



GOVERNMENT OF GHANA
RIGHT TO INFORMATION MANUAL
MINISTRY OF HEALTH

Contents

Overview	5
PURPOSE OF MANUAL	5
RESPONSIBILITY OF PUBLIC INSTITUTIONS IN RESPECT OF ACCESS	5
AGENCIES AND DEPARTMENTS UNDER MOH.....	7
About Ministry of Health	7
DESCRIPTION OF ACTIVITIES OF AGENCIES.....	9
Ghana Health Service.....	9
GHS Mandate and Objectivity.....	10
GHS Functions	10
Tamale Teaching Hospital.....	11
Korle-Bu Teaching Hospital.....	12
Cape Coast Teaching Hospital.....	14
Ho Teaching Hospital	14
Komfo Anokye Teaching Hospital	15
Centre for Plant Medicine Research.....	17
Foods and Drug Authority	18
Pharmacy Council Ghana	19
Vision & Mission	19
The Governing Body.....	20
The Committees.....	20
Ghana Medical and Dental Council	22
FUNCTIONS.....	23
MISSION.....	23
VISION.....	23
Health Facilities Regulatory Agency	23
National Health Insurance Authority	24
National Ambulance Service	26
Traditional Medicine Practice Council.....	27
Ghana College of Surgeons and Physicians	27

National Blood Service	28
Allied Health Professions Council	29
Objective of the council:.....	29
Functions of the council:.....	29
Ghana College of Pharmacists.....	30
Mental Health Authority	31
Ghana College of Nurses & Midwives Other affiliate organizations.....	32
Christian Health Association of Ghana	32
Ahmadiya Muslim Mission	33
DESCRIPTION OF ACTIVITIES OF EACH DIRECTORATE AND DEPARTMENT	33
RESPONSIBILITIES.....	33
Policy, Planning, Monitoring & Evaluation	34
Human Resource Management and Development Directorate	36
Research, Statistics, Information Management Directorate	37
Traditional & Alternative Medicine Directorate	39
Traditional and Alternative Medicine Directorate (TAMD)	39
Procurement & Supply	40
Procurement and Supply Chain Directorate (PSCD)	40
General Administration Directorate (GAD)	41
Finance Directorate	42
Internal Audit Unit	44
Infrastructure Directorate	46
Technical Coordination Directorate (TCD)	47
MOH ORGANOGRAM.....	49
CLASSES AND TYPES OF INFORMATION	50
PROCESSING AND DECISION ON RTI APPLICATION-S.23(RTI ACT)	50
AMENDMENT OF PERSONAL RECORD	51
HOW TO APPLY FOR AN AMENDMENT.....	51
FEEES AND CHARGES FOR ACCESS TO INFORMATION	51
Appendix A: Standard RTI Request Form	53

APPENDIX B: CONTACT DETAILS OF MOH RTI UNIT..... 56

APPENDIX C: ACRONYMS 56

Appendix D: Glossary 56

Overview

The Right to Information (RTI) Manual is under the provisions of the RTI Act, 2019 by Parliament and assented to by the President, Nana Addo Dankwa Akuffo-Addo.

The Act gives substance to the constitutional right to information provided under Article 21 (1) (f) of the Constitution, enabling citizens access to official information held by government institutions, and the qualifications and conditions under which the access may be obtained.

Per Section 80, the Act applies to information that came into existence before, or which will come into existence after the commencement of the Act.

PURPOSE OF MANUAL

To inform/assist the public on the organizational structure, responsibilities, and activities of the Public Institutions, and provide the types of information and classes of information available with the public institutions.

RESPONSIBILITY OF PUBLIC INSTITUTIONS IN RESPECT OF ACCESS

SECTION 3(1), (2), AND 4 OF RTI ACT, 2019

(1) A public institution shall, within twelve months from the date of the coming into force of this Act, and every twelve months after that date, compile and publish up-to-date information in the form of a manual.

(2) The manual shall contain

(a) list of departments or agencies under that public institution and a description of the organisational structure and responsibilities of each public institution including details of the activities of each division or branch of the public institution;

(b) a list of the various classes of information that are prepared by or are in the custody or under the control of each public institution;

- (c) a list of the types of information that may be accessed or inspected free of charge or subject to a fee payable in respect of access to information as specified under section 75;
 - (d) the name, address, and any other contact details of the information officer or a designated officer of the public institution where a request to access information may be made;
 - (e) the telephone number, fax, e-mail, postal address, and any other contact detail of the information unit in the public institution where information which is accessible under this Act or any other enactment, can be accessed; and
 - (f) the arrangements made or procedures established by the public institution to enable a member of the public to seek amendment of that member's personal official records with the public institution.
- (3) A public institution shall (a) generate, process, maintain and preserve information that is accurate and authentic; and (b) establish an information unit headed by an information officer who shall facilitate access to information.
- (4). Provision of guidelines for manual The Right to Information Commission shall, in consultation with the Minister issue guidelines for the preparation under section 3 of the manual by a public institution.

AGENCIES AND DEPARTMENTS UNDER MOH

About Ministry of Health

Mandate and the Nature of services offered by Ministry of Health

- Formulate health policy.
- Set standards for the delivery of health care in the country.
- Provide strategic direction for health delivery services.
- Monitor and evaluate the health service delivery by the Ghana Health Service (GHS) and the Teaching Hospitals, other Agencies, Development Partners and the Private sector.
- Develop policies for the practice of Traditional and Alternate Medicine in the country.
- Source funding for service delivery through GOG, Health Insurance and international community.
- Allocate resources to all health care delivery agencies under the Ministry.
- Provide framework for the development and management of the human resources for health.
- Provide a framework for the effective and efficient procurement, distribution, management and use of health sector goods, works and services.
- Make proposals for the review and enactment of health legislation.
- Provide framework for the regulation of food, drugs and health service delivery and practice.

AGENCIES:

- **Ghana Health Service**
- **Tamale Teaching Hospital**
- **Korle-Bu Teaching Hospital**
- **Cape Coast Teaching Hospital**
- **Ho Teaching Hospital**
- **Komfo Anokye Teaching Hospital**
- **Centre for Plant Medicine Research**
- **Foods and Drug Authority**

- Pharmacy Council Ghana
- Psychology Council
- Nursing and Midwifery Council
- Medical and Dental Council
- Health Facilities Regulatory Agency
- National Health Insurance Authority
- National Ambulance Service
- Traditional Medicine Practice Council
- Ghana College of Surgeons and Physicians
- National Blood Service
- Allied Health Professions Council
- Ghana College of Pharmacists
- Mental Health Authority
- Ghana College of Nurses & Midwives
- Christian Health Association of Ghana
- Ahmadiya Muslim Mission
- Ghana Association of Quasi Government Health Institutions
- Mortuary Services Agency

DIRECTORATES

- Policy, Planning, Monitoring, and Evaluation
- Human Resources for Health Directorate
- Research, Statistics, Information Management Directorate
- Traditional & Alternative Medicine Directorate
- Procurement & Supply Chain Directorate
- General Administration Directorate (GAD)
- Finance Directorate
- Internal Audit Unit
- Infrastructure Directorate
- Technical Coordination Directorate

DESCRIPTION OF ACTIVITIES OF AGENCIES

Ghana Health Service

The Ghana Health Service (GHS) is a Ghanaian government body established in 1996 as part of the Health Sector Reform of Ghana. The Health Service is under the Ministry of Health. The Health service primarily administrates the health services provided by the government and in implementing government policies on healthcare.

History

The Ghana Health Service (GHS) is a Public Service body established under Act 525 of 1996 as required by the 1992 constitution. It is an autonomous Executive Agency responsible for the implementation of national policies under the control of the Ghana Minister for Health through its governing Council – the Ghana Health Service Council.

The GHS continues to receive public funds and thus remains within the public sector. However, its employees are no longer part of the civil service, and GHS managers are no longer required to follow all civil service rules and procedures. The independence of the GHS is designed primarily to ensure that staffs have a greater degree of managerial flexibility to carry out their responsibilities than would be possible if they remained wholly within the civil service.

Ghana Health Service does not include Teaching Hospitals, Private and Mission Hospitals. The establishment of the Ghana Health Service was an essential part of the key strategies identified in the Ghana Health Sector Reform process, as outlined in the Medium Term Health Strategy (MTHS), which were necessary steps in establishing a more equitable, efficient, accessible and responsive health care system.

The reforms build on the reorganization of the MOH that began in 1993, was explicitly designed to set the scene for the establishment of the Ghana Health Service. The reforms also provide a sound organizational framework for the growing degree of managerial responsibility that has already been delegated to districts and hospitals. Themes that were central to the reorganization of 1993 remain important today for the Ghana Health Service: careful stewardship of resources,

clear lines of responsibility and control, decentralization, and accountability for performance rather than inputs.

