



HEALTH SECTOR MEDIUM-TERM DEVELOPMENT PLAN (MTDP)

2026 - 2029

MINISTRY OF HEALTH

RESETTING-GHANA AGENDA: CREATING JOBS, ENSURING
ACCOUNTABILITY
AND PROMOTING SHARED PROSPERITY

OCTOBER 2025

FOREWORD

The Government of Ghana remains firmly committed to building a resilient, equitable, and sustainable health system capable of delivering quality health care to the entire populace, irrespective of location or income. The Health Sector Medium-Term Development Plan (HSMTDP) 2026-2029 articulates the strategic direction of the Ministry of Health and its agencies over the next four years in line with the *Government's Resetting Ghana Agenda-Creating Jobs, Ensuring Accountability, and Promoting Shared Prosperity*.

This Plan builds on the achievements and lessons of previous medium-term plans, particularly the 2022–2025 HSMTDP, while addressing persistent health system challenges and emerging public health threats. It provides a coherent policy and strategic framework for improving access, quality, and efficiency in health service delivery and for advancing progress towards Universal Health Coverage (UHC) by 2030.

The 2026–2029 Plan has been developed through broad consultations with stakeholders, including government agencies, development partners, civil society, the private sector and local communities. In addition, it considered global, regional and national commitments such as the African Union's Agenda 2063, the Sustainable Development Goals (SDGs), and Ghana's Universal Health Coverage (UHC) roadmap.

It emphasises the integration of primary health care as the foundation of service delivery and highlights the Ministry's focus on sustainable financing, local manufacturing, climate resilience, and human resource development, as well as digital transformation and private sector development as catalysts for health sector transformation.

In line with the *Resetting Ghana Agenda*, this plan emphasises job creation in health through investments in training, recruitment, and health infrastructure projects. In addition, it also seeks to promote accountability through robust regulatory systems, data transparency and performance-based planning to ensure efficient use of resources and effective delivery of results across all levels of the health system. To ensure *Shared Prosperity* it seeks to prioritise the needs of the vulnerable,

strengthen primary health care, and expanding financial protection through the National Health Insurance Scheme (NHIS) free Primary Health Care and the Ghana Medical Trust Fund.

Furthermore, the Plan identifies critical investments required to optimise care at all levels, accelerate digital health transformation, close health equity gaps, and advance local manufacturing of medicines and health technologies, especially in support of Ghana's health sovereignty agenda.

As Ghana strives to consolidate its health gains and address inequalities in access and outcomes, the Ministry of Health will continue to provide leadership, foster innovation, and promote collaboration with all partners. Together, we can build a healthier nation that drives productivity, equity, and shared prosperity for every Ghanaian.

I commend all stakeholders who contributed to the preparation of this Plan and urge their continued partnership in its implementation. The health and well-being of our people remain central to the nation's development and the realisation of our collective vision for a resilient and inclusive Ghana.

I am deeply aware that the success of our efforts depends on the quality of our partnerships, the strength of our systems, and the integrity of our governance. Let us move forward together, united in our purpose to build a healthier Ghana that offers dignity, opportunity, and well-being for all.

Together, we shall reset, reimagine, and revitalise Ghana's health sector for present and future generations.

A stylized, handwritten signature in black ink, consisting of several overlapping loops and vertical strokes, positioned above the printed name and title.

HON. KWABENA MINTAH AKANDOH
MINISTER FOR HEALTH

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LIST OF ACRONYMS

ABFA	Annual Budget Funding Amount
AI	Artificial Intelligence
ANC	Antenatal Care
ART	Antiretroviral Therapy
AU	African Union
AUDA-NEPAD	African Union Development Agency – New Partnership for Africa’s Dev’t
CHAG	Christian Health Association of Ghana
CHPS	Community-Based Health Planning and Services
CPESDP	Coordinated Programme of Economic and Social Development Policies
CSOs	Civil Society Organizations
CYP	Couple Year Protection
DALY	Disability-Adjusted Life Year
DHIMS2	District Health Information Management System (Version 2)
DHS	Demographic and Health Survey
EMR	Electronic Medical Records
FDA	Food and Drugs Authority
GDP	Gross Domestic Product
GES	Ghana Education Service
GHS	Ghana Health Service
GIFMIS	Ghana Integrated Financial Management Information System
GoG	Government of Ghana
GSS	Ghana Statistical Service
HeFRA	Health Facilities Regulatory Agency
HLMA	Health Labour Market Assessment
HRH	Human Resources for Health
HSMTDP	Health Sector Medium-Term Development Plan
ICT	Information and Communication Technology
IGF	Internally Generated Funds

LMIS	Logistics Management Information System
M&E	Monitoring and Evaluation
MDAs	Ministries, Departments and Agencies
MMDAs	Metropolitan, Municipal and District Assemblies
MoF	Ministry of Finance
MoH	Ministry of Health
MoTI	Ministry of Trade and Industry
MTNDPF	Medium-Term National Development Policy Framework
NDPC	National Development Planning Commission
NCDs	Non-Communicable Diseases
NHIA	National Health Insurance Authority
NHIS	National Health Insurance Scheme
NGOs	Non-Governmental Organizations
NTDs	Neglected Tropical Diseases
NVI	National Vaccine Institute
OOP	Out-of-Pocket
OPD	Outpatient Department
PFM	Public Financial Management
PHC	Primary Health Care
PHEOC	Public Health Emergency Operations Centre
PPP	Public-Private Partnership
QA	Quality Assurance
RMNCAH&N	Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition
SDGs	Sustainable Development Goals
SORMAS	Surveillance Outbreak Response Management and Analysis System
SWAp	Sector-Wide Approach
TB	Tuberculosis
UHC	Universal Health Coverage
UN	United Nations
UNFPA	United Nations Population Fund

UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

EXECUTIVE SUMMARY

The Health Sector Medium-Term Development Plan (HSMTDP) 2026–2029 provides the strategic direction for Ghana’s health sector over the next four years. It outlines the key priorities, programmes, and interventions required to strengthen the health system, improve access to quality care, and accelerate progress towards Universal Health Coverage (UHC) by 2030. Anchored on the Government’s Resetting Ghana Agenda-Creating Jobs, Ensuring Accountability, and Promoting Shared Prosperity, the Plan positions the health sector as a driver of inclusive growth and human capital development. It aligns with the Medium-Term National Development Policy Framework (MTNDPF) 2026–2029, the Coordinated Programme of Economic and Social Development Policies (CPESDP), and international commitments such as the Sustainable Development Goals (SDGs) and the African Union’s Agenda 2063.

The Plan was developed through a participatory and consultative process led by the Ministry of Health (MoH) with the support of a Plan Preparation Team comprising representatives from key directorates, agencies, NDPC, and development partners. It involved a review of the previous 2022–2025 plan, a comprehensive sectoral analysis, and extensive stakeholder consultations at both regional and national levels. Stakeholders included the Ghana Health Service, Teaching Hospitals, Faith-Based Health Providers (CHAG), Private Sector Representatives, Civil Society Organizations (CSOs), Development Partners, and Metropolitan, Municipal and District Assemblies (MMDAs). The Plan was validated through a national workshop and approved by the Minister for Health in accordance with NDPC guidelines.

Ghana has made notable progress in expanding health access through the Community-Based Health Planning and Services (CHPS) initiative, which now accounts for the majority of outpatient visits nationwide. The country’s health infrastructure includes six teaching hospitals, 561 hospitals, 10 regional hospitals, 1,354 clinics, 1,125 health centres, and 7,270 CHPS compounds. However, inequalities persist in the distribution of health facilities and personnel, particularly in the northern and newly created regions. While human resources for health have expanded, challenges remain with equitable distribution, retention, and career progression. The National Health Insurance Scheme (NHIS) continues to provide financial protection for millions of Ghanaians, but coverage gaps,

delayed reimbursements, and limited benefits remain concerns. Health financing continues to rely heavily on government allocations, which are often constrained by fiscal limitations, and out-of-pocket expenditure still exposes households to financial hardship. The disease burden is also evolving, with non-communicable diseases (NCDs) rising alongside communicable and maternal health challenges. Environmental pollution, climate change, and urbanization have introduced new public health risks requiring preventive and adaptive approaches.

The scope and direction of the 2026–2029 development programmes focus on consolidating gains and transforming service delivery to build a resilient, equitable, and sustainable health system. Programmes will strengthen primary health care as the foundation of service delivery, expand access through health infrastructure development, enhance human resource capacity, and improve the quality of care. Emphasis will also be placed on digital transformation, sustainable health financing, public health preparedness, and climate-health resilience. To achieve these, the Plan prioritizes eight strategic areas: strengthening health financing and resource mobilisation; expanding equitable access and quality of care; improving human resource planning and retention; enhancing digital transformation and health information systems; broadening NHIS coverage and financial protection; promoting climate-health resilience; improving emergency preparedness and surveillance; and reinforcing governance, regulation, and accountability. Implementation of the Plan will be guided by a results-based Monitoring and Evaluation (M&E) framework aligned with NDPC’s national results system. Annual and mid-term reviews will track progress, ensure accountability, and support timely decision-making.

The HSMTDP 2026-2029 reaffirms the Government’s commitment to resetting the health sector in line with national development priorities. It envisions a resilient, inclusive, and accountable health system that improves health outcomes, creates jobs, and contributes to shared prosperity. The successful implementation of this Plan will depend on sustained government commitment, effective stakeholder collaboration, and the active participation of all Ghanaians in building a healthy and productive nation for sustainable development

CHAPTER ONE

GENERAL INTRODUCTION

1.0 Introduction

This document presents the 2026-2029 Health Sector Medium-Term Development Plan (HSMTDP), which outlines the strategic direction for the implementation of the health sector plans, commitments, programmes and priorities over the next four years. The plan is aligned with the Government of Ghana's development agenda through policy frameworks such as the Coordinated Programme of Economic and Social Development Policies (CPESDP), the Medium-Term National Development Policy Framework (MTNDPF) 2026-2029, the Universal Health Coverage (UHC) Roadmap, as well as international obligations such as the Sustainable Development Goals (SDGs) and the African Union's Agenda 2063.

This HSMTDP 2026-2029 is the fifth medium-term plan developed for the health sector since the introduction of the Sector-Wide Approach (SWAp) in 1997 as a mechanism to streamline planning, coordination and financing of activities in the health sector and among key stakeholders. The objective of the plan is to define a policy and strategic framework that will guide the health sector in achieving its vision of a healthier population with a focus on key areas addressing equitable access to quality and affordable health services.

This plan builds upon the achievements and lessons of the 2022–2025 HSMTDP, while responding to persistent health system challenges, emerging public health threats, and new policy imperatives. It serves as a bridge between national aspirations and implementation, providing direction for programme planning, resource allocation, service delivery, and performance monitoring at all levels of the health system.

1.1. The Health System in Ghana

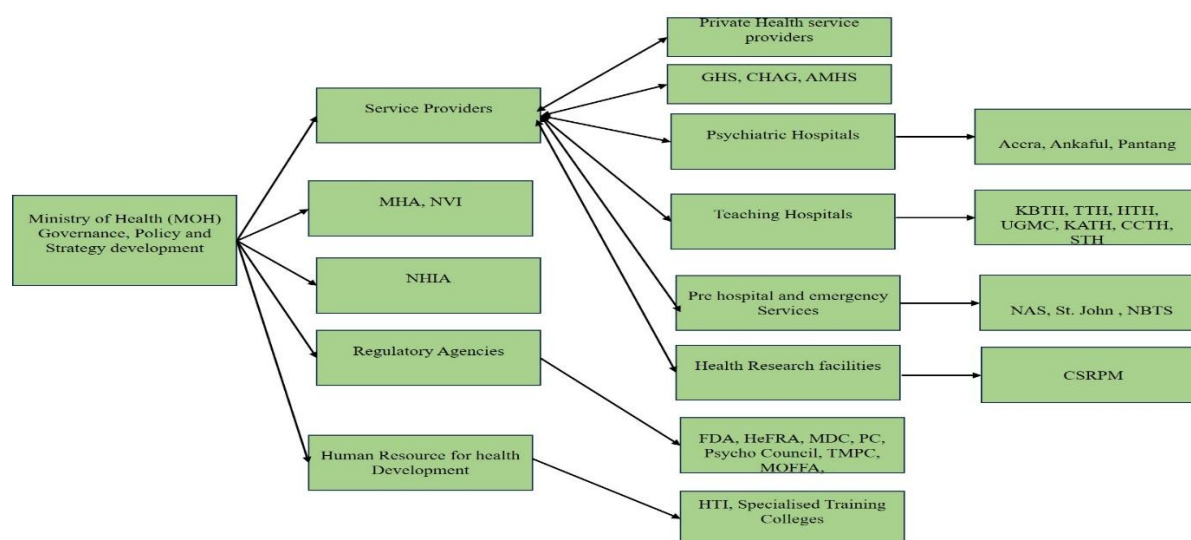
Ghana has a hierarchical health system structure, as seen in many other countries around the world. The Ministry of Health (MoH) is the apex body charged with the responsibility to formulate policies, mobilise resources for the implementation of the policies, and monitor and evaluate them to improve the health

outcomes of the population. The MoH has thirty-one (31) agencies that have specific health-related mandates to implement policies and programmes of the sector.

Health service delivery is organised along a three-tier arrangement (primary, secondary and tertiary levels) This pluralistic nature of the health system was realised following a reform in 1996 to adopt a Sector Wide Approach (SWAp)¹ in the sector, and the subsequent passage of the Ghana Health Service and Teaching Hospitals Act (Act 525) in the same period. Since then, other agencies have also been created to perform regulatory and health financing functions.

