55	1.34	1.57
Ashanti	0.87	0.99	1.05	0.96	1.19
Bono	1.36	1.65	1.85	1.65	1.74
Bono East	1.14	1.33	1.47	1.25	1.36
Central	1.03	1.14	1.16	0.96	1.03
Eastern	1.01	1.13	1.16	1.00	1.51
Greater Accra	0.78	0.80	0.86	0.88	1.02
North East	0.74	0.66	0.76	0.73	0.76
Northern	0.59	0.64	0.64	0.60	0.55
Oti	0.60	0.66	0.73	0.65	0.76
Savannah	0.80	0.82	0.72	0.64	0.63
Upper East	1.47	1.42	1.48	1.19	1.34
Upper West	0.98	1.09	1.24	1.05	1.08

Volta	1.07	1.11	1.02	0.84	1.12
Western	1.08	1.08	1.18	1.01	1.21
Western North	1.00	1.06	1.14	1.03	1.13

Analysis of the health services delivery data also shows that Malaria remains the number one cause of health facilty visit in Ghana (Table 3). It formed more than 20% of all disease diagnosed at the OPD between 2017 and 2021. The top 10 causes of facilty visit are summarized in the Table 3 below.

Table 3 Trend in top 10 OPD cause of morbidity, 2017-2021

No	2017	%	2018	%	2019	%	2020	%	2021	%
1	Malaria	20.3	Malaria	23.5	Malaria	23.8	Malaria	20.3	Malaria	21.0
2	Otitis Media	16.0	Upper Respiratory Tract Infections	13.8	Upper Respiratory Tract Infections	13.5	Upper Respiratory Tract Infections	10.1	Upper Respiratory Tract Infections	12.2
3	Upper Respiratory Tract Infections	11.7	Rheumatism / Other Joint Pains / Arthritis	6.2	Rheumatism / Other Joint Pains / Arthritis	6.2	Rheumatism / Other Joint Pains / Arthritis	6.6	Rheumatism / Other Joint Pains / Arthritis	6.1
4	Rheumatism / Other Joint Pains / Arthritis	5.3	Diarrhoea Diseases	5.3	Diarrhoea Diseases	5	Diarrhoea Diseases	4.9	Diarrhoea Diseases	4.7
5	Diarrhoea Diseases	4.7	Anaemia	4.1	Anaemia	4.2	Anaemia	4.4	Anaemia	4.6
6	Anaemia	3.6	Skin Diseases	3.5	Skin Diseases	3.8	Acute Urinary Tract Infection	3.7	Acute Urinary Tract Infection	3.8
7	Skin Diseases	3.5	Intestinal Worms	3.1	Acute Urinary Tract Infection	3.3	Skin Diseases	3.6	Skin Diseases	3.4
8	Intestinal Worms	2.6	Acute Urinary Tract Infection	3	Intestinal Worms	2.9	Intestinal Worms	3.2	Intestinal Worms	3.1
9	Acute Urinary Tract Infection	2.4	Hypertension	2.2	Hypertension	2.2	Hypertension	2.3	Typhoid Fever	2.1
10	Hypertension	2.0	Prostate Cancer	2.1	Acute Eye Infection	1.8	Typhoid Fever	2.1	Hypertension	2.1
11	All other diseases	27.9	All other diseases	33.2	All other diseases	31.7	All other diseases	38.8	All other diseases	37.1
Total		100.0		100		100		100		100.0

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

The Community-based Health Planning and Services (CHPS) strategy is one of the service delivery channels for speeding up progress towards attainment of Universal Health Coverage (UHC). Since

its adoption in 2000, the primary health services at the community level have improved although some challenges persist. Generally, there has been a marginal improvement in the establishment of functional CHPS zones over the last five years. The dip in performance in 2018, was because of the CHPS verification exercise conducted by the Ghana Health Service in that same year, which indicated that some of functional CHPS did not meet the CHPS implementation strategic plan (six milestones and fifteen steps). In the year under review, the number of CHPS zones increased by 33 (0.59%) from 5,547 in 2020 to 5,580 in 2021, indicating an increased in the proportion of functional CHPS zones from 79.03 to 79.67% over the same period (Figure 4).

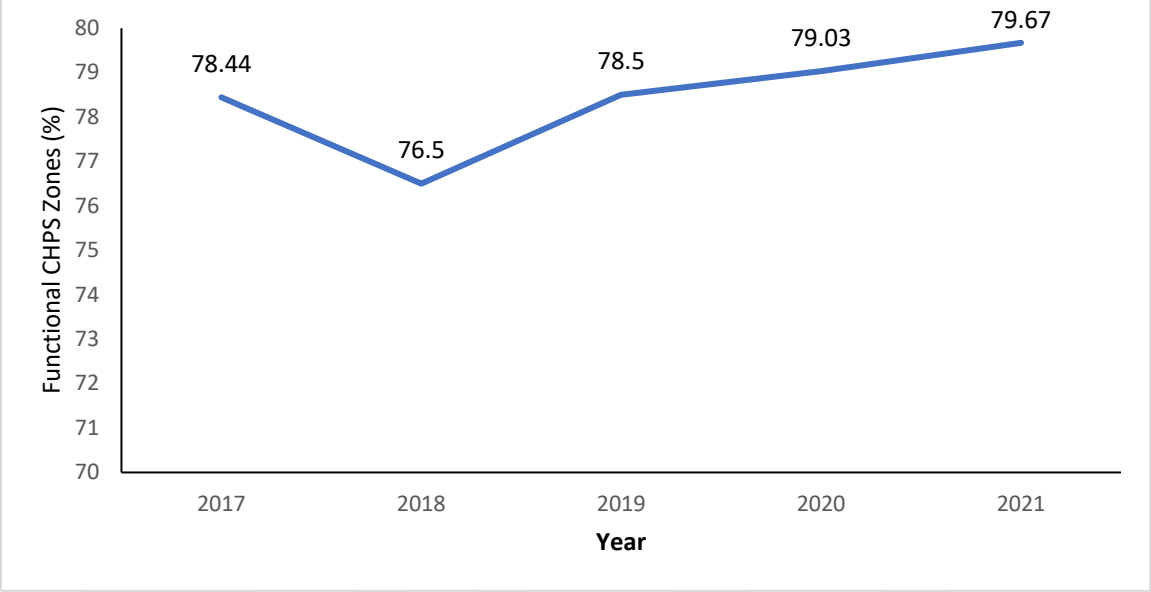


Figure 4 Proportion of functional CHPS zones

The regional disaggregation of functional CHPS zones over the past five years shows that many of the regions had more functional zones, particularly Bone, Bono East, Ashanti and Ahafo (Table 4). The proportion of functional CHPS zones in the North East region, however, has remained less than 30% in the last three years (2019-2021).

Table 4 Proportion of functional CHPS by region, 2017-2021

Region	**2017**	**2018**	**2019**	**2020**	**2021**
Ahafo	89.7	92.6	90	89.7	94
Ashanti	92.2	96.4	92	95	96.6
Bono	92.1	89.6	95	94.4	97.6
Bono East	91	95.8	101.5	99.6	97.3
Central	57.4	62.6	66.6	78.6	82.7
Eastern	80.4	70.1	89.5	86.9	78.4
Greater Accra	48.1	61.7	80	81.8	85.1
North East	63.7	47.6	20.9	23.9	28

Northern	60.9	49.4	43.4	36.8	43.8
Oti	55.9	63.4	78.1	76.1	76.8
Savannah	58.5	65.5	45.9	57.8	41.1
Upper East	86.1	58.8	55.6	72.3	86
Upper West	76.2	81	81.8	72.6	77.5
Volta	65.5	67.8	72.5	70.5	68.9
Western	80	81.7	82.4	84.3	82.8
Western North	75.7	66.2	72.2	78.2	72

National Health Insurance Scheme (NHIS) population coverage

The number of people enrolling in the NHIS has seen a consistent improvement over the last five years (Figure 5). The proportion of the population with active NHIS membership increased from 10.6 million to 16.8 million (57.3%) between 2017 and 2021. The remarkable increase over the last three years (2019-2021) in particular, could be attributed to the introduction of the mobile renewal system in 2018 to ease the process of renewal coverage in the Scheme. The mobile renewal is a convenient method to renew NHIS policy by dialling NHIS mobile phone short code *929#.

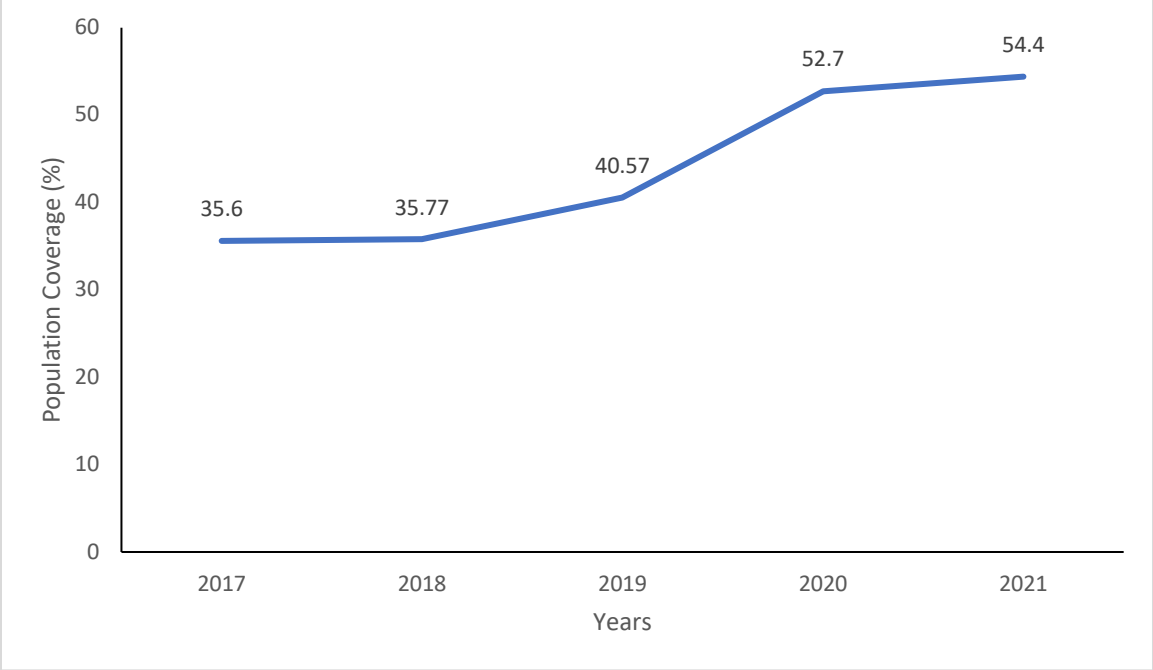


Figure 5 Trend of NHIS Population Coverage, 2017-2021

Analysis of data by region shows that half of the regions recorded population coverages higher than the national coverage (Table 5). Four regions (Bono, Upper West, Upper East and Ahafo) recorded more than 70% population coverage. The Bono East and Northern regions, however, recorded declines in their population coverages between 2020 and 2021 whilst the Greater Accra and Savannah regions had theirs stagnated over the same period.

Table 5 NHIS population coverage, 2017-2021

Region	2017	2018	2019	2020	2021
Ahafo	31.4	39.59	44.75	64.86	72.7
Ashanti	35.59	35.78	38.74	49.01	54.1
Bono	42.79	51.3	58.82	83.21	80.5
Bono East	44.52	45.81	50.54	70.01	68.5
Central	29.82	30.94	35.03	45.54	44.2
Eastern	36.79	38.66	41.74	56.03	63.2
Greater Accra	31.55	29.7	34.76	42.35	42.7
North East	40.42	35.55	42.72	59.19	54
Northern	33.02	32.23	38.06	48.77	40.7
Oti	23.64	22.75	28.32	35.44	38.8
Savannah	39.9	36.94	41	50.03	50.4
Upper East	53.46	54.47	57.93	74.88	73.4
Upper West	50.43	55.31	57.94	78.34	79.7
Volta	37.02	37.04	41.75	52.33	64.1
Western	31.63	29.5	35.25	44.56	48.5
Western North	33.84	34.41	40.94	56.31	57.4

Disaggregation of active members in the scheme shows that the females are enrolling in the scheme more than the males (Figure 6). Enrolment of the females in the scheme has remained approximately at 60% over the last five years, 2017-2020.

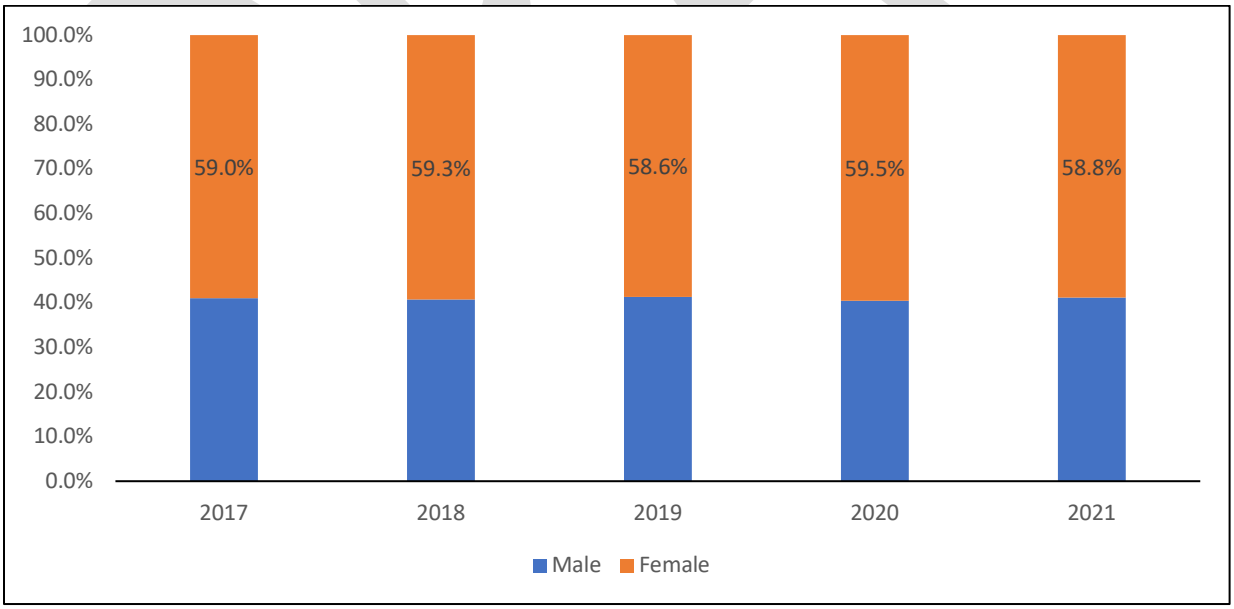


Figure 6 Proportion of active members by sex, 2021

Persons under the age of 18 years remains the largest category of active members (41.6%) in the scheme, followed by the informal sector workers (36.4%), who pay direct premiums (Figure 7). The proportion of informal sector workers has also seen consistent increase over the last five years, from 30% to 36%, compared to the other categories. Enrolment of the aged (70 years or older) has proportionally remained at less than 5% over the same period.

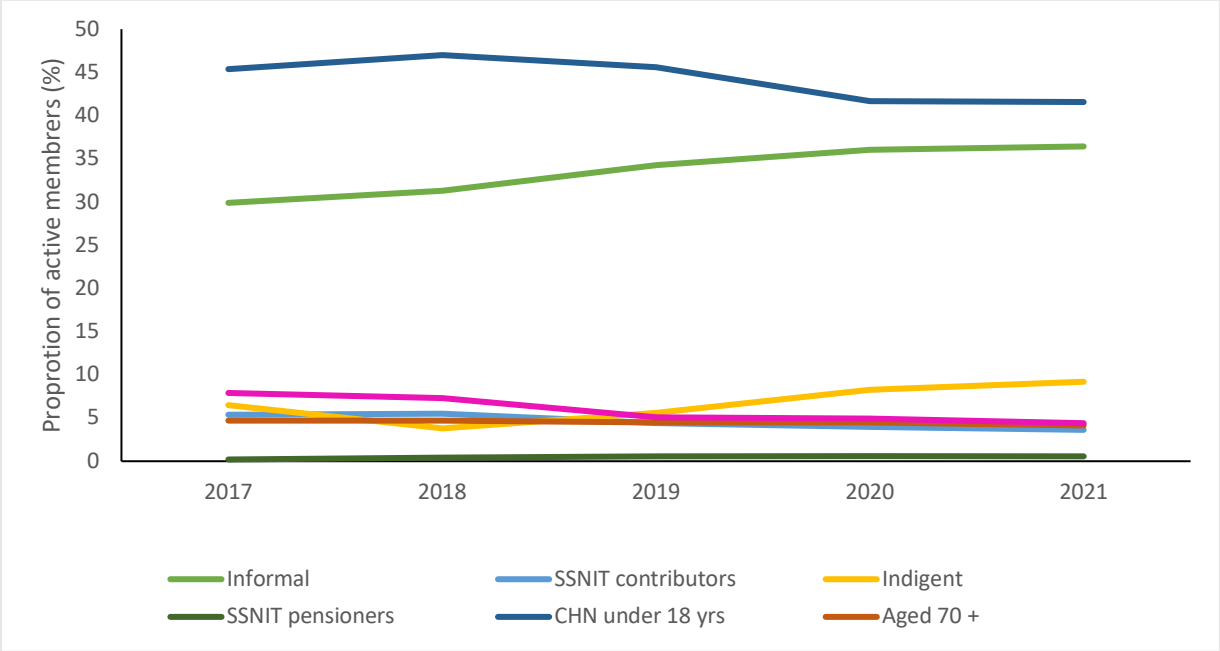


Figure 7 Trends in NHIS active members by category, 2017-2021

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 persons accepting to use family planning methods increased by 14%, from 2.2 million in 2020 to 2.5 million in 2021, bringing the family planning acceptor rate to 33.8% (Figure 8).

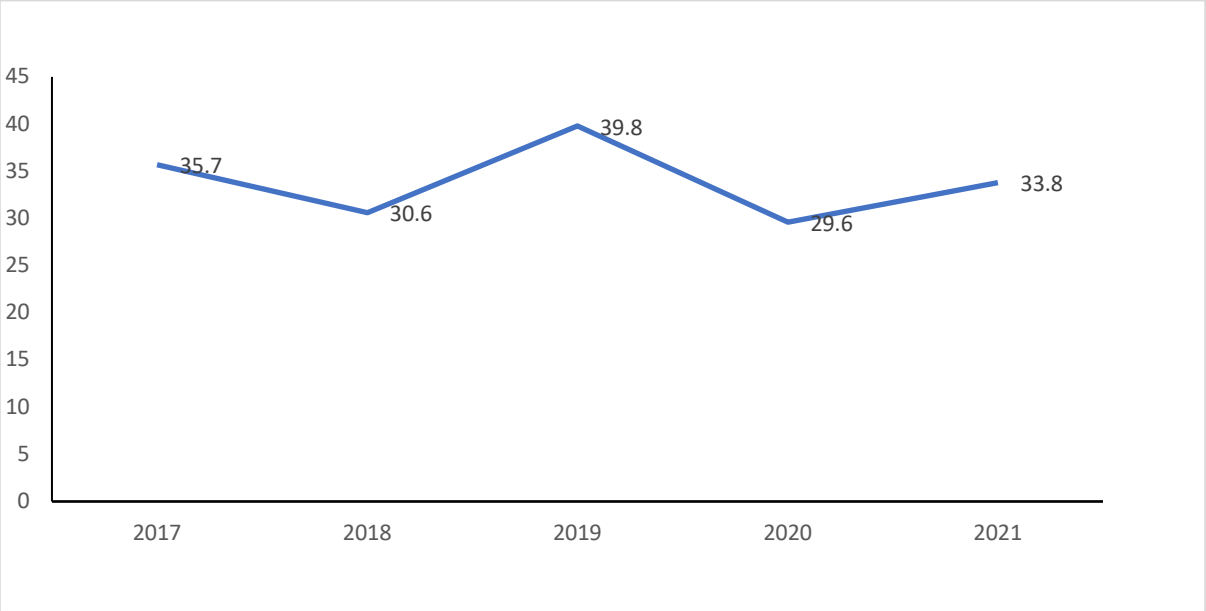


Figure 8 Trend in family planning acceptor rate, 2017-2021

The regional decomposition shows that close to half (7 out of 16) of the regions had lower family planning acceptor rate than the national rate (33.8%) as shown in Table 6. The Ahafo region recorded the highest family planning accepter rate, followed by the Upper West region, which had a declined from 49.9% to 46% over the same period. The Savannah region, on the hand, recorded the worst family planning acceptor rate. With the inclusion of family planning services in the NHIS benefits package, it is expected that more gains would be made in subsequent years.

Table 6 Family Planning Acceptor Rate by Region, 2017-2021

Regions	**2017**	**2018**	**2019**	**2020**	**2021**
Ahafo	43.69	56.70	62.66	44.58	56.66
Ashanti	27.18	26.67	24.68	22.81	29.11
Bono	58.79	57.83	64.98	40.97	41.79
Bono East	47.34	46.99	47.67	41.07	43.86
Central	29.34	32.78	35.01	32.30	38.74
Eastern	26.86	28.37	28.54	25.03	30.24
Greater Accra	59.38	80.33	73.47	33.65	35.85
North East	25.00	25.82	50.43	23.76	21.57
Northern	22.47	31.43	33.54	28.22	27.82
Oti	37.94	32.34	28.04	31.74	34.80
Savannah	26.44	27.75	26.57	18.77	20.15
Upper East	30.48	30.26	31.34	31.82	35.79
Upper West	53.92	53.89	52.53	49.86	45.96

Volta	29.98	26.14	23.19	24.58	28.90
Western	25.70	27.77	31.41	28.97	36.99
Western North	18.96	23.26	27.76	24.52	27.89

The couple-year protection (CYP) which refers to the estimated protection provided by family planning methods during the year under review, based on the volume of all contraceptives sold or distributed free to clients, stagnated around 1.4 million (Figure 9). It has seen a decline in the last three years, 2019-2021.