GHS Mandate and Objectivity

GHS to provide and prudently manage comprehensive and accessible health service with special emphasis on primary health care at Ghana regional, district and sub-district levels in accordance with approved national policies. The objects of the Service are to:

- Implement approved national policies for health delivery in Ghana.
- Increase access to good quality health services, and
- Manage prudently resources available for the provision of the health services.

GHS Functions

For the purposes of achieving its objectives the GHS performs the following functions amongst others: Provide comprehensive health services at all levels in Ghana directly and by contracting out to other Ghana agencies. As part of this function, the GHS is:

- Develop appropriate strategies and set technical guidelines to achieve Ghana national policy goals/objectives.
- Undertake management and administration of the overall Ghana health resources within the service.
- Promote a healthy mode of living and good health habits by people in Ghana.
- Establish an effective mechanism for disease surveillance, prevention, and control in Ghana.
- Determine charges for Ghana health services with the approval of the Ghana Minister of Health.
- Provide in-service training and continuing education in Ghana.
- Perform any other functions relevant to the promotion, protection, and restoration of health in Ghana.

Website: <http://www.ghanahealthservice.org>

Tamale Teaching Hospital

The Tamale Teaching Hospital is a regional hospital in Tamale in the Northern region of Ghana. It serves as a referral hospital for the three northern regions of Ghana[2] It cooperates with the University for Development Studies in Northern Ghana to offer undergraduate and graduate programs in medicine, nursing, and nutrition. It is the third teaching hospital in Ghana after the Korle Bu Teaching Hospital and the Komfo Anokye Teaching Hospital.

The hospital was established in 1974 and was formerly known as the Tamale Regional Hospital. It was to provide various health care services to the people of the three Northern regions of Ghana namely, the Northern, Upper East, and Upper West regions.[1]

Teaching hospital status

In 2005 the Northern Regional Coordinating Council decided to partner the Ghana Health Service to upgrade the hospital to the status of a Teaching Hospital.[3] The upgrade made the hospital the third teaching hospital in the country. The upgrade was to help with the training of health professionals from the University of Development Studies.[1][3]

Mandate

The mandate of the hospital is set by Act 525 of the Ghana Health Service and Teaching Hospitals Act of 1996. The stipulations of the mandate empower the hospital to function in three critical areas namely, the provision of advanced clinical health services, supporting the training of undergraduates and postgraduates in medical sciences, and finally, undertaking research into health issues for the purpose of improving health care.[1]

Development

The hospital 2012 had a donation of 335,000 Ghana cedis for the construction of an ultra-modern Neonatal Intensive Care Unit (NICU). The donation from MTN Ghana was in response to a need identified by Lord Paul Boateng and his wife when they visited the hospital in 2011.[4] The completed units as of July 2015 have facilities to serve forty neonates and their mothers. It also contains office spaces as well as students' learning areas.[4] The hospital secured a dedicated power cable from Akosombo to supply them with uninterrupted electricity.[5]

Website : <http://www.tth.gov.gh>

Korle-Bu Teaching Hospital

Established on October 9, 1923, the Korle Bu Teaching Hospital has grown from an initial 200 bed capacity to 2,000. It is currently the third largest hospital in Africa and the leading national referral centre in Ghana.

Korle Bu, which means the valley of the Korle lagoon, was established as a General Hospital to address the health needs of the indigenous people under Sir Gordon Guggisberg's administration, the then Governor of the Gold Coast.

Population growth and the proven efficacy of hospital-based treatment caused a rise in hospital attendance in Korle Bu. By 1953, demand for the hospital's services had escalated so high that the government was compelled to set up a task force to study the situation and make recommendations for the expansion of the hospital.

The government accepted and implemented the recommendations of the task force which resulted in the construction of new structures, such as the Maternity, Medical, Surgical, and Child Health Blocks. This increased the hospital's bed capacity to 1,200.

Korle Bu gained teaching hospital status in 1962, when the University of Ghana Medical School (UGMS) was established for the training of medical doctors.

The UGMS and five other constituent schools are now subsumed under the College of Health Sciences to train an array of health professionals. All the institutions of the College however, undertake their clinical training and research in the Hospital.

At the moment, the Hospital has 2,000 beds and 17 clinical and diagnostic Departments/Units. It has an average daily attendance of 1,500 patients and about 250 patient admissions.

Clinical and diagnostic departments of the hospital include Medicine, Child Health, Obstetrics and Gynaecology, Pathology, Laboratories, Radiology, Anaesthesia, Surgery, Polyclinic, Accident

Centre, and the Surgical/Medical Emergency as well as Pharmacy. Other Departments include Pharmacy, Finance, Engineering, and General Administration.

The Hospital also provides sophisticated and scientific investigative procedures and specialisation in various fields such as Neuro-surgery, Dentistry, Eye, ENT, Renal, Orthopaedics, Oncology, Dermatology, Cardiothoracic, Radiotherapy, Radio diagnosis, Paediatric Surgery and Reconstructive Plastic Surgery and Burns.

The Reconstructive Plastic Surgery and Burn Centre, the National Cardiothoracic Centre, and the National Centre for Radiotherapy and Nuclear Medicine in particular also draw a sizeable number of their clientele from neighbouring countries such as Nigeria, Burkina Faso, and Togo.

Korle Bu Teaching Hospital continues to blaze the trail when it comes to the introduction of specialised services. It recently carried out the first-ever kidney transplant in Ghana. It is one of the few hospitals in Africa where DNA investigations are carried out. Other specialised services the Hospital provides include brachytherapy intervention for the treatment of prostate cancer and keyhole surgeries.

Plans are underway to venture into molecular testing and employ the use of cutting-edge technology. All these are part of the grand plan to offer a wider spectrum of specialist care to position Ghana as the hub of health tourism within the West Africa Sub-region.

Website: <http://kbth.gov.gh>

Cape Coast Teaching Hospital

The Central Regional Hospital now Cape Coast Teaching Hospital is currently a 400 bed capacity referral Hospital situated at the Northern part of Cape Coast. It is bounded on the north by Abura Township, on the south by Pedu Estate / 4th Ridge, Nkanfua on the East and Abura / Pedu Estate on the West.

The Hospital, which was the first of a series of ultra-modern Regional Hospitals established by the Ministry of Health, started full operations on 12th August, 1998 and was adjudged the best Regional Hospital in the year 2003.

The Hospital has been transformed into Cape Coast Teaching Hospital with the inception of School of Medical Sciences in the University of Cape Coast. The first batch of the Medical Students graduated from the Teaching Hospital in June, 2013

Website: <http://www.ccthghana.org>

Ho Teaching Hospital

Ho Teaching Hospital is the fifth public Teaching Hospital in Ghana. It was re-commissioned by the Minister of Health, Hon. Kwaku Agyemang Manu as a Teaching Hospital on the 29th of April 2019 after the Hospital went through a vigorous accreditation process by all the Health Professional Regulatory Bodies and the Health Facilities Regulatory Authority.

The Hospital was constructed by Kaevener Construction International of the United Kingdom and handed over to the Government of Ghana in November 1998. It commenced service delivery in April 1999 on a small scale. In December 2000, the Hospital was officially commissioned as the Volta Regional Hospital by former President John Jerry Rawlings and his wife. At the time of commissioning, the Hospital was a 240-bed capacity. It is strategically located to provide

specialised health care services to the people of the Volta Region and beyond. The Hospital envisioned itself as a Medical Tourist Centre through the provision of Innovative Health Care.

The hospital is patronised by clients from the Republic of Togo, Benin, and the Federal Republic of Nigeria. With the new status, the Hospital is poised to serve as a premium Medical Tourist centre with Innovative Tertiary Health Care, Medical Education, and Research.

Website: <https://www.hth.gov.gh>

Komfo Anokye Teaching Hospital

Komfo Anokye Teaching Hospital (KATH) is located in Kumasi, the Regional Capital of the Ashanti Region with a total projected population of 4,780,380 (2000).

The geographical location of the 1200-bed Komfo Anokye Teaching Hospital, the road network of the country and the commercial nature of Kumasi make the hospital accessible to all the areas that share boundaries with Ashanti Region and others that are further away.

As such, referrals are received from all the northern regions (namely, Northern, Upper East, and Upper West Regions), Brong Ahafo, Central, Western, Eastern, and parts of the Volta Regions.

Historical Background

In the 1940s, there was a hospital located on the hill overlooking Bantama Township designated African and European Hospitals. As their names implied, the African side treated Africans while the European side treated Europeans. However, on some rare occasions, high-ranking African government officials were given treatment in the European section.