Regarding health infrastructure, the country has seen a steady expansion over the years. As of December 2024, there were a total of 10,688 health facilities in Ghana, including 8,709 public health facilities, 1,647 private self-financing and 332 quasi-governmental facilities. Despite these achievements, there are gaps in the number of health facilities, logistics and equipment which need to be addressed to accelerate progress towards the attainment of the related Sustainable Development Goals (SDGs), particularly UHC.

Figure 1: Structure of Ghana's Health System



1.2. Background of the Health Sector in Ghana

Ghana's health sector operates under a decentralised and pluralistic system, designed with a pro-poor focus to ensure equitable access to health care. The institutional framework comprises the

¹ 2015 National Health Accounts

Ministry of Health (MOH) as the main policy maker and regulator; the Ghana Health Service (GHS), teaching hospitals, and faith-based and private-for-profit institutions as service providers; and the National Health Insurance Authority (NHIA) as the purchaser of health services for insured clients.

The MoH executes its mandate through 31 agencies and affiliated organisations. The agencies are categorised as health service delivery agencies (16), regulatory bodies (9) responsible for the enforcement of standards for professional training, conduct, and accreditation of health facilities, medical and non-medicinal products and food; in addition, the Ministry operates training institutions (97 health training schools), 2 subverted agencies and 3 specialised training colleges.

The Ghana Health Service (GHS) is an autonomous executive agency responsible for implementing national health policies under the MOH. There are three levels of management in the Ghanaian health sector, which comprise the national, regional and district-level management systems. Functionally, however, the Ghana Health Service is organised at the National, Regional, District, Sub-district and Community Levels and health services are delivered under primary, secondary and tertiary health care systems.

The Teaching Hospitals function as semi-autonomous health institutions with responsibility for tertiary-level healthcare under a board appointed by the President. Tertiary and specialised care is provided through teaching hospitals, university hospitals and psychiatric hospitals. These are the hubs for training health professionals and the provision of tertiary services to clients referred from the lower levels in the country.

Secondary-level health care services are delivered at the regional hospitals. Regional hospitals provide both public health and clinical services and serve as referral points for facilities from the district level and below. The Regional Health Administration or Directorate provides supervision and management support to the districts and sub-districts within each region.

The District Health Management Team (DHMT) provides supervision over the sub-districts. Districts have an average of 4-6 sub-districts. Within these sub-districts are the hospitals, health centres, clinics and community-based health planning and services (CHPS) compounds [5]. Ghana developed the CHPS approach as part of its primary healthcare strategy to address gaps in access to quality health services at the community level. Basic preventive and curative services for minor ailments are addressed at the community and household level with the introduction of the CHPS system [6].

The main funding mechanism for the health sector is through the National Health Insurance scheme. Launched in 2004, the insurance scheme covers about 95.0% of health conditions and includes inpatient and outpatient services for general and specialist care, surgical operations, hospital admission, prescription drugs, blood products, dental care, maternity care and emergency treatment [7].

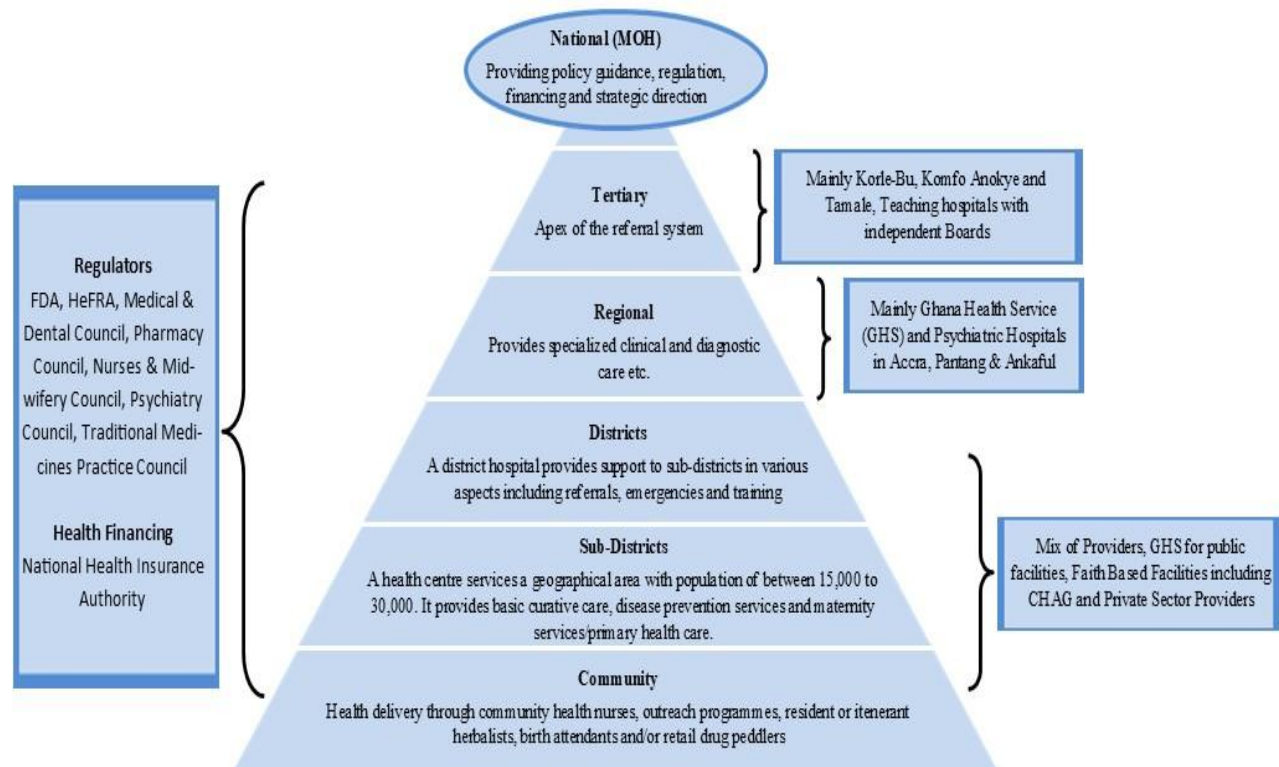
Ghana has conducted three landmark assessments of its primary health care system (Vital signs profile assessment, CHPS verification survey (2018) and the 2020 EmONC survey). The data from these surveys provide valuable information on the status of health facilities in the country. However, these assessments were not comprehensive enough (in terms of coverage and content) to inform the rollout of ongoing innovations in healthcare delivery, such as the Networks of Practice.

A comprehensive service availability and readiness survey of all levels of health delivery in the country will help determine the status of health facilities and identify gaps in service availability and readiness in the country. The WHO Harmonised Health Facility Assessment provides an approach for conducting a comprehensive assessment of health service availability, readiness and quality.

To further strengthen its efforts at achieving UHC, Ghana implemented the WHO Harmonised Health Facility Assessment in 2022. This was to help identify the gaps in availability and readiness of facilities to provide services that can then be remedied to facilitate the achievement of UHC by 2030. Ghana's pluralistic health sector is structured in a decentralised manner and has been designed through a pro-poor lens. 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 the purchaser of health care services for its insured members. The PHC services are delivered through linkages at the district (hospitals) and sub-district level (health centres, maternity homes, clinics and CHPS compounds).

Healthcare services in Ghana are supplied by both public and private providers. The main public providers are the Ghana Health Service (GHS), the Teaching Hospitals and the Psychiatric Hospitals. Two non-state faith-based providers, the Christian Health Association of Ghana (CHAG) and Ahmadiyya Muslim Mission Health Services, work relatively closely with the public sector. The Teaching and Psychiatric Hospitals provide tertiary and specialist services. GHS, CHAG and Ahmadiyya Mission Hospitals provide both primary and secondary-level services. The private providers are active at all three levels of care and generally focus primarily on clinical care services.

Figure 1 Organisation of health services in Ghana.



1.3. Ministry of Health

The Ministry of Health (MoH) is the apex body charged with the responsibility to formulate policies, mobilise resources for the implementation of the policies, and monitor and evaluate them to improve the health outcomes of the population.

1.3.1. Mandate of the Ministry of Health

The Ministry of Health (MoH) was established under the Civil Service Law, 1993 (PNDC Law 327), with a mandate to formulate health policies for strategic direction for the health service, monitor and evaluate programmes and projects, mobilise resources, train human resources, conduct health research and regulate medicinal, food and cosmetic products.

1.3.2. Vision

All people in Ghana have timely access to high-quality health services, irrespective of their ability to pay at the point of use.

1.3.3. Mission

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

1.3.4. Functions

The functions of the Ministry are as follows:

- Formulate, coordinate and monitor the implementation of sector policies and programmes.
- Provide public health and clinical services at primary, secondary and tertiary levels.
- Regulate registration and accreditation of health service delivery facilities as well as the training and practice of various health professionals regarding standards and professional conduct.
- 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 utilisation of traditional medicinal products in the country.
- Conduct and promote scientific research into plant and herbal medicine
- Provide pre-hospital care during accidents, emergencies and disasters.

1.3.5. Core Values

The core values of the Ministry are centred on:

- Partnership: Health is multi-dimensional in nature and requires partnerships. Partnerships with governmental and non-governmental agencies, communities and funding agencies are required in planning and collaborating for health delivery, coordinating service delivery, performance assessment and regulation.

- **Equity:** To achieve the vision of having a healthy population for national development requires the provision of basic health services to all people living in Ghana. The Ministry of Health is committed to developing the appropriate structures and systems to ensure that such basic health services are enjoyed by all Ghanaians, irrespective of where they are located and or their financial situation.
- **Accountability:** The Ministry of Health takes responsibility for the health of the people of Ghana. It is committed to accounting for its stewardship to the general population. This is reflected in its annual review process, where stakeholders review progress and together chart a new course with a view to improving the lives of the people.
- **Effectiveness (Efficiency):** The Ministry espouses the use of medical technologies that are proven to be effective and efficient in delivering appropriate health services. It has developed appropriate and efficient health systems that ensure that health services are delivered to people who need them.
- **Sustainability:** The Ministry is committed to ensuring continuity in its health programmes and therefore prioritises initiatives that are sustainable and capable of withstanding the test of time.

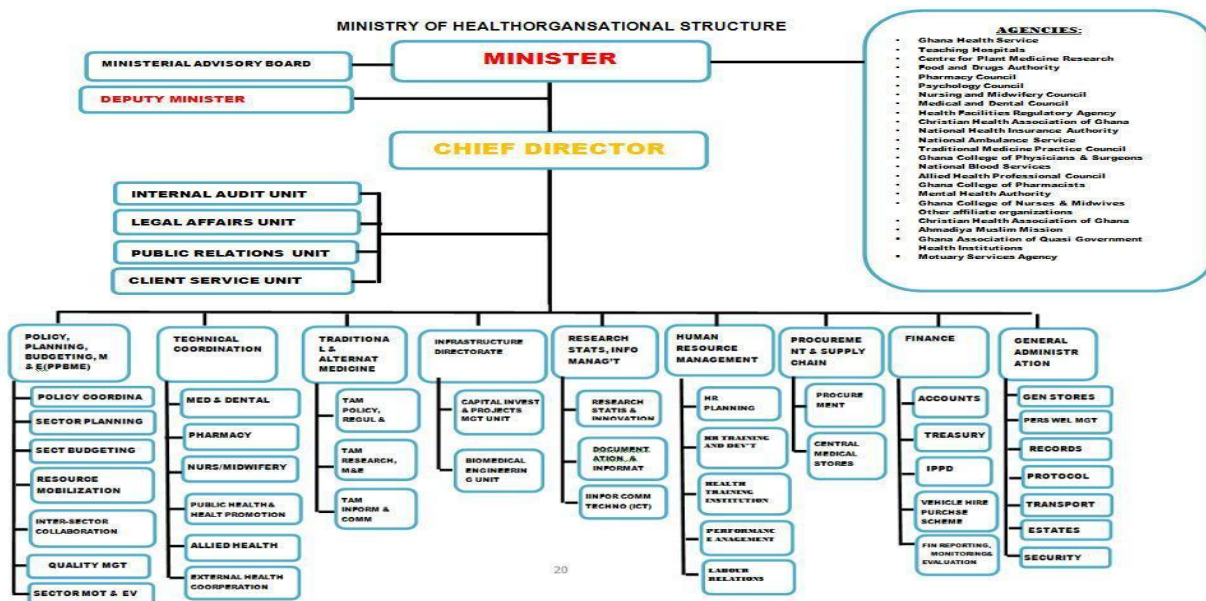
1.3.6. Organisational Structure

At the apex of the Ministry's structure is the Minister for Health, acting as the political head and providing leadership in line with the vision of the government for the health sector. The Minister is supported by Deputy Ministers and counselled by the Ministerial advisory board. The Chief Director is the technical advisor to the Minister. The Chief Director is supported by eight (8) line Directors (General Administration; Human Resource; Policy Planning, Monitoring and Evaluation; Research Statistics and Information Management, Technical Coordination, Finance, Procurement and Supply, Infrastructure) and other Directors.

The 31 Agencies are headed by Chief Executive Officers, Executive Directors, and Rectors, who report to the Minister of Health. The heads of these Agencies engage with the Ministry and its partners through common dialogue platforms such as the Inter Agency Leadership Committee meetings, Health Sector working group meetings, and Inter Agency Performance review meetings to discuss issues related to the development of the health sector.