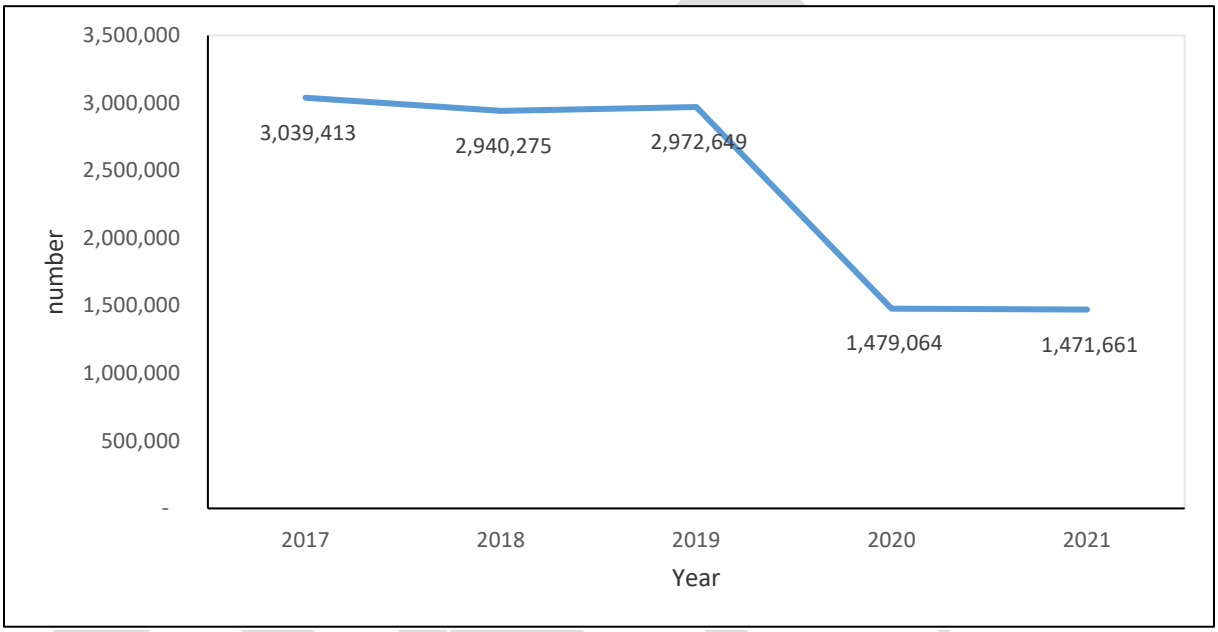


Figure 9 Trend in couple-year of protection, 2017-2021

Maternal healthcare service

Access to quality maternal and child health services are crucial to achieving the SDG related goals. Antenatal utilisation, facility delivery and postnatal care provided within 48 hours are focused interventions to improve quality maternal and child healthcare. It is expected that women in the fertility age group (15-49 years), who visit health facility before pregnancy, during and after pregnancy would have a higher chance of improved health outcome. In the year under review, The proportions of pregnant mothers making at least 1+ and 4+ antennal care visits; receiving skilled delivery; and accessing postnatal care improved marginally in the year under review (Figure 10). Trends over the last five years (2017-2021), also shows that the proportion of mothers accessing postnatal care increased consistently from 48% to 62.1%. Implementation of the safe motherhood programme and the task-sharing policy appears to be contributing to improvement in family planning, antenatal care, skilled delivery, and postnatal care services.

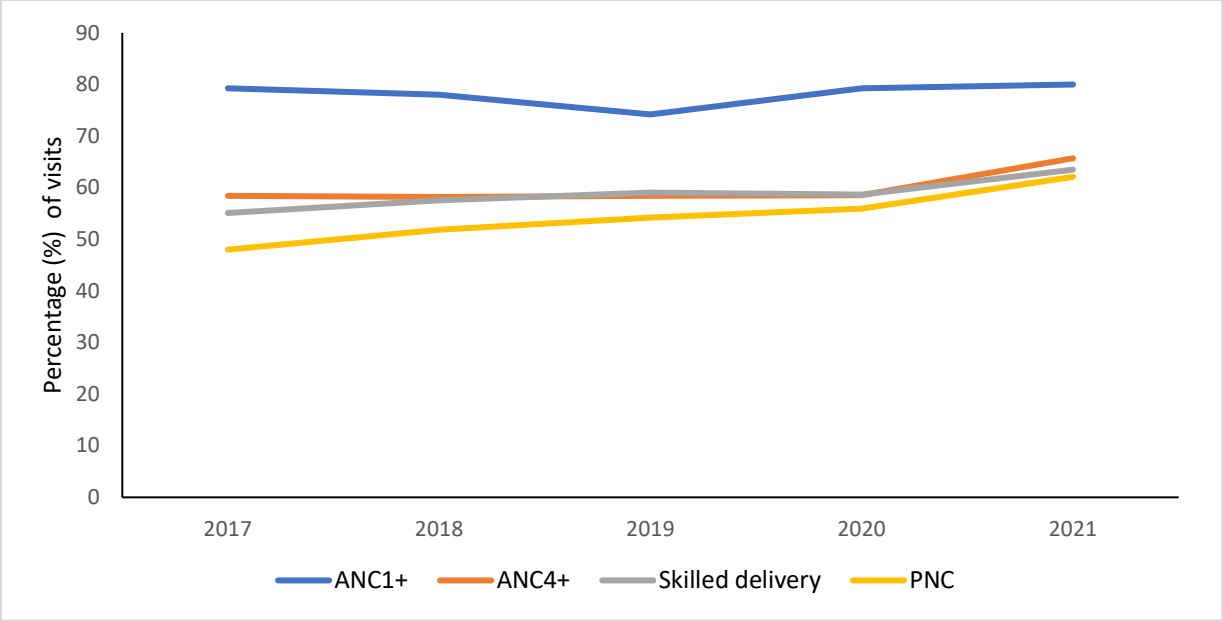


Figure 10 Trends in ANC, skilled delivery, and PNC coverage, 2017-2021

Geographical distribution of maternal health services in the year under review shows that over 90% of pregnant mothers in the Northern, North East, Savannah and Oti region attended at least one antennal care visit (Table 7). Similarly, more than 90% of pregnant mothers in the Ahafo and Northern regions attended at least four antennal care visits. In addition, more than 80% of pregnant mothers in the Upper West region received skilled delivery and postnatal care after delivery compared.

Table 7: Proportion of maternal health services by region, 2021

Region	ANC1+	ANC4+	Skilled Delivery	Postnatal care (PNC)
Ahafo	79.2	93.2	68.3	67.6
Ashanti	73.7	61.1	60.8	58.7
Bono	74.8	62.6	66.5	64.8
Bono East	84.6	66.6	66.8	63.8
Central	77.5	62.6	66.0	65.5
Eastern	73.9	56.5	60.9	61.1
Greater Accra	72.8	68.1	52.0	51.4
North East	95.2	58.0	71.9	71.1
Northern	106.8	92.5	75.8	72.1
Oti	92.7	57.8	62.3	61.8
Savannah	96.3	60.7	61.2	58.7
Upper East	84.1	75.7	81.8	81.1

Upper West	85.8	74.8	76.7	75.0
Volta	66.4	49.4	58.7	56.4
Western	88.2	63.5	66.1	65.6
Western North	84.3	63.1	66.8	63.4
Ghana	80.0	65.7	63.5	62.1

Pre-hospital care (access to emergency medical services)

The mandate of the National Ambulance Service (NAS) is to provide a nationwide, comprehensively, and timely pre-hospital care to all people living in Ghana. In 2021, the total number of emergencies responded to by the NAS increased by 10% from 38,255 in 2020 to 41,901 in 2021 (Figure 11).

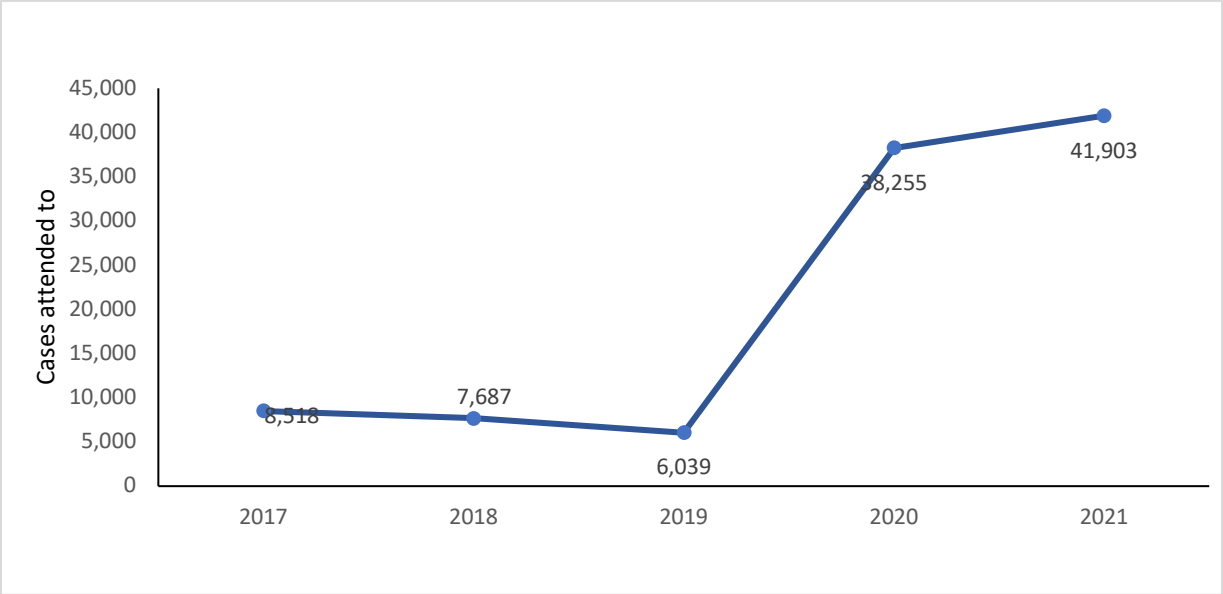


Figure 11 Trend of cases seen 2017-2021

However, the case response time did not see improvement. It increased marginally by 2 minutes, from twenty minutes, thirty-five seconds (20.35) to twenty-two minutes, forty-three seconds (22.43) over the same period (Figure 12). The average case holding time and vehicle engaged time in the year under review were two hours, eighteen minutes, and seventeen seconds (2:18:17) and five hours, thirty-seven minutes, and twenty-four seconds (5:37:24), respectively.

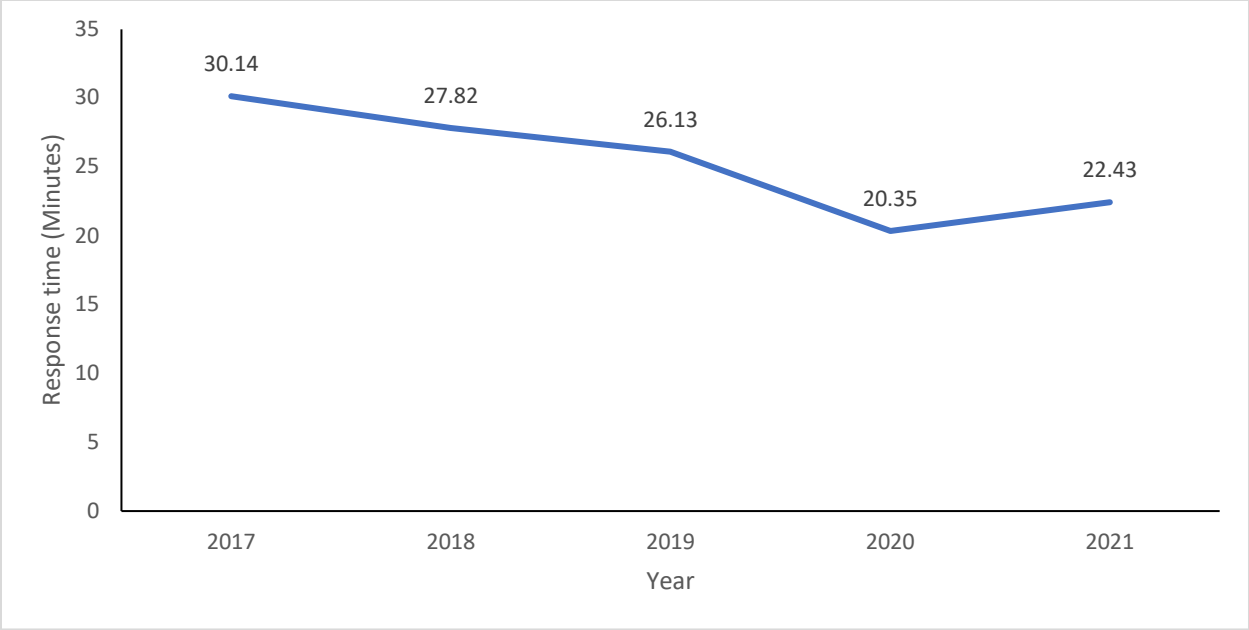


Figure 12 Case response time

Regional distribution of the case response time shows that half of the regions recorded case response times higher than the national average (Table 8). Whilst the Ashanti and Greater Accra regions posted the shortest case response time, the North East and Oti regions recorded the longest case response time of 30 and 28 minutes, respectively. The Upper East and West regions posted the shortest case holding time of less than two hours whilst the Western North region recorded the longest case holding time and vehicle engaged time of more than 3 and 11 hours respectively.

Table 8 Average case response time, case holding time, and vehicle engaged time, 2021

Region	**Average case response time**	**Average case holding time**	**Average vehicle engaged time**
Ahafo	0:17:15	2:01:39	4:51:16
Ashanti	0:17:21	2:07:54	4:13:00
Bono	0:17:44	2:13:00	4:36:26
Bono-east	0:23:11	2:19:23	5:14:45
Central	0:22:31	2:40:59	5:42:23
Eastern	0:26:18	2:24:17	5:09:41
Greater Accra	0:18:21	2:20:44	4:50:02
North east	0:28:44	2:23:53	5:39:19
Northern	0:22:03	2:03:20	4:53:59
Oti	0:30:28	2:49:52	7:54:52
Savannah	0:20:38	2:12:46	5:06:54

Upper east	0:21:04	1:57:35	4:21:50
Upper west	0:23:53	1:47:03	4:29:51
Volta	0:24:12	2:06:49	5:23:05
Western	0:25:00	2:15:42	6:16:05
Western north	0:24:41	3:07:29	11:15:00
National	22:43	2:18:24	5:37:24

Source: National Ambulance Service

Analysis of the emergency medical services data also shows that all the 273 (100%) ambulance stations are functioning with a dedicated ambulance and mix of staff present. The percentage of districts with ambulance centres increased from 54.6% in 2017 to 100% in 2021. In addition, there are other satellite stations to augment emergency medical services This feat is due to the government one ambulance one constituency initiative, which made it possible for all districts to have ambulance. centres. However, one key challenge facing the ambulance service is lack of dedicated source of funding.

Human resource development for health

In 2021, the Ministry initiated steps to implement a recommendation that was raised at the 2021 Health Summit to attract and retain health professionals in the rural areas. In that regard, a draft incentive package document for health professionals was developed. Analysis of the indicators under this domain by region is limited to 10 regions because the Controller and Accountant General's Department (CAGD) payroll data is yet to split the Brong-Ahafo, Western, Northern, and Volta regions into the six newly created regions.

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 (2017-2021) also shows consistent improvement (Figure 13).

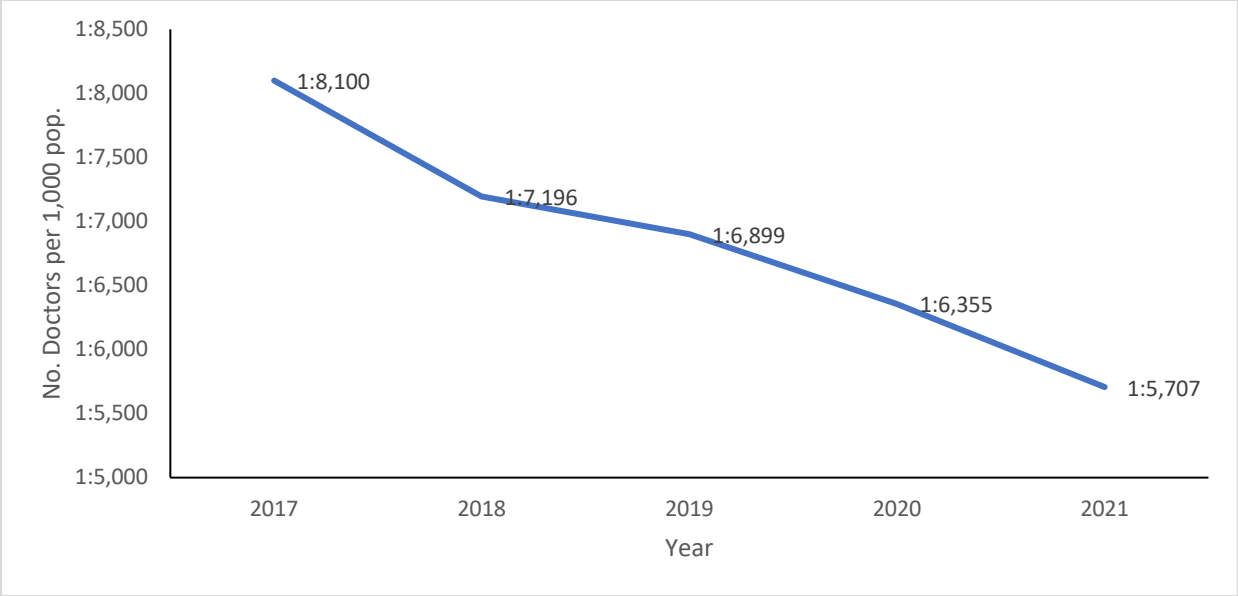


Figure 13 Trend in doctor to population ratio, 2017-2021

Analysis of the data shows that the number of doctors on the GoG payroll increased by 529 from 4,875 in 2020 to 5,404 in 2021. The Greater Accra region recorded 177 new doctors in 2021, whilst Upper East and Northern regions recorded 6 and 9 new doctors respectively. The Greater Accra region recorded a better doctor to population ratio than the 2021 national target of 1:5,000 (Table 9). However, an inequity in the distribution of medical officers persist across the regions. The Upper East, Upper West and the Western region had one doctor attending to over 10,000 population. The Upper East region had the worst performance with regards to this indicator although a consistent reduction has been achieved over the last five years, 2017-2021.

Table 9 Doctor-to-patient ratio by region, 2017-2021

Region	2017	2018	2019	2020	2021
Ashanti	1:8,041	1:6,389	1:6,344	1:6,007	1:5,468
Brong-Ahafo	1:9,795	1:11,270	1:10,239	1:10,159	1:7,833
Central	1:9,158	1:7,787	1:7,180	1:6,188	1:6,190
Eastern	1:12,808	1:11,602	1:11,757	1:10,881	1:7,802
Greater Accra	1:3,404	1:3,246	1:2,839	1:2,619	1:2,586
Northern	1:12,949	1:9,770	1:10,243	1:8,945	1:9,926
Upper East	1:27,652	1:20,936	1:23,587	1:19,158	1:17,584
Upper West	1:16,222	1:13,160	1:14,897	1:14,477	1:10,362
Volta	1:10,832	1:11,520	1:10,390	1:9,392	1:7,567
Western	1:22,729	1:17,850	1:18,977	1:17,577	1:12,359

Source: CAGD Payroll data, December 2021

Nurse-to-population ratio

The number of professional nurses including community health nurses on the GoG payroll improved during the period under review. It increased from 44,167 in 2020 to 58,217 in 2021, representing 32%. Generally, there was a consistent improvement in the number of nurses to population ratio over the 5-year period, 2017-2021. The number of populations attended to by a Nurse decreased from 721 to 530 between 2020 and 2021 (Figure 14). 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.

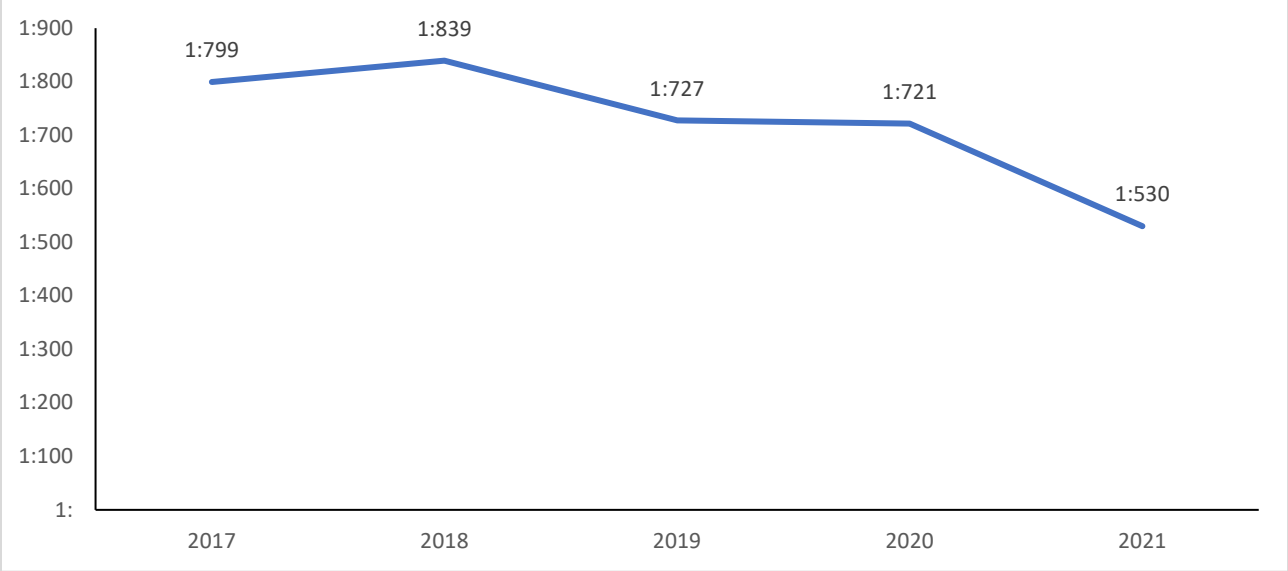


Figure 14 Trend in nurse to population ratio, 2017-2021

At the regional level, the Upper East region recorded the best nurse to population ratio of 1:394 whist Northern region had the worst ratio of 1:636 (Table 10). In all, half of the regions (Upper East, Upper West, Volta, Brong-Ahafo, Eastern) recorded worse nurse to population ratio than the national ratio of 1:53.

Table 10 Trends in nurse-to-population ratio, 2017-2021

Region	2017	2018	2019	2020	2021
Ashanti	1:880	1:796	1:796	1:764	1:552
Brong-Ahafo	1:807	1:887	1:750	1:743	1:466
Central	1:713	1:768	1:615	1:606	1:550
Eastern	1:816	1:855	1:776	1:739	1:492
Greater Accra	1:743	1:783	1:675	1:640	1:571
Northern	1:945	1:986	1:850	1:825	1:636
Upper East	1:500	1:494	1:458	1:472	1:394
Upper West	1:597	1:632	1:514	1:493	1:440
Volta	1:785	1:839	1:731	1:659	1:463

Western	1:1030	1:1015	1:935	1:944	1:584

Midwife to Women in Fertility Age (WIFA) ratio

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 midwife to women in fertility age (WIFA) population has improved over the last five years (Figure 15). It increased from one midwife to 720 women in fertility age in 2017 to one midwife to 387 women in fertility age. 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.