By 1952, the need to construct a new hospital to cater to the fast-increasing population in Kumasi and therefore Ashanti Region arose. The European Hospital was therefore transferred to the Kwadaso Military Quarters to make way for the new project to begin. In 1954/55 the new hospital complex was completed and named the Kumasi Central Hospital. The name was later changed to the Komfo Anokye Hospital in honour and memory of the powerful and legendary fetish priest, Komfo Anokye.

The hospital became a Teaching hospital in 1975 for the training of Medical students in collaboration with the School of Medical Sciences of the University of Science and Technology, Kumasi.

Our Vision

To become a medical centre of excellence offering Clinical and Non-Clinical services of the highest quality standards comparable to any international standards, within 5 years.

Our Mission

To provide quality services to meet the needs and expectations of all its clients. This will be achieved through well-motivated and committed staff applying best practices and innovation.

Governance

— The Ghana Health Services and Teaching Hospitals Act 525, 1996 established autonomous Teaching Hospital Boards.

— The hospital is governed by a Board made up of 4 Non-Executive members (government appointees), 6 Executive members, and the Dean of the School of Medical Sciences.

— The hospital operates within the Ministry of Health's broad Policy Framework

Website: <http://www.kathhsp.org>

Centre for Plant Medicine Research

Centre for Plant Medicine Research into Plant Medicine (CSRPM), Mampong-Akwapim was established by the Government of Ghana in 1975 as a result of the dream and vision of Dr. Oku Ampofo, a renowned allopathic Medical Practitioner, who having had personal experience of the therapeutic values of herbal medicines on himself and his father became an apostle of herbalism at a tender age.

The Centre originally started as a small OPD run by Dr. Oku Ampofo at the then Community Center (OBIKYERE) of Mampong-Akwapim before it moved to its present site. In the early sixties, the President, Dr. Kwame Nkrumah sent Dr. Oku Ampofo and others to China to benefit from the Chinese experience in herbal medicine. It was there that the seminal ideas of the Centre were sown.

Dr. Oku Ampofo — Founder

Website: <http://www.cpmr.org.gh>

Foods and Drug Authority

The Food and Drugs Authority (FDA) formerly the Food and Drugs Board (FDB) was established in August 1997 under the Food and Drugs Law, 1992 (PNDCL 305B). It is the National Regulatory Authority mandated by the Public Health Act, 2012 (Act 851) to regulate food, drugs, food supplements, herbal and homeopathic medicines, veterinary medicines, cosmetics, medical devices, household chemical substances, tobacco, and tobacco products.

The FDA Ghana's legal mandate is found in part 6 (Tobacco Control Measures), part 7 (Food and Drugs), and part 8 (Clinical trials) of the Public Health Act, Act 851 of 2012. The FDA is an Agency under the Ministry of Health with an eleven-member Governing Board inclusive of the Chief Executive Officer who is responsible for the day-to-day administration of the FDA.

The objective of the Authority is to provide and enforce standards for the sale of food, herbal medicinal products, cosmetics, drugs, medical devices, and household chemical substances.

Functions of the Authority

- *a) Ensure adequate and effective standards for food, drugs, cosmetics, household chemicals, and medical devices;*
- *b) Monitor through the District Assemblies and any other agency of State compliance with the provisions of Part 6,7 and 8 of the Public Health Act,2012 (ACT 851);*
- *c) Advise the Minister on measures for the protection of the health of consumers;*
- *d) Advise the Minister on the preparation of effective Regulations for the implementation of Part 6,7 and 8 of the Public Health Act,2012 (ACT 851);*
- *e) Approve the initiation and conduct of clinical trials in the country;*
- *f) Perform any other functions that are ancillary to attaining the objects of the Authority;*

Website: <https://fdaghana.gov.gh>

Pharmacy Council Ghana

The Ghana Pharmacy Council is a statutory regulatory body established by an Act of Parliament, The Pharmacy Act, 1994 (Act 489).

The Functions of the Ghana Pharmacy Council

The major function of the Council is to secure in the Public interest the highest standards in the practice of Pharmacy.

In addition, the Council shall:

- Ensure that courses of study and training in pharmacy at any institution in Ghana guarantee the necessary knowledge and skills needed for the efficient practice of Pharmacy.
- Determine in consultation with the appropriate educational institutions course of instruction and practical training of Pharmacy students.
- Prescribe standards of professional conduct.
- Exercise disciplinary power over pharmacists
- Uphold and enforce professional standards through the disciplinary powers conferred on them.
- Keep a register of duly qualified and practicing pharmacists; and
- Regulate the distribution of Pharmacies in the Country.

Vision & Mission

The Vision of the Council is "To guarantee the highest levels of pharmaceutical care".

The Council's Mission is "To secure the highest level of pharmaceutical care by ensuring competent pharmaceutical care providers who practice within agreed standards and are accessible to the whole population. In addition, we shall collaborate with related local agencies and international pharmaceutical organizations to enhance our effectiveness and our contribution

to rational drug use in the nation. This mission shall be carried out with dedication, integrity, and professionalism.”

The Governing Body

The Council consists of nine members (including a Chairman and a Registrar) all of whom are appointed by the President in consultation with the Council of State. Membership is statutorily defined. The term of office, subject to re-appointments, is 3 years for five of the members. The others do not have time limitations. They however represent specific entities in the Council. The nine presidential appointees constitute the highest policy and decision-making body. It is headed by a chairman.

The Committees

To facilitate effective operations of the Council, the Act grants the Council the power to appoint such committees as it may be deemed necessary. The Council has the authority to delegate to these committees any of its functions and other specific responsibilities. These committees may include members and non-members of the Council. A member must however chair them. In addition to the committees, there shall be appointed for the Council such officers as it may require for the effective execution of its functions. Subject to any delegations by the President, the President shall make the appointment of the officers with the advice of the Council given in consultation with the Public services commission.

The Pharmacy Act also requires the Council to establish and operate in each region of Ghana's regional offices of the Council. These regional offices are to be staffed by such officers as the Council may require for the effective performance of its functions in the regions.

A regional office of the Council shall perform in the region such functions as the Council may determine. The Council is also empowered to create such lower offices as may facilitate its operations.

The Registrar of the Council is one of the nine members of the Council appointed by the President. The Registrar of the Council must be a registered pharmacist of at least ten years standing as a pharmacist. He/she shall hold office on such terms and conditions as may be

specified in his/her letter of appointment. The registrar subject to the directions of the Council is responsible for the day-to-day administration of the Council.

The functioning of the Council can be described by giving a brief analysis of the different committees and the structure of the administration of the Ghana Pharmacy Council. There are currently six committees of the Council, which include the following:

- **Disciplinary committee** – statutorily set up (Section 23), responsible for inquiries into such matters “relating to professional conduct and standards of pharmacists as may be referred to it by Council”. Its procedures and penalties are prescribed by L.I.1645 (1998).
- **General Purpose committee** – responsible for dealing with complaints that come against corporate bodies and licensed chemical sellers. Also responsible for making proposals for legislation and law reform.
- **Registration committee** – considers applications for registration of premises and makes recommendations to the Council.
- **Education committee** – responsible for professional training of Pharmacists and auxiliary pharmaceutical service providers
- **Finance committee** – advises the Council on financial matters
- **Management/executive committee** – comprises the Registrar, deputy registrar, and the heads of departments and units. Its function includes assisting the Registrar in the day-to-day administration of the Council. The committee also strategizes the implementation of the Council’s decisions. It also advises the Council on matters affecting the organization as a whole.

Website: <http://www.pcghana.org>

Ghana Medical and Dental Council

The Ghana Medical and Dental Council is an agency of the Ghana government responsible for regulating the standards of training and practice of medicine and dentistry in Ghana. It is located in Accra the capital city of Ghana

The Medical and Dental Council is a statutory body responsible for securing in the public interest the highest level of training and practice of medicine and dentistry in Ghana. A Practitioner (doctor) is a person registered under the Medical and Dental Council Decree (1972) NRCD 91 to practice medicine or dentistry in Ghana.

The Council Shall in particular

- Ensure that courses of study and training in medicine or dentistry at any medical school or University in Ghana are such as can sufficiently guarantee possession of the knowledge and skill needed for the efficient practice of medicine or dentistry;
- Prescribe standards of professional conduct;
- Uphold and enforce such standards by the disciplinary powers conferred upon it by this Decree;
- Be responsible for the keeping of registers of duly qualified practitioners

FUNCTIONS

The Council shall be responsible for securing in the public interest the highest standards in the practice of medicine and dentistry in Ghana.

MISSION

An internationally acclaimed competent regulatory authority for a medical and dental practice in Ghana, for the public good.