An organogram detailing the structure of the Ministry of Health is indicated in *figure 2*.

Figure 2 Organogram of the Ministry of Health



1.4. Structure of the Plan

The document is organised into eight chapters as follows:

- Chapter One introduces the Plan and provides background information on the Ministry of Health
- Chapter Two presents a situational analysis of the current medium-term development context.
- Chapter Three discusses the policy and strategic framework guiding the Plan.
- Chapter Four outlines the health sector strategies aligned with sector goals and objectives.
- Chapter Five presents the composite development programmes.
- Chapter Six details the annual action plans for implementation.
- Chapter Seven outlines the monitoring and evaluation arrangements
- Chapter Eight describes the development of the communication strategy.

CHAPTER TWO

SITUATIONAL ANALYSIS

2.0. Introduction

This chapter provides a comprehensive assessment of the health sector. It evaluates the health sector's performance in relation to its programmes, including a review of financial performance over the planned period 2022-2025. It also presents the existing conditions, highlighting the challenges and lessons learnt across the health system, providing a foundation for the 2026-2029 HSMTDP. It concludes with the identification of key development issues.

2.1 Performance Review

The health sector, over the medium term, sought to ensure access to affordable, equitable, and easily accessible universal health coverage; reduce morbidity, disability, and mortality; intensify prevention and control of non-communicable diseases; and enhance efficiency in the governance and management of the health system.

Over the years, access to health services has improved. The number of OPD visits increased from 29.9 million in 2021 to 37.79 million in 2024, resulting in a rise in OPD per capita attendance from 1.13 to 1.2 in the same period. Similarly, the coverage under NHIS improved, with the percentage of active members increasing from 54 per cent in 2021 to 56.3 per cent in 2024. There has also been progress in human resources for health, particularly in the ratios of nurses and doctors to the population. However, the challenge of maldistribution remained a concern. Analysis of the GOG payroll shows that the number of nurses increased by 5.2 per cent, from 58,217 to 62,643 in 2022, but declined to 61,228 in 2023. Also, approximately 1000 doctors were mechanised on the payroll, with the number increasing from 5,404 in 2021 to 6,432 in 2024.

Maternal and child healthcare has shown stagnation over the years, with marginal reduction in stillbirths, neonatal and maternal mortalities. On average, more than 850 maternal deaths occur

annually, with the majority reported in urban areas. Key service indicators such as ANC 4 plus visits and skilled deliveries continue to perform around 60 per cent.

Access to clinical and public health services has worsened. The number of emergency cases attended to by the national ambulance service declined from 41,903 in 2021 to 30,562 in 2023. Similarly, the response time for emergencies increased, rising from 20 minutes to 22 during the same period. While the average length of stay in hospital wards stagnated at 3 days, the hospital bed occupancy rate decreased, suggesting inefficiencies in bed management. Furthermore, the percentage of PLWHIV who know their HIV status and are on treatment decreased. Table 1 below presents the status of key indicators.

Table 1: Performance review matrix, 2022 -2025 MTDP

Development Dimension	Indicators	Baseline 2021	2022-2025 Medium Term Target	Cumulative Achievement		Remark
				Year	Data	
Social Development	Proportion of encounters with antibiotics prescribed	21	10	2024	31.3	
	Domestic Government health expenditure as % of total government expenditure	9	15	2023	7.26	
	Out-of-pocket expenditure as % of current health expenditure (CHE)	38	34	2023	26.68	
	Proportion of primary health facilities reporting no stock-out of tracer medicines	N/A	80	2022	51	
	Proportion of population with large household expenditures on	N/A	N/A	N/A	N/A	

Development Dimension	Indicators	Baseline 2021	2022-2025 Medium Term Target	Cumulative Achievement		Remark
				Year	Data	
	health as a share of total household expenditure or income (Catastrophic Health Expenditure)					
	Percentage of the population with active NHIS coverage	54.4	70	2024	56.3	
	Average percentage of clients satisfied with OPD/IPD services	N/A	N/A	N/A	N/A	
	Average number of medicines per prescription	3	3	2024	2.6	
	Doctor-to-population ratio	1:6,355	1:2,000	2024	1:4,333	
	Nurse-to-population ratio	1:701	1:300	2024	1:528	
	Doctor population equity index (Geographical)	21	1	2024	22	
	Nurse Population Equity Index (Geographical)	2.5	1	2024	2.6	
	OPD per capita attendance	1.13	2	2024	1.2	
	Availability of essential medicines (Tracer Drug Availability)	N/A	N/A	2023	51	HHFA
	Percentage of facilities in good	29	80	2024	41	

Development Dimension	Indicators	Baseline 2021	2022-2025 Medium Term Target	Cumulative Achievement		Remark
				Year	Data	
	standing with HeFRA					
	Proportion of facilities offering Traditional & Alternative Medicine	32	54	2024	31	
	Percentage of samples analysed	85	98	2024	61	
	Percentage of FDA-regulated facilities licensed	74	89	2024	53	
	Percentage of market outlets inspected	100	100	2024	102	
	Midwife-to-WIFA ratio	2.6	1	2024	3.2	
	Midwife to WIFA population equity index (Geographical)	2.4	1	2024	2.5	
	ANC 4+ (%)	58.6	66	2024	60.7	
	Institutional Neonatal Mortality Rate	7.4	6.3	2024	5.1	
	Mother-to-child HIV transmission rate at 18 months (children born to HIV-positive mothers who tested negative)	74.4	90	2024	91.6	
	Stillbirth Rate	12.7	11.8	2024	9.5	

Development Dimension	Indicators	Baseline 2021	2022-2025 Medium Term Target	Cumulative Achievement		Remark
				Year	Data	
	Skilled birth attendance coverage (%)	58.7	66	2024	56.8	
	% of children fully immunized (Using Penta 3 as proxy)	94.2	98	2024	98	
	Prevalence of stunting among children under five years.	1.1	0.1	2024	0.78	
	Institutional Under-five mortality rate (per 1000lb)	9.8	10	2024	10.7	
	Institutional Under 5 Malaria Case Fatality Rate	1.2	0.01	2024	0.03	
	Prevalence of wasting among children under five (%)	N/A	N/A		N/A	
	Adolescent pregnancy rate (aged 10–14 years; aged 15–19 years) per 1,000 women in that age group	15.9	12	2024	9.3	
	Institutional Maternal Mortality ratio	119.5	97.5	2024	112.5	
	Prevalence of underweight among children under five years	1.4	1.1	2024	1.1	
	Ratio of Ambulance to population	0.47	1	2024	0.5	
	Proportion of disease outbreaks identified, and response actions	100	100	2024	100	

Development Dimension	Indicators	Baseline 2021	2022-2025 Medium Term Target	Cumulative Achievement		Remark
				Year	Data	
	started within 24-48 hours					
	Blood collection index (BCI) per 1000 population	5.7	7.8	2024	6.1	
	95-95-95 Target (HIV Positive people receiving ART with viral Suppression)	79	95	2024	90	
	95-95-95 Target (HIV Infected persons who are receiving sustained ART)	79	95	2024	69	
	95-95-95 Target (HIV Infected persons who know their HIV Status)	88	95	2024	68	
	HIV incidence per 1,000 population	0.67	0.5	2024	0.47	
	Tuberculosis incidence per 100,000 population	43	45	2024	60.7	
	TB treatment success rate (%)	87	90	2024	90.7	
	TB case detection rate	36.7	74.5	2024	47	
	Prevalence of mental health disorders among women and young adults	1.52	1.5	2022	0.44	
	Prevalence of hypertension (Institutional)	1.3	1.6	2024	1.8	
	Prevalence of NTDs (e.g Yaws, Bruli ulcer, etc)	N/A	50	N/A	N/A	
	Family Planning Acceptor Rate	33.8	37.2	2024	35.7	

Development Dimension	Indicators	Baseline 2021	2022-2025 Medium Term Target	Cumulative Achievement		Remark
				Year	Data	
	Total estimated protection by contraceptive methods supplied (Couple Year Protection (CYP)	1,476,064	1,700,000	2024	1,762,755	
	Prevalence of diabetes	0.65	0.2	2024	0.6	
	Death rate due to road traffic injuries	N/A	N/A	N/A	N/A	
	Malaria incidence per 1,000 population	176	210	2024	177	
	Bed Occupancy Rate	56.1	65	2024	59.5	
	Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease	NA	N/A	N/A	NA	
	Institutional All-Cause Mortality	21.7	18	2024	20	
	Surgical Site Infection Rate	4	1.2	2024	4	
	Average length of stay	3.3	3	2024	3.7	
	Hepatitis B incidence per 100,000 population	N/A	N/A	N/A	N/A	
	Average response time to emergencies	22:43	10:25	2024	22.33	
	Percentage of Planned Preventive maintenance activities	N/A	100	2024	78.2	

Development Dimension	Indicators	Baseline 2021	2022-2025 Medium Term Target	Cumulative Achievement		Remark
				Year	Data	
	implemented (Ambulances)					

Data Source: Holistic Assessment reports, 2024, MTR report, DHIMS2

The Ministry also undertook some strategic developments and reforms to improve health service delivery in the country. These include the *establishment of the National Vaccine Institute (NVI) in 2023* as a critical step towards vaccine self-sufficiency and health security. The NVI is mandated to coordinate the production, research, regulation, and distribution of vaccines in Ghana and serves as a strategic anchor for building national resilience against pandemics and vaccine-preventable diseases. It represents a milestone in domestic health innovation and industrial development.

The Ministry also launched a comprehensive *Digital Health Strategy (2023–2027)* to digitise health services, improve data visibility, and enhance system efficiency. Key interventions include the rollout of electronic health records, interoperability frameworks, telemedicine platforms, and data analytics systems. This strategy is expected to transform health governance, strengthen health information systems, and improve citizen engagement in care delivery.

The MoH also deepened its collaboration with other sectors such as education, environment, agriculture, and local governance. Notable efforts include joint action plans on nutrition, climate and health, school health programs, and WASH (Water, Sanitation and Hygiene) interventions. This whole-of-government approach aims to deliver more integrated and impactful health outcomes. It also *enhanced private sector engagement* as part of a broader health financing and service delivery strategy. Public-Private Partnerships (PPPs), private investments in diagnostics and pharmaceuticals, and regulatory reforms have improved access to specialised services and expanded the private sector's role in achieving Universal Health Coverage (UHC). Through platforms like the Ghana Health Service Compact and the Private Sector Health Alliance, the Ministry is fostering shared accountability and innovation. The Ministry also maintains strong relationships with bilateral and multilateral development partners such as the WHO, UNICEF, GAVI, the Global Fund, the World Bank, and others, ensuring policy coherence and strategic investment across the sector.

2.1.1. Financial Performance

The Government of Ghana accounted for the largest component of health sector financing, with an estimated budget of GHS 39.06 billion during the period under review. Of this, GHS 29.95 billion was received, leaving a deficit of GHS 9.11 billion. IGF recorded an estimated GHS 15.33 billion, while actual collections totalled GHS 11.32 billion. Donor funding, critical for strengthening the health systems and vertical interventions, was the most impacted, receiving only GHS 2.58 billion of the GHS 5.59 billion planned. ABFA contributed GHS61 million out of a budgeted GHS93 million, largely constrained by fluctuations in oil revenue and competing national priorities.

This financing gap significantly affected the pace and quality of implementation. Key interventions, especially those related to capital investment, service coverage expansion, and health workforce development, were scaled down, reprioritised or delayed. In particular, the shortfall in donor and capital allocations disrupted high-impact programs in maternal and child health, infrastructure rollouts in underserved areas, and the expansion of specialised services.

Despite these challenges, the Ministry recorded notable improvements in revenue mobilisation, driven by targeted strategies. To start with, IGF performance benefited from the expansion of electronic billing systems, streamlined financial reporting mechanisms, and capacity-building initiatives across facilities. Again, the Parliament of Ghana approved the revision of fees for some of the agencies under the Ministry of Health. These interventions led to improved revenue capture and accountability, boosting IGF collection by approximately GHS 4.02 billion within the review period.

Furthermore, donor alignment efforts were intensified through targeted engagements and joint planning frameworks. These steps helped prioritise funds toward strategic health programs and foster synergy with the national development agenda, although overall donor disbursements remained below expectations.

Finally, Public Financial Management (PFM) reforms, especially the introduction of performance-based budgeting, expenditure tracking systems, and audit strengthening, enhanced the efficiency of resource utilisation and improved budget execution rates.

Nonetheless, persistent challenges constrained optimal revenue mobilisation. Delays in GoG disbursements, especially for capital expenditures, frequently disrupted implementation timelines. IGF generation faced structural limitations due to socio-economic disparities, inconsistent user fee policies, and a lack of cost recovery strategies. Donor contributions waned in part due to global economic shocks and evolving geopolitical tensions. The ABFA's instability further complicated long-term health sector planning.

While resource mobilisation efforts yielded incremental gains, the overall funding gap underscores the urgent need for sustainable financing strategies, diversified resource bases, and improved budget predictability to ensure the full realisation of the sector's development objectives in the 2026-2029 HSMTDP. The consolidated overview of budgetary allocations and actual expenditures in the health sector, as presented, are shown in Table xx below.

