HEALTH SECTOR MEDIUM TERM DEVELOPMENT PLAN 2022-2025

MINISTRY OF HEALTH

DECEMBER 1, 2021

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ABBREVIATIONS AND ACRONYMS

AHPC	Allied Health Professions Council
AMH	Ahmadiyya Missions Hospitals
ART	Antiretroviral Treatment
CDC	Center for Disease Control
CHAG	Christian Health Association of Ghana
CHPS	Community-based Health Planning Service
CMA	Common Management Arrangement
CSOs	Civil Society Organizations
CYP	Couple Year Protection
DHIMS2	District Health Information Management System
DHS	Demographic and Health Survey
DPs	Development Partners
EmONC	Emergency Obstetric and New-born Care
EPA	Environmental Protection Agency
EPI	Expanded Programme of Immunization
FBOs	Faith-based Organisations
FDA	Food and Drugs Authority
FHD	Family Health Division
GDHS	Ghana Demographic and Health Survey
GDP	Gross Domestic Product
GES	Ghana Education Service
GhILMIS	Ghana Integrated Logistics Management Information System
GHS	Ghana Health Service
GIFMIS	Government Integrated Financial Management Information System
GMHS	Ghana Maternal Health Survey
GOG	Government of Ghana
GSS	Ghana Statistical Service
HCI	Human Capital Index
HDI	Human Development Index

HeFRA	Health Facility Regulatory Agency
HIV	Human Immuno Virus
HPRB	Health Professionals Regulatory Bodies
HR	Human Resource
HRHD	Human Resource for Health Directorate
HSMTDP	Health Sector Medium Term Development Plan
IALC	Inter-Agency Leadership Committee
IALC	Inter-Agency Leadership Committee
ICD	Institutional Care Division
IGF	Internally Generated Fund
IMCC	Inter-Ministerial Coordinating Council
iMMR	Institutional Maternal Mortality Ratio
LEAP	Livelihood Empowerment Against Poverty
LMD	Last Mile Distribution
MDAs	Ministries, Departments and Agencies
MDC	Medical and Dental Council
MHA	Mental Health Authority
MMDAs	Metropolitan, Municipal, and District Assemblies
MOF	Ministry of Finance
MoFFA	Mortuaries and Funeral Facilities Agency
MOGCSP	Ministry of Gender, Children and Social Protection
MoH	Ministry of Health
NADMO	National Disaster Management Organisation
NAS	National Ambulance Service
NBS	National Blood Service
NCDs	Non-Communicable Diseases
NHA	National Health Accounts
NHIA	National Health Insurance Authority
NHIF	National Health Insurance Fund
NHIS	National Health Insurance Scheme

NITA	National Information Technology Agency
NMC	Nurses and Midwifery Council
NoP	Network of Practice
NRSA	National Road Safety Authority
OPD	Outpatient Department
PC	Pharmacy council
PHC	Primary Health Care
PoA	Programe of Action
PPA	Public Procurement Authority
PPME	Policy, Planning, Monitoring and Evaluation
SARA	Service Availability and Readiness Assessment
SDG	Sustainable Development Goals
SWG	Sector Working Group
TB	Tuberculosis
TCD	Technical Coordination Directorate
THs	Teaching Hospitals
UHC	Universal Health Coverage
USD	United States Dollar
UWR	Upper West Region
WHO	World Health Organization
WIFA	Women in Fertile Age

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FOREWORD

Ghana's development planning architecture is a constitutional provision under the ambit of the National Development Planning Commission, which over the years have guided Public and Civil Service organisations to develop medium-term plans within the context of national development philosophies.

The Ministry of Health in collaboration with its Agencies, Development Partners, and other stakeholders, guided by the current National Medium-Term Policy Framework, the revised National Health Policy (NHP, 2020), the Universal Health Coverage (UHC) Roadmap for Ghana (2020-2030), as well as other Global Policy environments, have developed the Health Sector Medium-Term Development Plan (HSMTDP) 2022-2025. The goal of this Plan is to Increase access to quality essential health care and population-based services for all by 2030 through the following objectives:

1. Universal access to better and efficiently managed quality healthcare services
2. Reduce avoidable maternal, adolescent and child deaths and disabilities
3. Increase access to responsive clinical and public health emergency services

The collective implementation of these objectives through variously thought through strategies, programmes and interventions for the medium term seeks to improve among others, these development issues which have been identified in the health system:

- Inequitable distribution of human resource for health
- Inadequate health infrastructure, logistics and equipment
- Inequity in access to essential health services and variability in the quality of services
- Weak coordination and suboptimal harmonization between public and private health services providers, including traditional social support systems
- Weak institutionalized network to connect academia and research organizations to mainstream health policy
- Weak referral and gatekeeper system

It is envisaged that, these challenges among others when tackled, will lead to a more responsive health system, and eventually translate into better quality of life of all people living in Ghana. I therefore entreat all stakeholders to work assiduously and collectively within the health-in-All and One-Health frameworks to realising the goal of this Medium-Term Development Plan.

KWAKU AGYEMAN-MANU (MP)

MINISTER FOR HEALTH

CHAPTER ONE: SITUATIONAL ANALYSIS OF THE HEALTH SECTOR

1.0 INTRODUCTION

This chapter presents the vision, mission, and functions of the Ministry of Health. It also highlights the performance review of the 2018-2021 health sector medium-term plan and the existing conditions regarding demographics, social, economic, infrastructure, and governance of the health sector.

1.1 VISION, MISSION, AND FUNCTIONS

1.1.1 Vision

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

1.1.2 Mission

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

1.1.3 Functions of Ministry of Health and its Agencies

The functions of the Ministry of Health and its Agencies are to:

1. Formulate, coordinate, and monitor the implementation of sector policies and programmes.
2. Provide public health and clinical services at primary, secondary and tertiary levels.
3. Regulate registration and accreditation of health service delivery facilities as well as the training and practice of various health professions regarding standards and professional conduct.
4. Regulate the manufacture, implementation, exportation, distribution, use and advertisement of all food, drugs, cosmetics, medical devices, and household chemical substances as well as the marketing and utilization of traditional medicinal products in the country.
5. Conduct and promote scientific research into plant and herbal medicine.
6. Provide pre-hospital care during accidents, emergencies, and disasters.

1.2 PERFORMANCE REVIEW

The performance assessment of the programmes and actives of each of the three objectives in the 2018-2021 health sector medium-term development plan was undertaken using an algorithmic jointly developed by the MoH and its Agencies and Development partners. This algorithm is attached in the Appendix 1.

1.2.1 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.

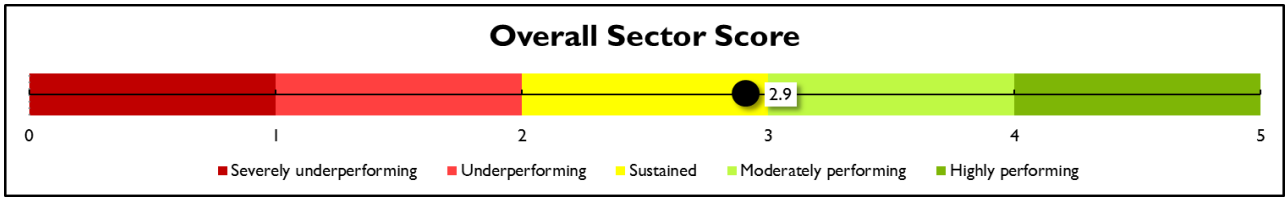


Figure 1: Overall Sector performance

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

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.

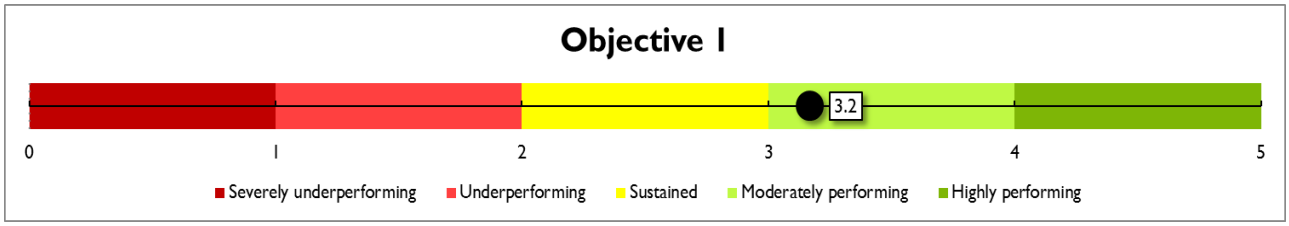


Figure 2: Overall performance score for objective 1

1.2.3 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 3). 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. 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.

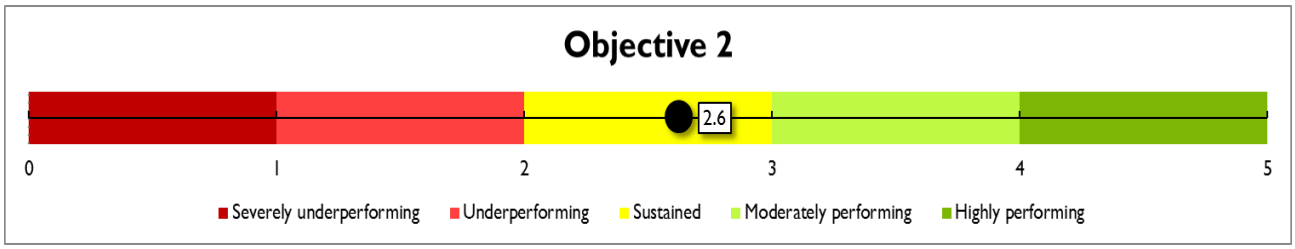


Figure 3: Overall performance score for objective 2

1.2.4 Objective 3: Enhance efficiency in governance and management

Overall performance score for this objective is 2.4 on the scale of 0-5, representing a sustained performance (Figure 4). 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.

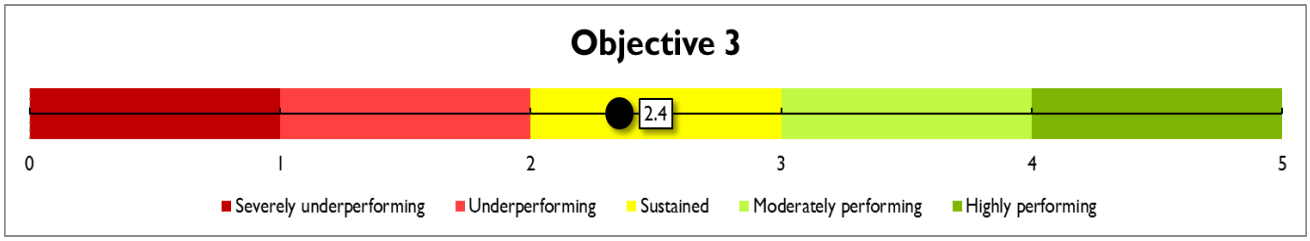


Figure 4: Overall performance score for objective 3

1.2.5 Intensify prevention and control of communicable disease and ensure reduction of new HIV/AIDS and other STIs

This domain performed moderately well, scoring 3.6 out of 5 (Figure 5). 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.

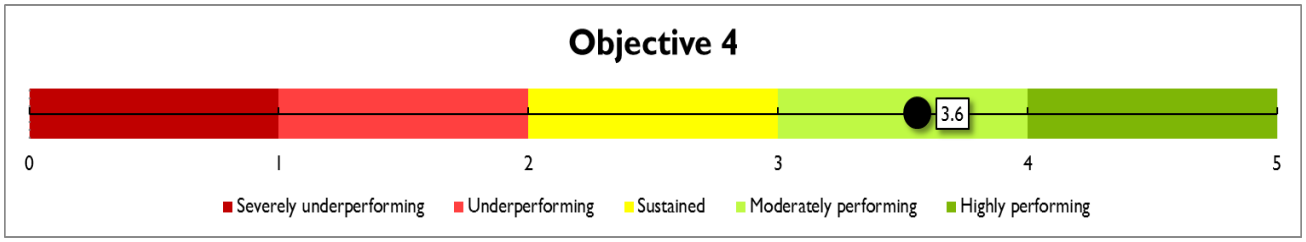


Figure 5: Overall performance score for objective 3

Table 1 summarizes the objectives and corresponding indicators with respect to the baselines and targets for the 2018-2021 medium-term plan. Results achieved for the various indicators (outcomes and impacts) in 2021 are also reported for comparison with the set targets.

Generally, there were improvements in key indicators despite outbreak of the COVID-19 pandemic. Several indicators including NHIS population coverage, doctor, midwife, and nurse to population ratios all recorded improvements over the period under review. Other reproductive, maternal and child health indicators such as proportion of deliveries attended by a trained health worker; maternal and under five deaths all saw improvements.

Table 1: Performance review of the 2018-2021 health sector medium-term plan

Development Dimension	Indicator1	Baseline (2017)	2018-2021 Medium-term target	Development Outcomes
	1. Ensure affordable, equitable, easily accessible universal health coverage			
Social Development	Proportion of women of reproductive age (aged 15-49 years) who have their need for family planning satisfied with modern methods (WIFA) (%)	30	N/A	29.6
	Proportion of children fully immunized by age 1(%)	98	95	99.4
	Antenatal Care Coverage 1+	79.3	N/A	80
	Antenatal Care Coverage 4+	60.5	67	65.7
	Postnatal Care coverage for newborn babies (%)	49.8	58	62.1
	Couple Year Protection (CYP), All sources incl. the private sector 1& 3	3,039,413	3,800,000	1,471,661
	Population with active NHIS Membership (%)	35.3	42.0	54.4
	Proportion of active NHIS members in exempt group (poor and vulnerable)	50.9	N/A	N/A
	Regional variation in doctor to population	0.12	N/A	0.15

[1] Impact indicators are preferred but, in their absence, outcomes indicators should be reported. Do not report on output indicators.