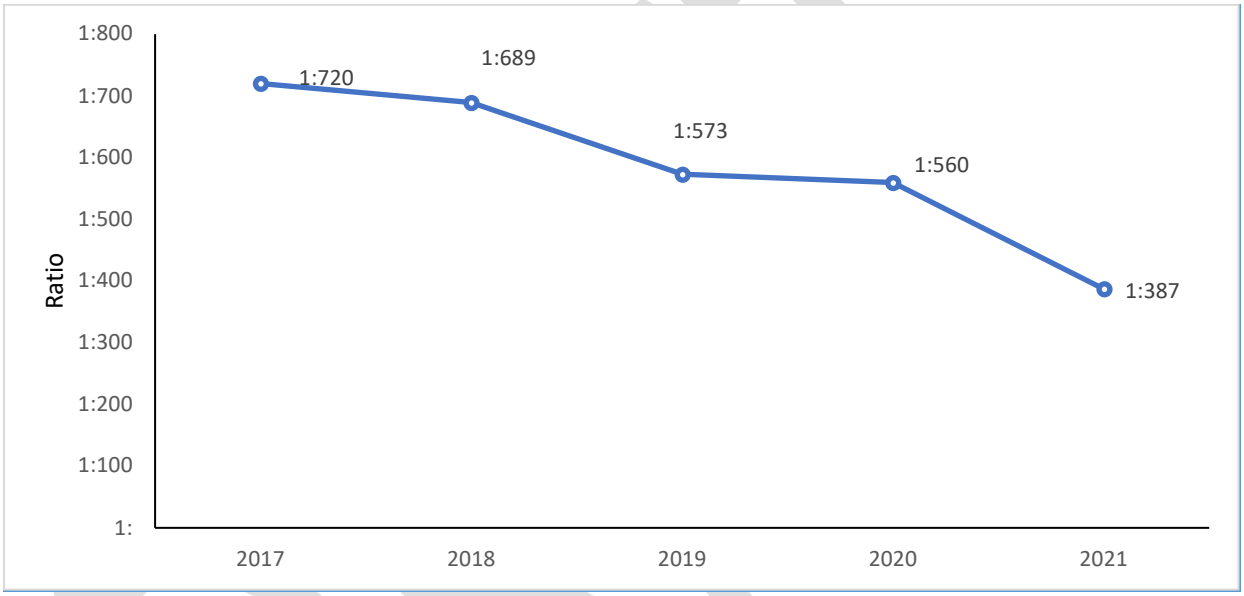


Figure 15 Trend in Midwife to Women in Fertility Age (WIFA) ratio, 2017-2021

At the regional level, the Upper West region recorded the best midwife to WIFA population ratio, from 1:421 to 1:266 (Table 11). However, more than half of the regions, including Northern, Central, and Greater Accra recorded worse ratios than the national ratio.

Table 11 Trends in Midwife to WIFA population ratio, 2017-2021

Region	2017	2018	2019	2020	2021
Ashanti	1:649	1:613	1:488	1:479	1:320
Brong-Ahafo	1:713	1:680	1:570	1:553	1:321
Central	1:873	1:816	1:589	1:596	1:457
Eastern	1:767	1:727	1:634	1:619	1:391
Greater Accra	1:828	1:768	1:618	1:571	1:456
Northern	1:924	1:792	1:654	1:643	1:494
Upper East	1:611	1:561	1:526	1:535	1:372
Upper West	1:421	1:389	1:382	1:384	1:266

Volta	1:751	1:721	1:616	1:578	1:396
Western	1:839	1:688	1:632	1:645	1:391

2.3 Objective 2: Reduce morbidity and mortality, intensify prevention and control of non-communicable diseases

This objective obtained a performance score of 2.6 overall, interpreted as a sustained performance (Figure 16). Four (4) indicators (all-cause mortality, Institutional Maternal Mortality Ratio (iMMR), institutional neonatal mortality ratio and stillbirth rate) out of sixteen (16) indicators were used to assess this domain (Table 12). The remaining are survey indicators and data is only provided for when surveys are conducted. The milestones of this domain were development of physiotherapy guidelines, and reduction of neonatal mortality rates to 4.8 deaths per 1000 live births.

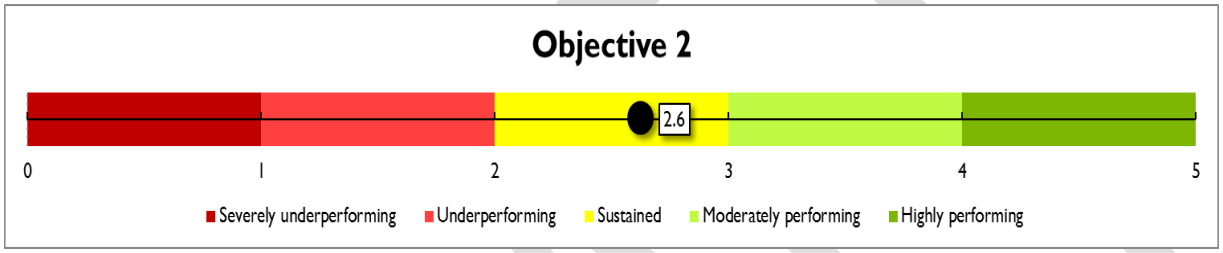


Figure 16 Overall performance score for objective 2

Table 12 Indicators for assessing morbidity and mortality, and prevention and control of non-communicable diseases

Performance score	Indicator	Code
Objective 2: Reduce Morbidity and Mortality, Intensify Prevention and Control of Non-Communicable Diseases		
3 had a positive score: +1	1. Institutional Maternal Mortality Ratio 2. Still birth rate (per 1000 live births) 3. Institutional all-cause mortality rate (per 1000	
1 had a negative score: -1	1. Institutional Neonatal Mortality Rate	
Milestones	• Develop physiotherapy guidelines • Reduce institutional neonatal mortality rate to 4.8 deaths per 1,000 live births	

Trend analysis of key indicators under objective 2

All-cause mortality

The number of persons dying from all causes of conditions declined marginally from 22.9/1,000 hospital admission in 2020 to 21.7/1,000 hospital admission in 2021 (Figure 17). Trend of the indicator over the last five years has also not shown much improvement; it only declined by less than 2 percentage points over the said period.

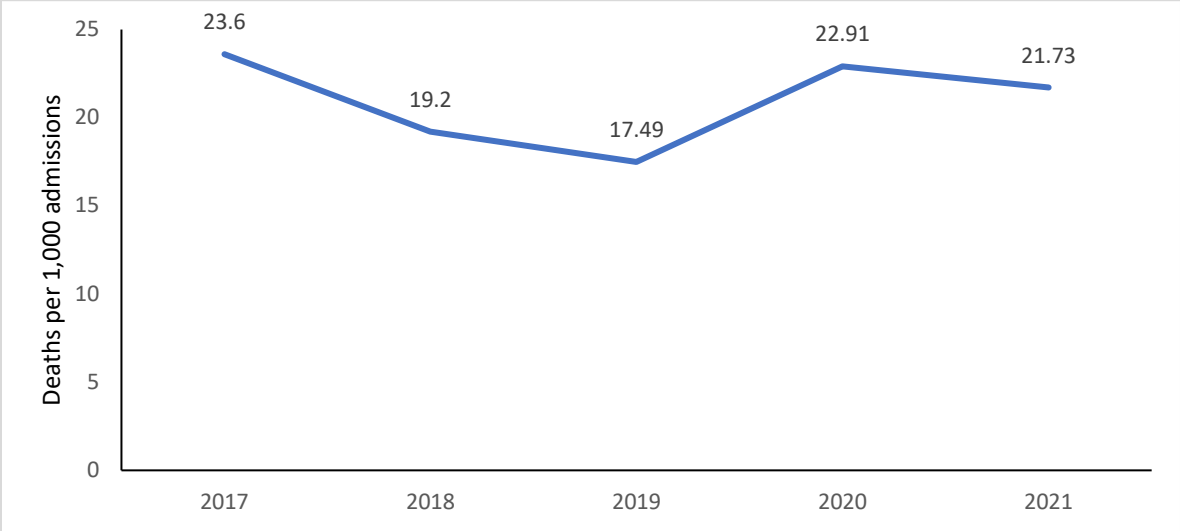


Figure 17 Trend in Institutional all- cause mortality rate, 2017-2021

Regional disaggregation of the indicator shows that the Ahafo region recorded the lowest mortality rate, followed by the Ashanti region (Table 13). The Greater Accra region, on the other hand, posted the worst all-cause mortality in the year under review and over the last five years. Overall, four out of the 16 regions (Greater Accra, Eastern, Bono, and Central) recorded all-cause mortality rates higher than the national rate.

Table 13 Institutional all-cause mortality by regions, 2017-2021

Regions	**2017**	**2018**	**2019**	**2020**	**2021**
Ahafo	16.03	15.44	9.24	14.35	12.33
Ashanti	16.59	11.00	10.43	14.65	13.10
Bono	22.33	18.75	18.87	24.71	24.85
Bono East	21.13	19.83	16.93	21.49	21.47
Central	28.11	20.95	19.03	24.64	22.44
Eastern	23.26	24.60	21.09	27.89	27.89
Greater Accra	44.34	33.39	30.39	35.81	31.74
North East	12.37	14.48	16.83	18.77	20.47
Northern	14.94	15.86	10.99	16.03	18.81

Oti	15.54	14.35	13.50	16.73	16.97
Savannah	15.99	11.09	8.80	13.42	15.19
Upper East	28.98	31.60	21.75	29.41	28.58
Upper West	17.33	15.75	15.32	20.53	21.14
Volta	31.73	29.33	29.41	35.57	29.89
Western	25.34	23.62	18.22	23.97	20.70
Western North	13.51	11.39	11.91	12.49	10.49

Institutional maternal mortality ratio (iMMR)

Generally, the number of women dying due to complications from pregnancy or childbirth has improved over the last five years. These deaths have declined from 147 to 119.5 per 100,000 live births between 2017 and 2021 (Figure 18). The year under review, however, saw a marginal increase from 109.2 to 119.5 deaths per 100,000 live births. Nonetheless, the set target of 138/100,000 for the year 2021was far achieved. In absolute terms, the number of maternal deaths increased by 12%, from 779 to 875 over the 2020-2021 period. The general improvement in this health outcome can be attributed to adherence to maternal health protocols and guidelines, and the implementation of maternal death audit recommendations.

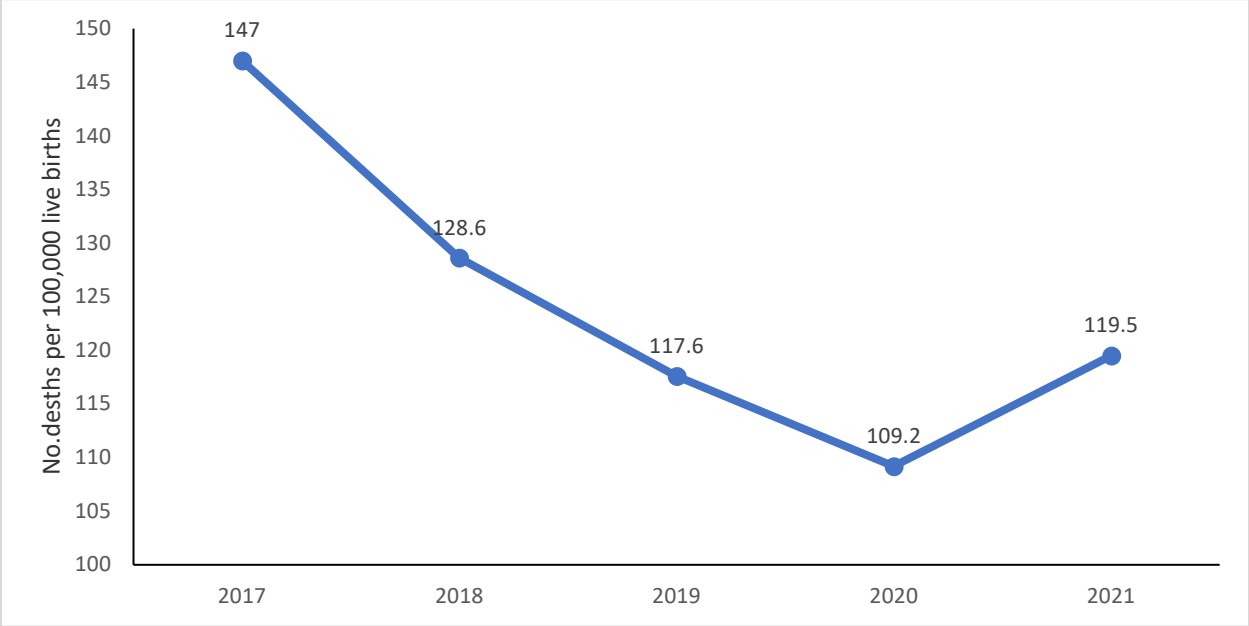


Figure 18 Trend in institutional maternal mortality ratio, 2017-2021

Disaggregation by geographical region shows that Savannah region recorded the lowest maternal mortality ratio of 37.45 deaths per 100,000 live births, followed by Oti region (Table 14). All the regions except the Greater Accra and Ashanti recorded maternal mortality ratios less than the national ratio.

Table 14 Institutional maternal mortality ratio per 100,000LB by region, 2017-2021

Region	2017	2018	2019	2020	2021
Ahafo	58.98	43.70	97.17	68.02	83.50
Ashanti	139.58	184.31	155.78	96.58	127.50
Bono	116.66	89.31	70.29	79.62	87.49
Bono East	119.84	79.92	105.33	91.52	71.71
Central	129.10	132.10	105.24	109.16	104.40
Eastern	176.94	124.26	139.07	143.11	112.09
Greater Accra	189.00	149.52	139.72	143.10	163.71
North East	111.71	105.46	59.86	58.79	84.46
Northern	201.04	136.18	143.98	120.23	98.60
Oti	112.10	56.74	54.93	93.93	61.08
Savannah	42.53	56.10	50.38	48.19	37.45
Upper East	137.53	91.10	79.23	90.73	97.99
Upper West	116.75	96.38	74.83	78.77	100.46
Volta	149.50	87.22	131.63	95.20	102.52
Western	154.98	134.30	106.08	113.01	118.62
Western North	78.80	79.16	34.88	60.93	75.58

Stillbirth, neonatal mortality, institutional infant, and under-5 mortalities

The four child health outcome indicators assumed an upward trend in the year under review (Figure 19). The death or loss of a baby before or during delivery (miscarriage and stillbirths) increased from 12.7 to 12.8/1,000 live births; the number of children who died in their first month of live (neonatal mortality) went up from 7.4 to 7.6 deaths per 1,000 live births; the number of newborns who died under one year of age increased from 7.6 to 7.8 deaths per 1,000 and the number of children who died by the age of 5 years (under-5 mortality rate) also went up from 9.8 to 10.7 deaths per 1,000 live births, achieving the set target of 21.5/1,000.

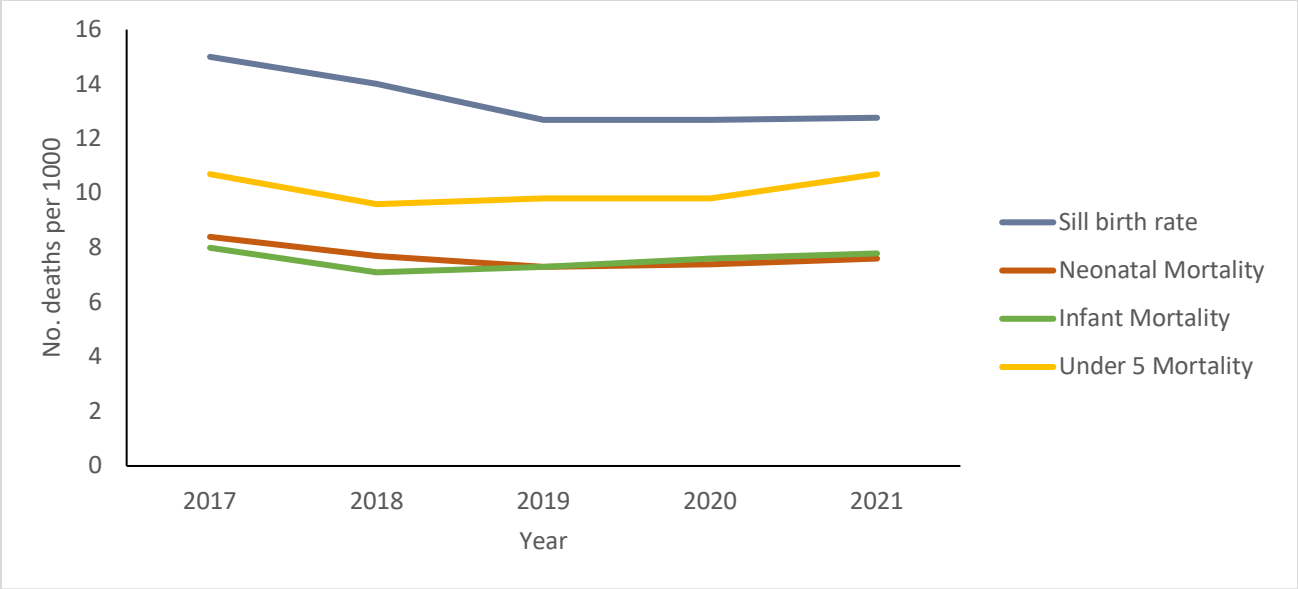


Figure 19 Trends in stillbirth, neonatal, infant and under-5 mortality rates, 2017-2021

Disaggregation of the neonatal deaths per 1000 live births by region shows that all the regions except three (Grater Accra, Northern and Bono East) recorded lower death rates than the national rate of 7.8 per 1000 live births (Table 15). The national target of 14 deaths per 1,000 live births for the year under reivew was far achieved.

Table 15 Institutional neonatal mortality by region, 2017-2021

Region	2017	2018	2019	2020	2021
Ahafo	5.38	4.95	5.41	6.39	5.46
Ashanti	13.59	9.32	7.32	6.46	6.49
Bono	8.59	7.45	8.40	7.96	7.72
Bono East	10.70	7.95	7.23	6.24	7.92
Central	5.30	6.00	7.49	6.59	6.87
Eastern	8.31	6.66	6.45	8.17	6.67
Greater Accra	9.19	10.42	11.90	10.16	11.48
North East	4.47	4.81	2.93	3.94	4.59
Northern	7.37	9.79	10.13	9.75	8.54
Oti	2.72	3.48	2.95	2.82	1.89
Savannah	4.25	1.68	2.30	2.75	3.87
Upper East	7.65	6.32	8.13	6.79	6.79
Upper West	5.52	6.09	8.77	7.44	5.45
Volta	9.06	5.71	5.98	6.64	6.63
Western	5.03	8.83	7.09	6.62	5.11
Western North	3.00	3.47	3.44	2.65	2.18

2.4 Objective 3: Enhance efficiency in governance and management

This objective focuses on the innovative ways to manage resource for delivery of quality healthcare services. Indicators under this objective are used to measure the decisions managers apply to maximize gains for the sector. In all, there were 31 indicators under this objective which included 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 2.4 on the scale of 0-5, representing a sustained performance (Figure 20). Twenty-nine (29) out of thirty-one (31) indicators under this objective were assessed because the other indicators required the use of survey data, which was not available. Six (6) indicators had a maximum score of +2; nine indicators obtained +1; one indicator scored 0; two indicators scored -1, and ten indicators had -2, as shown in Table 16.

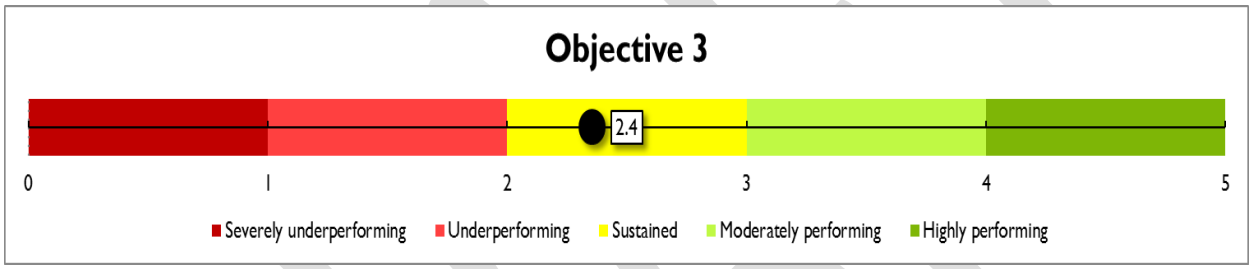


Figure 20 Overall performance score for objective 3

Table 16 Indicators for assessing efficiency in governance and management of the health system

Performance score	Indicator	Code
Objective. 3: Improve efficiency in governance and management of the health system		
6 had maximum score: +2	1. Regional and district hospitals providing traditional and alternate medicine 2. Proportion of hospitals (public and private) with functional emergency department 3. Per capita expenditure on health (all sources) - (USD) 4. GoG budget execution rate for goods and services 5. GoG budget execution rate (total) 6. Proportion of Agencies with functional audit committees	

9 had a positive score: +1	1. Hospitals (public and private) with mental health units 2. Restaurants in good standing 3. Bed occupancy rate (all wards) 4. Hospital beds per 1000 population 5. Licensure examination pass rate (for physician assistants, nurses, midwives, and allied health professionals) 6. Per capita GoG budget allocation to health sector (MTEF) 7. Average number of medicines prescribed per patient encounter (public facilities) 8. Percentage of medicines prescribed by generic name (public facilities) 9. Average Time of NHIS Claims Settlement (Month)	
1 had a neutral score: 0	1. Proportion of NHIS expenditure on claims reimbursement	
2 had a negative score: -1	1. Average length of stay at the accident and emergency (A&E) ward - (Days) 2. Percentage of encounters with an injection prescribed (public facilities)	
10 scored: -2	1. Adverse drug reactions investigated and reported on by Food and Drugs Authority (FDA) 2. Food and medicinal products that undergo quality testing 3. Proportion of health facilities (public and private) Licensed 4. Proportion of encounters with an antibiotic prescribed 5. GoG allocation to health (%) 6. Percentage change in annual revenue mobilized from all sources (real and nominal) 7. Proportion of NHIF receivable funds released to NHIA by MOF 8. Proportion of total health budget allocated to health research activities 9. Tracer drug availability 10. Psychotropic drug availability	
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 measures the extent to which mental health services are provided at all levels of the health system. In 2021, the Authority in attempt to strengthen community mental healthcare services as the new paradigm, conducted community durbars, school health talks, and outreach services. A helpline was also activated to operate via toll-free call centre to allow the Authority receive feedback and improve on its services. In the year under review, all district and regional hospitals had mental health units that provided mental health services alongside the general services. The top ten psychiatric conditions presented at the outpatient department over the last four years (2018-2021) are shown in Table 17. Schizophrenia, schizotypal and delusional disorders were the topmost condition and Mental Retardation, the least.

Table 17 Top 10 causes of Psychiatric OPD attendance 2017- 2021

No.	Condition	2017	2018	2019	2020	2021
1	Schizophrenia, schizotypal and delusional disorders	12,192	20,961	1,474	1,993	2,542
2	Epilepsy	655	23,329	574	1,127	1,166
3	Mental Disorders due to other psychoactive substance use	1,825	3,598	525	552	792
4	Depression	1,156	5,893	467	540	687
5	Bipolar Disorder	9,489	3,258	361	304	370
6	Mental Disorders due to Alcohol use	164	3,675	279	182	340
7	Dementia	0	1,311	152	185	224
8	Generalized Anxiety	0	2,922	67	87	101
9	Conduct/Behavioral disorders	15	143	67	57	87
10	Mental Retardation	40	1,232	64	36	62

Source: Mental Health Authority, 2021

Proportion of regional and district public hospitals offering traditional medicine practice

In 2021, the number of public facilities (regional and district hospital) offering traditional and complementary medicine practice increased to 53 from 40 in 2020 (Figure 21). Trend over the last five years (2017-2021) shows that the proportion of regional and district public hospitals offering traditional medicine practice increased by about 19 percentage points, from 13.10% to 31.98. % (Figure 21).