Table 2: Financial performance matrix, 2022-2024

Source of Fund	Total Estimated Cost of Plan (A) GHS (million)	Total Amount Received (B) GHS (million)	Variance (C) = (A-B) GHS (million)
GoG	39,064	29,954	9,110
IGF	15,333	11,317	4,017
Donor	5,593	2,583	3,010
ABFA	93	61	32
Total	60,084	43,914	16,170

Source: MOH Financial Statement, 2024

2.2. Existing Conditions and Diagnosis

2.2.1. Demographic Overview

Ghana's population from 1950 to 2023 surged by 572.01%, growing from about 5.08 million to 34.12 million people. Females constitute 50.1% of the population, with males making up 49.9%. The HLMA Report (2024) shows that 58.62% of Ghanaians live in urban areas, while 41.38% reside in rural communities. The country faces notable challenges but also holds significant potential for progress. The demographic structure is predominantly youthful, with a high dependency ratio of 66 dependents per 100 working-age individuals (GSS, 2021). These dynamics put pressure on social services, especially health, as the younger population demands child and maternal health services while the ageing segment requires chronic disease management.

Urbanisation adds another layer of complexity. The 58.62% the population residing in urban areas create an imbalance in service delivery and infrastructure. Urban facilities are often overwhelmed, while rural areas, particularly in the northern regions, remain underserved. These disparities contribute to unequal health outcomes and require deliberate redistribution of resources and personnel.

In 2023, the average life expectancy at birth was 64.53 years, which is a 0.83-year increase from the 2021 life expectancy of 63.7 (HLMA Report, 2024). Life expectancy, although improving, remains vulnerable to regional and socioeconomic disparities.

Service delivery responsibilities have been delegated to the GHS, teaching hospitals, and faith-based providers. The health delivery system is organised into three levels: primary, secondary, and tertiary, corresponding respectively to district, regional, and teaching hospital levels. The primary level is further subdivided into district hospitals, sub-district health centres, and Community-Based Health Planning and Services (CHPS) compounds. Primary Health Care (PHC), which forms the foundation of Ghana's health system and a key pathway to achieving Universal Health Coverage (UHC), is delivered mainly at the district level. PHC services are provided through an integrated network of district hospitals, health centres, maternity homes, clinics, and CHPS compounds, to deliver essential health services to every community, narrow access inequalities, and achieving UHC by 2030. The CHPS programme offers a basic package of reproductive, maternal, neonatal, and child health services, management of minor ailments, and community-based health education

on sanitation, nutrition, and healthy lifestyles. It targets universal coverage with one CHPS compound per 5,000 people (about 750 households) and delivers services both at the facility and through home visits, reaching even the most vulnerable populations. Collectively, PHC facilities account for over 90% of outpatient department (OPD) visits. Regional hospitals provide both public health and clinical services and act as referral centres for lower-level facilities. Tertiary and specialised services are delivered through six teaching hospitals, four university hospitals, and four psychiatric hospitals, which also serve as training centres for health professionals and referral points for complex cases.

The private sector and civil society organisations (CSOs) significantly complement government efforts. The private sector contributes about 19% of OPD attendance, mainly in urban and peri-urban areas. At the same time, faith-based institutions such as the Christian Health Association of Ghana (CHAG) and Ahmadiyya Mission Hospitals operate 302 health facilities supporting service delivery at both primary and secondary levels. CSOs further enhance access and demand for health services, particularly in remote and underserved communities.

2.2.2. Health Workforce

Ghana has made notable progress in expanding its health workforce over the past decade. Yet, significant challenges persist that threaten equitable access to quality healthcare and the country's ability to meet Universal Health Coverage (UHC) targets.

As of the most recent data, the doctor-to-population ratio in the public sector stands at 1.34 per 10,000 people. This figure comprises 9,145 doctors, including 3,481 general practitioners and 5,664 specialists, excluding dentists. The nurse-to-population ratio has improved remarkably from 1:799 in 2017 to 1:530 in 2023, equivalent to 18.87 nurses per 10,000 population. Ghana has 134,411 nurses, made up of 78,735 Registered General Nurses and 55,676 Enrolled Nurses. Midwives are also a vital part of the workforce, with a ratio of 7.55 per 10,000 in the public sector and a total of 40,700 midwives across all sectors. However, the availability of pharmacists remains low, with a ratio of only 0.32 per 10,000 in the public sector. In total, Ghana has 5,658 pharmacists and 2,717 pharmacy technicians (HLMA Report, 2024). Between 2013 and 2022, Ghana achieved

remarkable progress in growing its health workforce. The number of health workers in the public sector tripled during this period, representing an average annual growth rate of 31.3%. As a result, the density of health workers rose from 16.56 to 41.92 per 10,000 population.

The combined density of doctors, nurses, and midwives is 82.75 per 10,000, surpassing the World Health Organisation's Sustainable Development Goal Service Availability and Readiness benchmark of 49. The total health workforce stock stands at 298,382 across 69 different professional categories, with 99% of them actively engaged in the labour market (HLMA Report, 2024). This growth is mainly due to targeted investments in training and education. Nurse training output increased by 55% between 2018 and 2022, with the number of Community Health Nurses rising from 1,742 to 2,897 during this period. In medical education, training output for doctors rose by 80%, while the number of specialists, including obstetricians and surgeons, grew by 35% between 2022 and 2023 (HLMA Report, 2024).

Despite these gains, Ghana faces a severe human resource crisis in the health sector. A paradoxical situation has emerged: while workforce numbers have increased, the system is unable to absorb all qualified personnel. As of 2022, the unemployment rate among trained health professionals stood at 40.3%, with 118,488 individuals unable to find employment. This includes 105,512 nurses, 5,069 pharmacists and pharmacy technicians, and 336 doctors. This disconnect between workforce production and employment capacity poses a major threat to both morale and long-term workforce planning.

The geographic distribution of health workers is another pressing concern. While 41.38% of the population resides in rural areas, only 38% of health workers serve these communities. In contrast, urban centres like Accra and the Ashanti Region host 67% of the country's doctors and pharmacists. This rural-urban imbalance leaves many underserved populations with limited or no access to skilled care, particularly specialised services (HLMA Report, 2024).

The health workforce also suffers from a skill-mix mismatch. The system is dominated by mid-level providers, with nurse associates accounting for 32.3% of the workforce. This creates a 10:1 nurse-to-doctor ratio, which may be adequate for primary care but limits the delivery of specialised

and tertiary services. The density of specialists remains critically low, with only 3.1% of doctors, 2.8% of pharmacists, and 1.4% of laboratory workers classified as specialists.

Migration and attrition add further strain to the system. A significant proportion of health workers 63% report plans to migrate, and 38% are already taking steps toward this. Nurse migration requests increased by 232% between 2020 and 2022, with 5,077 nurses applying to migrate in just the first half of 2023. The departure of experienced staff not only creates service delivery gaps but also weakens mentorship and institutional capacity, further jeopardising workforce sustainability (HLMA Report, 2024).

These challenges have direct implications for health service delivery. While the increased density of nurses has strengthened community-based and primary healthcare, particularly in Community-based Health Planning and Services (CHPS) zones, shortages of doctors, pharmacists, and specialists severely limit access to advanced medical and surgical care. Urban bias in workforce distribution continues to deprive rural and northern regions of essential services, contributing to health inequities.

Specialities such as Mental health professionals, including psychiatrists, clinical psychologists and psychiatric nurses, remain critically underrepresented across the country, resulting in limited access to mental healthcare. Similarly, limited training for Sub-specialities in emerging areas such as Paediatric, Oncology, and Neuro nursing also exists. Public health officers and epidemiologists, who are vital for disease surveillance, outbreak response, and the implementation of preventive programs, are in short supply, challenging national readiness for public health emergencies. Biomedical engineers and technicians, indispensable for the maintenance and functionality of medical equipment, are also in short supply in most regions, compromising the reliability of life-saving technologies.

In addition, many District Health Directorates and sub-district facilities operate without adequate administrative and technical support staff. The inadequate personnel for roles such as administrators, accountants, and IT personnel place additional burdens on clinical teams, diverting them from patient care and hampering the efficiency of operations, logistics, reporting, and record-

keeping. These gaps not only strain health personnel but also reduce the overall effectiveness, accountability, and coordination capacity of the health system at all levels.

2.2.3. Health Infrastructure

Ghana's health infrastructure is distributed across the sixteen regions, encompassing a wide range of facilities, including teaching hospitals, regional and district hospitals, polyclinics, clinics, health centres, and Community-Based Health Planning and Services (CHPS) compounds. As of 2024, data from DHIMS2 indicate that the country has 6 teaching hospitals, 561 hospitals, 3 psychiatric hospitals, 7,270 CHPS compounds, 10 regional hospitals, 1,354 clinics, 161 district hospitals, 317 maternity homes, 65 polyclinics, 1 university hospital/clinic, and 1,125 health centres.

2.2.3.1. Regional Distribution of Health Facilities

The Ashanti Region has the highest concentration of health facilities, with 1,113 CHPS compounds, 194 hospitals, and 199 clinics. Greater Accra follows closely with 929 CHPS compounds, 147 hospitals, and 500 clinics. The Eastern Region also has a significant number of health centres (148) and CHPS compounds (900). Regions such as North East and Oti have comparatively fewer facilities, with 115 and 196 CHPS compounds respectively, and only 3 hospitals each. Western North and Savannah regions have 11 and 3 hospitals respectively as shown in Table. The map below also shows the distribution of health facilities in Ghana.

HEALTH CENTRES, CLINICS AND CHPS COMPOUNDS IN GHANA

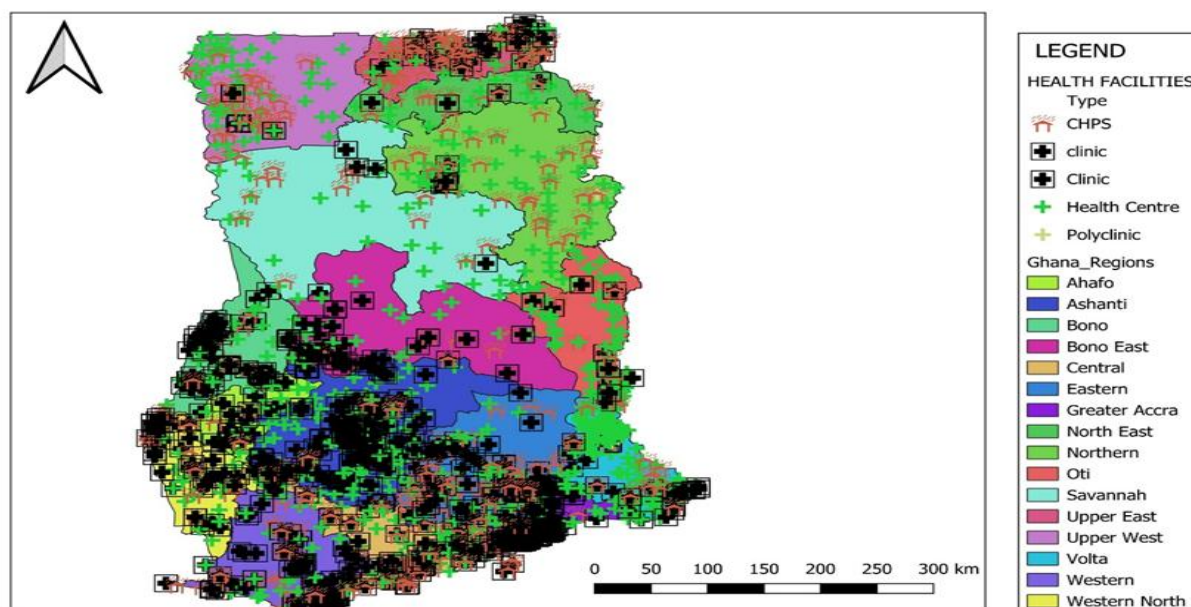
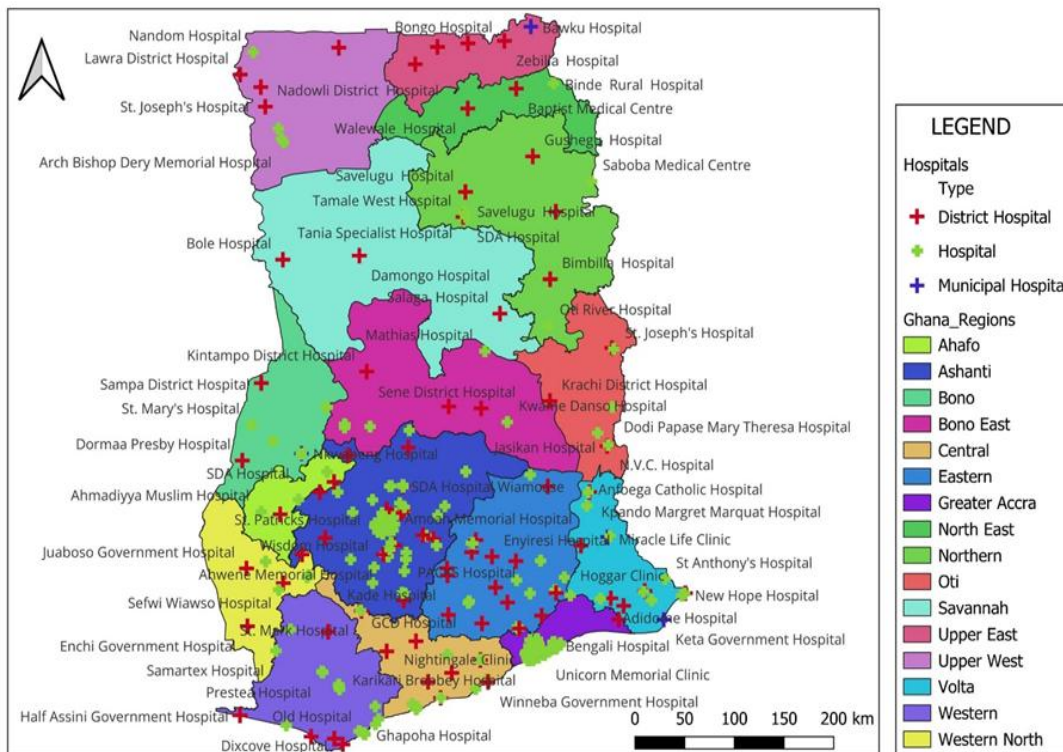