Development Dimension	Indicator1	Baseline (2017)	2018-2021 Medium-term target	Development Outcomes
	Regional variation in proportion of supervised deliveries	0.65	1.0	0.64
	Proportion of infants being exclusively breastfed for the first six months of life to achieve optimal growth, development, and health	52	N/A	N/A
	Number of Women in Fertility Age (defined as 15 – 49) per Midwife	1:720	1:700	1:387
	Proportion of districts with Ambulance Centres	45	57	100
	Proportion of districts with functional Ambulance centres. An Ambulance service is classified as functional when it has a functioning vehicle, active staff, and relevant equipment	34	80	100
	The number of OPD encounters in health facilities during the period relative to the total population. Health facilities include all public, private, quasi-government and faith-based facilities	0.98	1.12	1.13
	Doctor: Population ratio	1:8,090	1:5000	1:5,707

Development Dimension	Indicator1	Baseline (2017)	2018-2021 Medium-term target	Development Outcomes
	Nurse to population ratio	1:799	1:700	1:530
	Hospital beds (per 10 000 population)	9.7	9.0	9.1
	Bed Occupancy Rate	58	48.2	56.1
	Average length of stay at the accident and Emergency Ward	3.5	2.5	3.3
	2. Reduce morbidity, disability, mortality and intensify prevention and control of non-communicable diseases			
	Institutional maternal mortality ratio	310	290	119.5
	Under-five mortality rate per 1000 live births	10.7	21.5	10.7
	Infant mortality rate per 1000 live births	8	N/A	7.8
	Neonatal mortality rate per 1000 live births	8.4	4.3	7.6
	Stillbirth rate	15.0	14.2	12.8
	Institutional all-cause mortality per 1,000 admissions	23.6	21.3	21.7
	Proportion of births attended by skilled health personnel	57.1	62	63.5
	Hospitals (public and private) offering Mental Health services	431	435	100

Development Dimension	Indicator1	Baseline (2017)	2018-2021 Medium-term target	Development Outcomes
	Proportion of Regional and district hospitals (public and private) offering traditional medicine practice (%)	13.1	13.1	32
	Proportion of health facilities in current registration	100	30	100
	3. Enhance efficiency in governance and management of the health system			
	Current Expenditure of Health by General government and compulsory schemes (% of current expenditure on health)		83.27	N/A
	GOG budget execution rate for goods and services (%)	55.1	70	100
	GOG budget execution rate for (total) %	100	100	100
	Average Time of NHIS Claims Settlement (Months)	6	3	4
	GOG allocation to health	8.1	9.0	

Development Dimension	Indicator1	Baseline (2017)	2018-2021 Medium-term target	Development Outcomes
	Percentage change in annual revenue mobilized from all sources (real and nominal)	128	149	N/A
	Per capita expenditure on health (all sources) - (USD)	38.9	46.6	61.23
	Proportion of NHIF receivable funds released to NHIA by MOF (%)	100	100	6.7 (of 2021 approved budget)
	Proportion of NHIS expenditure on claims reimbursement (%)	81.8	84	60.5
	Proportion of total health budget allocated to health research activities (%)	0	0.35	6.6
	Proportion of total expenditure financed through IGF (%)	20	25	21.6
	Total current expenditure on health (% of GDP)	8.1***	9.0	
	4. Intensify prevention and control of communicable diseases and ensure the reduction of new HIV and AIDS/STIs infections, especially among the vulnerable groups			
	Institutional Malaria Under 5 Case Fatality Rate	0.20	0.12	0.09

Development Dimension	Indicator1	Baseline (2017)	2018-2021 Medium-term target	Development Outcomes
	HIV Positive Patients on ART	45	46	79
	HIV incidence rate	0.7*	0.67	0.67
	HIV prevalence rate	1.67	1.69	1.65
	Tuberculosis incidence per 100,000 population and 4	47.52	40.16	42.7
	TB case detection rate	48	40.16	33
	TB treatment success rate	87	83	87
	HIV Detection Rate	62	40.2	74

2019 figure

** 90-90-90 Target (HIV Infected persons who are receiving sustained ART) (%)

***2019 figure

Analysis of Performance of financial resource for the 2018-2021

Over the 2018-2021 medium-term a total amount of GHC27.8 billion was approved for implementation of activities in the health sector (Table 2). Out this total revenue, GHC29.3 billion was expended, indicating that the sector overspent by GHC1.5 billion. This situation is due to the outbreak of the COVID-19 pandemic in March 2020 in the country, which required mobilisation of additional funds to fight the disease. The proportion of Government of Ghana (GOG) budget allocated to the health sector was the highest (61.8%) source of revenue, and it increased consistently over the 2018-2020. The internally generated fund (IGF) represented the second largest source of revenue (26.5%) for the sector and saw a consistent increase over planned period.

The financial resources received translated into considerable gains in key health outcomes with respect to the 2018-2021 policy objectives and agreed targets despite the outbreak of the COVID-19 pandemic. A remarkable progress was observed for maternal and child health indicators. Considerable improvements were also recorded in the areas of access to quality healthcare through expansion of healthcare to the peripherals, increased production of health personnel, and improved NHIS active membership.

Table 2: Financial performance, 2018-2021

SOURCE OF FUND	**APPROVED BUDGET (**GH₵)	**ACTUAL EXPENDITURE (**GH₵)	**% EXECUTION**
GoG	17,197,325,675.00	19,622,947,317.63	114.1
IGF	7,377,537,186.00	5,991,493,428.30	81.2
Donor	3,083,589,914.00	3,591,741,026.79	116.5
ABFA	187,321,929.00	120,323,448.25	64.2
Total	**27,813,349,704.00**	**29,315,918,492.97**	**105.4**

N/A=not available

1.3 EXISTING CONDITIONS

1.3.1 Description of the Health Sector

Ghana's pluralistic health sector is structured in a decentralized manner and has been designed through a pro-poor lens (Fig 2.1). The institutional structure of the health sector is made up of the Ministry of Health (MoH) as policy maker and regulator, the Ghana Health Service, the Teaching Hospitals and the Faith-based and Private-for-Profit practitioners as care providers and the National Health Insurance Authority (NHIA) as purchaser of health care services for its insured members.

The MoH delivers its mandate through 26 specialized agencies and affiliated organizations. 12 regulatory bodies under the MoH[2] are responsible for establishing and enforcing standards and guidelines for the training of health professionals, regulating professional standards of conduct and practice and standards for accreditation of health facilities to qualify them to provide health services. It has delegated the service provision functions to the Ghana Health Service (GHS), the teaching hospitals and the Faith-Based Service Providers.

The health delivery system is decentralised and is organised on a three-tier level: primary, secondary, and tertiary, corresponding to district, regional and teaching hospital levels. The primary level is further organised on a three-tier level namely, the district hospital, the sub-district health centre, and the community-based health planning service (CHPS) compound. Primary Health Care (PHC) which is the bedrock of the health system in Ghana and critical for the attainment of Universal Health Coverage (UHC) is provided at the district level.

The PHC services are delivered through linkages between district hospitals, health centres, maternity homes, clinics and CHPS Compounds which have the explicit aim of attaining the goal of reaching every community with a basic package of essential health services towards attaining Universal Health Coverage and bridging the access inequity gap by 2030.

The CHPS aims to provide a minimum package of service for the universal coverage of Reproductive Health Services (maternal, neonatal and child health services) management of minor ailments, and provision of health education, sanitation and counselling on healthy lifestyles and good nutrition for community members. It aims at nationwide coverage of one CHPS compound per 5.000 persons, or 750 households and provides services both at the compound and via household visits, including the most impoverished and vulnerable families. Together, these PHC facilities account for more than 90% of OPD visits.[3]

Regional hospitals provide both public health and clinical services and serve as referral points for facilities from the district level and below. Tertiary and specialized care is provided through 6 teaching hospitals, 4 university hospitals and 4 psychiatric hospitals. These are the hubs for training

[2] The 12 regulatory bodies are as follows: i) Health Facilities Regulatory Agency (HeFRA), ii) Food and Drugs Authority (FDA), iii) Medical and Dental Council (MDC), iv) Nurses and Midwives Council (NMC), v) Pharmacy Council (PC), vi) Allied Health Professions Council (AHPC), vii) Psychology Council, viii)Traditional Medicine Practice Council, ix) Ghana College of Surgeons and Physicians, x) Ghana College of Pharmacists, xi) Ghana College of Nurses and Midwives, and xii) Mortuaries and Funeral Facilities Agency.

[3] Ministry of Health Holistic Assessment Report ,2018, pp 19-20

health professionals and the provision of tertiary services to clients referred from the lower levels in the country.

The private sector and civil society organizations (CSOs) play a pivotal role in complementing government efforts in service delivery. The private sector accounts for 19% of outpatient department (OPD) coverage and is mostly concentrated in the urban and peri-urban areas, with low rural penetration. The Faith-based organizations such as the Christian Health Association of Ghana (CHAG) and Ahmadiyya Missions Hospitals operate 302 health facilities that complement government efforts at both primary and secondary levels. The Civil Society Organizations (CSOs) contribute to service delivery and demand generation efforts of the Government in providing access to health care mostly in deprived and hard to reach communities.

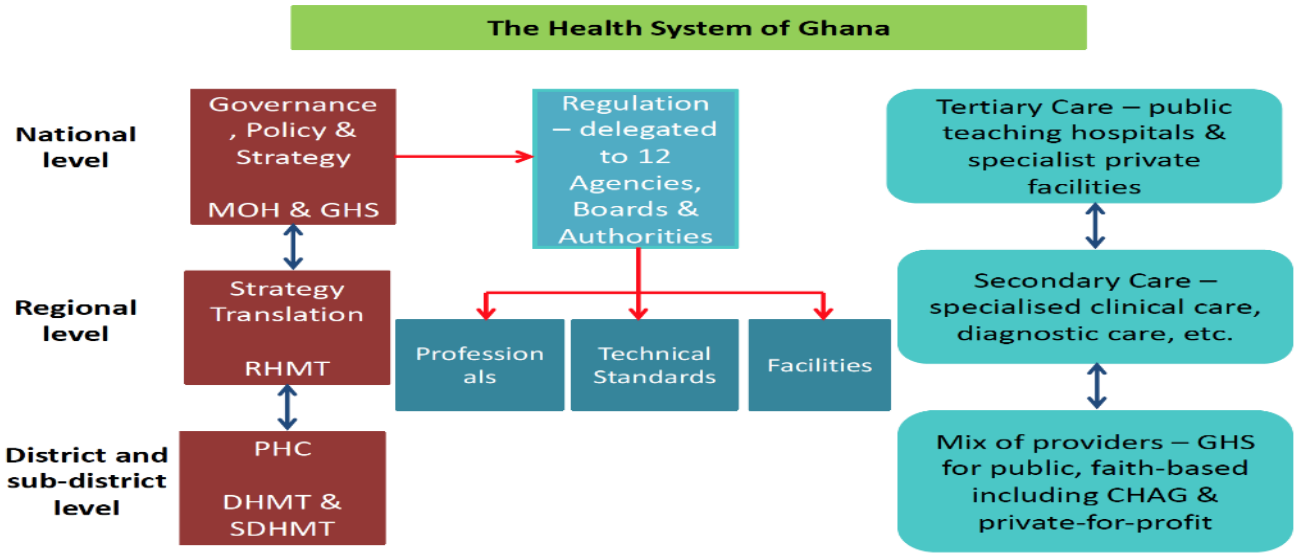


Figure 6: Structure of Ghana's Health System

1.4 Demographic Characteristics

1.4.1 Population and Human Development

Ghana is a lower middle-income country with a population of 30.8 million (with a median age of 21 years) and an annual growth rate of 2.1% (GSS, 2021). The total fertility rate is 3.9 (GSS 2019) and life expectancy 64.1. The share of the population living in urban areas rose from 36% to 55% between the period 1990–2016, with urban areas growing at a rapid 3.4% per year. Ghana's Human Development Index (HDI) value increased from 0.465 in 1990 to 0.611 in 2019, an increase of 31.4 percent. This improvement in Ghana's Human Capital Index (HCI) and its Human Development Index has been highly influenced by the progress made in improving the health and nutrition of its populace.

Ghana's HCI mutually reinforces its economic development (GDP per capita). The UN Population Division projected Ghana's population to be 52 million (medium variant) by 2050 (UNPD, 2019). Sixty-four percent (64%) of this population will be in the working age group while the dependency

ratio[4] will be at 56%, permitting it to reap the "demographic dividend"[5]. Therefore, there is a critical need to invest in health and nutrition interventions to advance its HCI particularly for its youth, which will be the driving force of its economy.

1.4.2 Human Resource Development for Health

Availability and equitable distribution of healthcare professionals are crucial to achieving the SDG related goals, particularly maternal and child health outcomes. In 2020, the Ministry finalized the human resource for health policy and strategy. In the same year, it secured financial clearance to recruit 58,191 staff. The priority for the sector was to develop a strategic document to attract and retain health workers in deprived areas and to ensure equity in the distribution of health workforce for improved health services delivery.

The 2021 health sector holistic assessment report shows in the production and distribution of health professionals over the planed period, 2018-2021. The doctor to population ratio, for example, has seen consistent improvement from 1:8,100 to 1:5,707 over the last five years (2017-2021) although it fell short of the WHO standard of 1 doctor to 1000 population (1:1000). The number of populations attended to by a Nurse improved from 799 to 530 over the same period. This achievement is higher than the WHO recommended standard of 1:1,000 population. The number of midwives to women in fertility age (WIFA) population has also improved over the last five years, from one midwife to 720 women in fertility age to one midwife to 387 women in fertility age.

Despite improvement in the health workforce in recent years, equity in the distribution of doctors across the administrative regions of the country remains a challenge. The more urbanised regions (Greater Accra and Ashanti regions) have more doctors to population compared to the less urbanised regions. The distribution of nurses and midwifes per the target population, however, is relatively more equitable.

1.4.3 Poverty and Economic Inequities

Individual and household poverty is a critical driver of UHC on two fundamental fronts namely: in ensuring timely access to adequate and quality healthcare, and the effects of catastrophic spending, or out of pocket expenditures that drive families deeper into multi-generational cycles of poverty. Ghana is one of the few countries that achieved Millennium Development Goal 1. It successfully reduced poverty (50% to 24%) and extreme poverty (37% to 8%) between1990 and 2013. However, since 2013, the pace of poverty reduction has slowed, and the incidence of extreme poverty increased from 12.1% to 13.36 % in 2019.

Geographical and urban rural disparities in poverty persist. While urban regions have experienced poverty reduction since 2012, there is rising poverty in the rural and poor regions resulting in an overall rise in national poverty levels and deepening the disparity in the distribution of poverty. The onslaught of COVID-19 pandemic on the economy (and its resource driven nature) is likely to cause

[4] Defined by the ILO as the number of children and elderly divided by the working age population
[5] The term 'demographic dividend' refers to the economic growth potential that can be achieved due to a fast-growing labour force.

stagnation or a rise in the poverty rate in the short to medium term. Beyond monetary poverty which currently stands at 23.4%[6], multidimensional poverty – where a child is deprived of 3 or more critical services including nutrition, health, sanitation, water, learning, housing, or protection – stands at 73.4% for ages 0-17.

1.4.4 Political Economy of UHC

Ghana has a relatively stable political environment with comparatively well-developed institutional capacities. This has ensured consistent implementation of public policies across different governments**.** Each of the two dominant political parties continue to emphasize accelerating improvements in health, nutrition, and overall human capital development of the population as a basis for improved economic development. In part due to the pluralistic media and civil society that drives accountability and transparency in public sector expenditure, governments allocate resources, largely, in congruence with their commitments. It is therefore critical to ensure that the health sector's priority interventions are appropriately featured on the political agenda or that the political agenda is influenced by the priorities of the health sector.

The 'Coordinated Program of Economic and Social Policies (2017-24)', a seminal document which outlines the GOG's vision and strategy for the country, highlights the UHC priorities (and underpins the HSMTDP 2018-21). These include commitments to reform the National Health Insurance Scheme (NHIS) to enhance financial protection, strengthening community level care, strengthening clinical and public health emergency service delivery, providing quality maternal and child health services, and renewing commitment to improve services for mental health, nutrition, and communicable diseases.

1.4.5 Health Infrastructure

Health infrastructure is an essential component of the development of the health system and health infrastructure investments constitute crucial opportunities for the achievement of the Universal Health Coverage and Sustainable Development Goals. Figure 7 below shows the theory of change or causal link between investment in health infrastructure and human capital development for national growth and prosperity.

[6] As per the Ghana Household Living Standards Survey GLSS 7

Figure 7: Impact of health infrastructure investments on human development

As of December 2020, Ghana had a total of 8,825 health facilities made up of 7,137 public health facilities, 280 private for-non-profit, 1,331 Private self-financing and 79 quasi-governmental facilities. These health facilities are made of the following categories of levels of care: 1 Quaternary, 5 Teaching hospitals, 7 Secondary Referral/Regional, 478 Primary Referral hospitals (Public and Private), 992 Polyclinic and Health centres, 5,876 CHPS, and 1,403 Maternity Homes and Clinics. However, there is inadequate health infrastructure in terms of health facilities, logistics and equipment. Over the years, there has not been comprehensive report on stock of logistics and equipment in healthcare facilities across the country. Thus, little is known about the gap in logistics and equipment needed to be addressed across all levels of healthcare facilities.

Moreover, these limited facilities and equipment are often inefficiently and sub-optimally utilized. Existing technology, infrastructure and equipment have predominantly focused on supporting the provision of preventive and curative care with little emphasis on rehabilitative and palliative care services. Meanwhile, Ghana is acknowledged as having a complex burden of disease. There is therefore the need to enhance the health care delivery system by improving on the healthcare infrastructure to support the provision of quality care that responds to the needs of the population. In addition, there is the need to conduct Service Availability and Readiness Assessment (SARA) to improve service delivery.

1.4.6 Quality of care

Quality of health services at all levels and for all services has been a challenge in Ghana. Both objective and anecdotal assessments (NQS, 2016; MOH, 2017) showed that the quality of healthcare services in the country has been described as “inadequate” by providers and clients. There is unclear oversight and fragmentation in the quality approaches with limited impact on patient experience and health outcomes. Several initiatives to improve the quality of care in the health system of the country has led to the development and launch of a 5-year National Healthcare Quality Strategy (2017-2021).