VISION

- Ensuring the highest level of training for Medical and Dental Practitioners
- Determining the adequacy & quality of service facilities.

Health Facilities Regulatory Agency

The Health Institutions and Facilities Act, 2011 (Act 829) established the Health Facilities Regulatory Agency (HeFRA) in PART ONE of the Act. HeFRA was set up to license facilities for the provision of public and private health care services.

Website: <http://hefra.gov.gh>

National Health Insurance Authority

The National Health Insurance Authority (NHIA) was established under the National Health Insurance Act 2003, Act 650, as a body corporate, with perpetual succession, an Official Seal, that may sue and be sued in its name. As a body corporate, the Authority in the performance of its functions may acquire and hold movable and immovable property and may enter into a contract or any other transaction.

A new law, Act 852 has replaced ACT 650 in October 2012 to consolidate the NHIS, remove administrative bottlenecks, introduce transparency, reduce opportunities for corruption and gaming of the system, and make for more effective governance of the schemes

OBJECT OF THE AUTHORITY

The object of the Authority is to attain universal health insurance coverage in relation to

- person resident in the country
- persons not resident in the country but who are on a visit to this country
- and to provide access to healthcare services to the persons covered by the Scheme.

FUNCTIONS OF THE AUTHORITY

The object of the Authority is to secure the implementation of a national health insurance policy that ensures access to basic healthcare services for all residents. For the purposes of achieving its object, the Authority may

- Implement, operate and manage the National Health Insurance Scheme
- Determine in consultation with the Minister contributions that should be made by members of the National Health Insurance Scheme;
- Register members of the National Health Insurance Scheme;
- Register and supervise private health insurance schemes
- Issue identity cards to members of the National Health Insurance Scheme
- Ensure
 - equity in health care coverage
 - access by the poor to healthcare services
 - protection of the poor and vulnerable against the financial risk
- Grant credentials to healthcare providers and facilities that provide healthcare services to members of the National Health Insurance Scheme
- Manage the National Health Insurance Fund
- Provide a decentralised system to receive and resolve complaints by members of the National Health Insurance Scheme and healthcare providers
- Receive, process, and pay claims for services rendered by healthcare providers
- Undertake public education on health insurance on its own or in collaboration with other bodies
- Make proposals to the Minister for the formulation of policies on health insurance
- Undertake programmes that further the sustainability of the National Health Insurance Scheme
- Develop guidelines, processes, and manuals for the effective implementation and management of the National Health Insurance Scheme
- Ensure the efficiency and quality of services under the national and private health insurance schemes
- Protect the interest of members of private health insurance schemes
- Identify and enroll persons exempt from payment of contribution. National Health Insurance into the National Health Insurance Scheme

- Monitor and ensure compliance with this Act and any Regulations, guidelines, policies, processes, and manuals made under this Act
- Perform any other function conferred on it by this Act or that is ancillary to the object of the Authority.

Vision and Mission Statements

Vision

" To be a model of a sustainable, progressive, and equitable social health insurance scheme in Africa and beyond "

Mission

" To provide financial risk protection against the cost of quality basic health care for all residents in Ghana, and to delight our subscribers and stakeholders with an enthusiastic, motivated, and empathetic professional staff who share the values of honesty and accountability in partnership with all stakeholders ".

Website: <http://www.nhis.gov.gh>

National Ambulance Service

Ghana National Ambulance Services is located in Accra, Ghana. The company is working in Doctors and Clinics, Ambulance services business activities.

Website: <http://nas.gov.gh>

Traditional Medicine Practice Council

THE Traditional Medicine Practice Council (TMPC) as the statutory institution of the Ministry of Health (MoH), mandated by the Traditional Medicine Practice Act 2000, Act 575 is not relenting in its determination to brand and create a respectable image for Traditional and Alternative Medicine (TAM) practice in Ghana.

TMPC which commenced full-scale regulatory activities in September 2007, is further not relenting in its efforts to change numerous misconceptions about TAM.

Torgbuiga Yaka IV, as the Registrar for TMPC, offers visionary leadership and mentorship to a team of dedicated staffers to shape and brand TAM, as envisaged under Act 575, and as a result to promote TAM to an acceptable standards and thus enhanced public confidence in the services.

Website: <http://tmpcghana.org>

Ghana College of Surgeons and Physicians

The Ghana College of Physicians and Surgeons was established as a National Postgraduate Medical College for training specialists in medicine, surgery, and related disciplines and to provide for related matters by an Act of parliament on the 28th January 2003. Several factions influenced the establishment of the College including a) frustration on the part of the government on the returns on the investment put in The West African Postgraduate Medical College (established in 1975), b) the high attrition rate of medical practitioners given sponsorship for postgraduate professional training abroad and c) a strong desire to stem braindrain by establishing a national postgraduate training institution. The efforts of ministers for health, health professionals, and the

Ghana Medical Association accumulated in the setting up of a taskforce chaired by Professor George W. Bobby to make recommendations for the establishment of a national postgraduate Medical college in 2000. In 2001 Professor Paul K. Nyame was appointed the Acting Rector of the Ghana Postgraduate Medical Institution with the responsibility of establishing a secretariat for the College. In 2003 the College was finally inaugurated by President J.A Kufuor with Professor Samuel Ofori-Amaah as the first President and Chairman of Council, Professor Nyame as the Rector, and Prof George W. Brobby as Vice Rector. The first group of residents were enrolled in 2004 and graduated in 2007 with the Membership of Ghana College of Physicians and Surgeons.

Website: <https://gcps.edu.gh>

National Blood Service

The mandate of the National Blood Service, Ghana is to ensure an effective and coordinated national approach to the provision of safe, adequate, and efficacious, blood and blood products, making it timely, accessible, and affordable to all patients requiring blood transfusion therapy in both public and private health care institutions in the country.

- **Our Vision**

"To be an efficient, effective, and innovative provider of safe blood and related services that meet National requirements and International standards"

- **Our Mission**

"To save the lives of patients by providing safe and adequate blood products and other related blood services through the professionalism of our staff and generosity of our voluntary non-remunerated blood donors"

- **Our Core Values**
 - Quality
 - Professionalism
 - Excellence in Customer Care
 - Team Work
 - Confidentiality

•

Website : <https://nbsghana.org>

Allied Health Professions Council

The Allied Health Professions Council is the body established by an Act of Parliament (Act 857, 2013) to regulate the training and practice of Allied Health Professions in Ghana. As part of its mandate, the Council is responsible for granting Professional Accreditation for all Allied Health Programmes.

Objective of the council:

The Council is responsible for ensuring the highest standard in the practice of allied health profession in Ghana.

Functions of the council:

1. Regulate the standard of services for the practice of allied health professions;
2. Ensure that the standard of study and training in recognised institutions is maintained;
3. Set practice standards of proficiency and conduct for allied health professionals;
4. Register practitioners;

5. Monitor and inspect allied health facilities in collaboration with the health facilities regulatory agency;
6. Facilitate continuing professional development of practitioners;
7. Determine, in consultation with the appropriate educational institutions, courses of instruction and practical training for allied health professionals;
8. Determine and implement post-registration continuing education and continuing professionals development programmes for practitioners;
9. Ensure that the education and training of allied health practitioners and other allied health care providers are carried out at approved educational institutions;
10. Advise the Minister on matters relating to allied health practice;
11. Conduct licensing examination for the registration of allied health professionals; and
12. Perform any other functions that are ancillary to the object of the Council.

Website: ahpcghana.org

Ghana College of Pharmacists

The Ghana College of Pharmacists was established by sections 84 to 113 of Act 833, 2011. The Mandate of the College is to: Promote specialist training in pharmacy, and related disciplines, promote continuous professional development in pharmacy and related disciplines Promote research in pharmaceutical practice and related disciplines, and Contribute to the formulation of policies on sound health, medicines, and public health general.

Vision

A world-class College for Specialized Pharmacy Practice for quality health care delivery.

Mission

Ghana College of Pharmacists exists to provide an avenue for enhanced pharmaceutical practice to the nation, through the provision of specialist training, improved trends in pharmaceutical practice, and effective national policy formulation through the use of top-class motivated staff

and resource persons, using contemporary facilities and equipment for quality health care delivery.

Website: <http://gcpharm.edu.gh>

Mental Health Authority

On the 19th of November, 2013, the Mental Health Authority Board was inaugurated.

This was very welcome news since it was long overdue as per the stipulations in the Mental Health Law, Act 846. As such, we are proud to bring to you short profiles of those who make up the Board.