Table 3: National Distribution of Health Facilities by Type, 2024

Region	Teaching Hospital	Hospital	Psychiatric Hospital	CHPS	Regional Hospital	Clinic	Leprosarium	District Hospital	Maternity Home	Poly clinic	University Hospital /Clinic	Health Centre
Central	1	26	1	591	1	85		14	41	17		79
Oti		3		196		9		5	2	2		40
Upper West		4		486	1	22		8	4	4		76
Western		37		431	1	142		11	19	3		65
Ahafo		8		142		19		6	3	1		21
Ashanti	1	194		1,113	1	199		27	71	3		174
Volta	1	20		351	1	49		11	11	3		118
Upper East		15		527	1	50		6	2	1		80
Western North		11		253		35		7	22			37
North East		3		115		6		3		1		23
Eastern		23		900	1	92		18	29	5		148
Bono East		17		321		35		7	6	1		43
Savannah		3		198		12		5	3	5		32
Greater Accra	2	147	2	929	1	500		13	84	18	1	44
Northern	1	36		420	1	49		9	8	1		71
Bono		14		297	1	50		11	12			74
Ghana	6	561	3	7,270	10	1,354		161	317	65	1	1,125

Source DHIMS 2, 16th November 2024

MUNICIPAL AND DISTRICT HOSPITALS IN GHANA



2.2.3.2. Health Facilities by Ownership

Ownership of health facilities in Ghana is diverse, comprising government, private, faith-based, quasi-governmental, CHAG (Christian Health Association of Ghana), and mining-sector establishments. Government facilities dominate the landscape with 8,694 facilities, followed by 1,767 private facilities and 285 CHAG institutions. Other ownership categories include 100 quasi-government and 13 other faith-based institutions, while mining companies operate 11 health facilities nationwide.

Regionally, the Ashanti Region records the highest number of government facilities (1,332), followed by the Eastern Region (1,074) and Greater Accra (1,048). The smallest numbers are found in the North East Region (138) and the Ahafo Region (174). Private sector participation is

most pronounced in Greater Accra (600) and Ashanti (368), reflecting the urban concentration of private healthcare providers.

2.2.3.3. Hospital Bed Availability and Utilisation

Nationally, Ghana recorded an average of 54.85 hospital beds per 1,000 population in 2023, compared with 59 in 2022. The average length of stay for patients was 3.41 days in 2023, consistent with trends observed in previous years. Regional variations show that the North East Region had the highest hospital bed occupancy rate in 2023 at 92.85 per 1,000, followed by Bono (75.58) and Greater Accra (63.06). The lowest rates were recorded in Ahafo (43.04) and Upper East (44.18). Average length of stay varied across regions, ranging from 2.65 days in the Upper East to 5.19 days in the Bono Region.

2.2.4. Burden of Disease

According to the Ghana Burden of Disease Study (Ministry of Health, 2019), the population continues to face a high burden of communicable diseases, neonatal conditions, and non-communicable diseases (NCDs). Disability-Adjusted Life Years (DALYs) data indicate that malaria, lower respiratory infections, and HIV/AIDS remain the leading causes of death in Ghana (HLMA Report, 2024). For nearly two decades, communicable, maternal, perinatal, and nutritional conditions have consistently accounted for an average of 84 per cent of the total DALY burden. However, there is a notable rise in the impact of injuries, which have doubled in their share of the DALY burden over the past 19 years. Additionally, NCDs have emerged as a significant public health concern, increasing from 3 per cent in 2000 to 13 per cent in 2019, a 34 per cent rise within the period (HLMA Report, 2024).

Ghana is currently grappling with a dual burden of disease. On one hand, communicable diseases such as malaria, cholera, tuberculosis, and diarrheal illnesses remain prevalent, particularly in peri-urban slums and low-income rural communities. These diseases are closely linked to environmental and infrastructural deficits, including poor water and sanitation systems, overcrowded housing, and weak disease surveillance (MoH, 2023).

On the other hand, non-communicable diseases, including mental health conditions, are growing increasingly. The prevalence of hypertension, diabetes, cardiovascular diseases, and cancers is rising, driven by urbanisation, unhealthy diets, physical inactivity, and population ageing. These conditions are exacerbated by limited diagnostic capacity at the primary care level, delayed presentation at tertiary facilities, and weak referral systems (DHS, 2022).

Maternal and child health challenges also remain pressing. The Ghana Maternal Health Survey (2017) reports a maternal mortality rate of 310 deaths per 100,000 live births, with significantly higher rates in rural and underserved areas. Contributing factors include inadequate access to emergency obstetric care, poor transportation infrastructure, and a shortage of skilled birth attendants. Neonatal and under-five mortality persist due to inadequate postnatal care, high rates of malnutrition, and limited community-based interventions. According to the 2022 Demographic and Health Survey, 17.4 per cent of children under five are stunted, highlighting critical gaps in nutrition, social protection, and early childhood services.

Mental health, though often neglected, is becoming increasingly relevant. Economic hardship, social stress, and climate-related displacement are driving a rise in anxiety, depression, and substance abuse, particularly among young people. However, the health system lacks the personnel, infrastructure, and policy prioritisation necessary to adequately address mental health needs (MoH, 2023).

Emerging Health Issues

Antimicrobial Resistance (AMR): Rising misuse and over-prescription of antibiotics are leading to drug resistance, threatening effective treatment of infections. Surveillance is weak, and public awareness is limited (MoH, 2023).

Health Impacts of Pollution: Air and water pollution are growing public health threats, particularly in urban areas with increasing industrial activity and vehicle emissions. This contributes to respiratory diseases and waterborne illnesses (GSS, 2021).

Climate Change and Health System Resilience: Climate change is an increasingly urgent public health issue in Ghana, affecting disease patterns, disrupting health services, and deepening food and water insecurity. Extreme weather events like floods and heatwaves are damaging health infrastructure and amplifying vulnerabilities in already underserved communities. These growing risks make it essential to integrate climate resilience into health planning, service delivery, and infrastructure development (World Bank, 2024; MoH, 2023)

Digital Health and Cybersecurity: As health systems become more digitised, there is a growing need for data protection policies, secure digital infrastructure, and training to ensure health data privacy (MoH, 2023).

Health Implications of Migration and Displacement: Internal migration and cross-border movement due to economic hardship or climate change place additional pressure on urban health systems and border facilities (World Bank, 2024).

Adolescent Health: High rates of teenage pregnancy, sexually transmitted infections, and limited access to youth-friendly services point to a growing need for focused adolescent health programs.

Geriatric Care: The ageing population is increasing, yet geriatric care is underdeveloped. Few facilities cater specifically to elderly health needs, and chronic disease management for this group remains weak.

To effectively manage emerging health threats and build a future-ready health system, Ghana must develop a national antimicrobial resistance (AMR) strategy anchored in strict antibiotic stewardship protocols, strengthen environmental health regulations through improved enforcement of sanitation, pollution control, and urban planning standards, implement robust health data governance and cybersecurity frameworks to safeguard digital health systems, expand mobile health services and cross-border coordination to meet the needs of migrant and displaced populations, and institutionalise One Health approaches that integrate human, animal, and environmental health to address zoonotic disease risks and broader ecosystem threats. Additionally, Ghana should expand youth-friendly services through schools and community centres, with targeted health education and reproductive health services, and establish geriatric

care services within existing hospitals while training health providers in elder care to address the growing needs of both young and ageing populations.

2.2.5. Medical Products, Vaccine and Health Technologies

Medical products, vaccines, and technologies are foundational to delivering effective health services and achieving universal health coverage. In Ghana, access to these essential tools remains uneven, with frequent stockouts of essential medicines reported in nearly 49% of public health facilities. This hinders continuity of care and delays treatment, particularly in rural areas (MoH, 2023; GHS, 2022). Weak cold chain systems compromise vaccine potency and immunisation coverage, while fragmented digital systems such as DHIMS2, LHIMS, and SORMAS limit real-time data use (GHS, 2023). These inefficiencies contribute to higher disease burdens and healthcare costs, undermining human capital development and increasing out-of-pocket spending, especially among low-income households (WHO, 2022; NDPC, 2021).

To address these risks, Ghana must strengthen the end-to-end resilience of its supply chain for medical products and vaccines. This includes adopting robust forecasting and procurement tools, expanding warehousing and cold chain infrastructure, and improving last-mile delivery systems (UNICEF, 2023). The full-scale implementation of digital logistics management information systems (LMIS) will improve inventory visibility and reduce wastage (USAID GHSC-PSM, 2022). Enhanced regulatory oversight through a well-resourced Food and Drugs Authority is also critical to reducing the circulation of falsified and substandard products, which currently pose significant risks to patient safety and public confidence in the health system (FDA Ghana, 2022; WHO Global Surveillance Report, 2021).

Overreliance on imports exposes Ghana to external supply shocks and exchange rate fluctuations, affecting the affordability and availability of essential commodities. Currently, over 70% of medicines and nearly all vaccines are imported (MoTI, 2022; WHO AFRO, 2021). Developing local pharmaceutical and medical device production capacity, through tax incentives, access to finance, and support for Good Manufacturing Practices (GMP), is essential for resilience. Investment in local R&D and support for partnerships with global firms for technology transfer are equally crucial (MoH, 2022; AUDA-NEPAD, 2023). Without these, Ghana remains vulnerable

to global disruptions, prolonging health service interruptions and impeding progress toward the SDGs.

Improving health technology integration and maintenance will strengthen system-wide performance and equity. Prioritising interoperability among existing platforms such as DHIMS2, SORMAS, and LHIMS can enhance care coordination, improve referrals, and support disease surveillance (GHS, 2023). Expanding telemedicine programs, including the use of mobile platforms in remote areas, has already shown promise in bridging gaps in specialist care (GHS, 2022; WHO Ghana Digital Health Atlas, 2021). A national biomedical engineering program, including training and deployment, is needed to ensure medical equipment is functional, especially in CHPS zones and district hospitals, where equipment downtime is disproportionately high (MoH Equipment Audit, 2020; USAID, 2021).

Sustainable and equitable financing underpins all these reforms. Ghana needs to explore blended financing, performance-based contracting, and strategic purchasing to support the availability of essential medical products (MoH, 2023; WHO Health Financing Profile–Ghana, 2022). Cost-effectiveness analysis will guide procurement to maximise impact. Without predictable funding, stockouts, poor-quality supplies, and system inefficiencies will persist, slowing gains in population health and economic productivity. By 2029, these strategic investments aim to reduce preventable mortality, increase self-reliance, and deliver a health system that supports inclusive and sustainable national development (NDPC, 2023; Vision 2030 Agenda, GoG, 2021).

2.2.6. Health Information Systems

Ghana's health information systems remain underdeveloped. Data capture is often paper-based, slow, and incomplete, limiting its usefulness for planning and decision-making. There is minimal integration across platforms, weak data verification processes, and limited analytical capacity at district and facility levels. The lack of a national data repository undermines the ability to harmonise data from various vertical programs (e.g., maternal health, malaria, immunisation). Moreover, the absence of interoperability across health information systems creates duplication, inefficiencies, and poor coordination across service delivery levels.

To address these challenges, Ghana must develop a unified national health data repository system that consolidates information across all vertical programs and levels of care, ensure interoperability through the adoption of common data standards, digital architecture, and exchange protocols, build

staff capacity in data management and utilization particularly at district and facility levels, and promote the routine use of data in planning, budgeting, and accountability processes, including tools for community engagement such as scorecards and dashboards.

2.2.7. Health Financing

There are persistent mismatches between budgeted health funds and actual disbursements. Budget releases are often delayed, and in some cases, fall significantly short of what was allocated. This affects planned service delivery, procurement of medical supplies, and timely implementation of health interventions (MoFEP, 2023).

Although the National Health Insurance Scheme (NHIS) covers 55.5% of the population (MoH, 2023), many vulnerable groups remain uninsured or underinsured. Reimbursement of claims under NHIS continues to face delays, leading to cash flow challenges for service providers and disruptions in the availability of essential services (NHIA, 2023).

Out-of-pocket payments remain a major source of health financing, particularly for populations not covered under NHIS or for services not reimbursed. This raises concerns about financial risk protection, with some households experiencing catastrophic health expenditures (World Bank, 2023).

To improve financial protection and service delivery, Ghana must institutionalise the uncapping of the NHIS levy, diversify funding sources such as sin taxes and earmarked revenues, ensure timely reimbursements to facilities, particularly at the primary level, expand coverage to vulnerable populations through targeted enrolment strategies, and align annual budgeting with health priorities identified through routine data and community feedback mechanisms.

2.2.8. Governance and Participation

Weak governance at sub-national levels impedes effective planning and service delivery. District Assemblies and health directorates often operate in silos, with poor coordination, limited technical capacity, and inadequate financing. Community participation in planning and monitoring is minimal, despite the potential role of traditional leaders and civil society in improving accountability and local ownership.