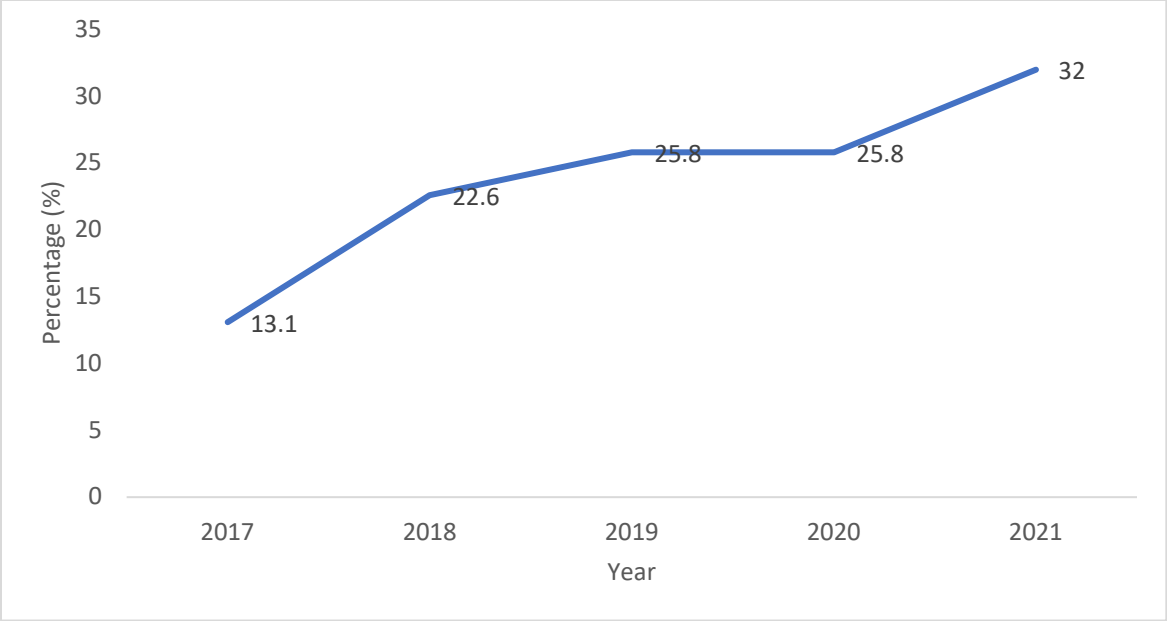


Figure 21 Trend in proportion of healthcare facilities offering traditional medicines

Adverse drug event

This indicator refers to the percentage of persons who had harmful or unpleasant reaction in 2021 due to the use of a medical product. The percentage of reported cases of adverse drug event to FDA that were assessed or investigated declined by 65 percentage points, from 89% in 2020 to 24% in 2021 (Figure 22). The Authority received 5,056 cases of adverse reactions in the year under review and assessed 1,236.

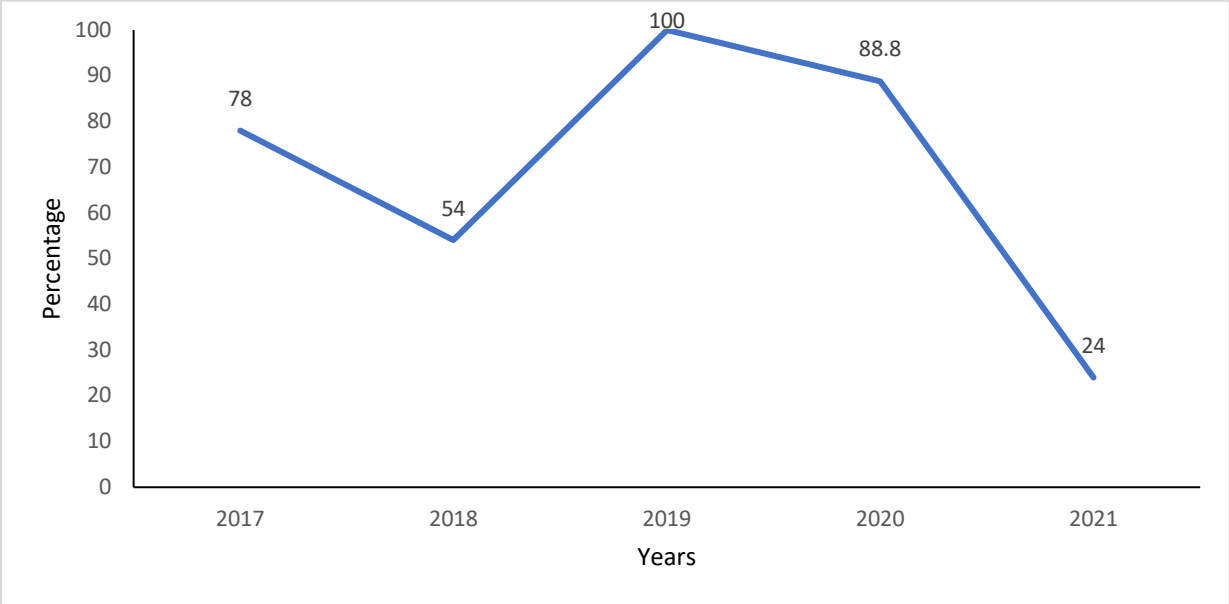


Figure 22 Trend in adverse drug event reported and investigated, 2017-2021

Quality testing for food and drug products

In 2021, the number of products received at the FDA Laboratory reduced by 16%, from 6,418 in 2020 to 5,409 in 2021. This is attributed to decline in the number of masks, face shield, hand sanitizers and other personnel protection equipment for COVID-19 infection control that were submitted to FDA for registration. Proportion of food and drug products that passed quality test declined by 14.23 percentage points between the base year and target year (Figure 23).

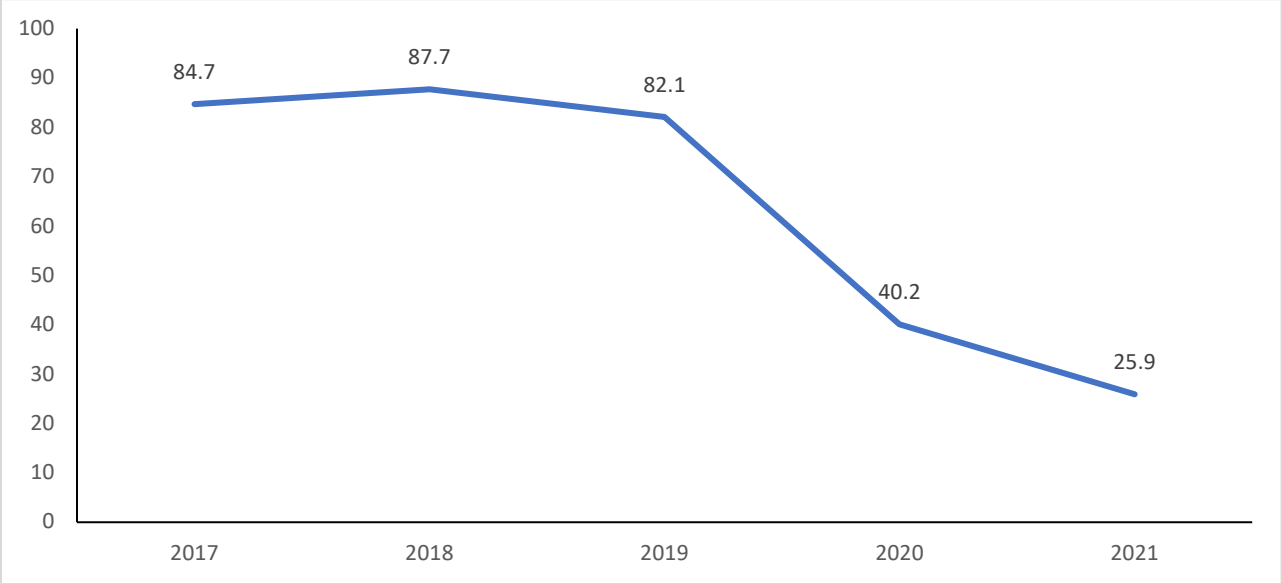


Figure 23 Trend in quality pass rate for food and medicinal products, 2017-2021

Restaurants in good standing

The number of restaurants in good standing according to the FDA standards increased by 7.43%, from 579 in 2020 to 622 in 2021. Nonetheless, the FDA would need to intensify collaborative activities with the Tourist Board, District Assemblies, and the Ghana Health Service to identify and certify more restaurants including eateries in the FDA register.

Hospital bed availability

The total number of reported beds in facilities stood at 69,104. However, the number of beds available for admission was estimated at 31,775. The Korle-Bu and Komfo Anokye Teaching Hospitals have a total bed capacity of 1,530 and 1,608 respectively. The country's hospital admission bed to a 1,000 population has increased marginally to 1.03/1000 in 2021 from 0.91/1000 in 2020 as shown in Figure 24.

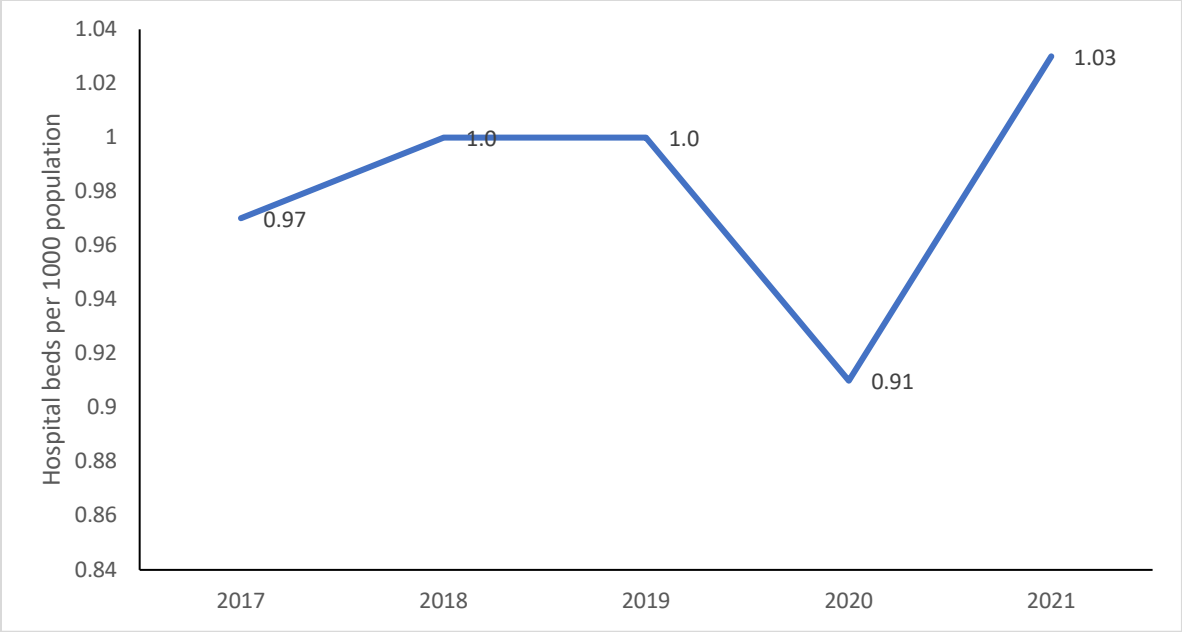


Figure 24 Trend in bed availability per 1000 Population

Bed occupancy rate

This indicator measures the utilisation of the available bed capacity in the healthcare facilities. In the year under review, the percentage of beds occupied by patients increased by 7.9 percentage points from the baseline rate of 48.2% to 56.1% (Figure 25). This indicates that a little over 50% of the bed capacity in the healthcare facilities were utilised in the year under review. Trend of the indicator over the 2017-2021 period shows a consistent increase over the last three (3) years (2017-2019) but dipped in 2020 probably due to the COVID-19 pandemic restrictions on facility attendance.

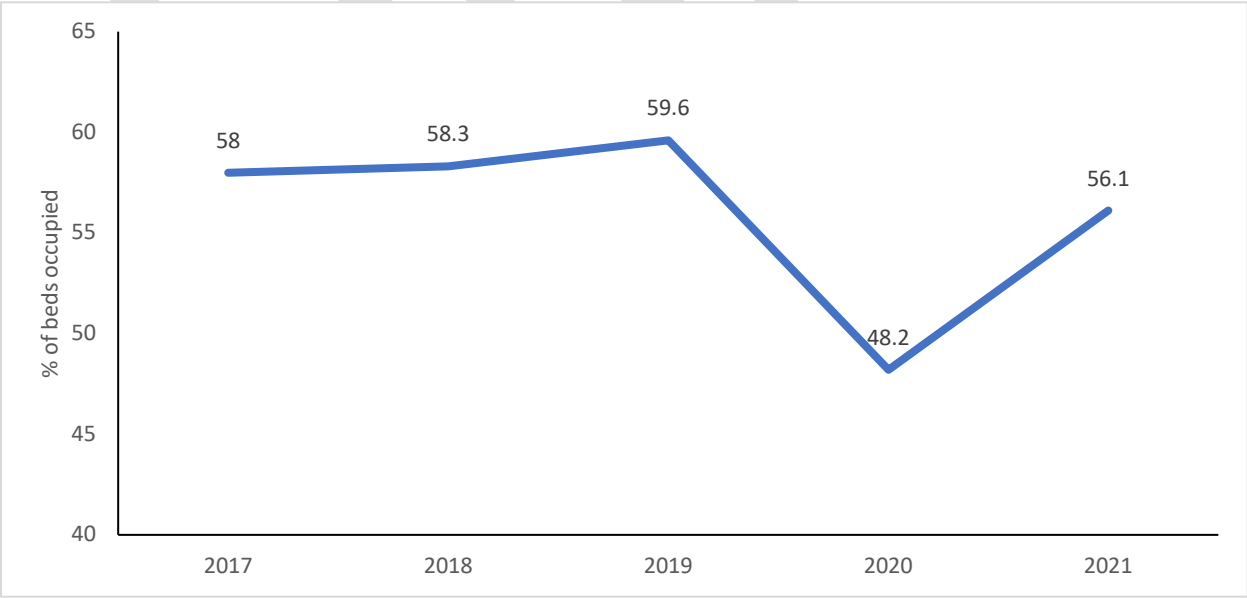


Figure 25 Trend in bed occupancy rate

Average length of stay in emergencies

This indicator measures the efficiency of the hospital management. It is the average number of days a patient spends in an emergency ward. In 2021, there was a marginal increase in the average length of stay in emergency, as shown in Figure 26. The number of patients that stayed in the hospitals averaged 3.3 days, compared to the set target of 2 days for the year under review. The trend of this indicator over the last five years, however, shows a worrying situation, from 2.4 to 3.3 days. The situation was worse in the Teaching Hospitals; it averaged 6 days per patient for all wards.

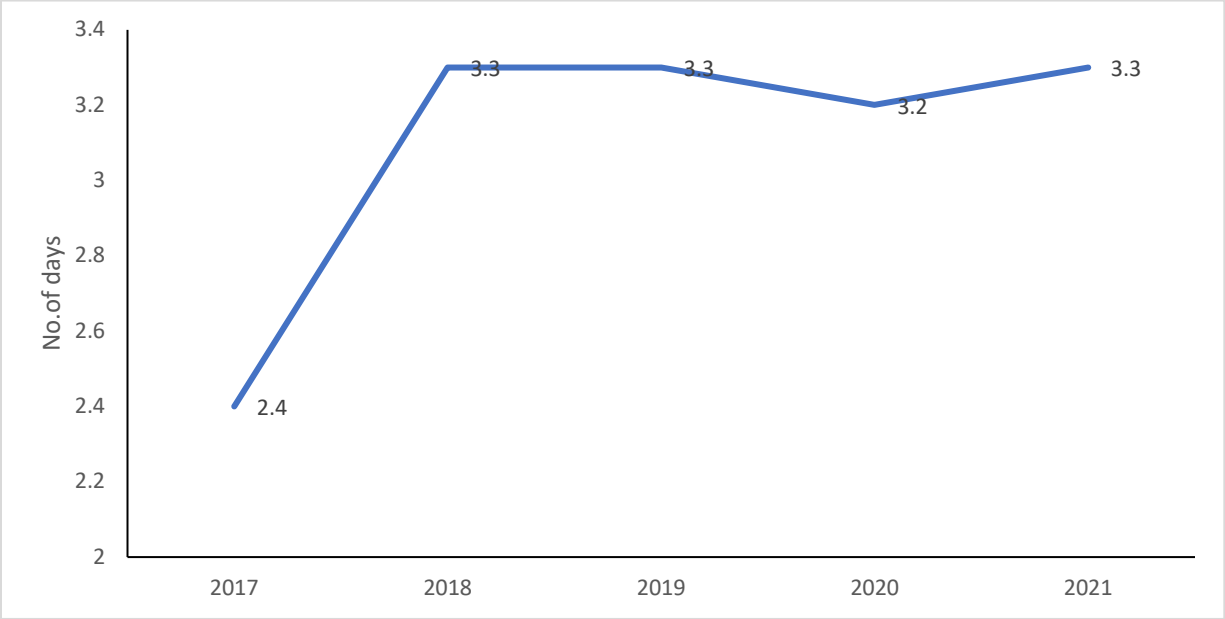


Figure 26 Trend in average length of stay in emergency, 2017-2021

Patient encounter with medicines

The average number of medicines prescribed per patient encounter saw a marginal increase from 2.9 to 3.0 between the base year and target year (Figure 27), achieving the set target of 3 medicines per encounter.

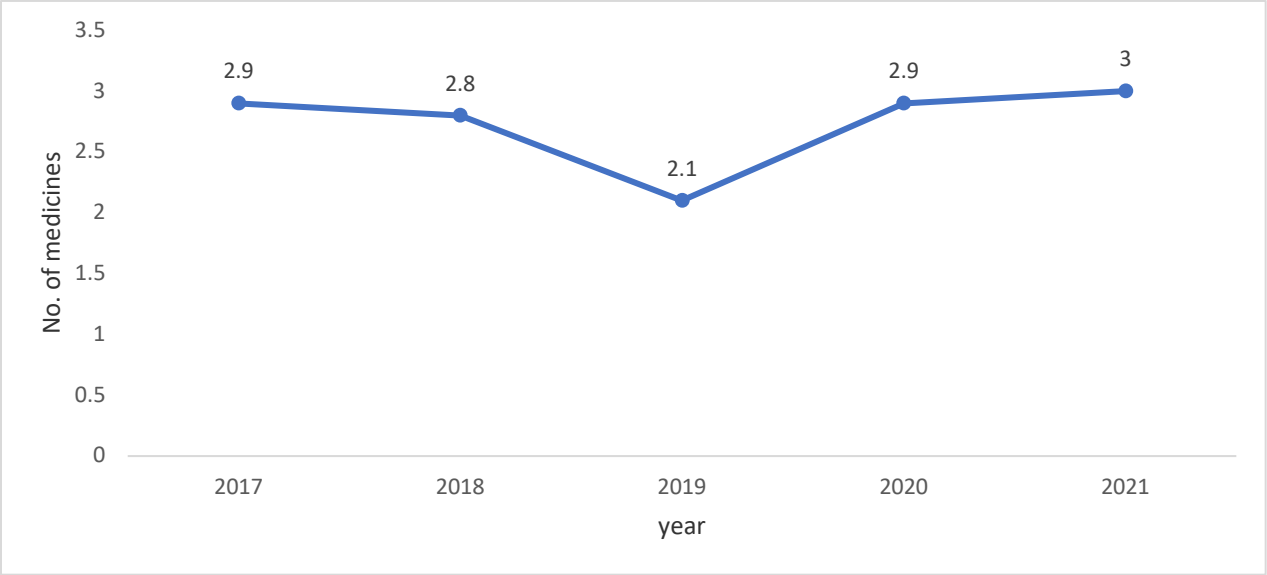


Figure 27 Trend in medicines prescribed per patient encounter, 2017-2020

To promote rational use of medicines particularly antibiotics, patient encounter with antibiotics were assessed. Over the last four years (2018-2021), the percentage of encounters in which antibiotics were prescribed decreased from 58.4% to 21%. It, however, increased to 47% in the year under review (Figure 28).

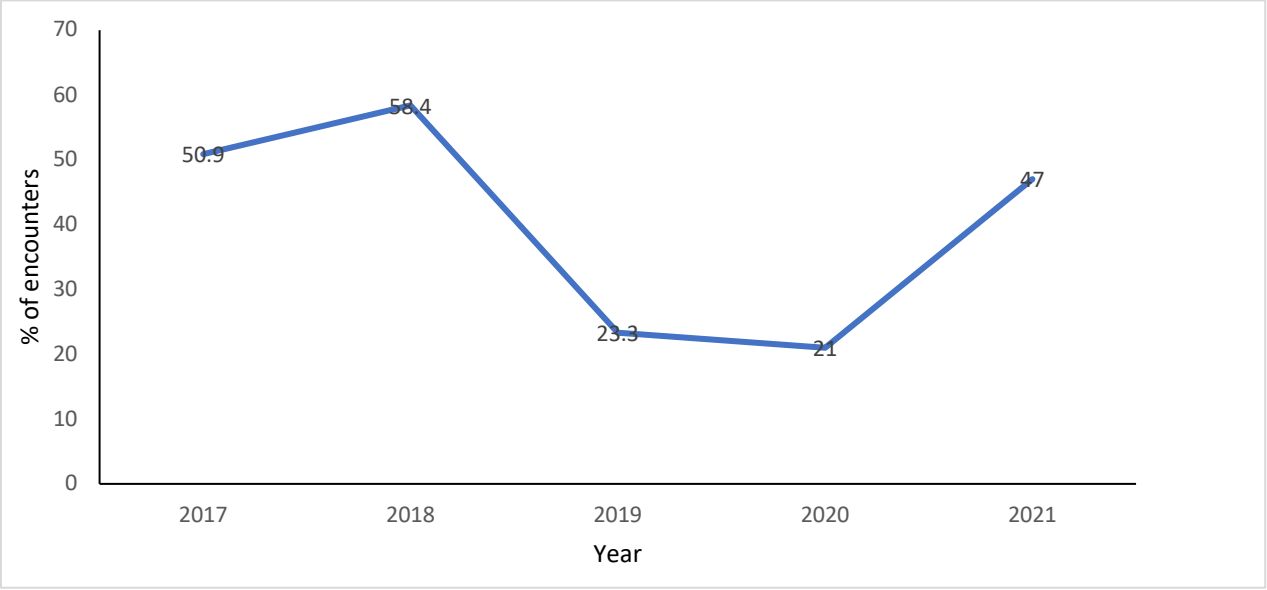


Figure 28 Trend in patient encounter with antibiotics, 2017-2021

Health sector financing

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.
The Government of Ghana (GoG) is the main source of funds for activities, including employee compensation in the health sector.