1.4.7 Governance

The Ministry of Health (MoH) among other Ministries, Departments and Agencies (MDAs) takes its mandate from the Civil Service Act, 1993 (PNDCL 327) for policy formulation, monitoring and evaluation, resource allocation and financing, health training, health research as well as regulation of the health sector. This mandate was further reinforced by the promulgation of the Ghana Health Service (GHS) and Teaching Hospitals Act, 1996 (Act 525). In executing this mandate, the Ministry exercises its oversight responsibility over 26 agencies using the following institutionalized structures as enshrined in the Common Management Arrangement (CMA) of the health sector:

- The Inter-Agency Leadership Committee (IALC)
- The Sector Working Group (SWG) meetings
- Inter-Agency Committees and Standing Committees
- Business Meetings
- Annual Health Summit
- Decentralized Level Dialogue
- Annual Policy Dialogue

The essence is to facilitates coordination and dialogue in the health sector; provide modalities for effective implementation of health sector programs; integrate plans and resources of relevant stakeholders into health sector planning and management processes. The MOH further recognizes that addressing all the key determinants of health in a comprehensive manner will require multisectoral approach. In this regard, the ministry works closely with all other relevant Ministries, Departments and Agencies (MDAs). Specific Structures worthy of note is the Intermenstrual Coordinating Council (IMCC).

1.4.8 Health Financing

The health sector is financed from multiple sources of revenue including, general government allocation, social health insurance, internally generated fund (IGF) through out-of-pocket, and donor support (bilateral and multilateral). In 2018, Ghana's health expenditure was 4% of GDP or approximately US$ 70 per capita. Overall, government prioritization on health fell from 12 %, or US$ 58.4 per capita in 2011 to 6 % in 2018, or approximately US$ 30 per capita[7]. An important source of health financing is via the National Health Insurance Levy of 2.5% of VAT, 70-80% of which is usually allocated to the NHIS. Spending on community-based health (CHPS) only amounted to about 0,23% of government spending in 2019.

There as substantial backlogs to government co-funding of health. Government proportional budget allocation to the health sector has been declining (from12% to 6% between 2012 and 2018), as is funding from Development Partners (from 25% to 12% between 2015 and 2018). Notwithstanding these challenges, PHC remains a priority for Ghana. This is evinced by fact that 83% of overall

[7] This figure includes government financing for health, funds from the NHIS, and DAH channelled through government budgets.

health spending is on PHC, and 72% of GOG's health spending. However, only 32% of all PHC related spending in the country is attributable to the GOG.

The ability to raise enough revenue to meet the demands of the health sector has been severely constrained by macroeconomic upheavals in the past decade (and further exacerbated by the ongoing COVID-19 pandemic which will slow projected economic growth from 6.5% to 1.5%). Budget execution has been low and since 2013, only about half of the budget for goods and services (mainly for operational costs of service delivery) is disbursed. The external funding landscape has also changed in recent years. Given Ghana's transition to a lower-middle income country and the country's stated objective to move to self-reliance, Development Partners are reducing their level/type of support, increasingly moving upstream towards more technical assistance at the policy and systems levels and away from contributing to the downstream operational support for service delivery. Health sector budget support has rapidly decreased from 48% in 2004 to 9% in 2020, and Development Assistance for Health as a percentage of total health expenditure will continue to decrease.

Closely related given the links between poverty and achieving UHC, social protection financing for Ghana's flagship programmes stands at about 0.6% of GDP, which is substantially lower than the average allocation of 2.1% of GDP in African middle-income countries on non-contributory social assistance. There are still substantial coverage gaps for cash transfer programmes such as LEAP to cover all the extreme poor[8] (currently 60% of extreme poor) and ensuring that these have access to free health insurance and home-based health services.

Priority intervention 3 'Health policy, financing and system strengthening' addresses critical issues in health financing and systems strengthening that are necessary to increase the fiscal space through domestic resource mobilization and increase efficiencies in allocation and utilization of fiscal resources.

1.4.9 Key development issues, challenges and lessons learnt

Assessment of the health sector in the 2018-2021 medium-term shows several development issues and challenges that need to be prioritized and addressed in the next health sector medium-term development plan (2022-2025). These issues include the following:

- Increasing population with varied disparities between urban and rural areas
- Inequitable distribution of human resource for health
- Inadequate health infrastructure, logistics and equipment
- Suboptimal quality of care at all levels of the healthcare system
- Weak collaboration among MDAs whose functions impart on health of the population
- Lack of nationally representative data on mental health services and NCDs
- Lack of national database for health data

[8] Besides insufficient coverage the purchasing power value of transfer has eroded by over 60% since the last inflation adjustment in 2015

CHAPTER TWO: KEY DEVELOPMENT PRIORITIES

2.0 INTRODUCTION

This chapter presents the key development issues for prioritization in the 2022-2025 health sector medium-term development plan. The issues were identified from the review of the 2018-2021 health sector medium-term plan, 2020 holistic assessment of the health sector, and the aide memoir.

- Inequitable distribution of human resource for health
- Inadequate health infrastructure, logistics and equipment
- Inequity in access to essential health services and variability in the quality of services
- Weak coordination and suboptimal harmonization between public and private health services providers, including traditional social support systems
- Weak institutionalized network to connect academia and research organizations to mainstream health policy
- Minimal cooperation and non-alignment between the political administration and the local government level and across sectors
- Weak referral and gatekeeper system
- Inadequate provision of quality health care at all levels of the health sector
- Lack of national database for health data
- Lack of a Health Systems Research and Innovation Policy framework (research agenda) for the health sector
- Inadequate allocation of financial resources to the sector
- Weak supply chain for health commodities
- Absence of a policy framework for diagnostic and laboratory system
- Weak M&E systems within the agencies of the Ministry of Health
- Lack of common legislative, regulatory, and institutional framework to harmonise the functions of HeFRA, NHIA, Pharmacy council (PC), Mortuaries and Funeral Facilities Agency (MoFFA), and Health professionals Regulatory Bodies (HPRB)

CHAPTER THREE: DEVELOPMENT PROJECTIONS, GOALS, OBJECTIVES, AND STRATEGIES

3.0 INTRODUCTION

The Chapter highlights goals, policy objectives, priority interventions, strategies, and development projections for the 4-year HSMTDP.

3.1 GOAL, OBJECTIVES, AND DEVELOPMENT PROJECTIONS

3.1.1 Goal

Increased access to quality essential health care and population-based services for all by 2030

3.1.2 Policy objectives

1. Universal access to better and efficiently managed quality healthcare services
2. Reduce avoidable maternal, adolescent and child deaths and disabilities
3. Increase access to responsive clinical and public health emergency services

3.1.3 Priority interventions, strategies, and development projections

3.1.3.1 Essential services for the population

3.1.3.1.1 Increase the availability of essential health services packages across the continuum of care at all levels

3.1.3.1.2 Improve EPI coverage in urban centres

3.1.3.1.3 Eliminate mother-to-child transmission of HIV

3.1.3.1.4 Improve school health and nutrition services

3.1.3.1.5 Improve access to the specified package of adolescent and youth services

3.1.3.2 Management of clinical and public health emergencies

3.1.3.2.1 Strengthen institutions to deliver responsive pre-hospital and clinical emergency services

3.1.3.2.2 Set up and strengthen institutions, including Ghana Centres for Diseases Control (Ghana CDC) to deliver responsive public health emergency services

3.1.3.3 Improve quality of care and information management

3.1.3.3.1 Institutionalize quality standards and practices in the delivery of health services

3.1.3.3.2 Improve provision of quality essential maternal health service

3.1.3.3.3 Improve accountability for the lives of women and children

3.1.3.3.4 Improve the quality-of-service delivery at all levels for ANC, intrapartum care, PNC, and new-born care

3.1.3.3.5 Improve the quality of care to babies delivered outside health facilities

3.1.3.3.6 Increase the quality and coverage of perinatal death audits

3.1.3.3.7 Improve the quality-of-service delivery for the care of children

3.1.3.3.8 Improve the quality of adolescent and youth-friendly services

3.1.3.3.9 Improve collection, entry, analysis, and utilization of data on NCDs in Ghana:

3.1.3.3.10 Establish a system for the generation of nationally representative data on mental health

3.1.3.3.11 Improve the availability of data for adolescent health

3.1.3.3.12 Reduce Burden of Unsafe Abortion

3.1.3.3.13 Increase the use of Information and Communication Technology for Emergency Care and Surveillance

3.1.3.3.14 Improve Infrastructure, Logistics and Supplies for Emergency Care

3.1.3.3.15 Improve health infrastructure across all levels of the health sector (Agenda 111)

3.1.3.3.16 Strengthen the management and quality assurance of national laboratories and infectious disease centres

3.1.3.3.17 Set up and make functional Health Systems Research and Innovation Framework

3.1.3.3.18 Strengthen the Last Mile Distribution (LMD) system

3.1.3.3.19 Strengthen Health Sector Procurement

3.1.3.3.20 Strengthen Warehousing for Health Commodities

3.1.3.3.21 Improve, standardize, and integrate financial and health information and supporting systems

3.1.3.4 Enhance efficiency in human resource performance

3.1.3.4.1 Increase the pre-service and in-service training of healthcare workers in the management of NCDs

3.1.3.4.2 Increase the national capacity for delivery of mental health services

3.1.3.4.3 Enhance human resource capacity for public health emergencies and medical emergency services

3.1.3.4.4 Ensure the production, equitable deployment, and retention of health workforce

3.1.3.5 Institutionalize reforms for sector effectiveness

3.1.3.5.1 Establish sustainable programmes for prevention, screening, and early detection of NCDs, including cancers

3.1.3.5.2 Strengthen and ensure compliance with referral processes and procedures between all levels of care

3.1.3.5.3 Scale up the establishment of Network of Practice (NoP) of Service Providers in all Districts

3.1.3.5.4 Support traditional social systems that enable improved care outcomes

3.1.3.5.5 Increase partnerships for better access to health services

3.1.3.5.6 Strengthen availability of EmONC services

3.1.3.5.7 Strengthen and increase coverage of Civil Registration (Ghana Births and Deaths Registration)

3.1.3.5.8 Promote nurturing care and Early Childhood Development in facilities and communities

3.1.3.5.9 Strengthen stakeholder engagement for the care of vulnerable children

3.1.3.5.10 Improve collaboration with communities, civil society, and other stakeholders in adolescent health

3.1.3.5.11 Strengthen and integrate safe motherhood and family planning services

3.1.3.5.12 Strengthen the enabling environment for improved breastfeeding and complementary feeding practices

3.1.3.5.13 Reduce the burden of anaemia and other micronutrient deficiencies in WIFA and children

3.1.3.5.14 Reduce the growing burden of overweight & obesity

3.1.3.5.15 Strengthen Community Engagement and Risk Communication for health promotion

3.1.3.5.16 Strengthen the health regulatory bodies for improved efficiency

3.1.3.5.17 Improve Intra- and inter-sector coordination in the spirit of whole-of-government and whole-of-society (One-Health approach)

3.1.3.5.18 Improve value in capital investments and procurement

3.1.3.5.19 Align benefits with evolving health needs and technologies, payment systems, and the service delivery model

3.1.3.5.20 Improve and harmonize provider payment systems to increase the efficiency of spending

3.1.3.6 Health policy, financing and system strengthening

3.1.3.6.1 Strengthen governance systems for improved performance

3.1.3.6.2 Integrate mental health services and their financing into the general health care system

3.1.3.6.3 Advocate for increased GOG revenue collection and allocation to the health sector

3.1.3.6.4 Develop an investment case for the health sector

3.1.3.6.5 Strengthen membership enrolment and management systems

3.1.3.6.6 Increase population coverage and sustainability of health insurance

3.1.3.6.7 Strengthen the capacity of MOH and its agencies to mobilize resources

3.1.3.6.8 Reallocate resources to reflect geographic disparities

3.1.3.6.9 Revise PHC financing to incentivize prevention and promotion activities

Table 3: Mapping of the goal, policy objectives and strategies, 2022-2025

Goal	Policy objective	Dimension	Strategy
Increased access to quality essential health care and population-based services for all by 2030	1. Universal access to better and efficiently managed quality healthcare services		3.1.3.1.1-3.1.3.1.5
	2. Reduce avoidable maternal, adolescent and child deaths and disabilities		3.1.3.3.1-3.1.3.3.21
	3. Increase access to responsive clinical and public health emergency services		3.1.3.2.1-3.1.3.2.2

CHAPTER FOUR: COMPOSITE DEVELOPMENT PROGRAMMES

4.0 INTRODUCTION

This chapter presents the framework that links the sector's strategies to the sector programs, sub-programs, and broad activities for the 2022-2025 period. The action plans based on the broad activities that will help in achieving the stated outputs for the various programs and sub-programs are also captured in this Chapter. Lastly, the Chapter presents an indicative financial strategy for the Plan over the next four years (2022-2024).

4.1 HEALTH SECTOR PROGRAMS

In line with government programme structures, the public health sector comprises four programmes and 16 sub-programmes. These four programmes are

1. Management and Administration
2. Health Service Delivery
3. Human Resources for Health Development and Management
4. Health Sector Regulation

4.1.1 Management and Administration

The Management and Administration program aims to: provide efficient and effective governance and leadership to the health sector; formulate and update policies; and supervise, monitor, and evaluate the delivery of health services. To achieve this, several sub-programs have been formulated. The sub-programs include:

1.1 General Management

1.2 Health Research, Statistics, and Information Management

1.3 Health Policy Formulation, Planning, Budgeting Monitoring and Evaluation

1.4 Finance and Audit

1.5 Procurement, Supply and Logistics

1.6 Human Resources management

4.1.2 Health Service Delivery

The Health Service Delivery program aims to deliver cost-effective, efficient, and affordable quality health services at the primary, secondary, and tertiary levels of care. The primary and secondary levels offer curative, preventive, promotive, and rehabilitative care. The tertiary level concentrates

on specialist services, referral, emergency response, medical training, health research and education. The four subprograms are:

2.1 Primary and secondary health services

2.2 Tertiary health services

2.3 Research

2.4 Pre-hospital services

The delivery and management of all services under this programme are organized from the national through regional, district, sub-district, and community levels.

4.1.3 Human Resource Development

The Human Resource Development programme, which remains a major function of the health sector, aims to ensure the production of adequate and skilled health professionals and the provision of adequate resources to support their training. The sub programs include:

3.1 Pre-Service Training

3.2 Post-Basic Training

3.3 Specialized Training

4.1.4 Health Sector Regulation

The Health Sector Regulation program aims to ensure that standards are maintained and adhered to in the sector. To achieve this, three sub-programs have been developed:

4.1 Regulation of Health Facilities

4.2 Regulation of Health Professionals

4.3 Regulation of Pharmaceutical and Medical Health Products

Programme of Action (PoA)

The programmes and sub-programmes of the three objectives for the next four years are summarized in Table 4 below. The lead and collaborating implementing institutions are also identified. The total cost (new and on-going) of these programmes is GHC72 billion for high impact targets as shown in the Appendix 2.