2.2.9. Environmental and Social Determinants

The health impacts of poor housing, water insecurity, malnutrition, and environmental degradation are profound. Slum expansion, especially in urban areas, leads to overcrowding, poor sanitation, and heightened exposure to communicable diseases. Climate change is compounding these risks, with increasing floods, droughts, and vector-borne disease outbreaks.

2.2.10. Emergency Preparedness and Climate Resilience

Ghana's health system is not sufficiently prepared for climate-related and public health emergencies. Surveillance systems are weak, especially at the district level, and coordination during outbreaks remains ad hoc. Investment in a coherent emergency preparedness and disaster risk management strategy is essential, including strengthening infrastructure, training personnel, and integrating early warning systems.

2.2.11. Development Implications

The current state of Ghana's health system has serious implications for national development. A high burden of disease reduces productivity, increases household poverty, and undermines educational outcomes. Poor maternal and child health weakens the foundations of human capital formation. The inability to manage NCDs and mental health issues reduces economic competitiveness and increases long-term health costs.

Health inequities between regions, genders, and socioeconomic groups contribute to social exclusion and may exacerbate political instability. Slum growth, poor sanitation, and environmental risks threaten to reverse development gains, especially in the context of rapid urbanisation.

To meet its development goals, Ghana must reinforce the gatekeeping role of primary care to ease the burden on tertiary facilities, expand public financing for health, and restructure the National Health Insurance Scheme to move closer to universal coverage. Investments in resilient infrastructure and climate-adaptive health systems are essential, alongside inclusive governance frameworks that support local-level decision-making. Establishing a national health data repository, ensuring interoperability across health information systems, and institutionalising data use for planning and performance monitoring will strengthen accountability and service delivery. Health must also be effectively integrated into broader development efforts across sectors, with emerging challenges addressed through adaptive policy, smart regulation, and appropriate

technologies. Strengthening supply chains, supporting local production, improving health technology use, and securing sustainable financing will be key to ensuring reliable access to essential medical products and technologies across the country.

2.3. List of Key Development Issues

1. Inadequate allocation of financial resources to the sector.
2. Low and unpredictable budget releases affecting programme implementation.
3. Persistent catastrophic health expenditure and high out-of-pocket payments.
4. Limited and delayed reimbursements from the National Health Insurance Scheme (NHIS).
5. Weak mechanisms for mobilising alternative and innovative financing for health.
6. Rising burden of non-communicable diseases (NCDs) such as hypertension, diabetes, cancers, and cardiovascular diseases.
7. Persistence of communicable diseases, including malaria, tuberculosis, HIV, and cholera.
8. Emergence and re-emergence of infectious diseases such as COVID-19, meningitis, and Ebola threats.
9. High institutional maternal mortality ratio, particularly in rural and deprived regions.
10. High infant and under-five mortality, especially from preventable causes such as malaria, pneumonia, and diarrhoea.
11. Low immunisation coverage and risks associated with GAVI transition funding gaps.
12. High under-five malaria fatality rate.
13. Limited access to quality maternal, newborn, and child health services and weak emergency obstetric and neonatal care.
14. Inadequate adolescent and youth-friendly health services, leading to high teenage pregnancies and STIs.
15. Poor quality of care for births occurring outside health facilities.
16. Inadequate provision of quality health care at all levels of the sector.
 - a. Persistent client dissatisfaction with OPD and inpatient services.
 - b. Unsatisfactory staff attitudes toward clients.
17. Weak implementation of quality assurance and patient safety systems.

18. Limited availability of traditional and alternative medicine services in public facilities.
19. Weak referral and gatekeeping systems across levels of care.
20. Gaps in emergency response and poor coordination of pre-hospital care.
21. Inadequate health infrastructure, logistics, and equipment, especially in lower-level facilities.
22. Frequent stock-outs of essential medicines and medical supplies
23. Low bed occupancy rates alongside the persistent “no-bed syndrome
24. Inadequate planned preventive maintenance (PPM) and poor asset management.
25. Uneven distribution of facilities, with northern and newly created regions underserved.
26. Inequitable distribution of health workers across regions and levels of care.
27. High migration of skilled health professionals to higher-income countries.
28. Weak retention and motivation mechanisms, especially in rural postings.
29. Limited production and deployment of sub-specialists and allied health professionals.
30. Weak coordination among agencies and poor inter-sectoral collaboration.
31. Absence of a Health Systems Research and Innovation Policy Framework to guide knowledge generation and use.
32. Weak monitoring and evaluation (M&E) systems within health agencies.
33. Low evidence use in policy formulation and programme planning.
34. Weak regulatory environment for health, including:
 - a. Low percentage of licensing inspections.
 - b. Inadequate post-market surveillance.
 - c. Poor enforcement of service standards in private facilities.
35. Absence of a centralised, harmonised health database and weak data interoperability.
36. Limited integration of health information systems across institutions.
37. Low adoption of digital technologies and limited use of artificial intelligence in service delivery.
38. Poor data generation, analysis, and utilisation for evidence-based planning.
39. Weak capacity of the health sector to adapt to the adverse effects of climate change.
40. Inadequate environmental sanitation, leading to water- and vector-borne diseases.
41. Low community ownership and participation in health and sanitation interventions.

42. Weak national emergency preparedness and low ambulance-to-population ratio.
43. Delayed emergency response times and insufficient pre-hospital emergency services.
44. High prevalence of stunting and wasting among children under five years.
45. Inadequate nutrition interventions for pregnant and lactating women.
46. Poor coordination between the health and agriculture sectors on food security and nutrition.
47. Increasing cases of mental health conditions, particularly among women and adolescents.
48. Inadequate mental health professionals and facilities at the district level.
49. High prevalence of Neglected Tropical Diseases (NTDs) such as leprosy, yaws, and onchocerciasis.
50. Low community awareness and weak case detection mechanisms.
51. High death and injury rates due to road traffic accidents.
52. Weak trauma and emergency response systems.
53. Limited rehabilitation and post-injury care services.
54. Weak community participation and ownership in the design and implementation of health programmes.
55. Low health literacy and limited public awareness on preventive health.
56. Persistent gender, geographic, and income-related inequalities in access to care.

2.4. Identifying Strengths, Weaknesses, Opportunities and Threats (SWOT)

A comprehensive assessment of the internal and external environment of Ghana's health sector reveals a complex interplay of strengths, weaknesses, opportunities, and threats that will shape the implementation of the 2026-2029 Health Sector Medium Term Development Plan (HSMTDP). This SWOT analysis provides a strategic lens through which the Ministry of Health and its partners can align interventions, mitigate risks, and harness emerging opportunities to accelerate progress toward Universal Health Coverage (UHC) and health-related Sustainable Development Goals (SDGs).

2.4.1. Strengths

Ghana's health sector is anchored by a robust policy and institutional framework that has enabled steady progress in service delivery and health outcomes. The existence of comprehensive national strategies, such

as the Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition (RMNCAH&N) Strategy, the National Health Insurance Scheme (NHIS), and successive Health Sector Medium-Term Plans, provides a coherent roadmap for sectoral development and investment.

Service delivery has been bolstered by high coverage of skilled delivery and antenatal care, contributing to improved maternal and neonatal health indicators. The expansion of health infrastructure, particularly through the Community-based Health Planning and Services (CHPS) initiative, has significantly improved access to primary healthcare in rural and underserved areas. Ghana also maintains high vaccination coverage, supported by strong community outreach systems and effective public health campaigns.

Digitisation efforts have gained momentum, with the deployment of electronic health records and surveillance systems enhancing data availability, disease monitoring, and early warning capabilities. Additionally, the sector benefits from strong stakeholder collaboration, including partnerships with faith-based organisations such as CHAG, development partners, and civil society, which foster shared ownership and accountability for health outcomes.

2.4.2. Weaknesses

Despite these gains, the health sector continues to grapple with systemic weaknesses that undermine equity, quality, and efficiency. A major challenge is the maldistribution of health personnel, with persistent shortages in rural and hard-to-reach areas. This is compounded by inadequate infrastructure, logistics, and equipment, particularly at lower levels of care, limiting the delivery of essential services.

Access to healthcare remains inequitable, with significant regional disparities in service availability and quality. Financial constraints persist, as the sector continues to face inadequate and unpredictable budget allocations, delayed disbursements, and limited fiscal space for capital investment. The production of sub-specialist cadres remains insufficient to meet the needs of teaching and specialist hospitals, while frequent stock-outs of essential medicines and consumables, including psychotropic drugs, disrupt service continuity.

Diagnostic capacity is weak across all levels, and referral and feedback systems are often fragmented or non-functional. NHIS enrolment remains low in the poorest regions, undermining financial protection and access to care. Regulatory duplication and poor coordination among service delivery agencies hinder

efficiency, while enforcement of service delivery standards and progress toward international accreditation remain limited.

The sector has also been slow to adopt artificial intelligence and modern digital tools, limiting innovation and responsiveness to both clinical and public health services. Data systems remain fragmented, with no harmonised central repository and weak interoperability across platforms. Monitoring, supervision, and public health surveillance are inadequate, particularly in the face of emerging and re-emerging diseases. The capacity to mount robust responses to public health emergencies remains limited.

2.4.3. Opportunities

The evolving global and national landscape presents several opportunities to transform Ghana's health sector. The influx of artificial intelligence and digital health innovations offers new avenues for enhancing diagnostics, patient monitoring, and health system efficiency. Public-private partnerships (PPPs) present a viable mechanism for mobilising additional resources and technical expertise to support infrastructure development, service delivery, and innovation.

Ghana can also leverage global health financing and technical support, including climate-health funding and pandemic preparedness initiatives, to strengthen system resilience. International accreditation agencies offer pathways to improve service quality and position Ghana as a destination for health tourism. Intersectoral collaboration, particularly with education, environment, and infrastructure sectors, can help address the social determinants of health and promote integrated development.

International partnerships for specialist training can help address gaps in sub-specialist capacity, while the country's youthful population presents a demographic dividend that can be harnessed through preventive health investments and health promotion. The global health security agenda also provides a platform for strengthening core public health capacities, including surveillance, laboratory systems, and emergency preparedness.

2.4.4. Threats

Several external threats could undermine the sector's progress if not proactively addressed. Macroeconomic instability and inflation continue to erode the real value of health budgets, delay disbursements, and constrain public investment. Climate-related disruptions such as floods, droughts, and changing disease patterns pose growing risks to health infrastructure and population health.

Rapid urbanisation and internal migration are placing increasing pressure on urban health facilities, leading to overcrowding and service delivery bottlenecks. Political turnover and policy discontinuity threaten the sustainability of long-term health sector reforms, while donor dependency exposes the sector to fluctuations in external funding and shifting global priorities.

Misinformation and vaccine hesitancy, exacerbated by social media and low health literacy, pose risks to public health campaigns and disease control efforts. Finally, the migration of skilled health professionals to higher-income countries continues to undermine workforce sustainability and institutional capacity.

This SWOT analysis underscores the need for a resilient, adaptive, and equity-focused health system. The HSMTDP 2026-2029 proposes to leverage existing strengths and emerging opportunities while addressing systemic weaknesses and mitigating external threats to ensure sustainable health outcomes for all Ghanaians.

SWOT Analysis - 2026-2029 Health Sector Medium Term Development Plan

Table 3.

Strengths

- Comprehensive national health strategies (e.g., RMNCAH&N, NHIS, Health Sector Medium-Term Plan).
- High rates of skilled delivery and antenatal care coverage.
- Expanding health infrastructure for primary health care.
- High vaccination coverage and community outreach.
- Expansion of CHPS to bridge access gaps.
- Digitisation of health records and surveillance systems.
- Innovations in herbal medicines
- Established governance structure

Weaknesses

- Maldistribution of health personnel.
- Inadequate health infrastructure, logistics and equipment
- Inequity in access to essential health services and variability in the quality of services
- Inadequate allocation of financial resources to the sector
- Inadequate production of sub-specialist cadres for teaching/specialist hospitals
- Stock-outs of essential medicines and consumables, including psychotropic medicines.
- Inadequate diagnostic capacity at all levels.
- Weak referral and feedback systems.
- Regional disparities in NHIS enrolment
- Poor coordination of the primary health care mandate
- Regulation duplication for service delivery agencies
- Poor enforcement of service delivery standards and international accreditation
- Slow adoption of artificial intelligence and modern digitalisation in health services
- Lack of harmonised central database for health data
- Poor monitoring and supervision
- Emergence and re-emergence of disease of public health importance
- Limited capacity to ensure robust surveillance of public health emergencies
- Inadequate regulation of the organ transplantation practices

Opportunities

- Growing artificial intelligence
- Public-private partnerships
- Global health financing and technical support.
- Leveraging international accreditation agencies.
- Intersectoral collaboration to support the health sector
- Availability of Ghanaian and expatriate consultants in the diaspora to complement the local specialists to improve the availability of high-end services to support health tourism
- Managed migration to strengthen the health workforce

Threats

- Economic instability and inflation are affecting health budgets.
- Climate-related disruptions impacting disease patterns.
- Urban migration leading to overcrowded urban health facilities.
- Political turnover affecting policy continuity.
- Donor dependency and risk of reduced external funding
- Global health workforce competition
- Economic and trade wars
- Pandemics
- Force majeure
- Socio-cultural barriers

2.5. Medium-Term Needs Assessment and Projections

The Health Sector Medium Term Development Plan (HSMTDP) 2026–2029 is anchored in a comprehensive assessment of the evolving needs of the Ministry of Health, its agencies, regional and district health administrations, and frontline health facilities. This chapter presents an integrated analysis of existing conditions and medium-term projections that inform resource allocation, programme design, and systems strengthening across the sector.