Website: <https://mhaghana.com>

Ghana College of Nurses & Midwives Other affiliate organizations

The Ghana College of Nurses and Midwives (GCN) is a body corporate with perpetual succession established by the provisions of the SPECIALIST HEALTH TRAINING AND PLANT MEDICINE RESEARCH ACT 2011, PART THREE (ACT 833).

Website: <https://www.gcnm.edu.gh>

Christian Health Association of Ghana

CHAG is a Network organization of 183 health facilities and health training institutions owned by 21 different Christian Church Denominations. CHAG provides health care to the most vulnerable and underprivileged population groups in all 10 Regions of Ghana, particularly in the most remote areas.

CHAG is a recognised Agency of the Ministry of Health and works within the policies, guidelines and strategies of the Ministry of Health (MOH). Nonetheless, CHAG is autonomous and takes an independent position to advocate and promote improvements in the health sector and to promote the interest of its members and its target beneficiaries.

CHAG is directed by a Strategic Framework outlining aspirations and approaches inspired by Christian identity, purpose, and values.

Website: <https://www.chag.org.gh>

Ahmadiya Muslim Mission

Website: <https://www.alislam.org>

DESCRIPTION OF ACTIVITIES OF EACH DIRECTORATE AND DEPARTMENT

The Chief Director is the highest office within the Ministry.

The Chief Director is the Coordinator within the Ministry and acts as the Chief Advisor to the political head. He/She guides, co-ordinates, monitors and supervises the work of the Directors within the Ministry and other matters related to the health sector.

RESPONSIBILITIES

1. Provides leadership and guidance for determining policies and objectives within the sector and the implementation of the policies and objectives.
2. Co-ordinates work programmes and provides rules, guidelines and procedures to facilitate the achievement of targets set by the Ministry.
3. Ensures the effective organization and development of training programmes consistent with sectoral policies and programmes.
4. Establishes systems for effective inter-ministerial and sectoral collaboration and co-operation to avoid duplication and to achieve harmonization of programmes.
5. Develops systems of effective work-flow and feedback on the activities within the sector.
6. Initiates plans and programmes to activate and accelerate the decentralization of his sector where required. Without prejudice to the above, a Chief Director shall in relation to his Ministry:

7. Recommend the disbursement of budgetary allocation in accordance with the prevailing financial regulations.
8. Recommend all leave of absence for Directors and heads of organizations as well as ensure the effective organization and co-ordination of leave of absence within the sector.
9. Requests for action programmes and budget from all implementing agencies.
10. Ensures the establishment by all implementing agencies of proper codes of conduct for administrative, financial and operational transactions.
11. Recommends major changes in the organization structures of implementing agencies.
12. Recommends any actions involving disposal of capital assets.
13. Ensures the development and enforcement of an effective system of discipline within the sector.

AUTHORITY

Exercise authority derived from and consistent with his responsibilities as well as authority delegated by the Minister.

Policy, Planning, Monitoring & Evaluation

Policy Planning, Budgeting, Monitoring, and Evaluation Directorate (PPBMED);

This Directorate leads the technical processes for the development of policies, plans, programmes, and budgets of all activities of the Ministry. It caters to the design and application of monitoring and evaluation systems for purposes of assessing the operational effectiveness of the Ministry's strategies and interventions.

Units:

1. Policy coordination
2. Sector-wide Planning
3. Sector-wide Budgeting
4. Resource Mobilization

5. Inter-sectoral collaboration
6. Sector-wide Monitoring and Evaluation
7. Quality management
8. Monitoring and Evaluation

The Directorate comprises the following units:

1. Policy Coordination Unit: The unit initiates and coordinates the development and review of the broad sector policies, strategies and regulations for the Ministry. It leads in the design and provision of sector plans based on a sound policy framework. It facilitates the effective implementation of the Ministry's set targets, programs, projects, and activities.

2. Planning Unit: – The unit is responsible for coordinating the preparation and harmonization of the sector plan. Provide technical guidance and expertise in the Management and implementation of the plans of the Ministry.

3. Budgeting Unit: – The unit is responsible for coordinating the preparation and harmonization of the sector budget. Provide technical guidance and expertise in the Management and implementation of the budget of the Ministry.

4. Collaboration Unit: The Unit develops, reviews, and coordinates the private sector and inter-sectoral strategies, mechanisms to identify and exploit opportunities for the development of the health sector

5. Resource mobilization Unit; The Unit develops and reviews the financial strategies or options for policies/programmes and projects of the Ministry. It leads in the sourcing, monitoring, and coordination of external funding for healthcare delivery, to include sourcing external funding for the procurement of health commodities, services and works. The Unit coordinates the implementation of resource mobilization strategies in the **foreign (international) Sector, Domestic Sector (Internal Generated Fundraising) and the**

6. Private Sector to support the effective and efficient implementation of the policies, programmes, and projects of the health sector.

7. Quality Management Unit; The Unit develops and reviews the Quality management broad sector policies, strategies, and regulations to improve the effectiveness of treatments and increase patient satisfaction with the healthcare services delivery.

8. Monitoring and Evaluation Unit: – The unit ensures the provision of an effective basis for measuring the various stages of programs and projects of the Ministry as well as providing an objective basis for assessing the effectiveness of its programs and projects.

Human Resource Management and Development Directorate

This Directorate develops sector-wide policy on HR Planning, Succession Planning, Training and Development, and Performance Management. It also ensures that there is in place an effective and stable management framework consistent with the overall manpower needs of the Sector.

The directorate comprises the following units:

1. HR Planning
2. HR Training & Development
3. Performance Management Unit
4. Health Training Institutions
5. Labour Relations

Roles & Responsibilities of Units;

1. **Sector HR Planning Unit:** – This Unit initiates policies and strategies on the human resource needs of the sector and facilitates the career planning of staff of the Ministry and the sector. It reviews creating an employer brand, retention strategy, absence management strategy, flexibility strategy, talent management strategy, recruitment, and selection strategy. It leads the process in attempts to estimate the demand for labour and evaluate the size, nature, and sources of supply which will be required to meet the demand in the sector. It also facilitates regular deployment, secondments, postings, transfers, and development of Schemes of Service on the backdrop of trend analysis of the skills, competencies, and general manpower requirements to support policy delivery within the sector
2. **Sector HR Training & Development Unit:** – It initiates the review and development of career training policies and guidelines. It also collates the capacity gap and training needs identified through staff performance appraisal systems for implementation. The unit also ensures the promotion of staff based on approved requirements.
3. **Sector Performance Management Unit:** – The unit is responsible for developing the framework for institutional and staff performance management including staff appraisal and performance contracts/agreements.
4. **Health Training Institutions:** The Unit is responsible for the facilitation of admission of qualified students into both public and private health training institutions and ensures standardization of staffing norms for the training institutions and monitors the performance of the training institutions. It further facilitates the academic accreditation

of all health training institutions and establishes international linkages for exchange programmes for the health training institutions.

5. **Labour Relations Unit:** The Unit is responsible for developing mechanisms and strategies to deal effectively with labour unrest and other related challenges.

Research, Statistics, Information Management Directorate

This Directorate conducts research into policy and strategy options, and compiles and analyses data for the Ministry in particular and the government as a whole. It maintains a data bank for effective and efficient decision-making.

This Directorate also projects the good image of the Sector both within and outside the country by disseminating information on the Ministry's policies, activities, and procedures as well as providing a mechanism for receiving feedback on the Government's policies and activities.

The directorate is composed of the following units:

1. **Research and Statistics Unit:** Adopt and apply innovative research approaches to support the development and review of policies, plans, regulations, standards, programmes, and projects of the sector.

Coordinate the production of statistical data and reports for the health sector to facilitate policy review and development, effective policy communications and stakeholder analysis, education, and sensitization.

2. Documentation and Information Management Unit: The Unit is responsible for the Documentation Centre and for collating required data to create a sector database for the policy and other needs of the sector. It leads to creating the appropriate policy strategies for branding and building the corporate image for the success of government business within the sector. Focus areas include a sector-wide database on:

1.

0. service delivery agencies
1. regulatory agencies
2. medical training agencies
3. medical research
4. human resource
5. logistics
6. Central repository

3. Information and Communication Technology Unit: It Initiates and maintains the information technology network, infrastructure, and application system for the Ministry. It also develops support and integrates new technologies into the operations of the Ministry. Specific functions of the Unit include:

- To develop skills and competencies required for automation of information within the health sector.
- To develop and update hardware and software standards for procurement and deployment of computers for the health sector.
- To establish computer systems and network support unit at the central level to provide in-house technical support to information automation.
- To manage and support IT hardware and software infrastructure
- Manage and coordinate Health IT projects
- Develop health IT policies and regulatory framework
- To develop, administer and maintain a Ministry of Health Website as a central broadcast facility for the sector.