Table 4: Programme of action (PoA)

Goal	Objective	PBB Programme	PBB Sub-programme	Time frame (Year)				Cost						Implementing Institution/Department	
				2022	2023	2024	2025	New			On-going[9]			Lead	Collaborating
								GOG	IGF	DP	GOG	IGF	DP		
Increased access to quality essential health care and population-based services for all by 2030	1.0 Universal access to a better, efficiently managed, high quality primary health system	1,2,3,4	1.1-6 2.1-4 3.1-3 4.1-3	X	X	X	X							GHS	Teaching hospitals, CHAG, other health services delivery agencies, relevant regulatory bodies, MDAs, DPs and CSOs
	2.0 Reduce avoidable maternal, child and adolescent	1,2,3,4	1.1-6 2.1-4 3.1-3 4.1-3	X	X	X	X							GHS	NAS, NBS, Laboratory networks, NHIA, Teaching hospitals,

[9] To be defined by MoF

Goal	Objective	PBB Programme	PBB Sub-programme	Time frame (Year)				Cost						Implementing Institution/Department	
				2022	2023	2024	2025	New			On-going[9]			Lead	Collaborating
								GOG	IGF	DP	GOG	IGF	DP		
	deaths and disabilities														CHAG, other health services delivery agencies, relevant regulatory bodies, MDAs, DPs and CSOs
	3.0 Increase access to responsive, clinical, and public health emergencies services	1,2,3,4	1.1-6 2.1-4 3.1-3 4.1-3	X	X	X	X							GHS	Teaching Hospital, NAS, NBS, HeFRA, NHIA, other health services delivery agencies, relevant regulatory bodies, MDAs, DPs and CSOs

Programme Financing

The estimated total cost, expected revenue, and source of funding for the development dimensions are summarized in Table 5 below. The gap and mechanisms to fill them are also indicated in the table. The impact and cost estimates for the HSMTDP, modelled under three scenarios (base, medium, high) for the period 2022-2025 in line with the Ghana's commitment towards the attainment of global mortality targets for maternal, new-born, and under-fives by 2030[10] are detailed in Appendix 2. The scenario analysis shows that a total of GHC 55.8 billion and GHC72 billion of financial resources would be needed to achieve the medium and high impact UHC targets over the 2022-2025 period. Using the total cost for the high impact targets and the expected revenue of GHC60.01 billion from different sources based on average annual rate of change (average increase per year) of 23.1% for the last four years (2018-2021), a funding gap of GHC12.00 billion will be created. The Ministry will continue to seek support from its development partners to finance the shortfalls in revenue.

Table 5: Programme of financing (GHC Million)

Programmes	**Budgeted/Total cost**	**Expected Revenue/Source of Funding**				**Gap**	**Mechanisms to fill Gap**
		GOG	IGF	DONOR	ABFA		
Development Dimension							
1. Management and Administration							
2. Health Services Delivery							
3. Human Resource Development							
4. Health Sector Regulation							
Total	72,011	38,666	14,413	6,827	103	11,999	External support

IFF: Internally Generated Fund; ABFA: Annual Budget Funding Amount

[10] *Ghana's Roadmap for Attaining Universal Health Coverage 2020-2030*

CHAPTER FIVE: ANNUAL ACTION PLANS

5.0 INTRODUCTION

This Chapter provides information on the health sector annual action plans for the medium-term. The plans comprise programmes, broad activities (strategies) and their locations, the implementation timeframe as well as new and ongoing costs by sources. Relevant implementing agencies (lead and collaborators) are also captured in the action plans (Table 6).

Table 6: Annual Action Plan

PBB Programme	PBB Sub-programme	Broad activity	Location	Time frame [Year, 2022-2025]				Cost						Implementing Institution/Department	
				Q1	Q2	Q3	Q4	New			On-going			Lead	Collaborating
								GOG	IGF	DP	GOG	IGF	DP		
1 2	1.3 2.1, 2.2	Increase the availability of essential health services packages across the continuum of care at all levels	All locations (community, district, region, national)	X	X	X	X							GHS	Teaching hospitals, CHAG, Ahmadiyya, Quasi-government, Private healthcare providers, NHIA
2	2.1	Improve EPI coverage in urban centres	All locations	X	X	X	X							GHS	Health service agencies, local government, DPs, CSOs
2	2.1, 2.2	Eliminate mother-to-child transmission of HIV	District, region, national	X	X	X	X							GHS	Teaching hospitals, CHAG, Quasi-government NHIA, private healthcare providers, CSOs
2	2.1, 2.2	Improve school health and nutrition services	All locations	X	X	X	X							GHS	GES, MOFA, Local government, CSOs
2	2.1, 2.2	Improve access to the specified package of adolescent and youth services	All locations	X	X	X	X							GHS	Teaching hospitals, CHAG, Quasi-government, Ahmadiyya

PBB Programme	PBB Sub-programme	Broad activity	Location	Time frame [Year, 2022-2025]				Cost						Implementing Institution/Department	
				Q1	Q2	Q3	Q4	New			On-going			Lead	Collaborating
								GOG	IGF	DP	GOG	IGF	DP		
															NHIA, private healthcare providers, CSOs
2	2.1, 2.2, 2.4	Strengthen institutions to deliver responsive pre-hospital and clinical emergency services	District, region, national	X	X	X	X							GHS	NAS, HeFRA, local government, private healthcare providers
1 2	1.3 2.1, 2.2, 2.3, 2.4	Set up and strengthen institutions, including Ghana Centres for Disease Control (Ghana CDC) to deliver responsive public health emergency services	Region, national (three ecological zones)	X	X	X	X							GHS	Teaching hospitals, CHAG, NAS, NHIA, private healthcare providers, CSOs
1	1.2, 1.3, 1.4	Set up the Ghana Centres for Diseases Control (Ghana CDC)	Region, national	X	X	X	X							MoH	GHS, MoF, World Bank, Network of Laboratories

PBB Programme	PBB Sub-programme	Broad activity	Location	Time frame [Year, 2022-2025]				Cost						Implementing Institution/Department	
				Q1	Q2	Q3	Q4	New			On-going			Lead	Collaborating
								GOG	IGF	DP	GOG	IGF	DP		
4	4.1, 4.2, 4.3	Institutionalize quality standards and practices in the delivery of health services	All locations	X	X	X	X							GHS	HeFRA, NHIA and other regulatory bodies/agencies
2	2.1, 2.2	Ensure provision of quality essential maternal health service	All locations	X	X	X	X							GHS	NBS, NAS and other key service delivery agencies, local government, CSOs
2 4	2.1, 2.2 4.1, 4.2, 4.3	Improve accountability for the lives of women and children	All locations	X	X	X	X							GHS	Teaching hospital, private sector healthcare providers including faith-based ones MoGCSP, CSOs
2 4	2.1, 2.2 4.1, 4.2, 4.3	Improve the quality-of-service delivery at all levels for ANC, intrapartum care, PNC, and newborn care	All locations	X	X	X	X							GHS	HeFRA, NHIA, CHAG, Ahmadiyya, and other regulatory bodies/agencies
2 4	2.1, 2.2 4.1, 4.2, 4.3	Improve the quality of care to babies delivered	All locations	X	X	X	X							GHS	MoGCSP, local government CSOs

PBB Programme	PBB Sub-programme	Broad activity	Location	Time frame [Year, 2022-2025]				Cost						Implementing Institution/Department	
				Q1	Q2	Q3	Q4	New			On-going			Lead	Collaborating
								GOG	IGF	DP	GOG	IGF	DP		
		outside health facilities													
2 4	2.1, 2.2 4.1, 4.2, 4.3	Increase the quality and coverage of perinatal death audits	All locations	X	X	X	X							GHS	Teaching Hospitals, Community groups
2 3 4	2.1, 2.2 3.1, 3.2, 3.,3 4.1, 4.2, 4.3	Improve the quality-of-service delivery for the care of children	All locations	X	X	X	X							GHS	MoGCSP and relevant agencies
2 3 4	2.1, 2.2 3.1, 3.2, 3.,3 4.1, 4.2, 4.3	Improve the quality of adolescent and youth-friendly services		X	X	X	X							GHS	Teaching hospital, MHA, CSOs
1 2	1.2 2.1, 2.2, 2.3, 2.4	Improve collection, entry, analysis, and utilization of data on NCDs in Ghana	All locations	X	X	X	X							GHS	Health services delivery agencies, NRSA, GSS, CSOs
1 2	1.2, 1.3 2.1, 2.2	Establish a system for the generation of nationally	All locations	X	X	X	X							MHA	GHS, other health services delivery agencies, GSS

PBB Programme	PBB Sub-programme	Broad activity	Location	Time frame [Year, 2022-2025]				Cost						Implementing Institution/Department	
				Q1	Q2	Q3	Q4	New			On-going			Lead	Collaborating
								GOG	IGF	DP	GOG	IGF	DP		
		representative data on mental health													
1 2	1.2, 1.3 2.1, 2.2	Improve the availability of data for adolescent health	All locations	X	X	X	X							GHS	Other service delivery agencies, GSS
1 2 4	1.3 2.1, 2.2 4.1, 4.2, 4.3	Reduce Burden of Unsafe Abortion	All locations	X	X	X	X							GHS	MOGCSP, CSOs, Service Delivery Agencies, FBOs
1 2	1.2 2.1, 2.2, 2.3, 2.4	Increase the use of Information and Communication Technology for Emergency Care and Surveillance	All locations	X	X	X	X								GHS, MoC, NITA, NAS, Network of Laboratories, Ports Health
1 4	1.3, 1.5 4.3	Improve Infrastructure, Logistics and Supplies for Emergency Care	All locations	X	X	X	X							MoH	GHS, CHAG, and other service delivery agencies, MoF, Local Government, DPs
1 2	1.3 2.1, 2.2, 2.3, 2.4	Strengthen the management and quality assurance of national	Region	X	X	X	X							GHS	CHAG, Network of Laboratories, MoF, DPs

PBB Programme	PBB Sub-programme	Broad activity	Location	Time frame [Year, 2022-2025]				Cost						Implementing Institution/Department	
				Q1	Q2	Q3	Q4	New			On-going			Lead	Collaborating
								GOG	IGF	DP	GOG	IGF	DP		
4	4.1, 4.2	laboratories and infectious disease centres													
1	1.2, 1.3	Set up and make functional Health Systems Research and Innovation Framework	National, Regional	X	X	X	X							MoH	GHS, CHAG, other service delivery agencies
1 3	1.5 3.3	Strengthen the Last Mile Distribution (LMD) system	All locations	X	X	X	X							GHS	Other Health services delivery agencies
1	1.5	Strengthen Health Sector Procurement	All locations	X	X	X	X							MoH	PPA, GHS, Other Health services delivery agencies
1	1.5	Strengthen Warehousing for Health Commodities	National, District and regions	X	X	X	X							GHS	Other Health services delivery agencies
1	1.2, 1.3, 1.4	Improve, standardize, and integrate financial and health information and	National	X	X	X	X							MoH	GHS, Teaching Hospitals, Other Health services delivery agencies

PBB Programme	PBB Sub-programme	Broad activity	Location	Time frame [Year, 2022-2025]				Cost						Implementing Institution/Department	
				Q1	Q2	Q3	Q4	New			On-going			Lead	Collaborating
								GOG	IGF	DP	GOG	IGF	DP		
		supporting systems													
1 3	1.6 3.1, 3.2, 3.3	Increase the pre-service and in-service training of healthcare workers in the management of NCDs	District, Region, National	X	X	X	X							MoH	Health Training Institutions, GHS, GES, Other Health services delivery agencies
1 3	1.3, 1.6 3.1, 3.2, 3.3	Increase the national HR capacity for delivery of mental health services	District, Region, National	X	X	X	X							MoH	MHA, Health Training Institutions, GHS, GES, Other Health services delivery agencies
1 3	1.6 3.1, 3.2, 3.3	Enhance human resource capacity for public health emergencies and medical emergency services	All locations	X	X	X	X							MoH	GHS, Health Training Institutions, NAS, NBS, Ports Health
1 3	1.3, 1.6 3.1, 3.2, 3.3	Ensure the production, equitable deployment, and	All locations	X	X	X	X							MoH	Health Training Institutions, GHS, Teaching hospitals, MDAs, DPs, CSOs

PBB Programme	PBB Sub-programme	Broad activity	Location	Time frame [Year, 2022-2025]				Cost						Implementing Institution/Department	
				Q1	Q2	Q3	Q4	New			On-going			Lead	Collaborating
								GOG	IGF	DP	GOG	IGF	DP		
		retention of health workforce													
1 2	1.3 2.1, 2.2, 2.3, 2.4	Establish sustainable programmes for prevention, screening, and early detection of NCDs, including cancers	All locations											GHS	GHS, Teaching Hospitals, CHAG, Other Health services delivery agencies, CSOs
1 2	1.3 2.1, 2.2, 2.3, 2.4	Strengthen and ensure compliance with referral processes and procedures between all levels of care	All locations	X	X	X	X							GHS	Teaching Hospitals, CHAG, Other Health services delivery agencies, CSOs
1 2	1.3 2.1, 2.3	Scale up the establishment of Network of Practice (NoP) of Service Providers in all Districts	District	X	X	X	X							GHS	CHAG, Other Health services delivery agencies, CSOs

PBB Programme	PBB Sub-programme	Broad activity	Location	Time frame [Year, 2022-2025]				Cost						Implementing Institution/Department	
				Q1	Q2	Q3	Q4	New			On-going			Lead	Collaborating
								GOG	IGF	DP	GOG	IGF	DP		
1 2	1.3 2.1, 2.2	Support traditional social systems that enable improved care outcomes	District, Community	X	X	X	X							GHS	CHAG, CSOs, Community groups, FBOs
1 2	1.3 2.1, 2.2, 2.3, 2.4	Increase partnerships for better access to health services	National Region	X	X	X	X							MoH	GHS, CHAG, CSOs, FBOs, DPs, MDAs
1 2	1.3 2.1, 2.2, 2.3, 2.4	Strengthen availability of EmONC services	Region, District	X	X	X	X							GHS	CHAG, Other Health services delivery agencies, DPs
1 2	1.2, 1.3 2.1, 2.2	Strengthen and increase coverage of Civil Registration (Ghana Births and Deaths Registration)	District, region, national	X	X	X	X							GHS	Teaching hospitals, Birth and Deaths, Other Health services delivery agencies, MOFFA
1 2 3	1.3 2.1, 2.2 3.1, 3.2, 3.3	Promote nurturing care and Early Childhood Development in facilities and communities	All locations	X	X	X	X							GHS	Teaching hospitals and other health services delivery agencies, CSOs, community groups

PBB Programme	PBB Sub-programme	Broad activity	Location	Time frame [Year, 2022-2025]				Cost						Implementing Institution/Department	
				Q1	Q2	Q3	Q4	New			On-going			Lead	Collaborating
								GOG	IGF	DP	GOG	IGF	DP		
1 2	1.3 2.1, 2.2	Improve collaboration with communities, civil society, and other stakeholders in adolescent health	All locations	X	X	X	X							GHS	Teaching hospitals and other health services delivery agencies, CSOs, community groups
1 2	1.3 2.1, 2.2	Strengthen the integration of safe motherhood, and family planning services	All locations	X	X	X	X							GHS	Other health services delivery agencies, DPs, CSOs
1 2	1.3 2.1, 2.2	Strengthen the enabling environment for improved breastfeeding and complementary feeding practices	All locations	X	X	X	X							GHS	Other health services delivery agencies, DPs, CSOs
1 2 4	1.3 2.1, 2.2 4.3	Reduce the burden of anaemia and other micronutrient deficiencies in	All locations	X	X	X	X							GHS	Other health services delivery agencies, DPs, CSOs, Information Services Department

PBB Programme	PBB Sub-programme	Broad activity	Location	Time frame [Year, 2022-2025]				Cost						Implementing Institution/Department	
				Q1	Q2	Q3	Q4	New			On-going			Lead	Collaborating
								GOG	IGF	DP	GOG	IGF	DP		
		WIFA and children													
1 2 4	1.3 2.1, 2.2 4.3	Reduce the growing burden of overweight & obesity	All locations	X	X	X	X							GHS	Other health services delivery agencies, DPs, CSOs
1 2	1.3 2.4	Strengthen Community Engagement and Risk Communication for health promotion	All locations	X	X	X	X							GHS	Other health services delivery agencies, DPs, CSOs, Community groups, Information Services Department
1 4	1.3 4.1, 4.2, 4.3	Strengthen the health regulatory bodies for improved efficiency	National	X	X	X	X							MoH	HeFRA, NHIA, FDA, MDC, and other regulatory bodies
1	1.1, 1.2, 1.3, 1.4, 1.5, 1.6	Improve Intra- and inter-sector coordination in the spirit of whole-of-government and whole-of-society	All locations	X	X	X	X							MoH	GHS, Teaching hospitals, CHAG, other health services delivery agencies, DPs, CSOs, MMDAs, faith-based