Revenue mobilization

Revenue for the sector increased by 35.3% in the year under review, from 8.35 billion in 2020 to 11.3 billion in 2021 (Figure 29). Out of the total revenue mobilised,1.73 billion was for COVID-19 activities. Generally, there was a consistent increase in revenue flow to the health sector over the last five years, 2017-2021.

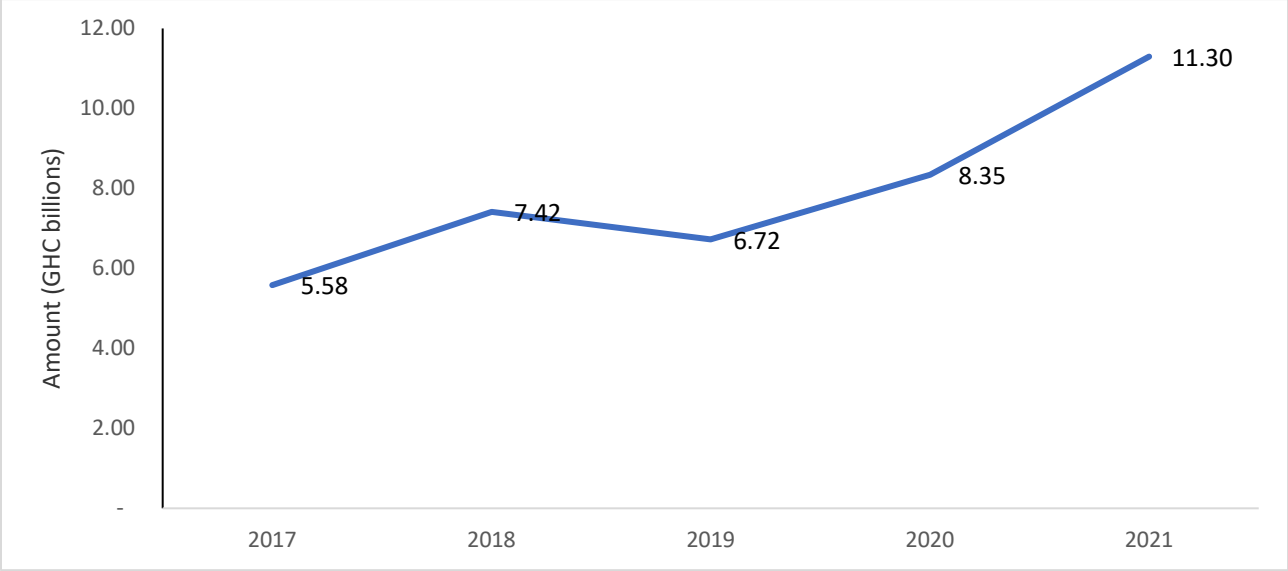


Figure 29 Total Revenue Mobilized, 2017 -2021

Government of Ghana allocation to the health sector

The share of national budget to the health sector, however, saw a decline to 6.6 in the year under review. It decreased by nearly 2.4 percentage points between the base year (2020) and target year (2021), as shown in Figure 30. In absolute terms, the Ministry received GHC8.5 billion out of the national approved budget of GHC 129.0 billion, which excludes allocations to other Ministries, e.g., Ministry of Defence, etc.

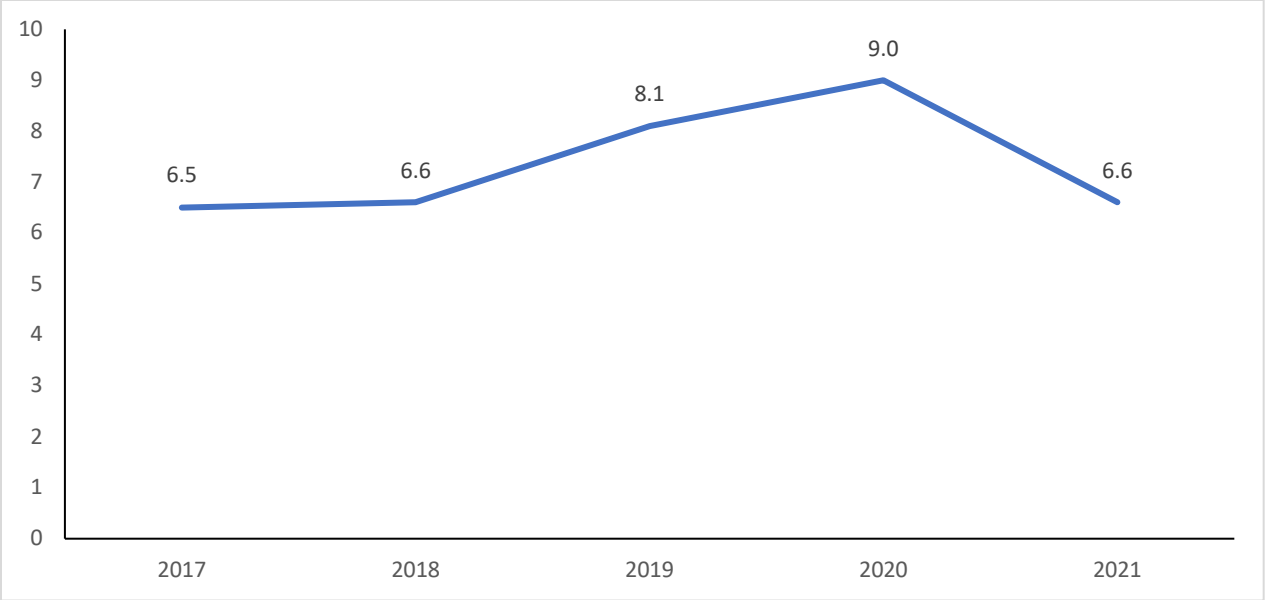


Figure 30 Trend of GoG allocation to the health sector, 2017-2021

Per capita GoG Budget allocation to health

The GoG allocation to the health sector per person increased by 15.4%, from US$32.78 in 2020 to UD$37.82 in the year under review (Figure 31).

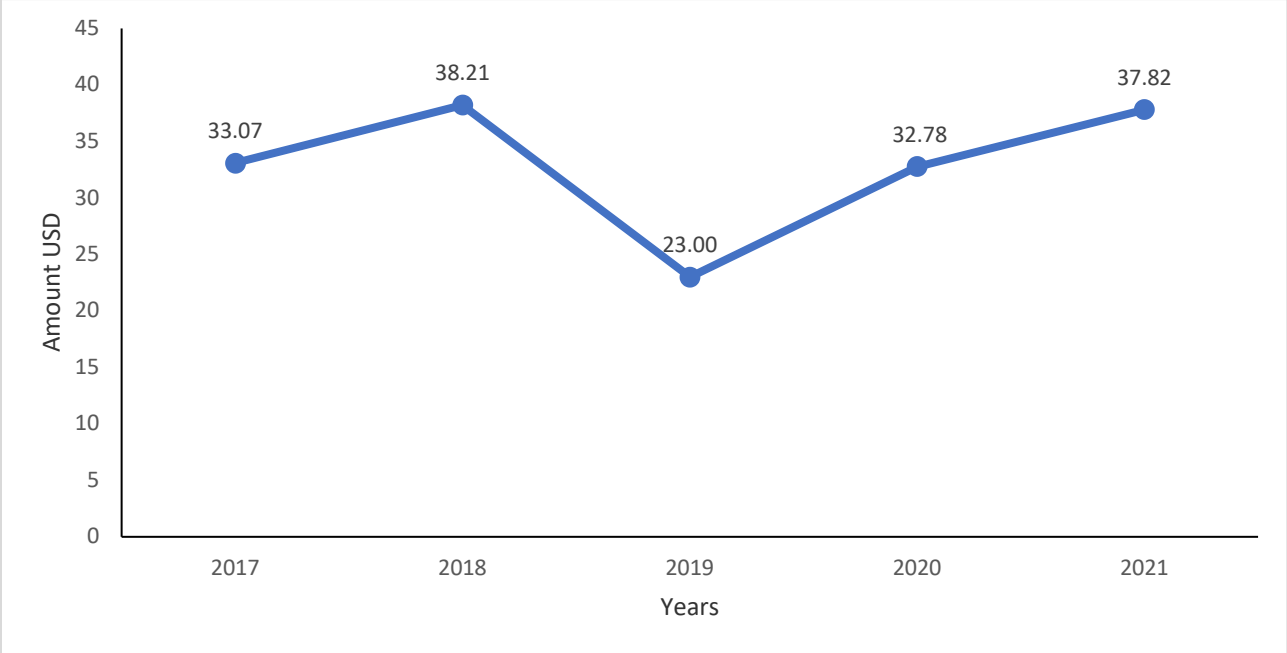


Figure 31 Trend in per capita GoG budget allocation to health, 2017-2021

Total health expenditure per capita

The Ministry expended a total of GHC 11,337,777,995 (UDS 1.9 billion) on health in 2021, which translates to an average per capita health spending of US$61.23. This is an increase of US$14.61 from the base year health spending of US$46.62 per person per year (Figure 32).

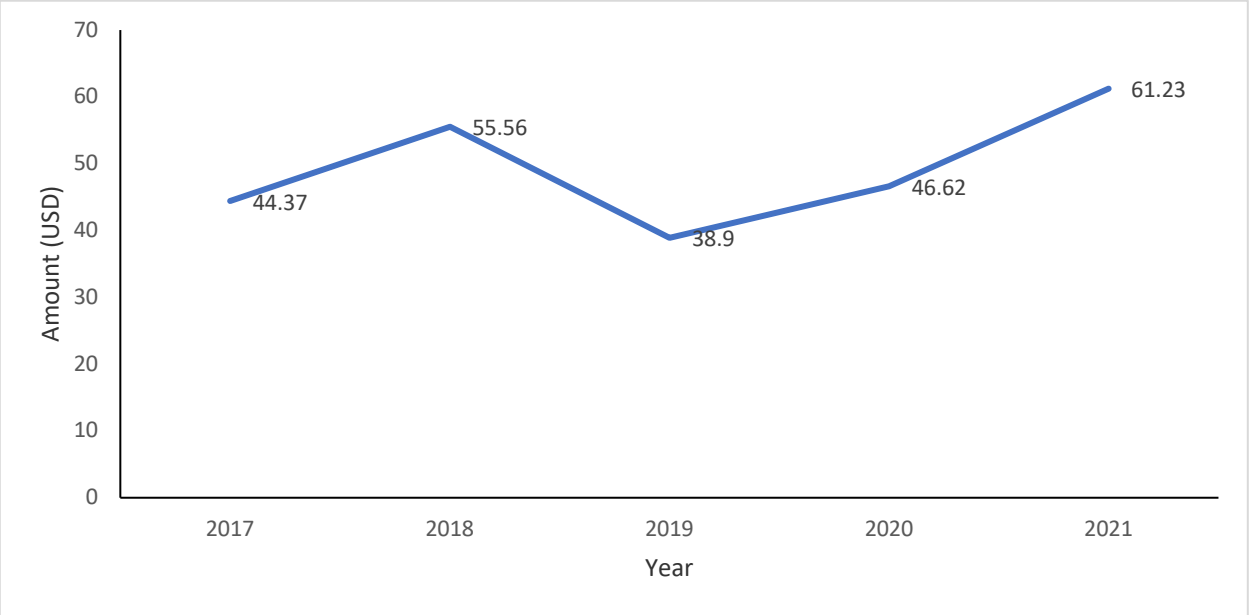


Figure 32 Trend in health expenditure per capita, 2017-2021

National Health Insurance Authority (NHIA) receivable funds

In the year under review, the Authority received a total approved budget of 1.903 billion from the Ministry of Finance. Compared to the previous year, the total approved budget reduced by 13.1% from 2.19 billion in 2020 to 1.903 billion in 2021 (Figure 33). In the same period, the funds received by NHIA reduced by 84% from 790.29 million to 127.47 million, indicating a deficit of 6 percentage points, compared to the 2021 performance target of 90%.

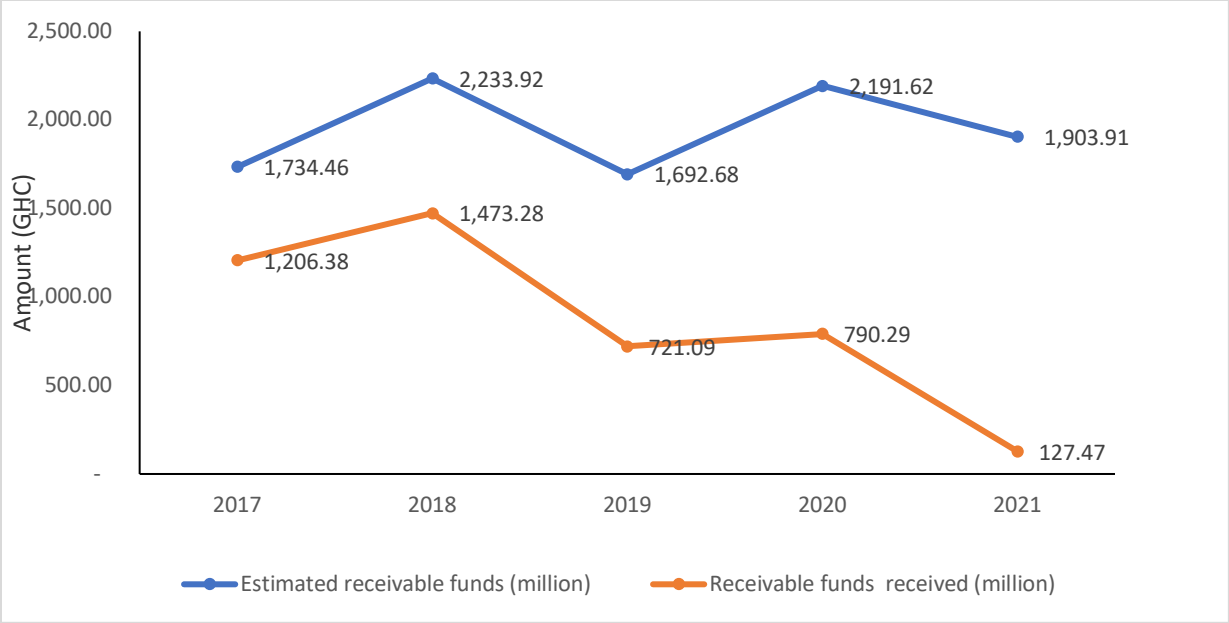


Figure 33 Trends in estimated funds and receivable funds, 2017-2021

In absolute terms, the Authority received GHC127.47 million (6.7%) of its total approved budget of for the year 2021. It also received additional funds of GHC1.265 billion, which relates to funds receivable for 2020 (arears). This brings the total funds received in 2021 to GHC1.393 billion. Clearly, the proportion of approved budget received from the Ministry of Finance over the last five years has not been encouraging (Figure 34). It declined by 63.3 percentage points, from about 70% in 2017 to 6.7% in 2021. This situation has affected the promptness of healthcare providers claims settlement over the years. The year under review saw a reduction in budget receipts of 29.4 percentage points.

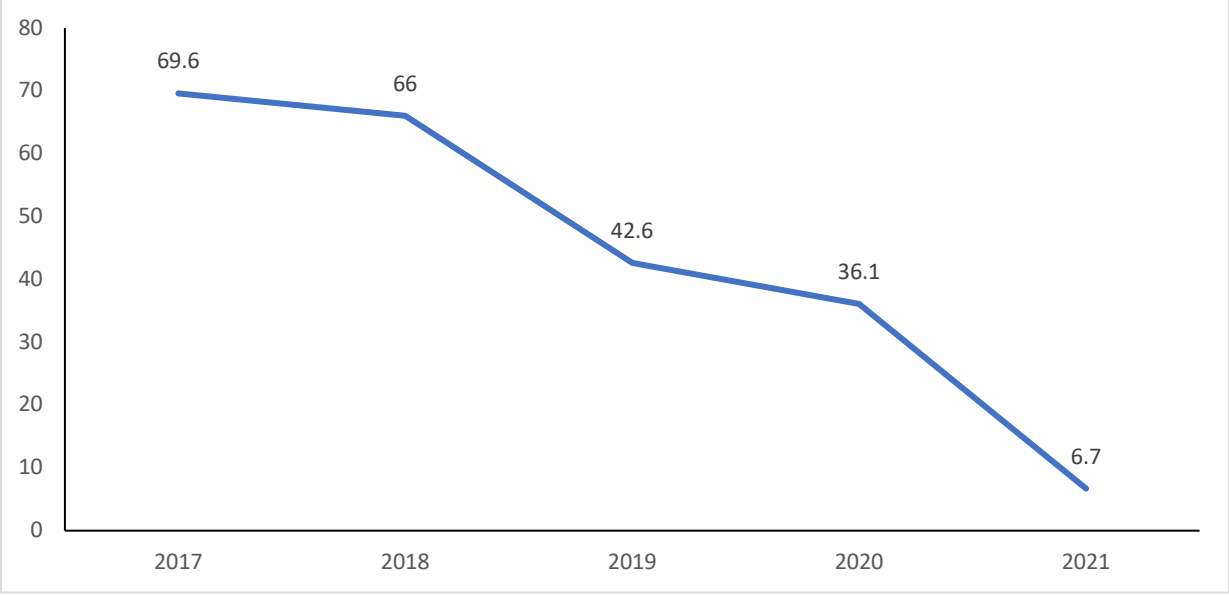


Figure 34 Trend in proportion of NHIS funds received, 2017-2021

Claims expenditure

There has beeen a consistent decline in the proption of revenues allocated to purchase healthcare services for members of the scheme over the last five years (Figure 35). In the year uder review, GHC1.156 billion, representing 60.5% of total NHIA expendicture (GHC1.911 billion) was used to pay for claims spanning for the period between June 2020 to June 2021. A marginal dip of less than one and half percentage point in the share of claims expenditure was recoded in 2021 as shown in Figure 35. The analysis further shows that 51% of the total medical claims expenditure was used to settle public healthcare providers whilst 27% was paid to the private providers.

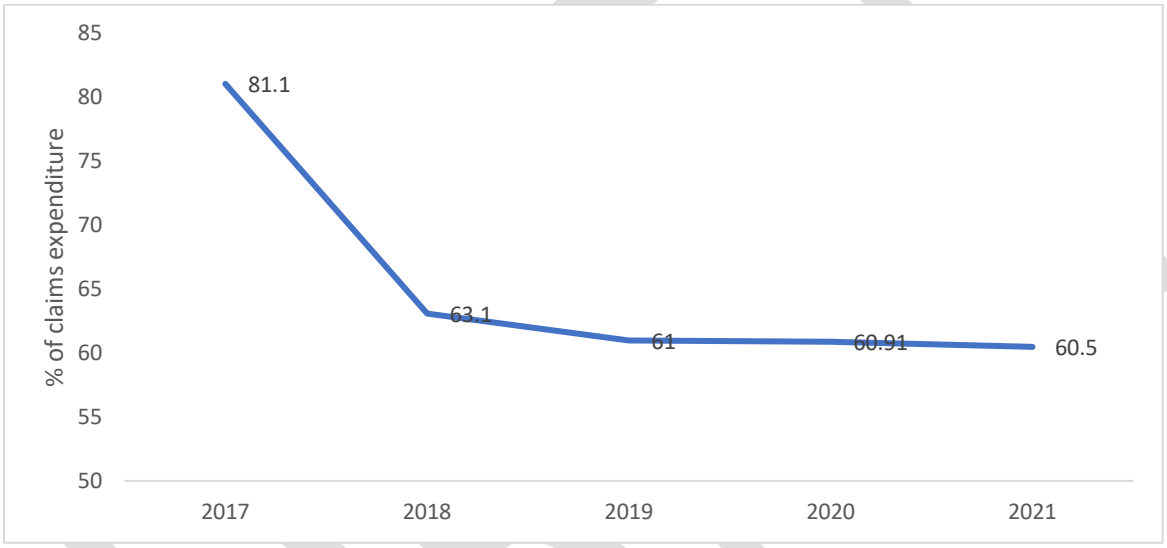


Figure 35 Trend in share of claims expenditure, 2017-2021

Average time of claims settlement

The average claim settlement time increased from 3 months to 4 months in the year under review (Figure 36). The law provides for NHIA to pay claims to service providers within 12 weeks upon receipt of the claims. However, performance of this indicator has not been met since its introduction. Despite the seemingly lengthy period for provider claims reimbursement, there has been steady improvement since 2017 when the average claims settlement time was 7 months, as shown in Figure 36.

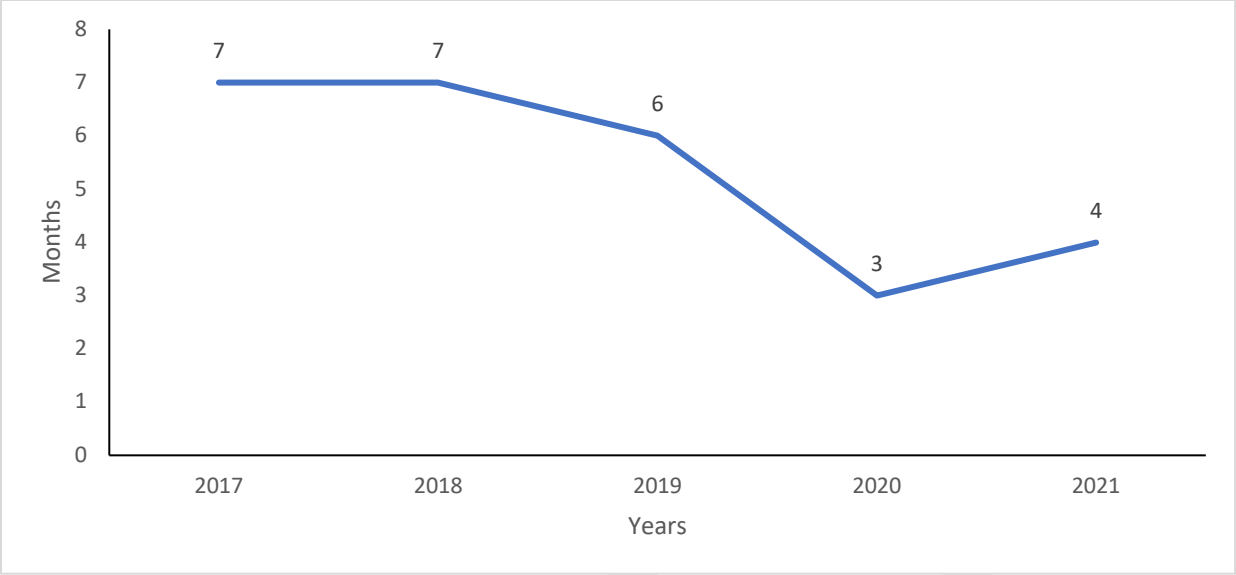


Figure 36 Trend in NHIS claims reimbursement time, 2017-2021

2.5 Objective 4: Intensify prevention and control of communicable disease and ensure reduction of new HIV/AIDS and other STIs, especially among the vulnerable groups

This domain performed moderately well, scoring 3.6 out of 5 (Figure 37). Twenty (20) indicators were used to measure progress on quality of health services. All the indicators were assessed, and seven indicators obtained the maximum score of +2; ten indicators scored +1; three indicators were scored -2 (Table 18).