2.5.1. Health Financing Requirements

Financing remains one of the most critical enablers of health sector transformation. Despite consistent policy efforts, the sector continues to experience chronic underfunding and delayed disbursements, with health expenditure hovering between 2–4% of GDP, below the recommended threshold for achieving Universal Health Coverage (UHC). As Ghana positions itself to meet growing service demands and address emerging public health threats, the need to increase domestic government health expenditure to at least 5% of GDP by 2029 is imperative.

Over the medium term, the sector will require strengthened domestic resource mobilisation through earmarked taxes, reformed IGF mechanisms, and more efficient public financial management systems. The expansion of public-private partnerships (PPPs) will be essential for financing infrastructure, technology adoption, and service delivery innovations. It is projected that by 2029, 100% of non-wage recurrent expenditures should be covered from domestic sources, assuming macroeconomic stability and sustained political commitment to health financing as a national priority.

2.5.2. Infrastructure Expansion and Service Access

Geographic and socio-economic disparities continue to hinder equitable access to essential health services. Many communities remain without functional health facilities, while poorly equipped and overcrowded institutions serve others. To address this, the Ministry and its agencies will need to complete the construction and operationalisation of outstanding CHPS compounds, rehabilitate district hospitals, and expand regional facilities to meet growing demand.

The scale-up of facility accreditation—both nationally and internationally—is pivotal in improving the quality of care and fostering trust in the health system. By 2029, all facilities should meet minimum service quality standards and be accessible to the population within a five-kilometre radius. These investments must be accompanied by robust infrastructure financing and performance-based contracting models to ensure sustainability.

2.5.3. Human Resource Development and Deployment

Human resource gaps and maldistribution remain significant constraints across all levels of the health system. The shortage of sub-specialists, poor rural retention, and increasing migration of skilled professionals to higher-income countries have created imbalances that compromise service delivery and continuity of care. Over the medium term, the Ministry will prioritise the

expansion of pre-service and post-graduate training institutions to increase the production of sub-specialists, allied health professionals, and mid-level cadres.

Retention strategies—including incentive packages, housing, career progression pathways, and continuing professional development—will be strengthened to address high attrition rates and promote deployment to underserved regions. International training partnerships will be leveraged to bridge critical skill gaps, while improved HRH data systems will inform workforce planning, licensing, and performance tracking.

2.5.4. Health Information Systems and Surveillance

The health sector faces systemic challenges in generating and using timely, integrated, and reliable data for evidence-based planning and response. Fragmented databases, weak interoperability, and limited surveillance capacity have constrained policymaking and emergency preparedness. To address these gaps, the Ministry will establish a harmonised national health data repository that integrates platforms such as DHIMS2 with artificial intelligence-enabled analytics.

District-level public health emergency response teams will be developed, equipped, and trained to detect and respond to outbreaks in real time. Investments in ICT infrastructure, staff capacity-building, and inter-platform interoperability will be scaled to enhance overall system intelligence and support strategic forecasting, disease mapping, and resource prioritisation.

2.5.5. Health Insurance Coverage and Financial Protection

Despite the NHIS framework, many Ghanaians—especially in impoverished regions—remain excluded from financial protection against health-related expenditures. The scheme’s limited benefit package and inefficient claims processes contribute to high out-of-pocket spending and increased vulnerability. Medium-term priorities include expanding NHIS enrolment through targeted subsidies, reviewing and broadening benefit packages to include NCD care and essential diagnostics, and improving claims processing efficiency across all service levels.

With these reforms, the NHIS is projected to cover a greater share of health expenditure and reduce the incidence of catastrophic health spending among households. Sustained funding and technical innovation will be key to achieving full integration of NHIS into Ghana's financial protection ecosystem by 2029.

2.5.6. Digital Health and Innovation

Digital transformation remains a largely untapped frontier in Ghana's health sector. The slow adoption of telemedicine, AI-assisted diagnostics, and electronic medical records continues to limit operational efficiency and service quality. The sector will, therefore, prioritise the scale-up of digital infrastructure, with a focus on facility-level implementation of interoperable systems and training of health workers in digital literacy.

By 2029, it is expected that a significant proportion of facilities will routinely deploy AI-enabled tools and telemedicine solutions. Regulatory frameworks will be updated to support innovation and ensure ethical, patient-centred use of technology across the continuum of care.

2.5.7. Climate Resilience and Environmental Health

Climate change presents an urgent threat to health infrastructure and population well-being, with Ghana increasingly vulnerable to disease pattern shifts, environmental degradation, and infrastructure disruption. Medium-term needs include retrofitting facilities to withstand climate-induced shocks, expanding climate-health surveillance systems, and building district-level capacity for environmental health and sanitation.

Strategic intersectoral collaboration with agencies in environment, water, and disaster management will be pursued, alongside the mobilisation of global climate-health financing. By 2029, all health districts are expected to integrate climate resilience into routine service planning and public health programming.

2.5.8. Governance, Regulation, and Policy Continuity

Institutional fragmentation and regulatory duplication continue to undermine efficiency and accountability. Overlapping mandates, weak enforcement of standards, and delayed operationalisation of sector reforms have resulted in inconsistent service coordination. The Ministry will prioritise the clarification of institutional roles, legislative reforms to activate existing Acts, and the institutionalisation of performance-based monitoring systems.

By the end of the planning period, reforms must be consolidated through legal instruments, governance boards must be functional across agencies, and the gatekeeper system strengthened to prevent inappropriate referrals and optimise service pathways. Political will and sustained stakeholder alignment will be critical to ensuring policy continuity and regulatory effectiveness.

CHAPTER THREE

KEY DEVELOPMENT PRIORITIES

3.0. Introduction

This chapter presents the key development issues prioritised to be addressed in the 2026-2029 HSMTDP. The issues were identified from the Mid-Term Review of the 2022-2025 Health Sector Medium-Term Development Plan, 2024 Holistic Assessment Reports, Performance Reviews, Demographic & Health survey, STEPS survey and Government Priorities for the Health Sector.

3.1 Prioritisation Process

This prioritisation applies the Multi-Criteria Analysis (MCA) approach to objectively rank key issues identified in the Health Sector Medium-Term Development Plan (HSMTDP). The analysis considered five criteria—magnitude, urgency, feasibility, alignment, and equity impact—to ensure evidence-based prioritisation.

Table 4: Prioritization Criteria

Criterion	Description	Weight (%)
Magnitude / Severity	Scale and seriousness of the problem	25
Urgency	How immediately the issue needs attention	20
Feasibility	Possibility of addressing it with available resources	20
Alignment	Consistency with national, SDG, and UHC priorities	15
Equity Impact	Degree to which solving the issue benefits vulnerable groups	20

Step 2: Scoring and Weighted Ranking

Each issue was scored from 1 (Low) to 5 (Very High) against each criterion. Weighted scores were computed to determine the overall priority ranking.

Rank	Key Issue	Weighted Score
1	Inequity in access to essential health services & variability in quality	4.8
2	Inadequate provision of quality health care	4.6
2 (tie)	Emergence & re-emergence of diseases of public health importance	4.6
4	Inadequate financial resources	4.4
4 (tie)	Increasing burden of NCDs	4.4
4 (tie)	Inequitable distribution of HR for health	4.4
7	Inadequate infrastructure, logistics, & equipment	4.2
7 (tie)	Weak community ownership	4.2
9	Inadequate essential commodities	4.0
9 (tie)	Weak M&E systems	4.0
9 (tie)	Poor evidence generation & use	4.0
12	Weak referral system	3.9
13	Lack of harmonised health data	3.8
13 (tie)	Inadequate inter-sectoral coordination	3.8
15	Lack of research & innovation framework	3.6

16	Weak climate change adaptation capacity	3.5
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Step 3: Summary of Priority Categories

Based on the weighted scores, issues were grouped into high, medium, and low priority categories for strategic implementation within the MTDP.

Priority Category	Issues	Strategic Implication
High Priority (Core Focus)	Inequity in access to essential health services; Quality of care; Disease outbreaks; Financing; NCDs; HR distribution; Infrastructure; Community ownership	To be addressed in the first phase (2025–2027) — focus on access, quality, NCDs, financing, HR, and disease response.
Medium Priority	Commodities; M&E; Evidence use; Referral systems	Strengthen systems and coordination through institutional capacity-building.
Low Priority (Emerging / Long-term)	Data systems; Research and innovation; Climate change adaptation	Address through long-term resilience, digitalisation, and research programs.

3.1. Prioritisation of key development issues

1. Inadequate allocation of financial resources to the sector
2. Increasing burden of NCDs
3. Inadequate provision of quality health care at all levels of the health sector
4. Inadequate essential health commodity
5. Inequitable distribution of human resources for health
6. Inadequate health infrastructure, logistics and equipment
7. Inequity in access to essential health services and variability in the quality of services
8. Weak referral and gatekeeper system
9. Emergence and re-emergence of disease of public health importance

10. Weak capacity of the health sector to adapt to the adverse effects of Climate Change
11. Lack of a harmonised central database for health data
12. Lack of a Health Systems Research and Innovation Policy framework (research agenda) for the health sector
13. Weak M&E systems within the agencies of the Ministry of Health
14. Poor generation and utilisation of evidence in health system policies, programming and projects
15. Inadequate intra & intersectoral coordination with other sectors
16. Weak community ownership in the design and implementation of health interventions

CHAPTER FOUR

DEVELOPMENT PROJECTIONS, GOALS, OBJECTIVES, AND STRATEGIES

4.0 Introduction

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

4.1 Goal, Objectives, and Development Projections

4.1.1 Goal

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

4.1.2 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

4.1.3 Priority interventions, strategies, and development projections

- A matrix of Development Goals, Objectives and Strategies to respond to prioritised issues identified (Key Development Priorities)

PRIORITISED ISSUES	GOALS	OBJECTIVES	STRATEGIES	LINK TO NATIONAL OBJECTIVES	DEVELOPMENT PROGRAMMES
Dimension/Thematic Area: Social Development					
Inadequate allocation of financial resources to the sector	Increased access to quality essential health care and population-based services for all by 2030	Universal access to better and efficiently managed quality healthcare services	1. Advocate for institutionalisation of Uncapping of NHIS and other IGF generation Agencies 2. Advocate for the timely release of GOG allocation 3. Strengthen mechanisms for sustainable health care financing, including the NHIS 4. Institutionalising operational efficiency gains mechanism 5. Improve private sector participation through PPPs	Universal access to better and efficiently managed quality healthcare services.	Health Financing programme
Increasing burden of NCDs, including mental Health			1. Provide Free Primary Health care 2. Strengthen CHPS and Provider Network 3. Institutionalize the Ghana Medical Trust fund 4. Strengthen multisectoral collaboration for health 5. Intensify Health promotion		Service Delivery

PRIORITISED ISSUES	GOALS	OBJECTIVES	STRATEGIES	LINK TO NATIONAL OBJECTIVES	DEVELOPMENT PROGRAMMES
Inadequate provision of quality health care at all levels of the health sector			1. Increase the availability of essential health services packages across the continuum of care at all levels 2. Enforcement of standards 3. Ensure implementation of the National Quality Strategy		Leadership & Governance Service delivery Health Workforce (Human Resources)
Inadequate essential health commodity			1. Ensure sustainable financing for health commodities 2. Strengthen the medical supply chain management system 3. Promote local manufacturing of health commodities		Medical Products, Vaccines & Technology
Inequitable distribution of human resources for health			1. Strengthen and rationalise health workforce deployment 2. Manage health workforce migration 3. Promote training of key critical underproduced health workforce (Doctors (specialist and sub-speciality), Allied health, pharmacists, biosatisticians and health informaticians, etc.)		Service delivery Health Workforce (Human Resources)
Inadequate health infrastructure,			1. Ensure sustainable financing for health infrastructure,		Health Infrastructure Medical Products,

PRIORITISED ISSUES	GOALS	OBJECTIVES	STRATEGIES	LINK TO NATIONAL OBJECTIVES	DEVELOPMENT PROGRAMMES
logistics and equipment			including private sector financing 2. Establish a policy framework to guide infrastructure projects		Vaccines & Technology
Inequity in access to essential health services			1. Improve health infrastructure 2. Free Primary healthcare 3. Improve continuity of care		Service delivery Health Workforce (Human Resources Health Infrastructure Medical Products, Vaccines & Technology
Lack of harmonised central database for health data			1. 1. Transform health service delivery through digitalisation 2. Institutionalise a centralised health database management mechanism		Health Information Systems
low uptake of health systems research for decision making			1. Develop health system framework for research		Research & Innovation
Weak M&E systems within the agencies of the Ministry of Health			1. Institutionalise M&E department in all Agencies with the right mix of staff 2. Establish M&E reporting standards for health		Health Workforce Leadership & Governance

PRIORITISED ISSUES	GOALS	OBJECTIVES	STRATEGIES	LINK TO NATIONAL OBJECTIVES	DEVELOPMENT PROGRAMMES
			3. Build capacity of M&E healthforce		
Inadequate intra & intersectoral coordination with other sectors			1. Strengthen intra & intersectoral collaboration mechanisms		Leadership & Governance Community Engagement & Social Participation
Weak capacity of the health sector to adapt to the adverse effects of Climate Change			1. Assess the risk and vulnerability of the health system capacity to adapt to climate change 2. Develop and integrate the Health National Climate Change Adaptation (HNAP) plan into health policies, NAP and NDCs 3. Mobilise resources to finance climate change activities 4. Build the capacity of health workforce on climate change adaptation		Leadership & Governance Health Workforce (Human resource) Health Infrastructure Community Engagement & Social Participation Health System Financing
Weak community ownership in the design and implementation of health interventions			1. Institutionalize community involvement for health mechanism 2. Support traditional social systems that enable improved care outcomes		Community Engagement & Social Participation Leadership & Governance