PBB Programme	PBB Sub-programme	Broad activity	Location	Time frame [Year, 2022-2025]				Cost						Implementing Institution/Department	
				Q1	Q2	Q3	Q4	New			On-going			Lead	Collaborating
								GOG	IGF	DP	GOG	IGF	DP		
		(One-Health approach)													groups, community groups
1	1.1, 1.3, 1.4, 1.5	Improve value in capital investments and procurement	All locations	X	X	X	X							MoH	GHS, Teaching hospitals, PPA, MMDAs, MoF, DPs
1	1.2, 1.3	Align benefits with evolving health needs and technologies, payment systems, and the service delivery model	National	X	X	X	X							NHIA	MOH, GHS, Teaching hospitals, Quasi-government, private healthcare providers including faith-based ones,
1	1.2, 1.3, 1.4	Improve and harmonize provider payment systems to increase the efficiency of spending	National	X	X	X	X							NHIA	MoH, GHS, Teaching hospitals, Quasi-government, private healthcare providers including faith-based ones,
1	1.1, 1.2, 1.3, 1.4, 1.5, 1.6	Strengthen governance systems for improved performance	All locations	X	X	X	X							MoH	GHS, Teaching hospitals, Quasi-government, private healthcare providers including faith-

PBB Programme	PBB Sub-programme	Broad activity	Location	Time frame [Year, 2022-2025]				Cost						Implementing Institution/Department	
				Q1	Q2	Q3	Q4	New			On-going			Lead	Collaborating
								GOG	IGF	DP	GOG	IGF	DP		
															based ones, DPs, CSOs
1 2 3	1.1, 1.2, 1.3 2.1, 2.2, 2.3 3.2, 3.3	Scale up integration of mental health services and their financing into the general health care system	All locations	X	X	X	X							GHS	MHA, Teaching hospitals, Quasi-government, private healthcare providers including faith-based ones, CSOs
1	1.3, 1.4	Advocate for increased GOG revenue collection and allocation to the health sector	National	X	X	X	X							MoH	MoF, GHS, Teaching hospitals, Quasi-government, private healthcare providers including faith-based ones, CSOs
1	1.3, 1.4	Develop an investment case for the health sector	National	X	X	X	X							MoH	MoF, GHS, Teaching hospitals, Quasi-government, private healthcare providers including faith-based ones, CSOs

PBB Programme	PBB Sub-programme	Broad activity	Location	Time frame [Year, 2022-2025]				Cost						Implementing Institution/Department	
				Q1	Q2	Q3	Q4	New			On-going			Lead	Collaborating
								GOG	IGF	DP	GOG	IGF	DP		
1	1.2, 1.3	Increase population coverage and sustainability of health insurance	All locations	X	X	X	X							NHIA	MoGCSP, MoF, MDAs
1	1.3, 1.6	Strengthen the capacity of MOH and its agencies to mobilize resources	District, region, national	X	X	X	X							MoH	GHS, Teaching hospitals, other health services delivery agencies, DPs
1	1.2, 1.3	Increase active coverage of the NHIS, particularly for indigent categories	All locations	X	X	X	X							NHIA	MoGCSP, MDAs
1	1.3	Reallocate resources to reflect geographic disparities	District, region, national	X	X	X	X							NHIA	GHS, Teaching, other health services delivery agencies, MDAs,
1 2	1.3 2.1, 2.2	Revise PHC financing to incentivize prevention and promotion activities	National	X	X	X	X							MoH	NHIA, GHS, Teaching, other health services delivery agencies,

CHAPTER SIX: MONITORING AND EVALUATION ARRANGEMENTS

6.0 INTRODUCTION

This Chapter presents the monitoring framework and plan for tracking implementation of the HSMTDP over the 2022-2025 term. The indicators linked to the objectives, interventions and the various strategies are developed and summarized in the framework for performance tracking by the Ministry and its stakeholders. An M&E plan accompanying this monitoring and evaluation framework is developed to guided performance monitoring of resources and tracking of results, as well as frequency of reporting to the Management and key stakeholders. Mid-term and end-of-term evaluation of the plan will be undertaken jointly by the Ministry and its stakeholders.

6.1 PERFORMANCE MONITORING

The Health Sector Working Group will be responsible for monitoring and evaluation of the HSMTDP. The health sector has monitoring and evaluation structures that support bottom-up performance review. These structures will be enhanced for appropriate and timely reporting on the performance of the HSMTDP. Monitoring and evaluation mechanisms will be strengthened to engender greater accountability, transparency, and sustainability both in resource use and delivery of services. Key strategies will include innovation and use of IT; leveraging and strengthening existing systems such as the GIFMIS; inter-sectoral and stakeholder involvement in tracking and monitoring of resources and results. In addition, there will be continuous review and monitoring of the HSMTDP to generate evidence to support reprioritization of the HSMTDP interventions.

6.2 RESULTS FRAMEWORK

Measuring progress towards attaining UHC in Ghana is leveraged on the existing national and global platforms for measurement, data collection and analysis. This includes the health-related Sustainable Development Goals (SDGs) targets and indicators; the UHC in Africa; a Framework for Action; the Astana Declaration framework; and the biannual UHC Global Monitoring Reports. Table 7 summarizes the key indicators for tracking performance of the planned activities over the medium-term, 2022-2025.

Table 7: Monitoring Matrix

Goal 1: Increased access to quality essential health care and population-based services for all by 2030										
Programme 1: Management and Administration **Sub- Programme 1.1: General Management**										
Indicators	**Indicator Definition**	**Indicator Type[11]**	**Baseline 2021**	**Targets**				**Disaggregation**	**Monitoring Frequency**	**Responsibility**
				2022	**2023**	**2024**	**2025**			
Percentage of Planned Preventive maintenance activities implemented	Number of scheduled PPM (3 times servicing per year) implemented divided by the number of scheduled PPM for the period multiplied by 100	Process	N/A	50	60	70	80	1. Region	2	MoH Relevant Agencies

[11] Indicator type refers to whether indicator is an input/process/output/outcome/impact indicator.

Percentage of ambulance service stations that are well-functioning (Ambulance, required number staff)	Number of ambulance stations that are well functioning divided by the total ambulance stations multiplied by 100	Outcome	100	100	100	100	100	1. Region 2. District	2	NAS
Programme 1: Management and Administration **Sub- Programme 1.2: Health Research, Statistics, and Information Management**										
Indicators	**Indicator Definition**	**Indicator Type**	**Baseline 2021**	**Targets**				**Disaggregation**	**Monitoring Frequency**	**Responsibility**
				2022	**2023**	**2024**	**2025**			
Proportion of primary health facilities reporting no stock-out of tracer medicines	Number of primary health facilities reporting no stock out over the reporting period divided by the number of primary health facilities multiplied by 100	Outcome	Not readily available	70	80	90	95	1. Facility type 2. District 3. Region	2	MOH Relevant Service Delivery Agencies

Percentage of health facilities using electronic medical records	Number of health facilities using electronic medical records divided by total number of health facilities multiplied by 100	Output	Not readily available	20	40	60	80	1. Facility type 2. District 3. Region	2	MOH Relevant Service Delivery Agencies
Percentage of health facilities reporting service data to DHIM2 on time	Number of facilities reporting data to DHIMS2 on time divided by the total number of facilities required to report, multiplied by 100	Output	85	90	95	95	95	1. Facility type 2. District 3. Region	2	All Service Delivery Agencies

Percentage of facilities reporting complete data to DHIMS2	Number of facilities reporting complete data to DHIMS2 divided by the total number of facilities required to report, multiplied by 100	Outcome	95	96	97	98	98	1. Facility type 2. Geographic region (district/region)	2	All Service Delivery Agencies
Percentage of facilities births registered with CRVS (Civil Registration & Vital Statistics)	Number of facilities births registered with CRVS divided by total number of facilities required to register	Outcome	Not readily available	70	80	85	95	1. Facility type 2. Geographic location (district/region)	2	All Service Delivery Agencies
Percentage of private health facilities reporting into the DHIMS2	Number of private health facilities reporting into DHIMS2 divided by total number of private health facilities, multiplied by 100	Outcome	14.5	20	40	60	80	1. Facility type 2. Geographic location (district/region)	2	MoH GHS HeFRA

Percentage of scheduled Data Validation Feedbacks sent to regions	Number of scheduled Data Validation Feedbacks sent to regions divided by total number of data validation, multiplied by 100	Output	N/A	70	80	90	100	1. Hospital type (district, region) 2. Geographic location (district/region)	1	GHS
Percentage of scheduled Quarterly Data Quality Audits conducted at Regional/District levels	Number of Quarterly Quality Data Audits conducted at Regional/District levels divided by number of scheduled Data Audits	Output	50	75	100	100	100		2	GHS
Programme 1: General Administration and Management **Sub- Programme 1.3: Health Policy Formulation, Planning Budgeting Monitoring and Evaluation**										
Indicators	**Indicator Definition**	**Indicator Type**	**Baseline 2021**	**Targets**				**Disaggregation**	**Monitoring Frequency**	**Responsibility**
				2022	**2023**	**2024**	**2025**			

Percentage of planned interventions to address dietary deficient conditions implemented	Number of planned interventions implemented divided by number of planned interventions multiplied by 100	Process		40	60	70	80	1. Region 2. District	2	All Service Delivery Agencies
Percentage of School-based infirmaries established in all private and public basic schools	Number of Basic schools (Public and Private) with infirmaries divided by the total number of basic schools (Public and Private) multiplied by 100	Process	Not readily available	40	50	60	80	1. Region 2. District	2	All Service Delivery Agencies
Percentage of facilities with quality improvement plans developed	Number of facilities with quality improvement plans developed divided by total number of facilities	Process	Not readily available	20	40	60	80	1. Facility type 2. Geographic location (district/region)	2	MOH Relevant Agencies

Percentage of Hospitals with Functional Drug and Therapeutic Committees	Number of hospitals with Functional Drug and Therapeutic Committees established divided by total number of hospitals	Output	Not readily available	40	60	80	100	1. Hospital type (district, regional) 2. Geographic location (district/region)	1	All Service Delivery Agencies
Percentage of Facilities with Telemedicine integrated into routine service delivery	Facilities with Telemedicine integrated into routine service delivery divided by total number of health facilities, multiplied by 100	Outcome	N/A Check with GHS-PPME)					1. Hospital type (district, region) 2. Geographic location (district/region)	2	MOH All Service Delivery Agencies
Percentage of planned UHC interventions/activities implemented by the private sector	Number of planned interventions implemented divided by total number of planned interventions, multiplied by 100	Output	Not readily available	10	20	30	40	1. Types (infrastructure, logistic, training, advocacy, etc)	2	MOH Relevant Agencies

Annual Holistic Assessment of the Health Sector conducted	Availability of the report	Process	Holistic assessment conducted for 2020 and reported produced	Holistic assessment conducted, focusing on outcome and impact indictors in the HSMTDP and reported produced	Holistic assessment conducted, focusing on outcome and impact indictors in the HSMTDP and reported produced	Holistic assessment conducted, focusing on outcome and impact indictors in the HSMTDP and reported produced	Holistic assessment conducted, focusing on outcome and impact indictors in the HSMTDP and reported produced		1	MOH
Percentage of action items in the aide memoire addressed/completed by the end of the year	Number of actions implemented	Output	Not readily available	80	90	95	100		2	MOH
Common guideline to harmonize regulation of facilities, licensing, accreditation, and credentialing developed and passed	Availability of the common guideline	Output	No existing harmonized guideline for regulating healthcare facilities	Common guideline developed harmonizing all exiting tools for accreditation and credentialling					1	MOH Relevant Institutions

Percentage of current Health expenditure devoted to PHC		Outcome	83[12]	85	87	90	92	1. Facility type 2. Location (district/region)	2	MOH
Percentage of planned health policies developed	Number of policies developed divided by total number of planned polices, multiplied by 100	Process	No existing policies	40	60	80	100		2	MOH Relevant agencies
Percentage of planned health policies reviewed	Number of policies reviewed divided by total number of planned polices to be reviewed, multiplied by 100	Process	Current health policies to be reviewed	40	60	80	100		2	MOH Relevant agencies
Government health expenditure as % of total government expenditure	Ratio of government health expenditure to total government expenditure multiplied by 100	Outcome	9	10	11	13	15		1	MOH

[12] Ghana | PHCPI (improvingphc.org)

Out-of-pocket as % of current health expenditure (CHE)	Put-of-pocket payments made for health services divided by total current health expenditure, multiplied by 100	Outcome	38 (WHO NHA database, 2018)	36	34	32	30		1	MOH
Percentage of the population with active NHIS coverage	No. of active NHIS members divided by estimated population, multiplied by 100	Output	53	57	62	67	70	1. Member category 2. Sex 3. Geographic location (district/region/national)	2	NHIA
Average time of claims settlement	No. of months taken to settle healthcare provider claims upon receipt	Output	3	3	2	2	1		2	NHIA
Percentage of claims expenditure (Medical cost ratio)	Ratio of medical claims paid to total expenditure for a given fiscal year	Output	73 (comprises 61% curative and 12% preventive services payments)	74	76	78	80		2	NHIA

Proportion of scheduled stakeholder engagements organised to review essential services	Number of meetings organised to review essential services in a year within the health sector	Process	Not readily available	60	100			1. Region 2. District	2	MOH Relevant Agencies
Percentage of regions with Emergency Command and Call Centres established	Number of regions with Emergency Command and Call Centres divided by total number of regions	Output	N/A	55	70	85	100	1. Region	1	GHS
Percentage of districts with at least one operational Network of service providers established	Number of districts with at least one Operational Network of Practice established divided by the total number of districts multiplied by 100	Output	Not available	20	40	60	80	1. District	2	GHS Relevant stakeholders

Proportion of Regions with costed Epidemic Preparedness Plan	Number of regions with Epidemic Preparedness Plan divided by total number of regions multiplied by 100	Output	Not readily available	50	60	70	80	1. Region	1	NAS GHS Relevant agencies
Programme 1: Management and Administration **Sub- Programme 1.4: Finance and Audit**										
Indicators	**Indicator Definition**	**Indicator Type**	**Baseline 2021**	**Targets**				**Disaggregation**	**Monitoring Frequency**	**Responsibility**
				2022	**2023**	**2024**	**2025**			
Programme 1: Management and Administration **Sub- Programme 1.5: Procurement, Supply and Logistics**										
Indicators	**Indicator Definition**	**Indicator Type**	**Baseline 2021**	**Targets**				**Disaggregation**	**Monitoring Frequency**	**Responsibility**
				2022	**2023**	**2024**	**2025**			

Percentage of primary health care facilities re-stocked with essential tracer medicines	Number of primary health care facilities restocked with essential tracer medicines divided by number of primary health care facilities multiplied by 100	Process	Not readily available	20	40	60	100	1. Facility type 2. Geographic location (district/region)	2	MOH GHS
Percentage of CHPS zones with functional community emergencies transport system or ambulance	Number of functional CHPS zones with community emergency transport system divided by total number of demarcated CHPS zones	Output	79	80	85	90	100	1. Region 2. District	2	GHS
Percentage of hospitals with ICU facilities	Number of Hospitals with Intensive care facilities divided by the total number of hospitals multiplied by 100	Output	Not readily available	10	25	64	80	1. Region 2. District	2	All service delivery agencies

Ratio of Ambulance to population	Number of ambulances dedicated to serve the population (target is 1:50,000)	Input	1:111,331	1:95,000	1:85,000	1:75,000	1:50,000		1	NAS
Percentage of public hospitals with established functional A&E Unit		Output	42	50	55	60	65	1. Region District	2	All service delivery agencies
Percentage of facilities having GhILMIS installed and implemented	Number of facilities that have GhILMIS installed and implemented divided by the number of targeted facilities for onboarding multiplied by 100	Process	1508 facilities onboard	60	70	80	90	1. Facility types 2. Regional medical stores 2. Geographic location (district/region)	2	MOH GHS
Percentage of facilities reached by Last Mile Distribution (LMD)	Number of facilities reached by LMD divided by total number of facilities.	Output	50	60	70	80	90	1. Facility type 3. Geographic location (district/region)	2	MOH GHS