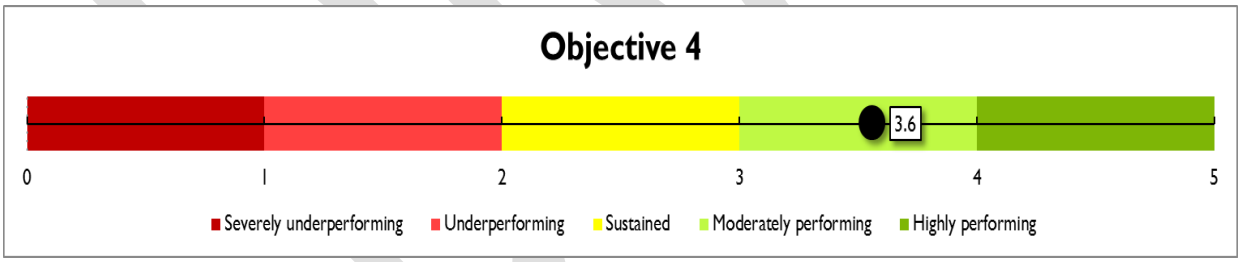


Figure 37 Overall performance score for objective 4

Table 18 Indicators for assessing quality of health services delivery including mental health services

Performance score	Indicator	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		
7 had maximum score: +2	1. Proportion of children under one year fully immunised (Penta 3 as proxy) 2. Proportion of infected pregnant women who received ARVs for eMTCT 3. Non- polio AFP rate 4. Surgical site infection rate 5. Malaria incidence per 1,000 population 6. HIV incidence per 1,000 population 7. Tuberculosis Incidence per 100000	
10 had positive scores: +1	1. Proportion of HIV-positive adults and children currently receiving antiretroviral therapy 2. TB treatment success rate 3. Institutional Malaria Under 5 Case Fatality Rate 4. 90-90-90 Target (HIV Positive people receiving ART with viral Suppression) 5. 90-90-90 Target (HIV Infected persons who are receiving sustained ART 6. 90-90-90 Target (HIV Infected persons who know their HIV Status) 7. Proportion of babies born to HIV-positive mothers being HIV-negative after 18 8. Proportion voluntary unpaid blood donations 9. Blood collection index per 1000 population (BCI) 10. HIV/AIDS prevalence rate	
3 indicators had negative score (-2)	1. TB Case detection rate 2. Mortality rate due to tuberculosis 3. Case fatality rates for epidemic prone diseases (100,000)	

Trend analysis of key indicators under objective 4

Childhood immunization coverage

Ghana has achieved remarkable feat in delivery of immunisation services to the population particularly children under the age of 5 years (Figure 38). Analysis of health services delivery data shows that the percentage of one-year-olds who have received three doses of the combined diphtheria, tetanus toxoid and pertussis vaccine (DPT3/Pentavalent) increased by 6 percentage points, from 94.2% in 2020 to 99.4% in the year under review. More than 1.2 million children were immunised with penta3 vaccine. The Expanded Programme in Immunisation (EPI) uses Penta 3 as a proxy for measuring childhood immunization. It is therefore estimated that children under 1 year of age would have received at least three doses of antigen from birth.

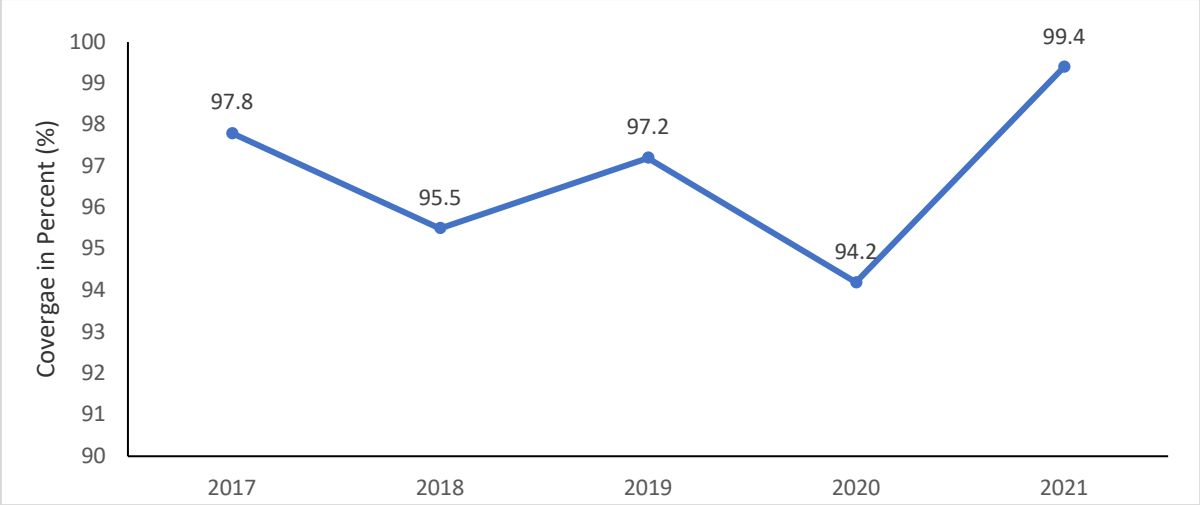


Figure 38 Trend in immunization coverage, 2017-2021

Despite the general nationwide sustained improvements in childhood immunization, considerable regional variations persist. As shown in Table 19, more than half of the regions, including Ashanti, Bono East, Ahafo, Eastern, and Northern achieved more than the 100% target. This statistical challenge is due to the constant estimated population projections for the districts across the country. In most cases, the projected populations of children under one and five years for the districts are lower than the actual populations, making the denominator smaller than the numerator (actual number of children who received the vaccines). Consequently, this estimation method inflates the coverage rates.

Volta region had improved immunization coverage of about 12 percentage points between 2020 and 2021, after recording lower coverages in the last three years. Similarly, the Greater Accra region recorded a marginal increase of 2.6% after declines between 2018 and 2020.

Table 19 Penta 3 regional coverages (%), 2017-2021

Regions	2017	2018	2019	2020	2021
Ahafo	86.8	104.4	99.4	105.5	116.5
Ashanti	103.1	103.0	98.0	103.2	118.3
Bono	86.4	99.9	100.5	102.6	95.9
Bono East	102.4	103.2	96.3	110.2	102.5
Central	86.9	93.0	89.8	93.7	94.1
Eastern	93.2	96.7	86.1	89.5	108.1
Greater Accra	85.9	90.0	86.0	75.7	76.4
North East	113.3	118.5	104.7	115.3	109.5
Northern	135.9	135.6	123.5	135.4	122.2
Oti	95.5	96.0	92.1	98.6	105.9
Savannah	130.0	122.4	103.0	112.9	110.8
Upper East	77.3	78.6	77.8	83.8	89.7
Upper West	79.0	78.5	75.7	81.8	84.7
Volta	76.3	79.0	66.4	66.0	77.8
Western	79.1	81.9	84.9	88.7	100.3
Western North	71.5	80.6	85.4	84.4	90.2

HIV incidence and prevalence

New cases of HIV infections in Ghana went up marginally from 0.6 to 0.67% between 2020 and 2021 (Figure 40).

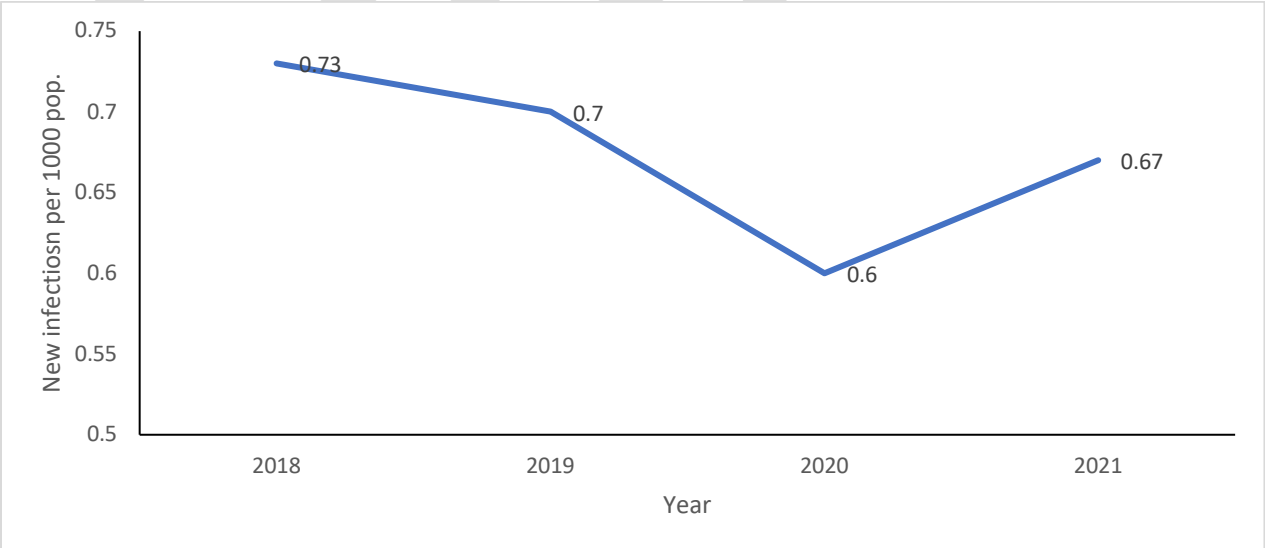


Figure 39 Trend in HIV incidence, 2018-2020

The total number of new and old HIV infections (prevalence rate), however, stagnated at 1.69% between 2019 and 2020 and reduced slightly to 1.65% in 2021. This probably shows improvement in the supply of ARTs for People Living with HIV (PLHIV) in Ghana.

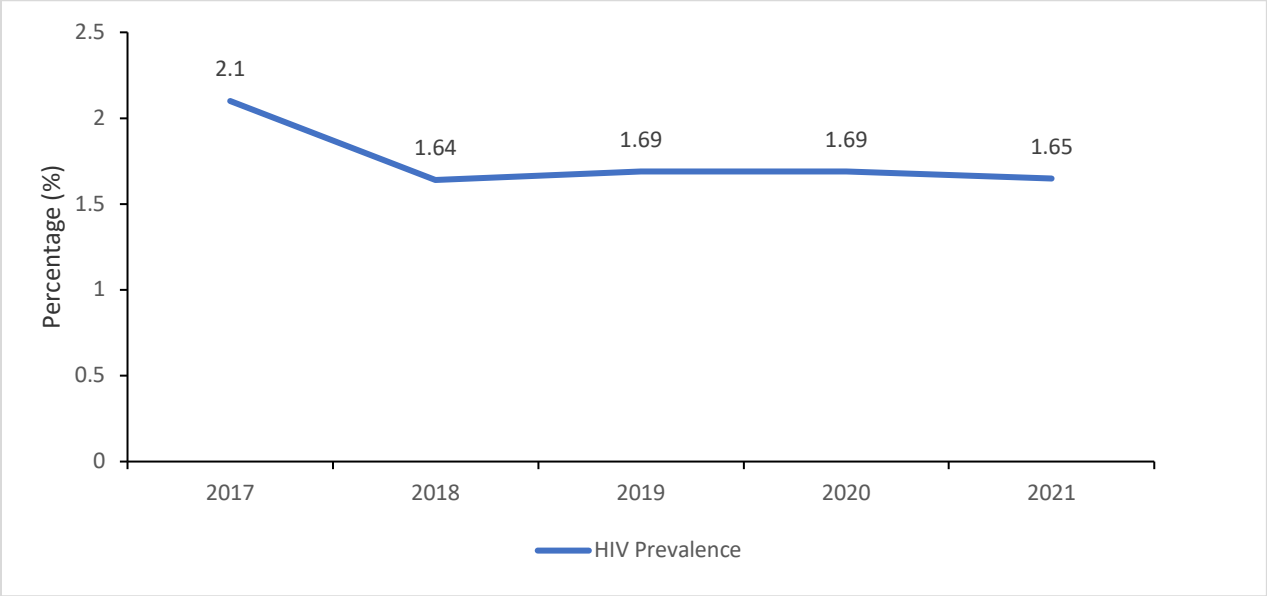


Figure 40 Trend in HIV prevalence, 2017-2020

Regional decomposing of the HIV incidence and prevalence shows that the disease was more prevalent in the Bono (1.8%), Greater Accra (1.67%) and Eastern (1.4%) regions of the country in 2019. The situation prevailed in 2021 with the Ashanti region also recording relatively high prevalence of the disease (1.8%).

Table 20 HIV Prevalence by region, 2019-2020

Region	2019			2020		
	No. PLHIV	Prevalence (%)	New infections	No. PLHIV	Prevalence (%)	New infections
Ahafo	7068	1.24	414	8,405	2.1	68
Ashanti	76663	1.31	4494	73,245	1.8	589
Bono	20132	1.8	1180	19,173	2.5	114
Bono East	12520	1.2	734	14,273	2	125
Central	22019	0.92	1291	24,881	1.5	277
Eastern	42441	1.4	2488	47,866	2.2	337
Greater Accra	94093	1.67	5516	70,855	1.8	441
North East	774	0.16	45	2,122	0.6	76
Northern	3697	0.21	217	6,941	0.6	250
Oti	5216	0.78	306	5,877	1.2	92
Savannah	2293	0.45	134	3,135	0.9	72
Upper East	5588	0.5	328	7,953	1	135
Upper West	3656	0.48	214	5,725	1.1	90

Volta	15090	0.87	885	20,949	1.6	188
Western	19729	0.91	1157	25,620	1.7	226
Western North	11330	1.25	664	10,619	1.7	105

Proportion of HIV+ adults and children currently receiving antiretroviral therapy

The number of persons living with HIV who received treatment continue to rise considerably within the last four years (2018-2021) as indicated in Figure 40. HIV positive adults and children who received antiretroviral therapy (ART) increased by 17.4%, from 208,811 to 245,223 between 2020 and 2021. This increase in ART treatment for PLHIV shows investments gain by National AIDS Control Programme in the control of HIV/AIDs in the country. In 2021, 59 new ART sites were added to the existing 696 sites. However, set targets of 95% are still far from being achieved, hence sustaining current efforts is crucial.

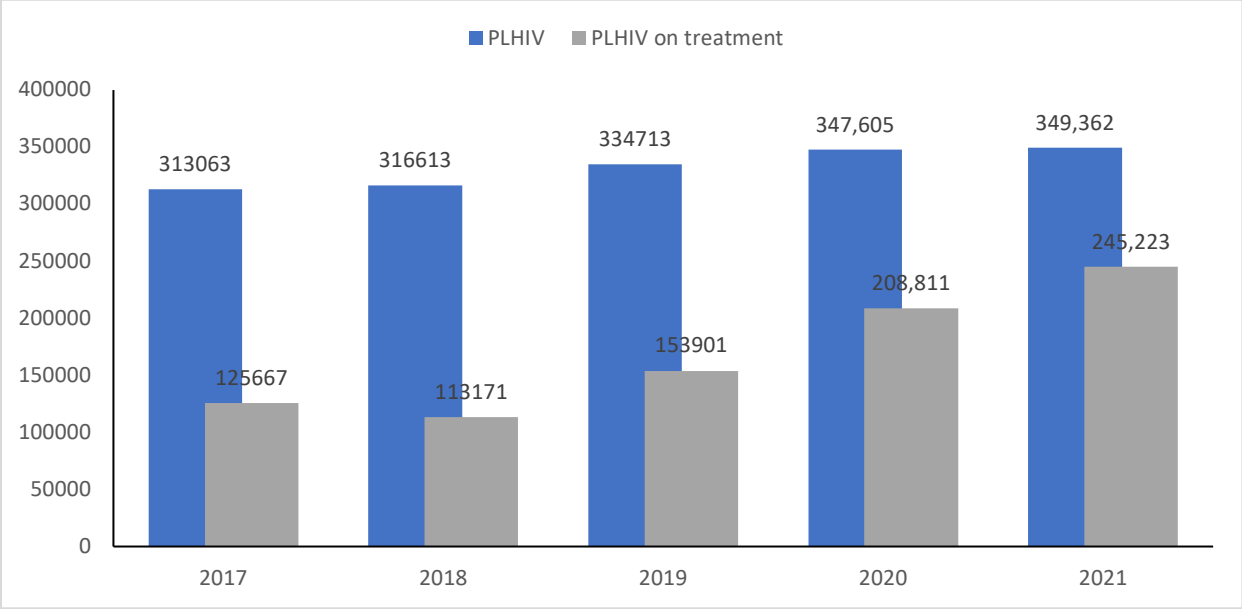


Figure 41 Trends in PLHIV and on treatment, 2017-2021

Proportion of infected pregnant women who received antiretroviral drugs (ARV)

The proportion of pregnant women receiving ARVs for elimination of Mother to Child transmission increased considerably by 15% between 2020 and 2021, as shown in Figure 42. Time trend analysis shows large increase between 2017 and 2019, as the proportion of pregnant women receiving ARVs increased from 67% to 87%.

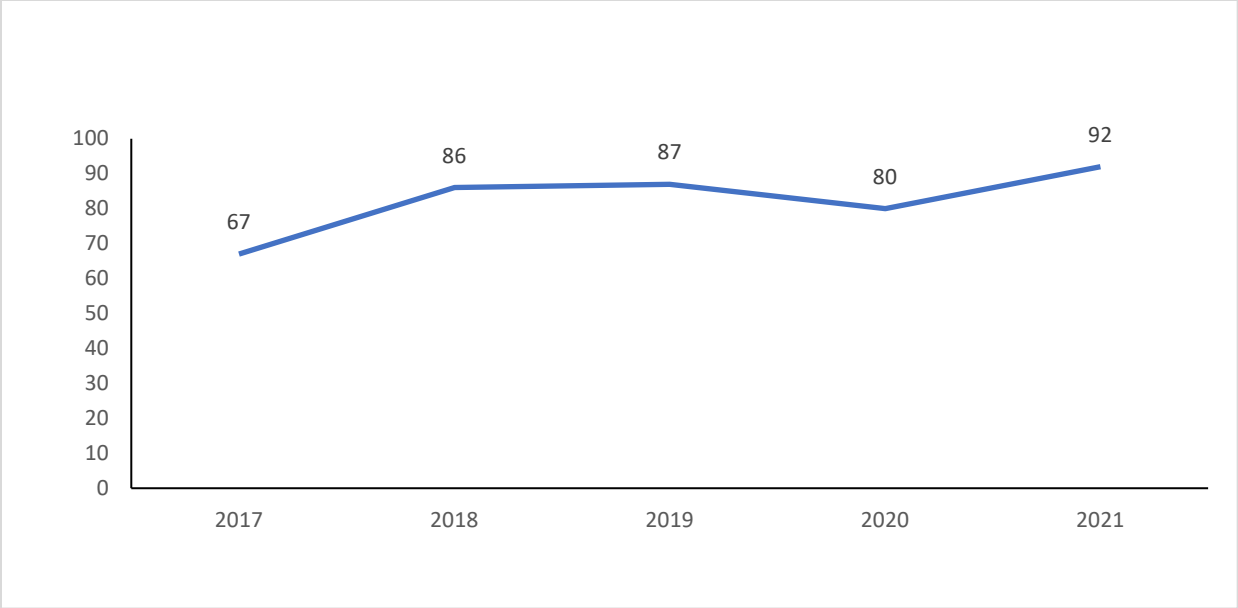


Figure 42 Trend in proportion of infected pregnant women who received ARVs for eMTCT, 2017-2021

HIV 95-95-95

In 2021, the number of people living with HIV was estimated at 349,362 compared to 346,120 in 2020. In the same period, the number of PLHIV who knew their status increased from 218,056 (74%) in 2020 to 307,43 (88%) as shown in Figure 43. The percentage of HIV positive individuals who received sustained treatment also increased to 245,233 (79%) in 2021. In the same period, the percentage of HIV positive individuals on treatment who had their viral loads suppressed went up from 73% to 79%. These improvements suggest that the country is on the path of achieving the 95-95-95 target by 2025.

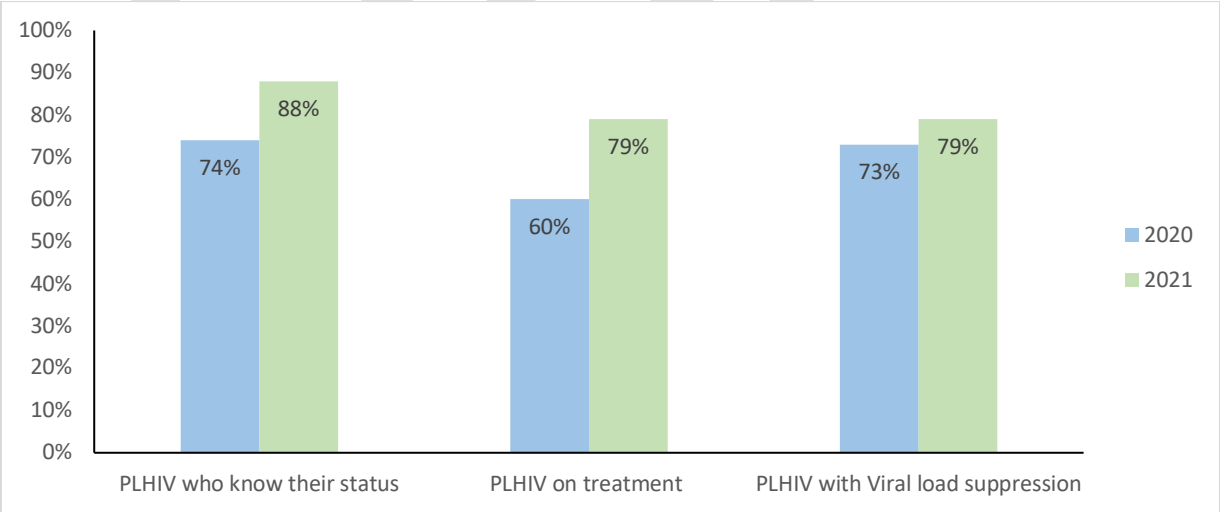


Figure 43 HIV 95-95-95 targets, 2020-2021

TB case detection rate

In 2021, the National Tuberculosis Programme reported 13,155 new and relapsed TB cases, an increase of 691 cases from the base year, 2020. This improved notification can be attributed to the introduction of the Sputum Sample Transportation, an intervention where sputum samples are transported through Ghana Post. Despite the increase in the number of cases, TB case detection rate continued to decline, from 40.16% to 30.33%% between 2020 and 2021 (Figure 44).
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.