Traditional & Alternative Medicine Directorate

Traditional and Alternative Medicine Directorate (TAMD)

This Directorate ensures the availability of technical expertise and guidance in all processes in the development of policies, plans, regulations, standards, programmes, and projects for the Traditional and Alternative Medicine sub-sector of the Ministry.

The Directorate comprises the following units:

1. **Traditional/Alternative Medicine Policy/Regulations Unit:** The Unit develops and reviews the broad policies for the Traditional and Alternative Medicine sub-sector of the Ministry. It designs and develops Traditional and Alternative Medicine licensing and regulatory schemes, mechanisms, systems, plans, strategies and standards to regulate manage activities within the sub-sector
2. **Research, M/E Unit:** The Unit create and reviews research data for policies development, and monitors and evaluates Traditional and Alternative Medicine industry activities.
3. **Information Communication Unit:** The Unit develops and reviews information and communication strategies, and create platforms for policy discussion, education, and sensitization on the alternative medicines and health care system/industry in the Country.

Procurement & Supply

Procurement and Supply Chain Directorate (PSCD)

This Directorate ensures the availability of technical expertise and guidance in all processes in the development of procurement and supply chain policies, plans, regulations, standards, programs, and projects for of the Ministry. It coordinates central procurement and supervises the management of the Central Medical Stores. It provides the framework for effective and efficient procurement, distribution, and use of health sector goods, works, and services.

Furthermore, it is responsible for the monitoring and evaluation of utilization of supplies by GHS, Teaching Hospitals and Agencies contracted by the Ministry to ensure efficiency.

1. Procurement Regulations/Standards Unit: The Unit develops and reviews the specific policies for the procurement activities of the Ministry. It designs and develops mechanisms, systems, plans, and strategies; and is responsible for:

- Maintaining and updating the procurement procedures including standard bidding documents.
- Executing procurement of goods, services, and works of the Ministry.
- Managing procurement through procurement Agencies.
- Coordinating emergency procurement and donations.
- Providing training and capacity building to procurement professionals in the Ministry
- Advises on all procurement issues in the Ministry.

2. Central Medical Stores Unit: The Unit is responsible for:

- Receiving stores and distributing goods meant for Agencies of the Ministry.

- Monitoring the supply chain to ascertain the timeliness and quality of goods.

General Administration Directorate (GAD)

This Directorate ensures that approved personnel policies in the Ministry on employment, personnel records, training, and wages and salaries administration are translated into good management practices and effectively carried out.

This Directorate further ensures that services and facilities necessary to support the administrative and other functions of the ministry are available. It also ensures the provision of an effective and efficient system for internal checks.

The units under this division include the following:

1. **Personnel Welfare Management Unit:** The Unit manages the files and records of staff in the Ministry pertaining to recruitment, leave, promotion, salary issues, transfer, performance appraisal, etc.
2. **Records Management Unit:** It ensures that documents and information are properly stored to ensure confidentiality and easy accessibility.
3. **Transport Management Unit:** The Unit is responsible for the proper management and provision of an efficient transport system for the Ministry.
4. **Estates Management Unit:** This Unit provides advice on estate management issues and ensures that repairs and works on facilities and equipment are properly carried out in the Ministry.
5. **Security Unit:** The Unit is responsible for ensuring the safety of all staff and property of the Ministry.
6. **General Stores Unit:** The unit is responsible for managing the store's services and providing technical support on procurement processes for the Ministry. It also ensures the proper storage of materials procured and ensures that stocks are replaced on time in the ministry.
7. **Protocol Unit:** The unit is responsible for managing the protocol services of the Ministry. It works closely with Directors on all protocol activities and is responsible for

performing all protocol duties pertaining to the State and Ministry's ceremonies, and national days of commemoration ensuring and observing ceremonial rules during occasions. The Unit is also responsible for proper hosting of foreign dignitaries and guests to the Ministry.

Finance Directorate

It is responsible for financial management policy, resource mobilization, disbursement, financial accounting, and reporting. It is also responsible for managing the finances of the Ministry Headquarters.

Objectives

- To safeguard the interest of the Ministry in all financial transactions relating to revenue and expenditure.
- To mobilize and disburse financial resources and provide/generate reports for management control.
- Facilitates the implementation of efficient financial management systems.

It consists of the following units:

- Accounts
- Financial Analysis and Reporting
- Financial Management Services
- Staff Salary
- Staff Car Revolving
- Treasury

RESPONSIBILITIES

Accounts

- Processes Headquarters' transactions for Government of Ghana subventions, Health Fund, and Earmarked funds.
- Prepares financial and management reports for MOH Headquarters' operations.
- Assist Regulatory & Statutory Agencies of MOH with their Financial Management responsibilities.

Provision of Financial Information

- Prepares Financial and other statements of accounts for external purposes.
- Maintains Financial Information for management use for control purposes.
- Advice and support management in meeting their regulatory obligations in respect of financial accountability.
- Leads in the development and implementation of accounting systems.
- Advises on information systems to meet the financial requirements of the Ministry.

Business Analysis and Measurement

- Assists in the planning and monitoring of the Ministry's performance.
- Advises management on the control of expenditure and monitors the budgets.

Statutory Audit

- Prepares for and controls the statutory audit process.
- Develops plans for monitoring and implementation of Audit findings.

Asset Management

- Promotes growth in the Ministry's financial and physical assets.
- Monitors and maintain the Ministry's cash flow requirement.

- Advises and assists the Ministry in controlling and investigating risks associated with the fraud.
- Ensures judicious use of funds.

Management Operation

- Establishes and maintains safe, secure, and healthy working environments.
- Develops and maintains effective and ethical relationships amongst all finance staff.
- Assists the HRD to ensure adequate Accounts staff, and establishment for all agencies of the Ministry of Health.
- Prioritizes ongoing personnel and professional development of finance staff.

Internal Audit Unit

The **Internal Audit Directorate** is responsible for the formulation of internal audit policies. It coordinates and monitors internal audit and assist in streamlining the financial management procedures of the Ministry in accordance with the Financial Administration Regulation (FAR), LI 1234, and the Accounting, Treasury, and Finance (ATF).

Objectives

- To provide the framework for effective and efficient internal auditing of the health sector
- To safeguard the interest, assets, and resources of the Ministry.
- To ensure and determine the compliance of policies, standards, rules, and procedures as well as contractual obligations

Responsibilities

- Drafting and updating procedures to guide audit staff on the approach and methods to be used to conduct audits, assess controls, verify assets, inspect records, ascertain compliance, evaluate performance, and follow-up on recommendations – all in accordance with the standards for the Professional Practice of Internal Auditing, and as applied to the Ministry of Health.
- Developing staffing norms and criteria for academic and professional qualifications and experience at various levels of the Unit, and documented in job descriptions.
- Determining the adequacy of audit coverage and the optimal use of human, physical, and financial resources to achieve the desired level of reasonable assurance, and fulfill the above objectives.
- Maintaining a system of quality assurance within the unit to ensure that staff are adequately supervised, and that work is adequately planned, coordinated, carried out, and reviewed in accordance with established procedures.
- Bringing to the attention of higher levels of management, opinions or suggestions of staff that seem to warrant serious consideration, even if those have already been rejected by immediate supervisors.
- Maintaining the results of audits and evaluations in the strictest Confidence, subject to any legal, or ethical requirements for disclosure to outside authorities.
- Providing a written summary of internal auditing activities to the Minister, and the Health Sector Audit Reports Implementation Committee on regular basis.
- Coordinating the total auditing effort both internal and external, in the interest of minimizing duplicate efforts and in contributing to the work of the external auditors bearing in mind that the final determination of the extent of such contribution rests with the external auditors.

Communicating with the external auditors on all significant matters will be brought to the Health Sector Audit Report Implementation Committee's attention.

Infrastructure Directorate

This Directorate ensures the availability of technical expertise and guidance in all processes in the development of policies, plans, regulations, standards, and the implementation of national strategic programmes and projects of the Ministry.

The Directorate comprises the following units:

- **Capital Investment and Project Management Unit (CMU):** The Unit coordinates, supervises, monitor, and evaluate the implementation of all strategic national projects in the Health sector. It collaborates with the PPME Directorate to review the capital investment plan and budget of the sector. Further, the office will be responsible for project evaluation and assessment to ensure quality assurance, specifications, conditions, and standards. It also provides strategic advice to the Ministry on Capital investment opportunities and funding streams. It also ensures value for money in all capital investment activities of the Ministry. It ensures effective financial management and control of commercial loans/credit, government support, and multilateral funding of capital investments in the sector.
- **Biomedical Engineering Unit (BEU):** The Unit is responsible for ensuring the rationalization and management of healthcare technology deployment, successful acquisition of quality/standard applications, and sustenance of medical equipment to support the national health delivery system. Coordinate the pre-installation, post-installation services (recalibrations, recodifications, etc.), end-user support services, training and skills transfer on specialize or new biomedical applications, equipment, plants, and machines nationwide. Provide technical support for major rehabilitation, re-equipping of health facilities the accreditation, regulation, and quality control assurance of medical equipment.