Percentage of facilities with basic medical equipment	Number of facilities with basic medical equipment divided by total number of facilities, multiplied by 100	Output	Not readily available	65	70	75	80	1. Facility type 2. Geographic location (district/region)	2	All service delivery agencies
Percentage of planned essential medical equipment procured and distributed	Number of essential medical equipment procured and distributed divided by number of essential medical equipment planned to be procured and distributed, divided by 100	Process	N/A (see procurement director)					1. Facility type 2. Geographic location (district/region)	2	MOH GHS
Programme 1: Management and Administration **Sub- Programme 1.6: Human Resources Management**										
Indicators	**Indicator Definition**	**Indicator Type**	**Baseline 2021**	**Targets**				**Disaggregation**	**Monitoring Frequency**	**Responsibility**
				2022	**2023**	**2024**	**2025**			

Number of staff per Ambulance service station		Input	10	10	12	15	25	1. Region 2. District	1	NAS
Doctor to population ratio	Number of nurses divided by total population	Output	1:6,355 2020 target 1:5,000	1:5000	1:4000	1:3000	1:2,000	1. Hospital type (district, region) 2. Geographic location (district/region)	2	MOH GHS
Nurses to population	Total number of nurses divided by total population	Outcome	1:701 2020 target 1:700	1:600	1:500	1:400	1:300	1. Hospital type (district, region) 2. Geographic location (district/region)	2	MOH GHS
Nurse to patient ratio	Total number of nurses divided by total number of OPD and IPD patients	Outcome						1. Hospital type (district, region) 1. Geographic location (district/region)		Relevant service delivery agencies

Doctor population equity index (Geographical)	Doctor population ratio for the best endowed region divided by the doctor population ration for the worst endowed region	Outcome	0.1	0.5	0.6	0.7	0.8	1. Hospital type (district, region) 2. Geographic location (district/region)	2	MOH GHS
Nurse Population equity index (Geographical)	Nurse population ratio for the best region divided by the Nurse population ratio for the worst region	Outcome	0.5	0.6	0.7	0.8	0.9	1. Hospital type (district, region) 3. Geographic location (district/region)	2	MOH GHS
Midwife to WIFA ratio	The number of pregnant women per one midwife	Outcome	1:560	545	530	515	500	1. Hospital type (district, region) 2. Geographic location (district/region)	2	MOH GHS
Ratio of midwife to deliveries	The average number of deliveries conducted by one midwife	Outcome						1. Hospital type (district, region) 3. Geographic location (district/region)	2	MOH GHS

Proportion of facilities with number of midwives as per staffing norms	Number of facilities with required numbers of midwives as per staffing norms divided by the number of facilities offering reproductive health services	Output	Not readily available					1. Hospital type (district, region) 2. Geographic location (district/region)	2	Relevant service delivery Agencies
Midwife to WIFA population equity index (Geographical)	Best performing region Midwife to WIFA ratio divided by Worse performing region Midwife to WIFA ratio	Outcome	0.6	0.7	0.8	0.9	1	1. Hospital type (district, region) 3. Geographic location (district/region)	2	MOH GHS
Percentage of Districts with Rapid Response Teams	Number of districts with RRTs divided by total number of districts multiplied by 100	Output	N/A	75	80	95	100		2	GHS
Programme 2: Health Service Delivery **Sub- Programme 2.1: Primary and secondary health services**										

Indicators	Indicator Definition	Indicator Type	Baseline 2021	Targets				Disaggregation	Monitoring Frequency	Responsibility
				2022	2023	2024	2025			
OPD per capita attendance	Number of outpatient department visits per person per year	Outcome	0.96	1.0	1.3	1.5	2	1. Region 2. Sex 3. Age	2	Relevant service delivery Agencies
Percentage of health centres offering essential basic package	Number of health facilities offering essential basic services divided by total number of operational health centres	Output	Not existing	20	40	60	80	1. Region 2. District 3. Level of health facilities (health centres/dist. hosp./reg. hosp.)	1	MOH Relevant Service Delivery Agencies
Percentage of women in WIFA covered with Cervical cancer screening	Number of WIFA screened for cervical cancer divided by total WIFA (15-49 years), multiplied by 100	Outcome	N/A	20	30	50	70	1. Region 2. District	1	Service Delivery Agencies

Percentage of facilities conducting deliveries that are equipped to provide basic EmONC services	Number of facilities conducting deliveries that are equipped with basic EmONC services divided by total number of facilities conducting deliveries, multiplied by 100	Output	Not readily	40	60	80	100	1. Region 3. District	1	Relevant Service Delivery Agencies
ANC 4+ (%)	Number of pregnant women who made at least 4 ANC visits during the pregnancy divided by the total ANC registrants multiplied by 100	Outcome	58.6	60	62	64	66	1. Region 2. District	2	Relevant Service Delivery Agencies
Institutional Neonatal Mortality Rate	Neonatal deaths per 1,000 institutional live births	Impact	7.43	7.10	6.80	6.50	6.30	1. Region 2. District	1	Relevant Service Delivery Agencies

Mother to child HIV transmission rate at 18 months	Number of children born to HIV + mothers who tested negative at 18 months divided by total number of children born to HIV + mothers who were tested multiplied by 100	Outcome	74.44	80	85	90	>95	1. Region 2. District	1	GHS/NACP
Stillbirth Rate	Number of babies born with no signs of life at or after 28 weeks of gestation per 1,000 live births	Impact	12.69	12.40	12.20	12.00	11.80	1. Region 2. District 3. Type of still birth (fresh/macerated)	2	Relevant Service Delivery Agencies
Skilled birth attendance coverage (%)	Number of births attended by skilled health professionals divided by total number expected deliveries	Outcome	58.67	60	62	64	66 (Check with SDG target)	1. Region 2. District	2	Relevant Service Delivery Agencies

No. of children fully immunized (Using Penta 3 as proxy (%)		Outcome	94.2	95	96.5	97	98	1. Region 2. District	1	Relevant Service Delivery Agencies
Percentage of Health facilities offering IMNCI services		Output	Not readily available	40	60	80	100	1. Region 2. District	1	Relevant Service Delivery Agencies
Proportion of disease outbreaks identified, and response actions started within 24-48 hours	Number of disease outbreaks for which response was within the 24-48 hours divided by total number of disease outbreaks multiplied by 100	Outcome	Not readily available	80	85	90	95	1. Region 2. District	1	Relevant Service Delivery Agencies

Percentage of endemic communities with earmarked diseases covered by community distribution of medicines	Number of endemic communities with earmarked diseases covered by community distribution of medicines divided by the total number of endemic communities with ear marked disease multiplied by 100	Output	N/A	80	85	90	95	1. Region 2. District	2	GHS-NTDCP
Percentage of facility deaths that are medically certified	Number of facility deaths certified divided by total number of facility deaths, multiplied by 100	Outcome	59.6	80	90	95	100	1. Facility type 2. Geographic region (district/region)	2	Relevant Service Delivery Agencies

Proportion of maternal deaths audited	Number of maternal deaths audited divided by total number of maternal deaths multiplied by 100.	Outcome	96.4 (DHIMS)	97	98	99	100	1. Facility type 2. Geographic location (district/region)	2	Relevant Service Delivery Agencies
Programme 2: Health Service Delivery **Sub- Programme 2.2: Tertiary Health Services**										
Indicators	**Indicator Definition**	**Indicator Type**	**Baseline 2021**	**Targets**				**Disaggregation**	**Monitoring Frequency**	**Responsibility**
				2022	**2023**	**2024**	**2025**			
Proportion of deaths attributed to Non-Communicable Diseases	Number of deaths due to non-communicable disease in a 100,000 population	Impact	43.5	40	38	35	30	1. Region 2. Sex 3. Age	2	Relevant Service Delivery Agencies

Mortality rates for (adult, elderly) 60+ years	Number of deaths among adults and elderly per 1,000 population	Impact	Not readily available	25	20	15	10	1. Region 2. Age 4. Sex	2	Relevant Service Delivery Agencies
Percentage of voluntary blood donations	Number of blood donations collected from voluntary unpaid blood donors divided by total number of blood donations collected,, multiplied by 100	Output	26	33	39	45	51	1. National 2. Regional 3. Zonal blood centres	2	National Blood Service
Blood collection index (BCI) per 1000 population	Total number of blood donations divided by the population, multiplied by 1000	Output	5.7	6.2	6.8	7.3	7.8	1. National 2, Regional	2	National Blood Service

Percentage of whole blood donations separated into components	Number of whole blood donations used to prepare blood components divided by all whole blood donations, multiplied by 100	Output	18	24	26	28	30	1. National 2. Regional 3. Zonal blood centres	2	National Blood Service
Programme 2: Health Service Delivery **Sub- Programme 2.3: Research**										
Indicators	**Indicator Definition**	**Indicator Type**	**Baseline 2021**	**Targets**				**Disaggregation**	**Monitoring Frequency**	**Responsibility**
				2022	**2023**	**2024**	**2025**			

Malaria Incidence per 1000 population	The number of confirmed cases of malaria in a year per 1,000 population at risk	Impact	192	219	228	219	210	1. Region 2. District 3. Sex 1. Age	1	GHS/NMCP
HIV Prevalence (15-49 years)	Percentage of people tested in the age group who were found to be infected with HIV	Impact	1.69	1.62	1.60	1.58	1.55	1. Region 2. District 3. Sex 2. Age	1	GHS/NACP

TB Incidence per 100,000 Population	Number of new TB cases that occur during a specified time period x 100,000 population at risk	Impact	143	126	119	112	110	1. Region 3. District	1	GHS/NTP
TB treatment success rate (%)	Number of new, registered TB cases that were cured or completed a full course of treatment divided by total number of new registered cases, multiplied by 100	Outcome	84	89	90	90	90	1. Region 2. District 3. Sex 2. Age	1	GHS/NTP

TB case detection rate	Number of all forms of TB cases (i.e., bacteriologically confirmed plus clinically diagnosed) new and relapse, reported in the past year divided by total population, multiplied by 100,000	Outcome	47.3	73.5	74.5	76	85.5	1. Region 2. District 3. Sex 3. Age	1	GHS/NTP
Prevalence of mental health disorders among women and young adults		Outcome	15.2 (GSS)	14.70	14.20	13	12.20	1. Region 2. District 3. Sex 4. Age	2	MHA/Psychiatric Hospitals
Prevalence of wasting among children under five (%)	Number of children with weight for height < –2 SD of the WHO Child Growth Standards median divided by the total number of children assessed multiplied 100	Outcome	7 (MICS 2011)	6.8	6.5	6.2	6	1. Degree (moderate/severe) 2. Region 5. District	1	Relevant Service Delivery Agencies

Prevalence of stunting among children under five years.	Number of children under one year who were given Penta 3 vaccine divided by the estimated target number of children in the cohort multiplied by 100	Outcome	18 (MICS 2011)	16	14	12	10	1. Degree (moderate/severe) 2. Region 3. District	1	Relevant Service Delivery Agencies
Total fertility Rate	Average number of children that would be born to a woman over her lifetime if: She was to live from birth until the end of her reproductive life	Impact	4 (GMHS 2017)	4	4	3	3	1. Region 2. District 3. Age	Survey years	GSS
Under-five mortality rate (per 1000lb)	Deaths occurring among children under 5 years per 1,000 live births	Impact	60 (GDHS)	55	50	45	40	1. Region 4. District	2	Relevant Service Delivery Agencies

Infant Mortality Rate (per 1000lb)	Deaths among children under 1 per 1,000 live births	Impact	41(GDHS)	38	35	32	28	1. Region 2. District	2	Relevant Service Delivery Agencies
Prevalence of diabetes	Total number of people screened who had the selected diabetes divided by the total number of people screened multiplied by 100	Outcome	Not readily available					1. Region 2. District 3. Diabetes type 4. Sex 5. Age	1	Relevant Service Delivery Agencies
Teenage pregnancy rate	Number of conceptions per hundred young women under 18 years of age, which may lead to a live birth or termination of pregnancy	Outcome	14 (2017 GMHS)	12	10	8	6	6. Geographic location (Region/District)	Survey Year	Relevant Service Delivery Agencies

Prevalence of anaemia among children of school going age (%)	Number of children of school going age with Heamoglobin concentration below the standard defined divided by the total number of children of school going aged sampled and tested	Outcome	66 (DHS)	60	55	50	45	1. Region 2. District 7. Sex	1	Relevant Service Delivery Agencies
Obesity in adult population ages 24-60years. (%)	Percentage of adults (24-60 years) who are obese (defined as having BMI >30kg/m²)	Outcome	16 (DHS)	15	13	11	9	1. Region 2. District 3. Sex	1	Relevant Service delivery agencies

Prevalence of hypertension	Number of persons less than 60 years diagnosed with high blood pressure (recording at least 140mmHg systolic pressure and 90mmHg diastolic pressure) divided by total number of persons less than 60yrs	Impact	13 (DHS)	12	12	11	10	1. Region 2. District 4. Sex 5. Age	1	Relevant Service Delivery Agencies
Prevalence of high blood glucose in the population	Proportion of population diagnosed with high blood sugar levels	Impact	N/A					1. Region 2. District 6. Sex	1	Relevant Service Delivery Agencies
Ratio of injuries and deaths from road traffic accidents		Impact	N/A	500:1	400:1	350:1	200:1	1. Region 7. District	1	Service delivery agencies and relevant stakeholders

Institutional Under 5 Malaria Case Fatality Rate	Number of deaths due to malaria among children under 5 divided by total number of under 5 malaria cases multiplied by 100	Impact	0.12	0.06	0.04	0.02	0.01	1. Region 2. District	1	Relevant Service Delivery Agencies
Prevalence of Yaws	Confirmed and suspected cases of yaws per 100,000 population	Impact	25	50	75	100	125	1. Region 2. District	1	GHS-NTDCP
Percentage of facilities with quality assessment of services conducted	Number of facilities with quality assessment of services conducted divided by total number of targeted facilities	Output	N/A	60	80	90	100	1. Facility type 3. Geographic region (district/region)	2	MOH Relevant Service Delivery Agencies
Prevalence of Anaemia among pregnant women	Percentage of pregnant women with a Haemoglobin less than 110 g/L adjusted for altitude and smoking.	Outcome	Baseline (50.8% DHS 2014) WHO target 5% or lower (align with GIFT target)				5%	1. Facility type 2. Geographic location (district/region)	2	Relevant Service Delivery Agencies

IPT3 coverage	Number of pregnant women receiving IPT3 divided by total number of pregnant women attending the facility multiplied by 100	Outcome	44.4	64.1	69.4	74.7	80	1. Facility type 2. Geographic location (district/region)	2	GHS, NMCP
Percentage of planned Operational Surveys *(Outpatient & Inpatient Satisfaction Surveys)* conducted	Number of planned operational surveys conducted divided by total number of planned operational surveys multiplied by 100	Output	Not readily available	50	60	70	80	1. Facility type 2. Geographic location (district/region)	1	Relevant Service Delivery Agency

Percentage of Hospitals conducting at least three rational use of medicines survey in a year	Number of hospitals conducting at least three rational use of medicines survey in a year divided by total number of hospitals, multiplied by 100	Output	Not readily available	50	60	70	80	1. Hospital type (district, region) 3. Geographic location (district/region)	1	Relevant Service Delivery Agency
Average percentage of clients satisfied with OPD/IPD services	Number of clients satisfied with OPD/IPD services divided by number of sampled clients attending OPD/IPD, multiplied by 100	Outcome	85	90	95	97	100	1. Hospital type (district, region) 4. Geographic location (district/region)	2	Relevant Service Delivery Agency

Modern contraceptive prevalence rate	Proportion of women of reproductive age (15-49 years) who are using modern contraceptive methods (or whose partner is using) a contraceptive method at a given point in time	Outcome	20 (MHS 2017)	25	30	35	40	1. Region 2. District 1. Age	2	Relevant Service Delivery Agency
Total estimated protection by contraceptive methods supplied (Couple Year Protection (CYP)		Outcome	1,479,064					2. Sex 5. Geographic location (district/region)	2	Relevant Service Delivery Agency
Overall life expectancy at birth		Impact	63(2017/2018)	64.5	65	65.5	66	1. Sex 3.	1	GSS
Programme 2: Health Service Delivery **Sub- Programme 2.4: Pre-hospital services**										
Indicators	**Indicator Definition**	**Indicator Type**	**Baseline 2021**	**Targets**				**Disaggregation**	**Monitoring Frequency**	**Responsibility**
				2022	**2023**	**2024**	**2025**			