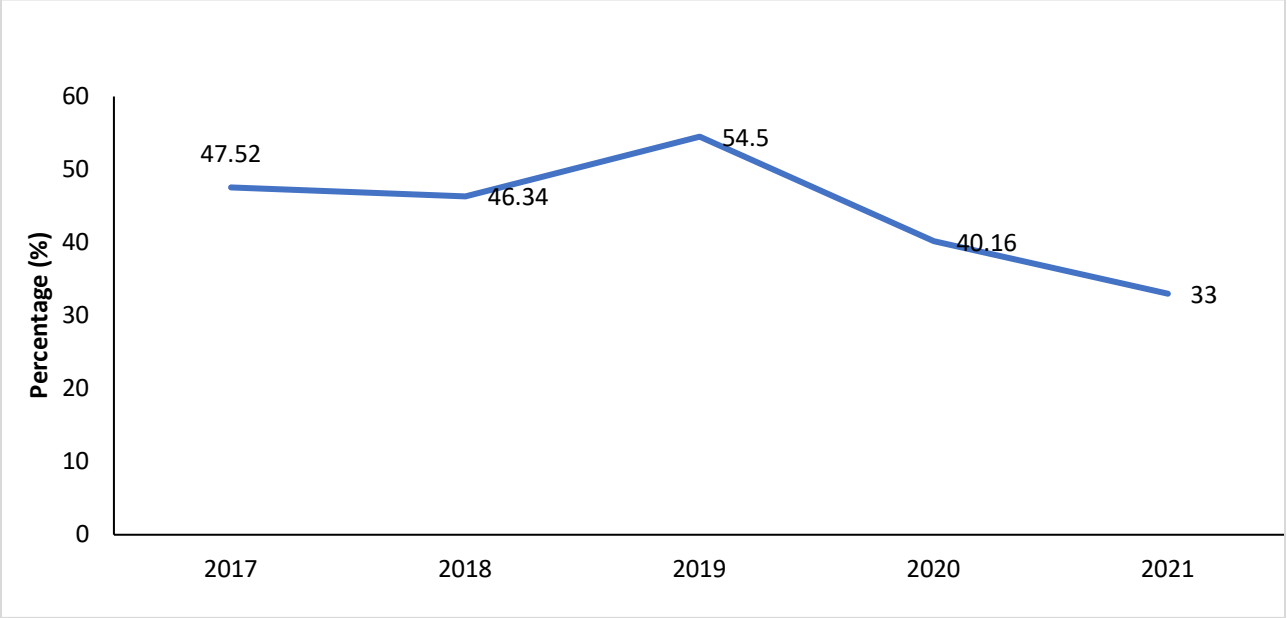


Figure 44 TB case detection rate, 2017-2021

Tuberculosis incidence per 100,000 population

The number of new TB cases increased from 12,444 in 2020 to 13,155 in 2021, which translates to 42.7/100,000 population as shown in table 21.

Table 21 New cases of TB and TB Incidence per 100,000 population

Year	**2017**	**2018**	**2019**	**2020**	**2021**
Number of new TB cases	14,121	13,984	14602	12443	13155
Total population	29,718,353	30,177,970	30,286,42	30,982,476	30,832,015
Incidence per 100,000 population	47.52	46.34	48.21	40.16	42.7

TB Treatment Success Rate

The country has made progress in treatment success rate, but this has been slow. In 2021, the national TB programme successfully treated 87% of all detected TB patients compared to 83% in 2020 (Figure 45). This improvement was, however, slightly below the national target of 88% for the year under review.

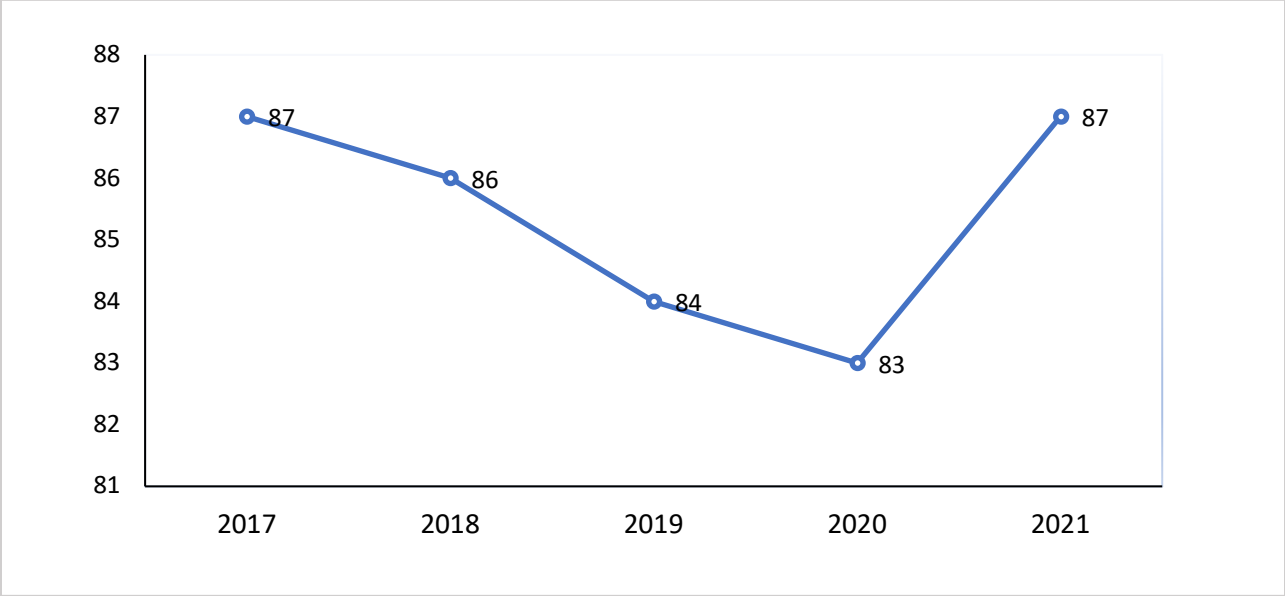


Figure 45 Trend in TB treatment success rate, 2017-2021

Institutional malaria under-5 case fatality rate

The severity of malaria among children under the age of 5 years has gone down in recent years in the country. In the year under review, a total of 145,587 patients below the age of 5 years were admitted with malaria. Out of this number, 127 died, resulting in a case fatality rate of 0.09% (Figure 46). Trend analysis over the last five years has also seen remarkable improvement. It reduced from 0.2 to 0.1% between 2017 and 2019 before assuming an upward trend in 2020 0.12%, when the COVID-19 pandemic hit. This, however, was short lived as the rate declined to 0.09% in 2021.

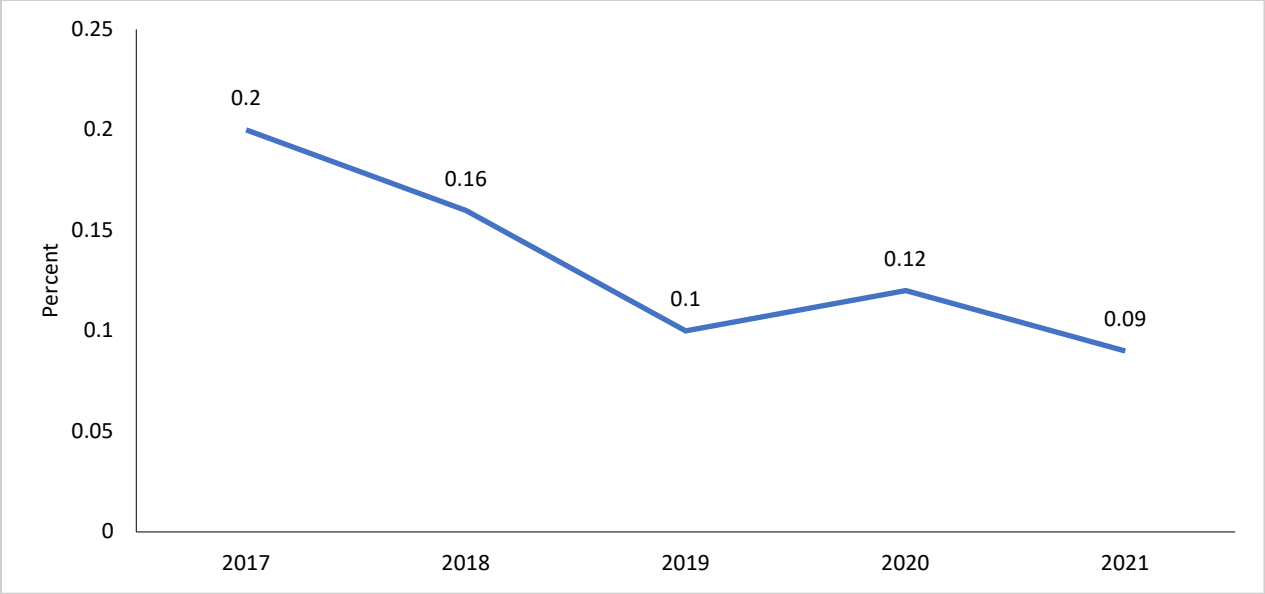


Figure 46 Trend in institutional malaria under-5 case fatality rate, 2017-2021

Non-polio flaccid paralysis (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 was 0.7 per 100,000 children under 15 years of age. 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

Surgical site infections (SSIs) occur among a small proportion of patients undergoing inpatient surgical procedures. Although SSIs are treatable with antibiotics, it is a major cause of mobility and mortality after surgery. Data available indicates that number of general surgeries reduced from 23, 384 in 2019 to 21,366 in 2020. In 2021, the number increased to 24,321. In the same year, a total of 36,703 surgeries were performed at KBTH (19,541) and KATH (17,162) Teaching Hospitals. The number of people reporting back to facilities with infected wounds after surgery reduced in the year under review. In percentage terms, it declined from 7.9% in 2020 to 4% in 2021 as shown in Figure 47. This performance met the national target of less 5%. However, on average, the Teaching Hospitals' surgical site infection rate was 3% in 2021. The teaching hospitals conducted four (4) support outreach surgeries to peripheral facilities (KBTH-2, KATH-1 and CCTH-1)

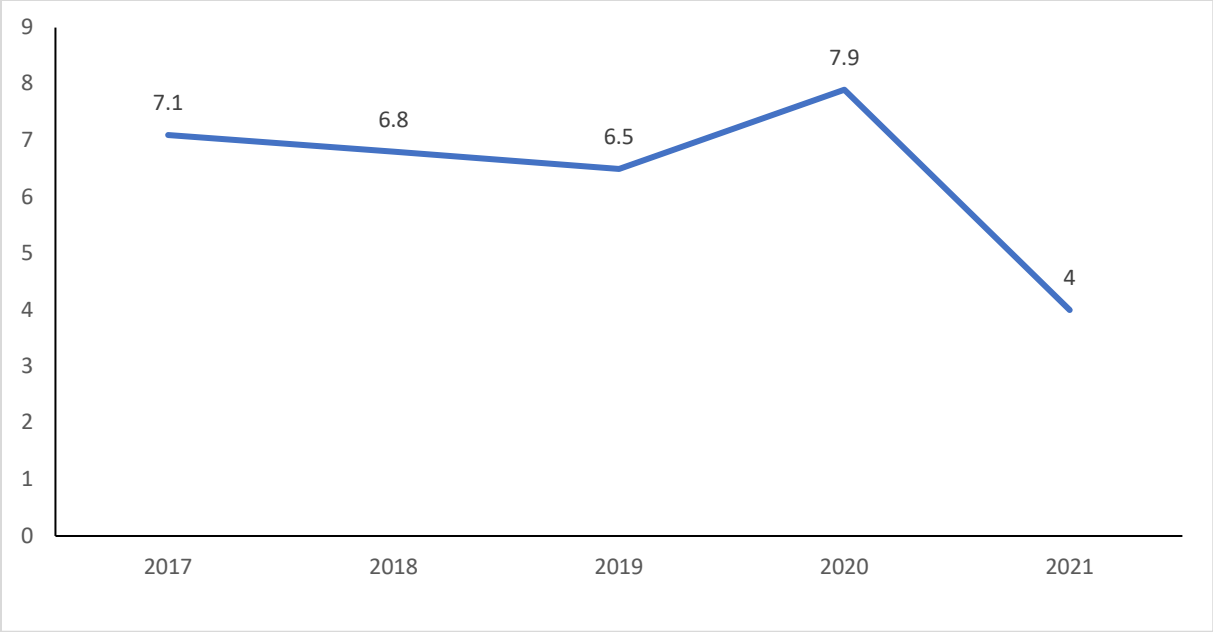


Figure 47 Trend in Surgical Site Infection Rate, 2017-2021

Voluntary unpaid blood

The National Blood Service (NBS) organized 600 voluntary mobile blood collection sessions in 2021 compared to 505 sessions in 2020 where the service cancelled most scheduled mobile blood donation sessions, closed institutions involved in blood donations, reduced individual and group blood donations due to the COVID 19 pandemic. In general, the units of blood collected across the country increased from 156,453 in 2020 to 173,938 in 2021. This resulted in improvement in the voluntary unpaid donations from 17% in 2020 to 26% over the same period. (Figure 47).

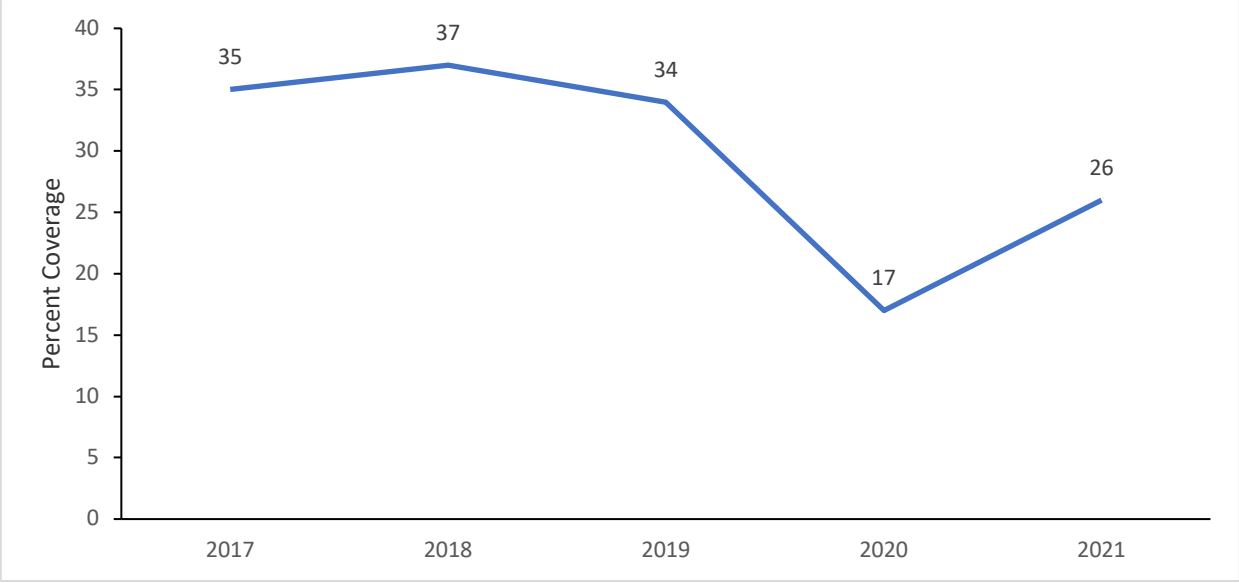


Figure 47 Trend in proportion of voluntary unpaid donations, 2017-2021

Blood collection index per 1000 population (BCI)

The average number of blood donation per 1000 population increased marginally from 5.1 in 2020 to 5.7 in 2021 (Figure 48). The country's blood collection index stagnated around 6 per 1,000 population between 2018 and 2019. It then decreased sharply from 6.0 to 5.2 per 1,000 in 2020 due to the COVID-19 pandemic.

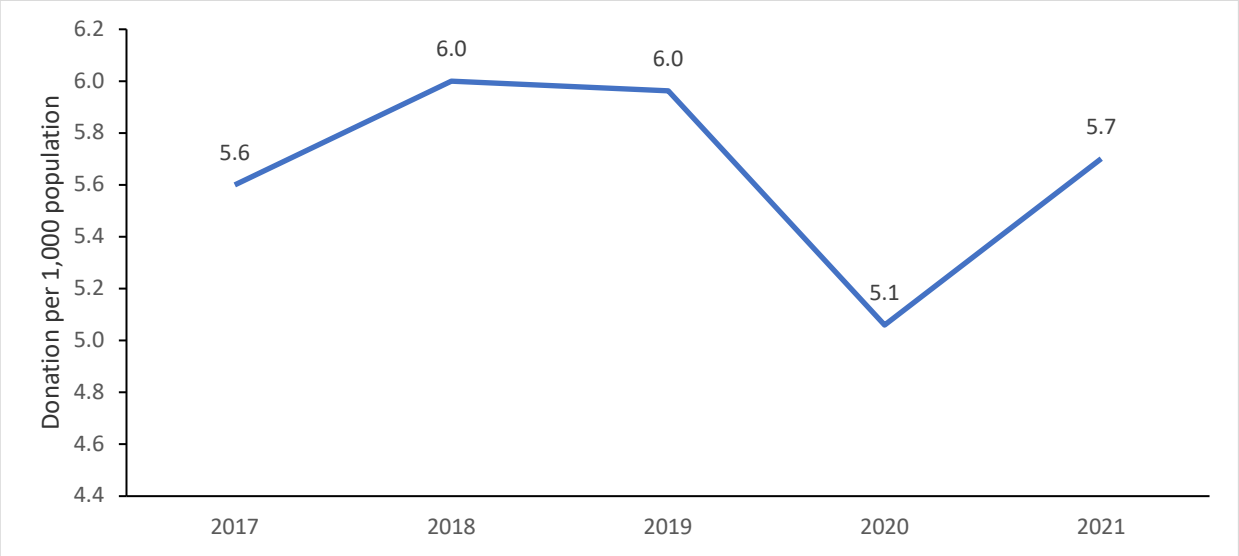


Figure 48 Trend in blood collection index, 2017-2021

3.0 SUMMARY OF IMPLEMENTATION STATUS OF ACTIVITIES BY PROGRAMMES

The Ministry of Health completed the implementation of the 2018-2021 Health Sector Medium Term Plan in December 2021. As a result, this review for 2021 Programme of Work (POW) concludes assessment of the Plan. The Ministry and its Agencies are responsible for the implementation of all activities in the 2021 POW. The POW was structured into four (4) main programmes and corresponding sub-programmes (**see appendix**).

In 2021, a total of 150 activities were earmarked under the four main structured programme areas as against 133 activities planned in 2020, of which 118 were carried out or was observed to have been advanced for complete implementation, representing 78.7% implementation rate as shown in **Appendix 2**. This completion rate compared to the previous year, 2020, reveals an increase in implementation rate by approximately 13 percentage point. Furthermore, the Ministry of Health recently completed the development of a new Health Sector Medium Term Development Plan (2022-2025). The implementation of the new HSMTDP (2022-2025) commenced in January 2022. The HSMTDP (2022-2025) takes inspiration from the revised National Health Policy and Universal

Health Care Roadmap. The table below provides a snapshot of all the four main programme areas and key highlights of activities implemented during 2021:

Table 22 :Status of Implementation, APOW 2021

Programme	**Sub-Programme**	**No. of Activity Planned**	**No. Implemented**	**(%) Implemented**
Programme 1: Management and Administration	1.1 Management and Administration	8	7	88
	1.2 Health, Research, Statistics, and Information Management	4	3	75
	1.3 Health Policy Formulation, Planning, Budgeting, Monitoring and Evaluation	30	26	87
	1.4 Human Resource for Health Development	9	7	78
	1.5 Finance and Audit	7	4	57
	1.6 Procurement, Supply and Logistics	2	2	100
	Sub-total	60	49	82
Programme 2: Health Delivery	2.2 Primary and Secondary Health Services	27	19	70
	2.3 Tertiary Specialised Health Services	16	11	69
	2.4 Research	6	5	83
	Pre-Hospital Services	16	12	75
	Sub-total	65	47	72
Programme 3: Training	3.1 Pre-Service Training	8	7	88
	3.2 Post Basic Training	2	2	100
	3.3 Specialized Training	4	4	100
	Sub-total	14	13	93
Programme 4: Regulation	4.1 Registration of Health Facilities	2	2	100
	4.2 Registration of Health Professionals	6	5	83
	4.3 Registration of Food, Pharmaceuticals and Medicinal Products (FDA)	3	2	67
Sub-total		11	9	82
Grand total (programmes 1-4)		**150**	**118**	**78.7**

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 60 sub-programmes categorized under-subsections for 2021, out of which 49 were carried out or being initiated, representing 82% as shown in appendix 2. Most of the programmes planned for this sub-programme were either carried out successfully or its being implemented.

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 65 activities were planned for this programme and distributed disproportionately across the agencies, of which 47 (72%) were implemented or initiated.

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. In all, a total of 14 activities were earmarked for implementation in 2021, of which, 13 (93%) were carried out or showed prospects of being successfully completed.

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 (2021), eleven (11) key activities were planned and carefully aligned with the appropriate agencies responsible for its realization. Out of this number, nine (82%) were implemented or initiated in advance.

Financial performance of the health sector

The approved budget for the health sector as per the 2021 Budget Statement of Ministry of Finance was GHC 8.53 billion. However, additional amount of 3.7 billion, comprising 2.3 billion of IGF and 1.4 billion of Donor funds were received during the year under review, bringing the total amount received to 10.8 billion cedis (Table 23). GoG remains the main source of budget funding and it represents approximately 62.2% of all revenue flows to the sector.

The sector expended GH₵ 11.3 billion on its activities in the year under review. The actual expenditure from GoG was GH₵ 7.7 billion. Out of the total GoG expenditure, 80.7% was on employee compensation. Overall, the Ministry over expended its approved total budget by 21%.

This was occasioned by the extra expenses GoG incurred through implementation of the COVID-19 incentives packages, including tax waivers and health insurance, to motivate frontline healthcare workers to fight the pandemic.

Table 23 Financial Performance of the Ministry of Health

Source of fund	2021 Approved budget	Actual expenditure (GHC (Million)				%
		Compensation of employees	Goods & services	Assets	Total	
GoG	6,703.17	6,183.30	1,360.09	117.69	7,661.09	114
GOG-NHIA	266.48	-	141.00	-	141.00	53
IGF	2,328.14	262.28	1,606.87	147.57	2,016.73	87
Donor EM/SBS	939.84	-	712.00	425.22	1,137.22	121
World Bank Loan	505.91		129.20	241.95	371.15	73
ABFA	33.06	-	-	10.59	10.59	32
TOTAL	10,776.59	6,445.59	3,949.17	943.02	11,337.77	105

Source: 2021 MoH financial statement

3.1 Implementation status of 2021 aide memoire

The Ministry of Health and its Development Partners held a business meeting to discuss keys issues that were identified during the 2021 Health Summit. The outcome of that meeting was translated into an aide memoire, which highlighted 65 activities under seven thematic areas to be implemented by the relevant Agencies alongside the programme of work (Table 24). Out of the total number of activities identified, three (5%) were completed, 29(44%) were on-going, and 33(51%) activities had no data reported as of December 2021.