Technical Coordination Directorate (TCD)

This Directorate ensures the availability of technical expertise and guidance in all processes in the development of policies, plans, regulations, standards, and programmes in the various specialize functional areas within the Health sector; medical and dental, pharmacy, Nursing and Midwifery, Public Health and Health Promotion [Regenerative Health/Nutrition], and Allied Health. It is to generate the necessary synergies between the various expertise/backgrounds to accelerate the exploitation of indigenous local resources, create new strategic/policy options and generate a National competitive advantage in the sector. The sections under this Directorate are headed by Chief Programme Officers in relation to the respective specialize areas covered. The Chief Programmes Officer is analogous to a Director.

1. Medical and Dental Policy, Regulations/Standards: The section develops and reviews the broad policies for the medical and dental health sub-sector of the Ministry. It designs and develops mechanisms, systems, plans, strategies, standards, and regulations to promote clinical health care within the Nation

2. Pharmacy Policy, Regulations/Standards: The section develops and reviews the broad policies for the pharmaceutical industry sub-sector of the Ministry. It designs and develops mechanisms, systems, plans, strategies, standards, and regulations to promote the following thematic areas; drug production, supply, and distribution within the Nation. It focuses on the following sub-sectors within the pharmaceutical industry

- **Drug Production Policy/Regulations/Standards:** Affordable access to quality medicines and medical devices is critical for functioning health systems and fundamental for obtaining universal health coverage. For this purpose, it formulates evidence-based guidelines and ensures good practice and good governance throughout the supply chain from selecting the right products to using them correctly; addresses access to medicines and medical devices for current and emerging health priorities such as anti-microbial resistance and non-communicable diseases; and develops tools to assess situations, monitor and measure progress on access to quality health products by people and their communities. It also designs and develops mechanisms, systems, plans, strategies, standards, and regulations to ensure the availability of cost-effective production outlets, efficacious products to all parts of the country and reduces the heavy burden of imports on the country's economy by accelerating the exploitation of indigenous local resources, create new strategic options and generate National competitive advantage.
- **Drug Supply and Distribution Policy:** Develops and reviews the broad policies for the sub-sector of the Ministry. It designs and develops drug supply chain, pricing and

distribution mechanisms, systems, plans, strategies, standards, and regulations to ensure the availability of cost-effective production outlets, efficacious products to all parts of the country and reduce the heavy burden of imports on the country's economy by accelerating the exploitation of indigenous local resources, create new strategic options and generate National competitive advantage.

- **Drug Information, Research, M&E:** Designs and develops drug information database, research, monitors and evaluates policy strategies, mechanisms, systems, plans, standards, and regulations within the sub-sector to ensure a viable pharmaceutical industry reduce the heavy burden of imports on the country's economy by accelerating the exploitation of indigenous local resources, create new strategic options and generate National competitive advantage.

3. Nursing and midwifery Policy, Regulations/Standards: The section develops and reviews the broad policies for the nursing and midwifery sub-sector of the Ministry. It designs and develops mechanisms, systems, plans, strategies, standards, and regulations to promote clinical health care as well as healthy lifestyles within the Nation

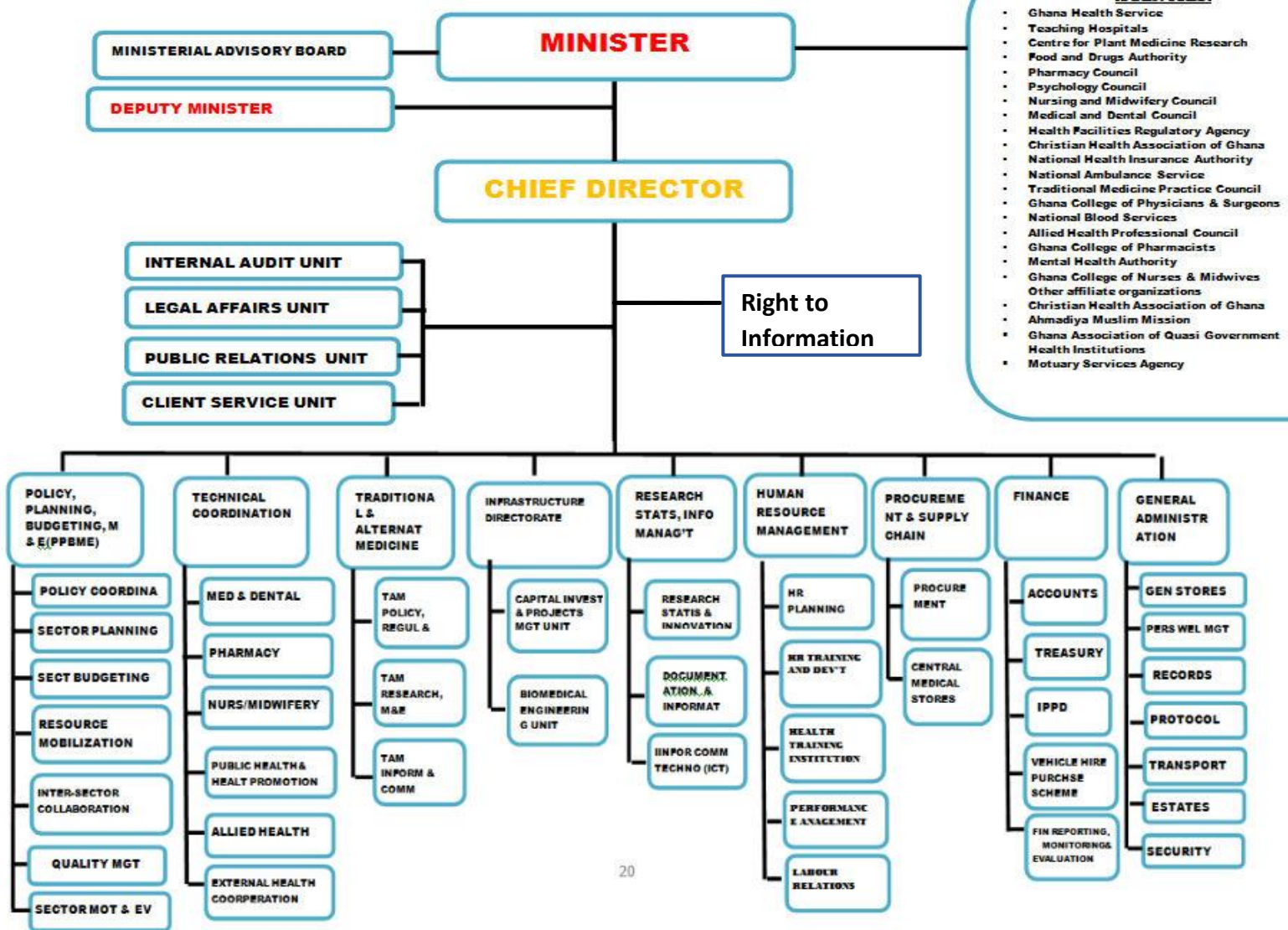
4. Public Health and Health Promotion Policy, Regulations/Standards: The section develops and reviews the broad policies for the regenerative health and nutrition sub-sector of the Ministry. It designs and develops mechanisms, systems, plans, strategies, standards, and regulations to promote healthy lifestyles and wellness of the citizenry within the Nation

5. Allied Health Policy, Regulations/Standards: The section develops and reviews the broad policies for the allied health sub-sector of the Ministry. It designs and develops mechanisms, systems, plans, strategies, standards, and regulations to promote health technologies and enhance clinical health care service delivery within the Nation

6. External Health Cooperation Policy, Regulations/Standards: The section develops and reviews, policies, mechanisms, systems, plans, strategies, standards, and regulations to strengthen relationships with external collaborators