Average ambulance engaged time	Number of hours ambulance is engaged	Outcome	4hours 34minutes	4hours	3hours 30minutes	3hours	2hours 30minutes	1. Region 1. District	1	NAS
Average response time to emergencies (target is 15 minutes)	Amount to time taken to receive, activate and respond to emergency medical services request	Output	22.43	19:43	16:43	13:43	10:43	1. Region 2. District	2	NAS
Average case handling time (hrs)	Amount of time taken to hold or handle the patient for transportation to the receiving healthcare facility	Outcome	2:18:17	2:08:17	1:58:17	1:48:17	1:38:17	2. Region	2	NAS
Average vehicle engaged time (hrs)	Amount of time taken for the ambulance to leave the station to offer emergency medical services and return	Outcome	5:37:24	5:22:24	5:07:24	4:52:24	4:37:24	3. Region	2	NAS
Programme 3: Human Resource Development **Sub- Programme 3.1: Pre-service training**										

Indicators	Indicator Definition	Indicator Type	Baseline 2021	Targets				Disaggregation	Monitoring Frequency	Responsibility
				2022	2023	2024	2025			
Average pass rate of Midwifery schools	Number of midwives passing the licensure examination divided by the total number of midwives who took the examination multiplied by 100	Outcome	Data not readily available					1. Hospital type (district, region) 2. Geographic location (district/region)	2	MOH-HR N&MC
Programme 3: Human Resource Development **Sub- Programme 3.2: Post- Basic training**										
Indicators	**Indicator Definition**	**Indicator Type**	**Baseline 2021**	**Targets**				**Disaggregation**	**Monitoring Frequency**	**Responsibility**
				2022	**2023**	**2024**	**2025**			

Percentage of regions with trained PHEMCs/RRTs	Number of regions with trained PHEMCs/RRTs divided by total number of regions divided by 100	Process	not readily available	40	60	80	100	1. Region	2	GHS
Percentage of scheduled BLS and ALS organised in all the regions	Number of trainings on BLS and ALS organised in all the regions divided by number of scheduled trainings on BLS and ALS	Process	Not readily available	1	2	3	4	1. Region 2. District	2	Relevant Service Delivery Agency
Percentage of public hospitals with staff trained in providing Basic Life Support (BLS) & ALS	Number of hospitals with staff trained in providing BLS and ALS divided by the numbers of target hospitals divided by 100	Output	Not readily available	50	60	70	80	1. Region 2. District	2	Relevant Service Delivery Agency

Percentage of Persons trained in BLS that are Non-Health Professionals	Number of non-health professionals trained divided by the total number of staff multiplied by 100	Outcome	N/A	50	65	70	75	1. Region 2. District	2	Relevant Service Delivery Agency
Percentage of scheduled trainings organised for all Hospital emergency teams	Number of public hospitals where emergency teams have been trained divided by total number of hospitals multiplied by 100	Input	N/A	60	70	80	100	1. Region 1. District	2	Relevant Service Delivery Agency
Percentage of hospitals with trained Emergency Management Teams (EMT)	Number of Public Hospitals with trained EMT divided by the total number of public hospitals	Output	N/A	50	75	85	100	1. Region 2. District	2	Relevant Service Delivery Agency

Percentage of Hospitals with trained Quality Management Teams (including at least 1 Community Member) that meet quarterly	Number of Hospitals with trained Quality Management Teams (including at least 1 Community Member) that meet quarterly divided by total number of hospitals, multiplied by 100	Output	N/A	60	70	80	90	1. Hospital type (district, region) 2. Geographic location (district/region)	2	Relevant Service Delivery Agency
Programme 3: Human Resource Development **Sub- Programme 3.3: Specialized Training**										
Indicators	**Indicator Definition**	**Indicator Type**	**Baseline 2021**	**Targets**				**Disaggregation**	**Monitoring Frequency**	**Responsibility**
				2022	**2023**	**2024**	**2025**			

Percentage of specialist nurses, midwives, doctors trained annually	Number of associate or membership who graduated and inducted divided by the number who enrolled annually multiplied by 100	Output		**75**	**80**	**85**	**90**	1. Specialist 2. Gender	**2**	Specialised Training Agencies
Proportion of members and fellows in good standing	Number of fellows/members in good standing divided by total number of fellows and members	Output	13	50	70	80	90	1. Specialist 2. Gender	**2**	Specialised Training Agencies
Proportion of nurses/midwives/doctors trained in CPDs	Number of nurses, midwives, doctors trained divided by total number of nurses/midwives, doctors	Output	81	85	90	95	97	1. Specialist 2. Gender	**2**	Specialised Training Agencies

Proportion of accredited clinical training centres	Number of accredited training centres divided by total number of facilities	Output	54	60	65	70	80	1. Region 2. Training sites	**2**	Specialised Training Agencies
Practical exams pass rate	Number of residents who passed the exams divided by total number of residents who sat for the exams, multiply by 100%	Outcome	83	85	87	90	95	1. Specialist 2. Gender	**2**	Specialised Training Agencies
Programme 4: Human Sector Regulation **Sub- Programme 4.1: Regulation of Health Facilities**										
Indicators	**Indicator Definition**	**Indicator Type**	**Baseline 2021**	**Targets**				**Disaggregation**	**Monitoring Frequency**	**Responsibility**
				2022	**2023**	**2024**	**2025**			
Percentage of facilities requesting accreditation that are inspected by HeFRA		Output	Not readily available	50	60	80	95	1. Facility type 2. Geographic location (district/region)	2	MoH HEFRA

Percentage of facilities with entry point licenses	Number of facilities with entry point licenses divided by total number of facilities inspected, multiplied by 100	Outcome	Not readily available	50	60	70	80	3. Facility type 4. Geographic location (district/region)	2	HeFRA NHIA Pharmacy Council
Programme 4: Health Sector Regulation **Sub- Programme 4.2: Regulation of Health Professionals**										
Indicators	**Indicator Definition**	**Indicator Type**	**Baseline 2021**	**Targets**				**Disaggregation**	**Monitoring Frequency**	**Responsibility**
				2022	**2023**	**2024**	**2025**			
Average licensure pass rate for health professionals (Human Resource capacity development)	Number of students trainees passed professional exams divided by the total number of students that sat for licensure exams, multiplied by 100	Outcome	82.9	85	87	90	95	1. Schools 2. Training type (pre-service, post-basic, specialized training) 3. Professionals 4. Geographic location (district/region)	2	MoH Relevant Agencies

Programme 4: Human Sector Regulation **Sub- Programme 4.3: Regulation of Pharmaceuticals and Medical Health Products**										
Indicators	**Indicator Definition**	**Indicator Type**	**Baseline 2021**	**Targets**				**Disaggregation**	**Monitoring Frequency**	**Responsibility**
				2022	**2023**	**2024**	**2025**			
Proportion of encounters with antibiotics prescribed	Number of patient encounters with antibiotics divided by total number of sampled prescriptions, multiplied by 100	Outcome	21	18	15	13	10	1. Hospital type (district, region) 2. Geographic location (district/region)	2	MoH Relevant service delivery agencies
Average number of medicines per prescription	Average number of medicines prescribed divided by total patient encounters, multiplied by 100	Outcome	3	3	3	3	3	1. Hospital type (district, region) 2. Geographic location (district/region)	2	MoH Relevant service delivery agencies

CHAPTER SEVEN: COMMUNICATION STRATEGY

7.1 COMMUNICATION STRATEGY

The Ministry recognizes that communication is an integral component of the dissemination of policies and strategies. This section of the HSMTDP is therefore designed to create the awareness, buy-in, commitment, roles and responsibilities of stakeholders towards successful implementation of the strategic plan.

7.2 AUDIENCE

- Ministry of Health and its Agencies
- Other key Ministries, Departments and Agencies
- Civil Society and Non-State Actors
- Development Partners
- Parliamentary Select Committees on Finance and Health
- The Coalition of NGOs/CSOs in Health
- The Media

7.3 OBJECTIVE

The objectives of the communication strategy are to:

- seek ownership and buy-in from all stakeholders for smooth implementation of the plan
- inform and assure the public of the government's commitment to achieving Universal Health Coverage (UHC).
- share the roles and responsibilities of the plan
- sensitize stakeholders on the institutional and implementation arrangement of the plan

7.4 INSTITUTIONS/STRUCTURES OF COMMUNICATION

- Parliamentary Select Committees on Health and Finance
- Health Sector Working Group
- Inter-Agency Leadership Committee (IALC)
- Budget Hearing Committee Meetings
- Ministry of Health Directors Meeting
- Ministry of Health Unit Heads Meeting

7.5 OVERVIEW OF PLANNED COMMUNICATION ACTIVITIES

Table 8 summarizes the planned communication activities that would be undertaken to disseminate the HSMTDP to the internal and external stakeholders of the Ministry. The medium through which the dissemination will be done, the content and lead agency and persons are identified and captured in the table. The timelines for each active have also be indicated.

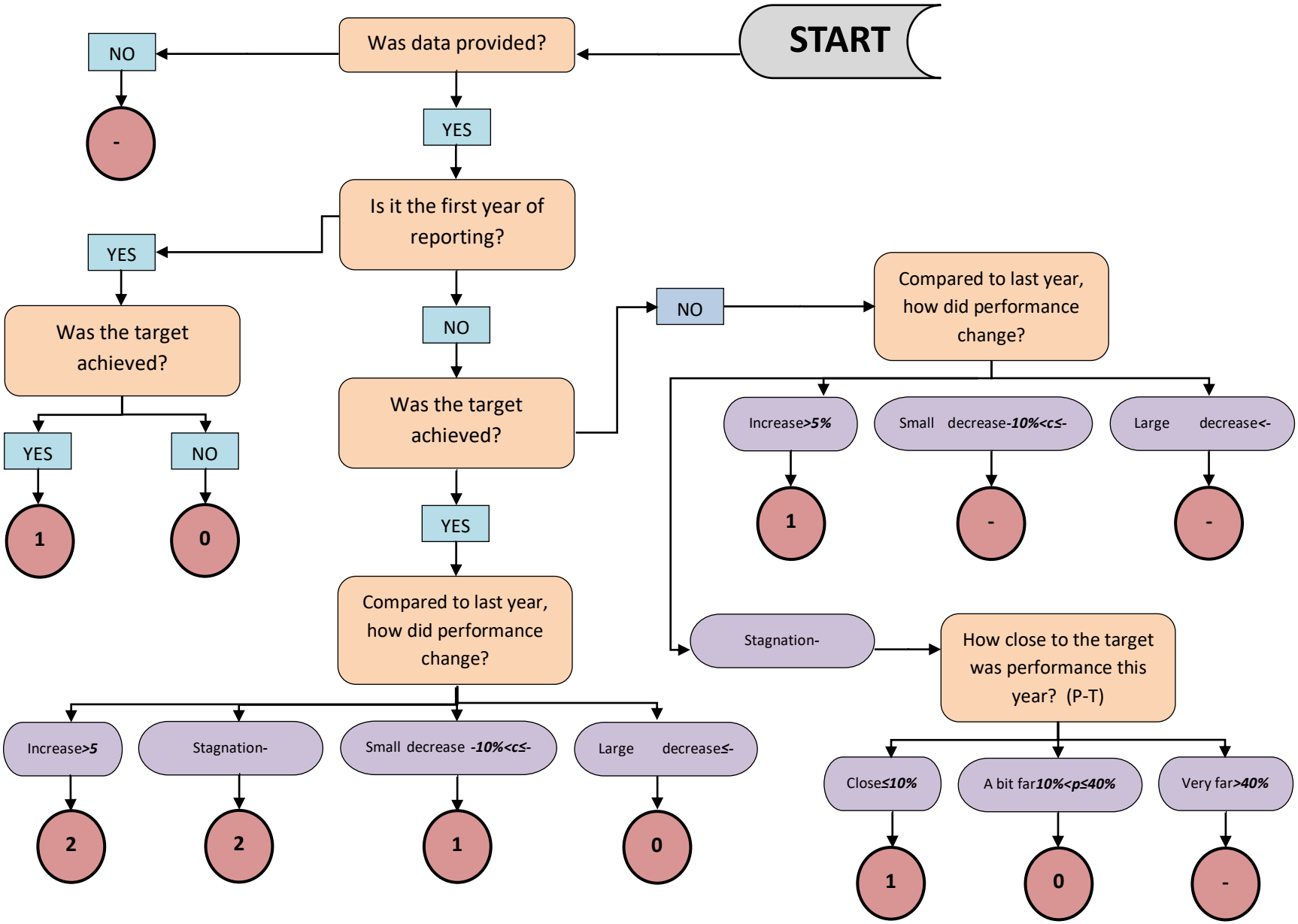
Table 8: Planned communication matrix

Stakeholder	Communication activity	Content	2021	2022	2023	2024	Lead Agency/ Person
Health sector senior management at all levels	Seminars/ workshops at the national, regional and district level	Goals, objectives, targets and progress in implementation and their responsibilities for achieving them		July			Chief Director, MoH
Community	- Opinion Leaders - Durbars - Festivals	Health sector activities and their impact, and the community's role in achieving health sector goals, objectives, and targets		Oct-Nov			District Directors, Community health workers and volunteers
Media	- Press conference - Press release - Feature articles - Pull-out centre spread - Website of MoH and its agencies	Key priorities and the expected output of the health sector as well as achievements obtained		Jan		Jan	Public Relations Unit of the MoH
Health Partners	- Partner's meeting	Goals, objectives, targets and progress in implementation and their responsibilities for achieving them	Jan, April, Nov	April, Nov		April, Nov	PPME Directorate, MoH

Stakeholder	Communication activity	Content	2021	2022	2023	2024	Lead Agency/ Person
NGOs and private sector, including service providers, pharmaceutical and chemical product sellers, spa, health, and wellness shops	- Seminars at the national, regional and district levels - Brochures	Goals, objectives, targets and progress in implementation and their responsibilities for achieving them	Jan, April, Nov	Jan, April, Nov		Jan, April, Nov	PPME Directorate and PR Unit MoH with support agencies
MDAs (Women and children affairs; finance; information; education; local government; NADMO; food and agriculture; department of social welfare; works, water and housing; EPA)	- Seminars - Brochures - Policy brief	Goals, objectives, targets and progress in implementation and their responsibilities for achieving them	May	May		May	PPME Directorate and PR unit MoH with support agencies

APPENDIX

APPENDIX 1: PERFORMANCE ASSESSMENT ALGORITHM



APPENDIX 2: DESCRIPTION OF THE INTERVENTION COSTING

The Health Sector Medium-Term Development Plan (HSMTDP 2022-20225) cost estimates and resources available for its implementation are essential to ensuring realistic levels of ambition and ascertaining the level of effort required to achieve the set objectives and targets. Impact and cost estimates for the HSMTDP were modelled for the period 2022-2025 in line with the Ghana's commitment towards the attainment of global mortality targets for maternal, new-born, and under-fives by 2030[13]. The costing exercise was done through a consultative and iterative process of data collection, target setting and quality assurance to ensure accuracy of estimates. This section outlines the cost estimates for NSPAN II (2021-2025), and the methodology used.

Costing Methodology

The cost for delivering services and the requisite health system cost to achieve the planned coverages and impact targets were estimated using OneHealth Tool (OHT) version 6.1. OHT is a strategic planning and costing tool supported by the UN Interagency Group on Costing. It links health interventions with holistic planning for health systems (e.g., human resources, infrastructure, logistics). The HSMTDP costing adopted 2021 as the base year and set the duration of the strategic plan as 2022-2025.

Overview of Costing Assumptions and Data sources

The following are the assumptions, data inputs and sources used.

- Aggregate population estimate was sourced from the Ghana 2021 Population and Housing Census.
- Intervention baseline coverages were mainly sourced from Ghana Maternal Health Survey 2017, DHIMS2, UNAIDS 2020, WHO GTB 2019.
- The currency exchange rate was set at GH₵ 6.06 to 1 US$.
- Administrative cost of 4% was applied on the cost as a mark-up.
- Two (2) scenarios were modelled.