Table 24 Summary of Implementation, 2021 Aide Memoire Implementation

No.	Component	Number of Activities	Implementation status		
			Ongoing n (%)	Data not provided n (%)	Completed n (%)
1	Human Resource	8	3 (37.5)	4 (50)	1 (12.5)
2	Service Delivery	12	7 (58.3)	5 (41.7)	-
3	Health Research, Health Information, Monitoring and Evaluation	8	3 (37.5)	5 (62.5)	-
4	Health Regulation and Health Financing	12	6 (50)	6 (50)	-
5	Governance and Management	11	5 (45.5)	6 (54.5)	-

6	Public Health Emergencies	5	3 (60)	2 (40)	-
7	Vaccines, Medical Devices and Technologies	9	2 (22.2)	5 (55.6)	2 (22.2)
OVERALL TOTAL		N=65 (100)	29 (44)	33 (51)	3 (5)

4.0 STATUS REPORT OF COVID- 19

The first two cases of COVID-19 in Ghana were reported on 12 March 2020. As of 31 December 2021, the country had recorded a total of 147,203 confirmed cases of the disease (Table 25). Out of this number of infected people, 132,869 recovered and 1,309 died, indicating a Case Fatality Rate (CFR) of 0.88%. The active number of infected people was 13,025, of which 22 were severely ill and four were in critical conditions. Majority (54,970), representing 58% of the COVID-19 cases were detected through enhanced contact tracing, and 5,532 (3.7%) detected at the Kotoka International Airport.

Table 25 Confirmed cases of COVID-19 and Treatment Outcomes, Ghana as at 31 Dec 2021

Category	Number of cases	Recovered/ Discharged	Severe	Critical	Dead	Active
Routine Surveillance	54,970	129,030	22	4	1,309	13,025
Enhanced Contact Tracing	86,701					
International travellers (KIA)	5,532	3,839				
Total	147,203	132,869	22	4	1,309	13,025

Disaggregation of the confirmed cases by administrative regions, shows that the Greater Accra and Ashanti regions remain the hotspots for COVID-19 disease. In the period under review, 70% (103,624) of the cumulative cases were recorded in these two regions (Table 26).

Table 26 Summary of COVID-19 cases by Region, Mar 2020 – 31 Dec 2021

Region	Cases	Recovered/ Discharged	% Recovered/ Discharged	Active Cases
Ahafo	1,108	1,028	92.8	48
Ashanti	21,692	20,675	95.3	700
Bono	2,157	2,037	94.4	31
Bono East	2,726	2,498	91.6	161
Central	5,257	4,813	91.6	395
Eastern	6,710	6,488	96.7	86
Greater Accra	81,932	72,428	88.4	9,194
North East	283	272	96.1	0
Northern	1,787	1,736	97.1	20

Oti	865	839	97.0	17
Savannah	263	259	98.5	1
Upper East	1,595	1,440	90.3	98
Upper West	747	709	94.9	4
Volta	5,621	5,334	94.9	208
Western	7,879	7,480	94.9	326
Western North	1,049	994	94.8	43
International travellers (KIA)	5,532	3,839	69.4	1,693
TOTAL	**147,203**	**132,869**	**90.3**	**13,025**

Cumulative laboratory test by type of surveillance

The cumulative number of tests conducted in the period under review was 2,138,224, of which 147,203 were positives. The positivity rate, which indicates the percentage of people who tested positive for the virus out of the total test conducted is low (6.9%). Nonetheless, the rate is higher among cases detected through routine surveillance than those from the enhanced surveillance in the communities and at the Kotoka International Airport (Table 27).

Table 27 Positivity rate by Surveillance type for samples tested, December 2021

Surveillance Type	Total no. Tested	Total no. positive	Positivity rate
Routine Surveillance	465,453	54,970	11.8
Enhanced Contact Tracing	951,791	86,701	9.1
International travellers (KIA)	720,980	5,532	0.8
Total	2,138,224	147,203	6.9

COVID-19 vaccination

The country's initial target of vaccinating 20 million persons, segmented by population groups and geography excluding children <16/18y and pregnant women was missed in December 2021. However, the country received a total of 24,702,290 doses of vaccines in the period under review, with AstraZeneca and Covid-19 vaccine Janssen constituting 75.5% of the five approved vaccines, as shown in Table 28. Out of this total number of vaccines received, a total of 8,458,155 doses have been administered. A little over one-third (31.4%) of the total number of people vaccinated have received at least one dose and 12.9% have been fully vaccinated.

Table 28 Proportion of vaccines received and administered by type, 2021

Vaccine Based Name	Quantity received	Proportion (%)	Doses administered	Doses available
AstraZeneca	10,615,970	43.0	5,897,009	4,320,300

COVID-19 Vaccine Janssen	8,032,850	32.5	390,017	6,637,100
Moderna OVID-19 vaccine	1,229,620	5.0	893,308	0
Pfizer-BioNTech	4,802,850	19.4	1,259,839	4,077,288
Sputnik-V	17,982	0.1	17,982	0
Grand Total	**24,702,290**	**100**	**8,458,155**	**15,034,688**

Disaggregation of the vaccine administration by geographical region shows that the Ashanti region (921, 848) had the highest number of inoculations, followed by the Greater Accra (445, 510) region as shown in Table 29. The Upper West had the least number of vaccinations because of the low rate of infection in that region.

Table 29 Summary of number of vaccines administered by type and region, 2021

Region	Target pop	AstraZeneca	Moderna	Pfizer-BioNTech	Sputnik-V	COVID-19 vaccine Janssen	Total doses administered	at least 1 dose	% at least 1 dose	Fully vaccinated	% Fully vaccinated
Greater Accra	3,283,950	1,322,905	377,555	159,586	4,955	105,595	1,970,596	1,365,237	41.6	710,954	21.6
North East	381,701	96,278	10,168	3,410	-	43,487	153,343	122,446	32.1	74,384	19.5
Ashanti	3,835,045	1,237,842	218,756	680,699	13,027	50,053	2,200,377	1,612,802	42.1	637,628	16.6
Bono	753,285	346,381	23,736	51,419	-	1,115	422,651	306,721	40.7	117,045	15.5
Ahafo	395,105	126,520	10,504	23,852	-	5,176	166,052	116,602	29.5	54,626	13.8
Western	1,423,141	449,270	64,461	80,072	-	14,848	608,651	430,871	30.3	192,628	13.5
Savannah	385,536	109,615	9,785	-	-	500	119,900	73,577	19.1	46,823	12.1
Bono East	730,700	261,728	24,774	37,464	-	1,545	325,511	244,094	33.4	82,962	11.4
Central	1,692,345	399,177	17,898	57,269	-	84,690	559,034	469,165	27.7	174,559	10.3
Eastern	2,134,787	447,688	47,159	57,235	-	75,830	627,912	513,579	24.1	190,163	8.9
Upper East	830,561	219,381	18,669	53,067	-	995	292,112	236,808	28.5	56,299	6.8
Upper West	557,537	161,217	3,191	6,769	-	2,165	173,342	138,801	24.9	36,706	6.6
Oti	490,641	94,670	14,393	-	-	496	109,559	79,411	16.2	30,644	6.2
Western North	610,369	141,377	13,314	7,742	-	497	162,930	126,940	20.8	36,487	6.0
Volta	1,231,885	226,506	28,944	24,353	-	1,975	281,778	214,064	17.4	69,689	5.7
Northern	1,263,420	256,454	10,001	16,902	-	1,050	284,407	223,981	17.7	61,476	4.9
National	**20,000,008**	**5,897,009**	**893,308**	**1,259,839**	**17,982**	**390,017**	**8,458,155**	**6,275,099**	**31.4**	**2,573,073**	**12.9**

Vaccination next steps

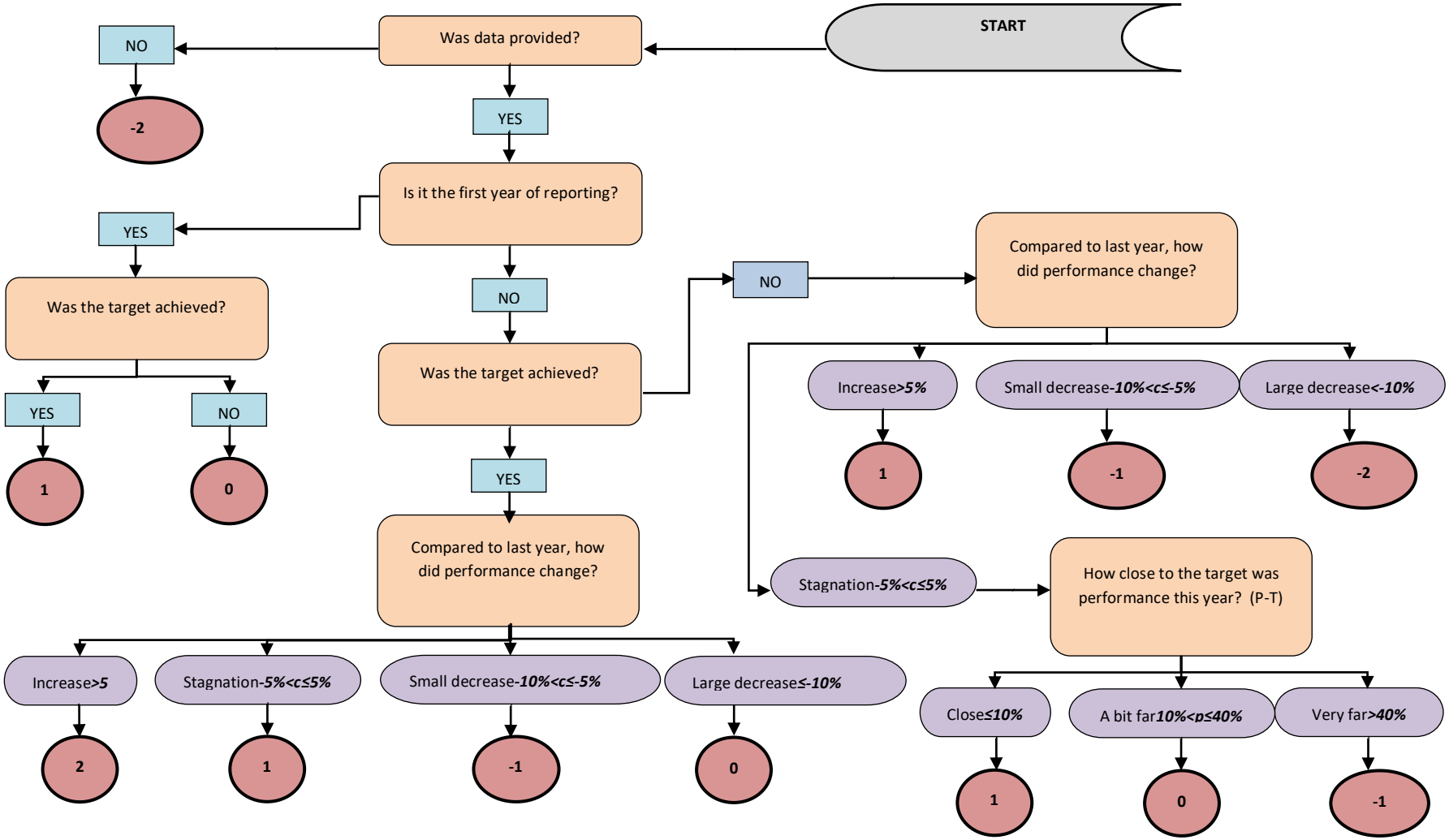
Efforts are being made to scale up the vaccination exercise by doubling teams, using various locations, enhancing social mobilization and communication, etc. The project implementers will continue to generate demand for vaccinations by employing the critical role of Civil Society Organizations (CSOs), sharing their experiences, and discussing them at every opportunity. The project team will also continue to engage with other partners for support; pursue additional vaccines; and institute vaccine mandates particularly at public institutions, social, religious and entertainment venues.

Discussions are also far advanced at the government level to produce vaccines locally to shore up the numbers, reduce cost and improve the vaccination exercise towards herd immunity. Specifically, a Cabinet memo has been submitted for approval of the draft National Vaccine Policy

and establishment of the National Vaccine Institute to coordinate production of vaccines, which has been accented to. Office accommodation has also been provided for them.

APPENDICES

Appendix 1: Assessment algorithm



Appendix 1: Trends in sector-wide indicators

No.	Indicator	2017	2018	2019	2020	2021	% Change	P-T Gap	2021 Target	Outcome (-2, -1, 0 +1, +2)
Objective 1: Ensure Sustainable, Affordable, Equitable, Easily Accessible Healthcare Services (Universal Health Coverage)										
1.2	Total estimated protection by contraceptive methods supplied (Couple Year Protection (CYP)	3,039,413	2,940,275	2,972,649	1,479,064	1,471,661	-0.50	-63.21	4,000,000	-1
1.3	Proportion of deliveries attended by trained health workers	57.10	57.60	55.82	58.67	63.49	8.21	-2.33	65	1
1.4	Proportion of newborns (mothers) receiving postnatal care (PNC) within 48 hours from birth	49.80	51.80	51.48	55.94	62.09	11.00	-1.45	63	1
1.5	Proportion of mothers who made at least four ANC visits	60.50	58.20	55.70	58.63	65.68	12.02	-6.17	70	1
1.6	Regional variation in proportion of supervised deliveries	0.65	0.63	0.65	0.66	0.64	-4.34	-60.25	1.60	1
1.9	Doctor to population ratio	1:8,098	1:7,196	1:6,899	1:6,355	1:5,705	-10.23	14.11	1:5,000	1
1.1	Nurse to population ratio	1:799	1:839	1:727	1:701	1:530	-24.50	-24.34	1:700	2
1.11	Midwife to Women in Fertility Age (WIFA) population ratio	1:720	1:689	1:574	1:560	1:387	-30.96	-44.77	1:700	2
1.12	Regional variation in doctor to population ratio	0.12	0.16	0.12	0.14	0.15	7.14	-90.63	1.60	1
1.13	Proportion of population with active NHIS membership	35.30	35.80	40.57	52.64	54.36	3.25	20.79	45	1
1.14	Proportion of districts with ambulance centres	54.60	46.90	52.36	100	113	12.69	87.82	60	2
1.15	Proportion of functional ambulance centres	57.69	41.98	35.34	100	100	0.00	14.94	87	1
1.16	Proportion of functional Community Health Planning and Services (CHPS) zones	78.44	76.50	78.50	79.03	79.67	0.81	-6.27	85	1
1.18	Ratio of females to males among NHIS active members	1.4	1.5	1.4	1.47	1.43	-2.74	25.93	1.13	0
1.19	Per capita Outpatient Department (OPD) attendance	0.98	1.03	1.08	0.96	1.13	17.40	-4.08	1.18	1
MS	Review Referral Policy									0
Objective 2: Reduce Morbidity and Mortality, Intensify Prevention and Control of Non-Communicable Diseases										

No.	Indicator	2017	2018	2019	2020	2021	% Change	P-T Gap	2021 Target	Outcome (-2, -1, 0 +1, +2)
2.8	Institutional all-cause mortality rate (per 1000)	23.6	19.2	17.74	22.91	21.73	-5.18	1.99	21.3	1
2.9	Institutional Maternal Mortality Ratio	147	128.6	117.60	109.19	119.45	9.39	-13.44	138	1
2.1	Institutional Neonatal Mortality Rate	8.4	7.7	7.25	7.43	7.61	2.40595938	77.05	4.3	-1
2.11	Still birth rate (per 1000 LB)	15	13.9	12.67	12.69	12.76	0.54154354	-8.84	14	1
MS	Develop medical Tourism policy									0
Objective 3: Enhance Efficiency in Governance and Management										
3.1	Hospitals (public and private) with mental health units	100	100	100	100	100	0	0	100	1
3.2	Regional and district hospitals providing traditional and alternate medicine	13.10	22.60	25.81	25.81	31.98	23.90	144.09	13	2
3.3	Adverse drug reactions investigated and reported on by Food and Drugs Authority (FDA)	78	54	100	89	24	-72.98	-70	80	-2
3.4	Food and medicinal products that undergo quality testing	85%	88%	82%	92%	25.5%	-72.14	-73.97	98	-2
3.5	Restaurants in good standing	129	95	63	65	70	7.66	-29.64	100	1
3.6	Proportion of health facilities (public and private) Licensed	100	27	34	30	24	-18.49	-59.88	60	-2
3.7	Bed occupancy rate (all wards)	58.00	58.30	59.60	48.20	56.10	16.39	-13.69	65	1
3.8	Hospital beds per 1000 population	0.97	1.00	1.00	0.91	1.03	13.56	-48.47	2	1
3.9	Average length of stay at the accident and emergency (A&E) ward - (Days)	2.4	3.3	3.3	3.2	3.3	3.125	65	2	-1
3.1	Proportion of encounters with an antibiotic prescribed	50.90	58.40	22.32	21.00	47.00	123.75	56.66	30	-2
3.11	Proportion of hospitals (public and private) with functional emergency department	26	26	28	4	100	138.09	566.66	15	2
3.12	Licensure examination pass rate (for physician assistants, nurses, midwives, and allied health professionals)		64.9	75.6	82.9	79.1	-4.62	-1.175	80	1
3.13	Per capita expenditure on health (all sources) - (USD)	44.37	55.56	38.9	46.62	61.23	31.33	11.32	55	2

No.	Indicator	2017	2018	2019	2020	2021	% Change	P-T Gap	2021 Target	Outcome (-2, -1, 0 +1, +2)
3.14	Per capita GoG budget allocation to health (MTEF) ($)	33.07	30.21	23	32.78	37.8	15.31	-62.2	100	1
3.16	GoG allocation to health (%)	6.5	6.6	8.1	9.03	6.6	-26.9	-56	15	-2
3.17	Percentage change in annual revenue mobilized from all sources (real and nominal)	0.29	33	-12	28	9.2	-67.14	-38.67	15	-2
3.18	GoG budget execution rate for goods and services	55.10%	82	100	42	105	149.28	5	100	2
3.19	GoG budget execution rate (total)	N/A	163	100	92	116.6	26.62	16.6	100	2
3.2	Proportion of NHIF receivable funds released to NHIA by MOF	69	66	42.60	36	6.7	-81.43	-92.56	90	-2
3.21	Proportion of NHIS expenditure on claims reimbursement	81	63	61	60.9	60.5	-0.63	-27.94	84	0
3.24	Proportion of total health budget allocated to health research activities	0	0	0	0	0	#DIV/0!	-100	0.5	-2
3.25	Proportion of Agencies with functional audit committees			100	100	100	0	0	100	2
3.26	Average number of medicines prescribed per patient encounter (public facilities)	2.9	2.8	2.1	2.9	3	3.44	0	3	1
3.27	Percentage of encounters with an injection prescribed (public facilities)	14.60	13.70	12.80	16.30	16.70	2.45	51.82	11	-1
3.28	Percentage of medicines prescribed by generic name (public facilities)	85.0	91.5	71.6	77.1	89.6	16.21	-0.44	90	1
3.29	Average Time of NHIS Claims Settlement (Month)	7	7	6	3	4	33.33	-20	5	1
3.3	Tracer drug availability					NA			90	-2
3.31	Psychotropic drug availability					NA			95	-2
MS	Develop Physiotherapy guidelines					NA				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)	97.80	95.50	97.20	94.20	99.40	5.52	4.63	95	2

No.	Indicator	2017	2018	2019	2020	2021	% Change	P-T Gap	2021 Target	Outcome (-2, -1, 0 +1, +2)
4.2	Proportion of HIV-positive adults and children currently receiving antiretroviral therapy	40.14	35.74	45.00	46	59	28.26	-37.89	95	1
4.3	Proportion of infected pregnant women who received ARVs for eMTCT	67.0	86.0	87.0	80.0	92.0	15.00	2.22	90	2
4.4	TB Case detection rate	48	46.34	48.21	40.16	33	-25.30	-62.96	81	-2
4.5	TB treatment success rate	87	86	84	83	87	3.61	-2.27	88	1
4.6	Institutional Malaria Under 5 Case Fatality Rate	0.20	0.16	0.10	0.12	0.09	-25.00	350.00	0.02	1
4.7	Non- polio AFP rate	4.30	4.30	0.17	0.53	0.7	32.08	-65.00	2	2
4.8	Surgical site infection rate	7.1	6.8	6.5	7.9	4.0	-49.04	-20.00	5.0	2
4.9	90-90-90 Target (HIV Positive people receiving ART with viral Suppression)	51.00	67.00	67.75	72.97	79	8.27	-16.84	95	1
4.1	90-90-90 Target (HIV Infected persons who are receiving sustained ART)	45	40	61	60	79	31.51	-16.84	95	1
4.11	90-90-90 Target (HIV Infected persons who know their HIV Status)	62.00	71.00	75.09	74.44	88	18.22	-7.37	95	1
4.12	Proportion of babies born to HIV-positive mothers being HIV-negative after 18 months	92	93	74	77	84	9.09	-11.58	95	1
4.13	Proportion voluntary unpaid blood donations	35.0	37.0	33.6	16.5	26.0	57.56	-45.83	48	1
4.14	Blood collection index per 1000 population (BCI)	5.6	6	5.96	5.05	5.70	12.88	-36.67	9	1
4.15	Malaria incidence per 1,000 population	310	341	221	186	176	-5.33	-36.00	275	2
4.16	HIV/AIDS prevalence rate	1.67	1.64	1.7	1.69	1.65	-2.37	3.77	1.59	1
4.17	HIV incidence per 1,000 population			0.70	0.60	0.67	11.67	644.44	0.09	2
4.18	Mortality rate due to tuberculosis	4	4	4	9	48	433.33	33.33	36	-2
4.19	Tuberculosis Incidence per 100000	47.52	46.34	48.51	40.16	42.67	6.24	-99.90	44	2
4.2	Case fatality rates for epidemic prone diseases (100,000)	9.24	6.97	2.8	NA	NA			5	-2
MS	MS									

Appendix 2: 2021 Annual Programme of Work

Table 30 :Status of APOW implementation, 2021

Programme	Sub-Programme	No. of Activity Planned	No. Implemented	(%) Implemented
Programme 1: Management and Administration	1.1 Management and Administration	8	7	88
	1.2 Health, Research, Statistics, and Information Management	4	3	75
	1.3 Health Policy Formulation, Planning, Budgeting, Monitoring and Evaluation	30	26	87
	1.4 Human Resource for Health Development	9	7	78
	1.5 Finance and Audit	7	4	57
	1.6 Procurement, Supply and Logistics	2	2	100
	Sub-total	60	49	82
Programme 2: Health Delivery	2.2 Primary and Secondary Health Services	27	19	70
	2.3 Tertiary Specialised Health Services	16	11	69
	2.4 Research	6	5	83
	Pre-Hospital Services	16	12	75
	Sub-total	65	47	72
Programme 3: Training	3.1 Pre-Service Training	8	7	88
	3.2 Post Basic Training	2	2	100
	3.3 Specialized Training	4	4	100
	Sub-total	14	13	93

Programme 4: Regulation	4.1 Registration of Health Facilities	2	2	100
	4.2 Registration of Health Professionals	6	5	83
	4.3 Registration of Food, Pharmaceuticals and Medicinal Products (FDA)	3	2	67
Sub-total		11	9	82
Grand total (programmes 1-4)		150	118	78.7