MOH ORGANOGRAM

MINISTRY OF HEALTHORGANSATIONAL STRUCTURE

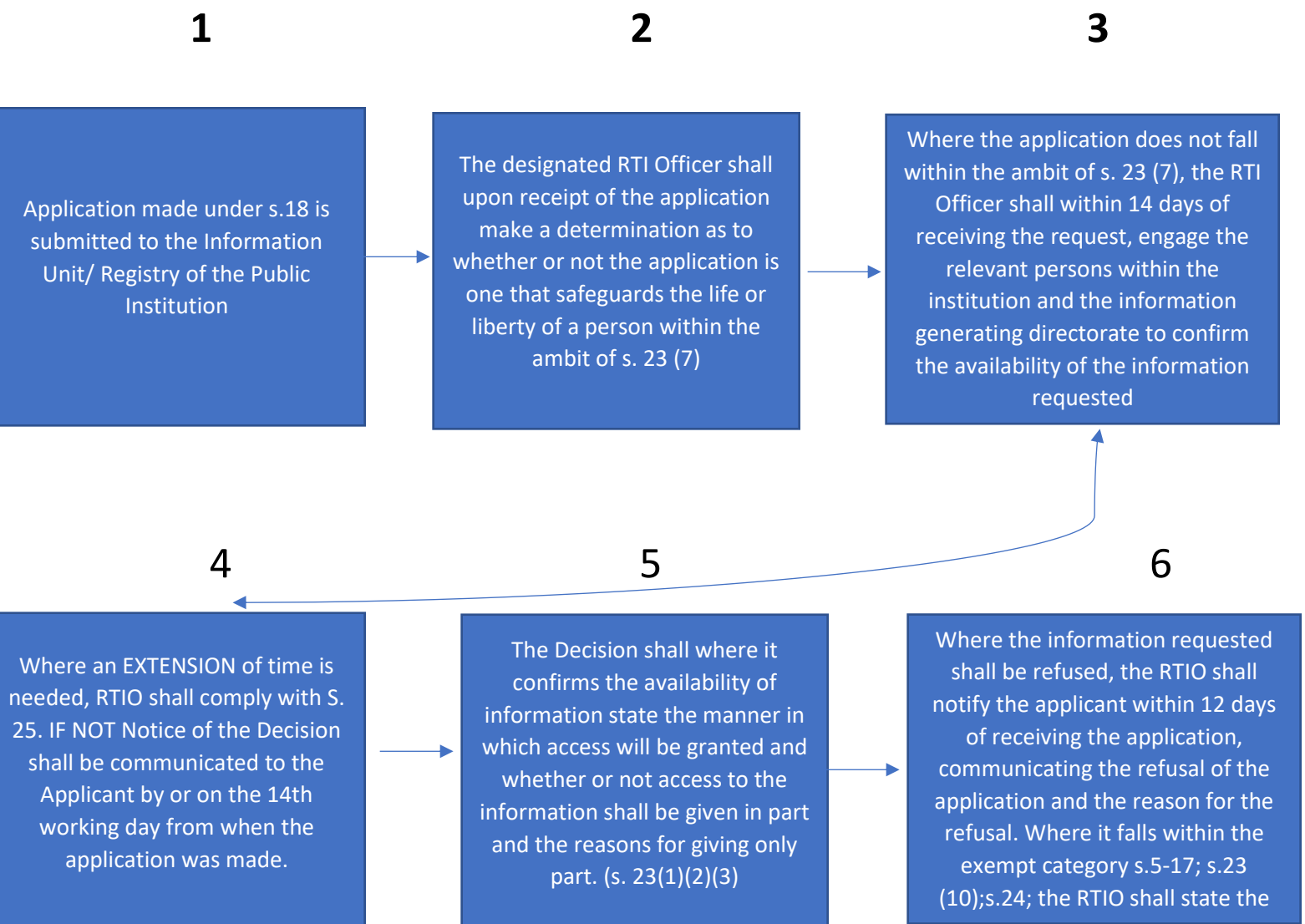


CLASSES AND TYPES OF INFORMATION

POLICIES, CONTRACTS, ETC

Please, kindly refer to description of activities of each Directorate and Department (Page 33) for more info.

PROCESSING AND DECISION ON RTI APPLICATION-S.23(RTI ACT)



AMENDMENT OF PERSONAL RECORD

A person given access to the information contained in records of a public institution may apply for an amendment of the information if the information represents the personal records of that person and in the person's opinion, the information is incorrect, misleading, incomplete, or out of date.

HOW TO APPLY FOR AN AMENDMENT

- a. The application should be in writing indicating;
 - Name and proof of identity.
 - Particulars that will enable the records of the public institution to identify the applicant
 - The incorrect, misleading, incomplete, or the out of date information in the record.
 - Signature of the applicant
- b. For incomplete information claimed or out of date records, the application should be accompanied by the relevant information which the applicant considers necessary to complete the records.
- c. The address to which notice shall be sent should be indicated.
- d. The application can then be submitted at the office of the public institution

FEES AND CHARGES FOR ACCESS TO INFORMATION

The Act mandates Parliament in Section 75 to approve a fee that public institutions can charge. However, fees shall apply to only the three circumstances stated below:

- Request for information in a language other than the language in which the information is held. (s.75) (3).
- When a request is made for a written transcript of the information, a reasonable transcription cost may be requested by the Information Officer. (s.75) (4).
- Cost of media conversion or reformatting. (s.75) (5). Under Section 75 (2), fees are not payable for:
 - Reproduction of personal information
 - Information in the public interest
 - Information that should be provided within stipulated time under the Act
 - An applicant who is poor or has a disability
 - Time spent by the information officer in reviewing the information

- Time spent by the information officer to examine and ensure the information is not exempt
- preparing the information Section 76 subjects the retention of charges received by a public institution to the Constitution. Thus a public institution is authorized to retain charges received under the Act to be used only to defray expenses incurred by the public institution in the performance of functions under the Act and be paid into a bank account opened for the purpose with the approval of the Controller and Accountant-General.

Appendix A: Standard RTI Request Form

APPLICATION FOR ACCESS TO INFORMATION UNDER THE RIGHT TO INFORMATION ACT, 2019 (ACT 989)



1.	Name of Applicant:
2.	Date:
3.	Institution:

10.	Manner of Access: <input type="checkbox"/> Inspection of Information <input type="checkbox"/> Copy of Information <input type="checkbox"/> Viewing / Listen <input type="checkbox"/> Written Transcript <input type="checkbox"/> Translated (specify language)	
10 (a).	Form of Access: <input type="checkbox"/> Hard copy <input type="checkbox"/> Electronic copy <input type="checkbox"/> Braille	
11.	Contact Details:	Email Address _____ _____ Postal Address _____ Tel: _____
12.	Applicant's signaturee/thumbprint:	
13.	Signature of Witness (where applicable) <i>"This request was read to the applicant in the language the applicant understands and the applicant appeared to have understood the content of the request."</i>	

15 (d).	D	Access Denied
---------	----------	----------------------

Reasons for Denial:

D Information for the President or the Vice- President (s.5, Act 989)

D Information Relating to Cabinet (s.6, Act 989)

D Information Relating to Law Enforcement & Public Safety (s.7, Act 989)

D Information Affecting International Relations (s.8,Act 989)

D Information that Affects the Security of the State (s.9, Act 989)

D Economic and Any Other Interests (s.10, Act 989)

D Economic Information of Third Parties (s.11, Act 989)

D Information Relating to Tax (s.12, Act 989)

D Internal Working Information of Public Institution (s.13, Act 989)

D Parliamentary Privilege, Fair Trial, Contempt of Court (s.14, Act 989)

D Privileged Information (s.15,Act 989)

D Disclosure of Personal Matters (s.16, Act 989)

D Non-existent Information (s.24, Act 989)

Signed: _____

Date of Notice : ———

Name: _____

APPENDIX B: CONTACT DETAILS OF MOH RTI UNIT

APPENDIX C: ACRONYMS

<u>Acronym</u>	<u>Literal Translation</u>
RTI	Right to Information
MDA	Ministries, Departments, and Agencies
s.	Section
MOH	Ministry of Health

Appendix D: Glossary

This Glossary presents clear and concise definitions for terms used in this manual that may be unfamiliar to readers listed in alphabetical order. Definitions for terms are based on section 84 of the RTI Act.

Term	Definition
Access	Right to Information
Access to information	Right to obtain information from public institutions
Contact details	Information by which an applicant and an information officer may be contacted
Court	A court of competent jurisdiction
Designated officer	An officer designated for the Act who performs similar role as the information officer
Exempt information	The information which falls within any of the exemptions specified in sections 5 to 16 of the Act
Function	Powers and duties
Government	Any authority by which the executive authority of the Republic of Ghana is duly exercised
Information	Information according to the Act includes recorded matter or material regardless of form or medium in the possession or under the control or

	custody of a public institution whether or not it was created by the public institution, and in the case of a private body, relates to the performance of a public function.
Information officer	The information officer of a public institution or the officer designated to whom an application is made
Public	Used throughout this document to refer to a person who requires and/or has acquired access to information.
Public institution	Includes a private institution or organization that receives public resources or provides a public function
Right to information	The right assigned to access information
Section	Different parts of the RTI Act