Medium – Coverages for most interventions were scaled up slightly higher than 50% of the gap between baseline and UHC Scenario and scale up of percentage of services delivered at the PHC in line with the Ghana UHC agenda.
High – Selected interventions identified as Essential Universal Health Coverage (EUHC)[14] were scaled up to significant levels for programme priorities mapped against the Sustainable Development Goals health outcome targets[15].

[13] *Ghana's Roadmap for Attaining Universal Health Coverage 2020-2030*

[14] *EUHC - Watkins, DA, DT Jamison, A Mills, R Atun, K Danforth, and others. 2018. "Universal Health Coverage and Essential Packages of Care." In Disease Control Priorities: Improving Health and Reducing Poverty edited by DT Jamison, H Gelband, S Horton, P Jha, R Laxminarayan, CN Mock, and R Nugent. Volume 9 of Disease Control Priorities, third edition. Washington, DC: World Bank.*

[15] *WHO Repository of interventions for Universal Health Coverage (https://www.who.int/universal-health-coverage/compendium/interventions-by-programme-area)*

- There was general paucity of data for estimating costs for medicines and supply management at all levels. While the unit costs of each medicine and supply was obtained from global price lists, in-country investments required for warehousing, handling, and last mile distribution to the points of care, were determined through historical estimates and expert opinion. Consequently, 30% of the total amount allocated to Procurement and Supply Management was allocated to warehousing, handling, and distribution. Unit costs of each commodity was obtained from global price lists.
- Human resource in-service data were obtained from staff pay roll and human resource production data were obtained from the health training institutions.
- The costing of the Plan of Action, being the programme management cost (non-service delivery) was done outside the model using the traditional estimation process of the MoH.

Cost estimates (Millions)

Scenarios		2022	2023	2024	2025	Total
High	GH₵	13,825	16,240	19,742	22,205	72,011
	USD	2,285	2,684	3,263	3,670	11,903
	Cost per capita (GH₵)	438	503	598	658	
	Cost per capita (USD)	72	83	99	109	
Medium	GH₵	12,252	13,188	14,513	15,858	55,812
	USD	2,025	2,179	2,398	2,621	9,225
	Cost per capita (GH₵)	388	408	439	468	
	Cost per capita (USD)	64	67	73	77	
Base	GH₵	12,252	12,128	12,951	13,512	50,843
	USD	2,025	2,004	2,104	2,233	8,403
	Cost per capita (GH₵)	388	384	410	428	
	Cost per capita (USD)	64	64	68	71	

Summary costs by Programme Areas (Millions GH₵) – High Scenario

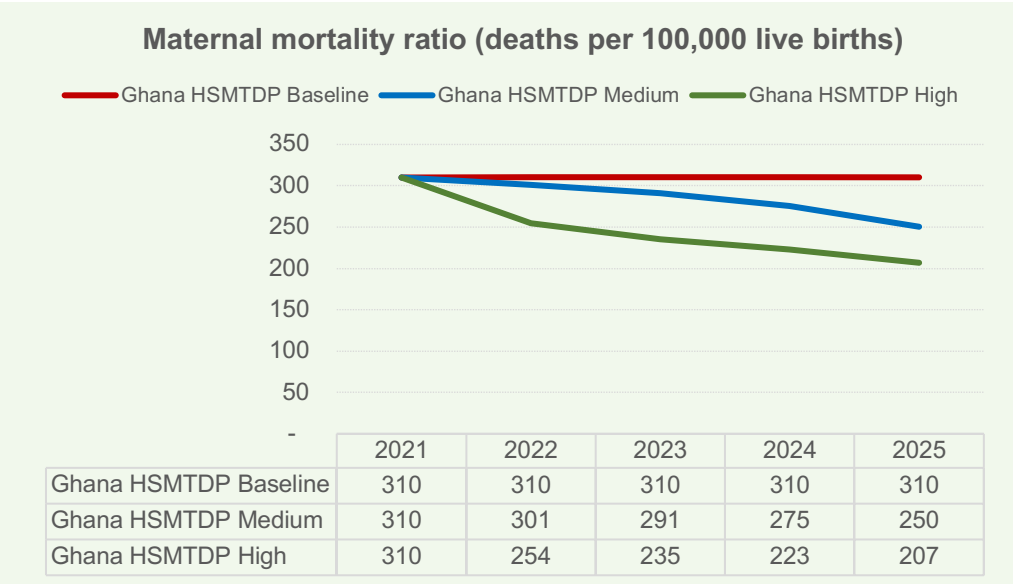
Programme Areas	2022	2023	2024	2025	Total	Share (%)
Maternal/newborn and reproductive health	3,897	4,222	4,676	5,515	18,309	**25.4**
Child health	1,645	1,691	1,836	1,859	7,030	**9.8**
Immunization	588	606	642	664	2,500	**3.5**
Malaria	1,358	1,652	2,542	2,203	7,755	**10.8**
TB	127	155	178	185	644	**0.9**
HIV/AIDS	606	713	844	952	3,115	**4.3**
Nutrition	2,041	2,439	2,809	2,954	10,243	**14.2**
WASH	564	594	664	689	2,511	**3.5**
Non-communicable diseases	927	1,405	2,231	3,589	8,153	**11.3**
Mental, neurological, and substance use disorders	1,664	2,222	2,674	2,879	9,440	**13.1**

Adolescent health	399	529	632	702	2,263	**3.1**
Neglected tropical diseases	9	12	14	15	50	**0.1**
Total	**13,825**	**16,240**	**19,742**	**22,205**	**72,011**	**100.0**

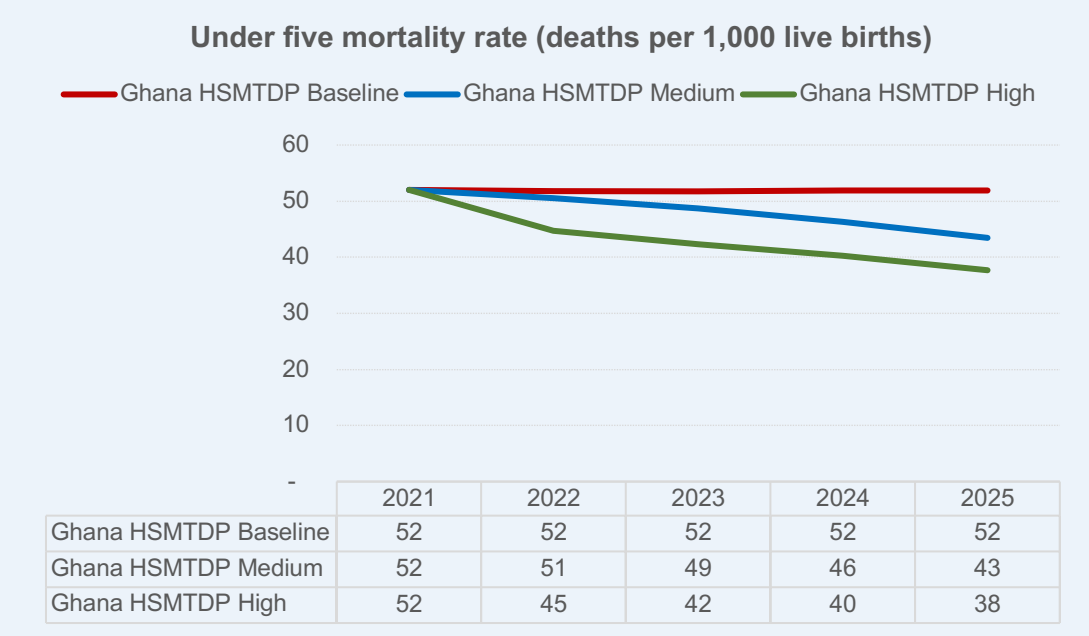
Summary costs by Programme Areas (Millions GH₵) – Medium Scenario

Programme Areas	**2022**	**2023**	**2024**	**2025**	**Total**	**Share (%)**
Maternal/newborn and reproductive health	2,966	2,812	2,716	2,943	11,436	**20.5**
Child health	1,959	1,751	1,520	1,374	6,603	**11.8**
Immunization	697	649	596	557	2,499	**4.5**
Malaria	1,406	1,436	1,986	1,454	6,281	**11.3**
TB	31	48	78	143	300	**0.5**
HIV/AIDS	727	735	744	795	3,001	**5.4**
Nutrition	1,273	1,476	1,822	2,683	7,254	**13.0**
WASH	826	777	702	646	2,952	**5.3**
Non-communicable diseases	1,316	1,864	2,285	2,724	8,189	**14.7**
Mental, neurological, and substance use disorders	996	1,524	1,812	1,982	6,315	**11.3**
Adolescent health	54	114	245	543	957	**1.7**
Neglected tropical diseases	2	3	7	14	25	**0.0**
Total	**12,252**	**13,188**	**14,514**	**15,859**	**55,812**	**100.0**

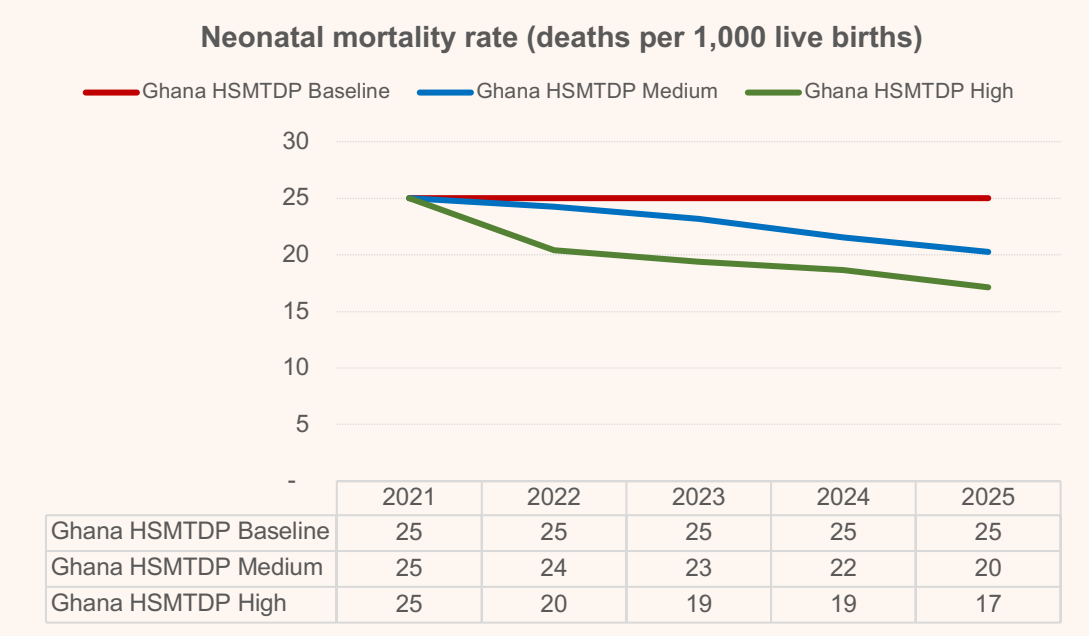
Expected impact of the scale up scenarios



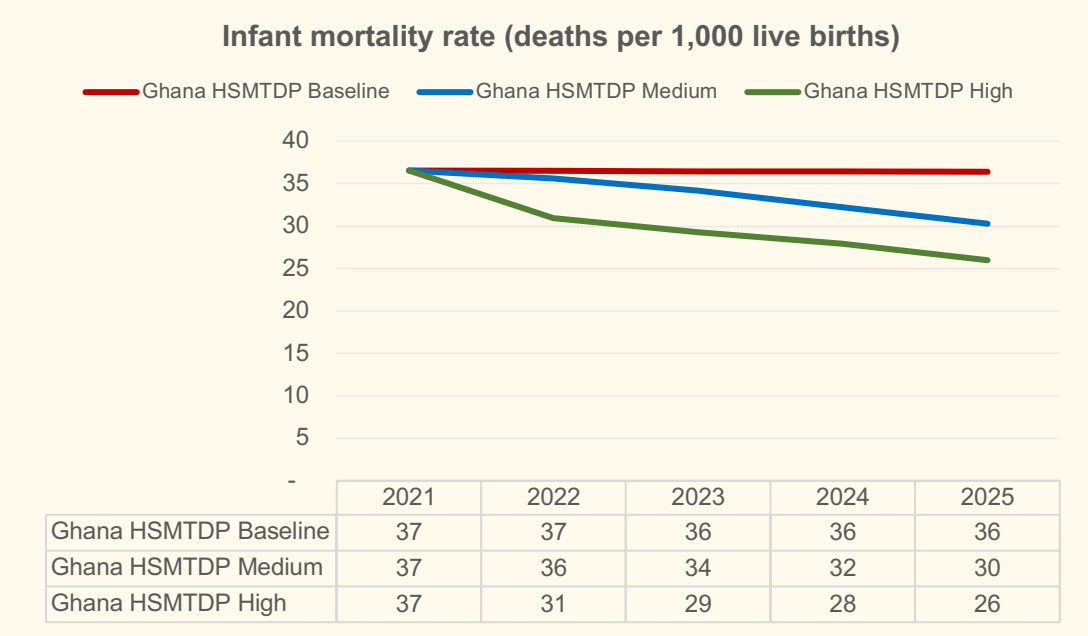
	2021	2022	2023	2024	2025
Ghana HSMTDP Baseline	310	310	310	310	310
Ghana HSMTDP Medium	310	301	291	275	250
Ghana HSMTDP High	310	254	235	223	207



	2021	2022	2023	2024	2025
Ghana HSMTDP Baseline	52	52	52	52	52
Ghana HSMTDP Medium	52	51	49	46	43
Ghana HSMTDP High	52	45	42	40	38



	2021	2022	2023	2024	2025
Ghana HSMTDP Baseline	25	25	25	25	25
Ghana HSMTDP Medium	25	24	23	22	20
Ghana HSMTDP High	25	20	19	19	17



	2021	2022	2023	2024	2025
Ghana HSMTDP Baseline	37	37	36	36	36
Ghana HSMTDP Medium	37	36	34	32	30
Ghana HSMTDP High	37	31	29	28	26

Stillbirths prevented	**2022**	**2023**	**2024**	**2025**	**Total**
Medium Scenario	293	686	1,267	2,221	4,467
High Scenario	1,676	2,318	2,796	4,984	11,774

Additional neonatal lives saved	**2022**	**2023**	**2024**	**2025**	**Total**
Medium Scenario	797	1,911	3,640	5,080	11,428
High Scenario	4,598	5,675	6,453	8,031	24,757

Additional child lives saved	**2022**	**2023**	**2024**	**2025**	**Total**
Medium Scenario					
Total (0-59 months)	1,077	2,841	5,580	8,758	**18,256**
<1 month	797	1,911	3,640	5,080	**11,428**
1-59 months	280	930	1,940	3,678	**6,828**
	2,154	**5,682**	**11,160**	**17,516**	**36,512**
High Scenario					
Total (0-59 months)	6,665	9,159	11,427	14,345	**41,596**
<1 month	4,598	5,675	6,453	8,031	**24,757**
1-59 months	2,066	3,484	4,974	6,314	**16,838**
	13,329	**18,318**	**22,854**	**28,690**	**83,191**

Number of anaemia cases prevented	2022	2023	2024	2025	Total
Medium Scenario					
Pregnant women with anaemia	4,192	6,149	8,210	7,884	**26,435**
Pregnant women with iron-deficiency anaemia	3,090	3,878	4,706	3,082	**14,756**
Women of reproductive age with anaemia	18,273	35,275	53,366	70,109	**177,023**
Women of reproductive age with iron-deficiency anaemia	8,254	14,560	21,267	25,903	**69,984**
Ghana HSMTDP Aggressive					
Pregnant women with anaemia	1,903	3,793	5,663	7,510	**18,869**
Pregnant women with iron-deficiency anaemia	744	1,483	2,214	2,936	**7,377**
Women of reproductive age with anaemia	17,169	34,591	52,243	70,139	**174,142**
Women of reproductive age with iron-deficiency anaemia	6,343	12,778	19,297	25,905	**64,323**