PRIORITISED ISSUES	GOALS	OBJECTIVES	STRATEGIES	LINK TO NATIONAL OBJECTIVES	DEVELOPMENT PROGRAMMES
Low gender responsiveness in health			1. Provide timely and appropriate gender responsive healthcare intervention including men's health 2. Address gender equity in healthcare leadership and workforce		Leadership & Governance Health Workforce (Human resource)
Inequity in access to essential reproductive, maternal and child health services		Reduce avoidable maternal, adolescent and child deaths and disabilities	1. Strengthen child health services 2. Improve EPI coverage in urban centres 3. Eliminate mother-to-child transmission of HIV 4. Improve school health and nutrition services 5. Reduce the burden of anaemia and other micronutrient deficiencies in WIFA and children 6. Strengthen maternal health service 7. Institutional geriatric services 8. Improve services to vulnerable population and under-served including the disabled 9. Improve access to the specified package of	Reduce avoidable maternal, adolescent and child deaths and disabilities	Leadership & Governance Service delivery Health Workforce (Human resource) Health System Financing Health Infrastructure Medical Products, Vaccines & Technology

PRIORITISED ISSUES	GOALS	OBJECTIVES	STRATEGIES	LINK TO NATIONAL OBJECTIVES	DEVELOPMENT PROGRAMMES
			adolescent and youth services 10. Improve the quality of care to babies delivered outside health facilities 11. Strengthen EmONC services 12. Promote nurturing care and Early Childhood Development in facilities and communities 13. Strengthen the enabling environment for improved breastfeeding and complementary feeding practices 14. Strengthen Community Engagement and Risk Communication for health promotion		
Emergence and re-emergence of disease of public health importance		Increase access to responsive clinical and public health emergency services	1. Strengthen institutions to manage and control clinical and public health emergencies 2. Strengthen institutions to deliver responsive pre-hospital services 3. strengthen institutions, including Ghana Centres	Increase access to responsive clinical and public health emergency services	Leadership & Governance Service delivery Health Workforce (Human resource) Health System Financing Health Infrastructure

PRIORITISED ISSUES	GOALS	OBJECTIVES	STRATEGIES	LINK TO NATIONAL OBJECTIVES	DEVELOPMENT PROGRAMMES
			for Diseases Control (Ghana CDC) to deliver responsive public health emergency services		Medical Products, Vaccines & Technology
Weak referral and gatekeeper system			1. Strengthen district and sub-district health system		
Weak specialised and sub-specialty services			1. Strengthen Specialist and sub-specialty services Strengthen regulation of specialty and sub-specialty		

CHAPTER FIVE

COMPOSITE DEVELOPMENT PROGRAMMES

5.0. Introduction

The Health Sector Medium-Term Development Plan (HSMTDP) 2026-2029 aims to align with national health priorities and frameworks to improve the overall health outcomes in the country. This plan outlines the strategic objectives and interventions necessary to address the key health challenges and achieve the Sustainable Development Goals. The Ministry of Health (MoH), in collaboration with other stakeholders, has developed this plan to ensure a comprehensive and coordinated approach to health sector development.

5.1 Methodology for Costing the HSMTDP 2026-2029

1. Review and Validation

- a. Review the finalized policy objectives and strategic framework: This will review the draft HSMTDP 2026-2029 to ensure alignment with national health priorities and frameworks.
- b. Validate the implementation work plan: Confirm the accuracy and feasibility of the work plan developed by the Technical Working Group (TWG).

2. Define Scope and Objectives

- a. Identify Priority Areas: Determine the key priority areas, objectives, and strategic interventions outlined in the HSMTDP 2026-2029.
- b. Set Costing Parameters: Define the parameters for costing, such as the time frame (2026-2029), geographical coverage, and specific health programs to be included.

3. Engagement and Assumptions

- a. Engage with stakeholders: Collaborate with MoH departments, agencies, and partners to validate assumptions for costing.
- b. Conduct workshops and meetings: Organize sessions to gather input and validate assumptions from key stakeholders.

4. Development of Costing Model using the OneHealth Tool
 - a. Create a detailed costing model: Develop a model in line with MoH budgeting standards and the Medium-Term Expenditure Framework (MTEF)/programmatic structure
5. Gather Required Data
 - a. Demographic Information
 - Population Data: Obtain current and projected population figures, disaggregated by age, gender, and geographic location. This data will help in estimating the target population for various health interventions.
 - Birth and Death Rates: Collect data on birth rates, death rates, and life expectancy to understand population dynamics and health needs.
 - Epidemiological Data: Collect data on the prevalence and incidence of diseases and health conditions to understand the burden of disease and prioritize interventions.
 - Economic Data: Obtain data on economic indicators, such as GDP, inflation rates, and health expenditure, to understand the financial context and potential funding sources.
 - b. Health Service Utilization Rates
 - Service Coverage: Data on the coverage rates of various health services, such as immunization, maternal, antenatal care, and treatment of common diseases. This information helps in estimating the demand for health services.
 - Health Facility Utilization: Collect data on the utilization rates of different types of health facilities (e.g., hospitals, clinics, CHPS compounds) to understand the distribution of service delivery.
 - c. Human Resources for Health
 - Staffing Levels: Collect data on the number and types of health workers (e.g., doctors, nurses, midwives) currently employed in the health sector.
 - Salaries and Benefits: Obtain data on the salaries, benefits, and other compensation for health workers to estimate the cost of human resources.

d. Health Administration and Financing

- **Administrative Costs:** Collect data on the costs associated with health administration, including management, coordination, and oversight activities.
- **Financing Mechanisms:** Gather information on existing and potential financing mechanisms, such as government funding, donor contributions, and private sector investments.

e. Regulation of Health Professionals

- **Regulatory Bodies:** Obtain data on the costs of regulatory bodies responsible for licensing, accreditation, and oversight of health professionals.
- **Compliance and Enforcement:** Collect information on the costs associated with ensuring compliance with health regulations and standards.

f. Medicines and Non-Medicine Consumables

- **Pharmaceutical Costs:** Gather data on the costs of medicines, including procurement, storage, and distribution.
- **Non-Medicine Consumables:** Collect information on the costs of non-medicine consumables, such as medical supplies, equipment, and other essential items

g. Health Infrastructure

- **Facility Data:** Gather information on the number, type, and distribution of health facilities, including their capacity and condition.
- **Infrastructure Costs:** Collect data on the costs of constructing, maintaining, and upgrading health facilities.

h. Health System Strengthening

- **Training and Capacity Building:** Obtain data on the costs of training programs and capacity-building initiatives for health workers.

- Health Information Systems: Gather data on the costs of implementing and maintaining health information systems and other health system strengthening activities.

i. Unit Costs

- Cost of Health Services: Obtain data on the unit costs of providing various health services, including consultations, treatments, and diagnostic tests. This data is essential for estimating the total cost of health interventions.
- Cost of Supplies and Equipment: Gather data on the costs of medical supplies, equipment, and pharmaceuticals required for delivering health services.

Program of Action (POA)

Development Programmes	Timeframe				Cost				Programme Status		Implementation Institution/Department	
	2026	2027	2028	2029	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating
Community Participation and Ownership	X	X	X	X	510,000		-		X	X	MoH HQ	CHAG, Teaching Hospitals, MHA, AMHSG, Private Health Sector, NBS, NAS, all other services
Emergency Preparedness & Resilience	X	X	X	X	3,232,781,500		-		X	X	MoH HQ	CHAG, Teaching Hospitals, MHA, AMHSG, Private Health Sector, NBS, NAS, all other services GHS, NAS, NBS, SJAB, Teaching Hospitals, CHAG, NCCRM, NADMO, MOI, MOD
Ensuring Patient-Centred Care	X	X	X	X	28,672,500		-		X	X	MoH HQ	CHAG, Teaching Hospitals, AMHSG, Private Health Sector, MHA, NBS, NAS, all other services GHS, CHAG, Teaching Hospitals GHS, Specialised Colleges, CHAG, AMHSG, Private Health Sector, Teaching Hospitals, MHA, NBS, NAS, all other services GHS, Teaching hospitals MOF, GHS, CHAG, Teaching Hospitals, development partners MOH HQ, GHS, Teaching Hospitals NHIA, Ghana Medical Trust Fund Secretariat, development partners
Health Financing	X	X	X	X	60,190,300		1,256,180,456		X	X	MoH HQ	CHAG, Teaching Hospitals, Private Health Sector, Mental Health Authority, AMHSG, NBS, NAS, all other services
Health Information Systems	X	X	X	X	1,774,397,392		1,201,568,852		X	X	MoH HQ	GHS, Teaching Hospitals, CHAG, MOF, HEFRA, AMSG, development partners
Health Infrastructure	X	X	X	X	98,960,177,388		-		X	X	MoH HQ	CHAG, Teaching Hospitals, AMHSG, Private Health Sector, MHA GCNM, GCPS, GCPharm, GHS
Health Workforce	X	X	X	X	337,202,150		2,792,004,600		X	X	MoH HQ	GHS, CHAG, AMHSG, Teaching Hospitals, Psychiatry Hospitals, Private Health Sector, MHA, NBS, NAS, all other services
Leadership and Governance	X	X	X	X	13,356,251,465		-		X	X	MoH HQ	MOH, CHAG, Teaching Hospitals, AMHSG, Private Health Sector, MHA, NBS, NAS, Development Partners all other service delivery agencies

Development Programmes	Timeframe				Cost				Programme Status		Implementation Institution/Department	
	2026	2027	2028	2029	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating
Medical Products and Technologies	X	X	X	X	560,000		-		X	X	MoH HQ	MOE, MOFA, LGCRA, MOC, MOT, development partners
Partnership and Multisectoral Collaboration	X	X	X	X	8,500,000		3,192,000,000		X	X	MoH HQ	GHS, CHAG, AMHSG, Private Health Sector, Psychiatric Hospitals, Teaching Hospitals
Research & Innovation	X	X	X	X	35,618,603,405		-		X	X	MoH HQ	GHS, CHAG, Mental Health Authority, AMHSG, Private Health Sector, Ghana Medical Trust Fund Secretariate, NHIA, Development Partners, NBS, NAS, Teaching Hospitals, NBS all other services
Service Delivery	X	X	X	X	2,376,470,000	-			X	X	MoH HQ	GHS, NVI, CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority, National Blood Service, Ambulance Service, all other services
Total					155,754,316,100	-	8,441,753,908					

Table for Programme Financing

Development Programmes	Total	GOG	DAFC	IGF	Others	Expected Revenue	Gab
Community Participation and Ownership	2,099,000.00	510,000.00		-	-	1,360,113.73	738,886.27
Emergency Preparedness & Resilience	3,254,138,700.00	3,232,781,500.00		-	-	2,108,622,553.41	1,145,516,146.59
Ensuring Patient-Centred Care	9,919,002,500.00	28,672,500.00		-	-	6,427,332,792.80	3,491,669,707.20
Health Financing	2,859,867,450.00	60,190,300.00		1,256,180,456.31	-	1,853,141,971.12	1,006,725,478.88
Health Information Systems	58,755,300.00	1,774,397,392.05		1,201,568,851.68	-	38,072,363.27	20,682,936.73
Health Infrastructure	11,612,000.00	98,960,177,388.02		-	-	7,524,364.31	4,087,635.69
Health Workforce	100,160,690,239.70	337,202,150.00		2,792,004,600.00	-	64,902,301,307.71	35,258,388,931.99
Leadership and Governance	3,300,259,748.36	13,356,251,465.00		-	-	2,138,508,151.94	1,161,751,596.42
Medical Products, Vaccines and Technologies	666,710,000.00	560,000.00		-	-	432,015,925.62	234,694,074.38
Partnership and Multisectoral Collaboration	820,000.00	8,500,000.00		3,192,000,000.00	-	531,345.05	288,654.95
Research & Innovation	10,513,000.00	35,618,603,405.00		-	-	6,812,232.34	3,700,767.66
Service Delivery	44,613,452,770.00	2,376,470,000.00	-		-	28,908,704,074.69	15,704,748,695.31
Total	164,857,920,708.06	155,754,316,100.07	-	8,441,753,907.99	-	106,824,927,196.00	58,032,993,512.06

CHAPTER SIX

ANNUAL ACTION PLANS

6.0. Introduction

The Action Plan presents the consolidated set of strategic actions and interventions to be implemented across the health sector during the 2026–2029 planning period. It serves as the operational backbone of the Health Sector Medium-Term Development Plan (HSMTDP), translating policy objectives, strategies, and outcomes into concrete, time-bound activities with clear responsibilities, timelines, and indicative costs. This chapter harmonizes and integrates the individual action plans of all departments, agencies, regulatory bodies, training institutions, and other entities operating under the Ministry of Health. It provides a unified framework for coordinated implementation, ensuring that the sector’s collective efforts are aligned with the national development priorities outlined in the Medium-term national development policy framework (2026-2029)—*Resetting- Ghana Agenda: Creating Jobs, Ensuring Accountability and Promoting Shared Prosperity* and the health sector’s strategic policy directions.

The consolidated Action Plan also reflects, in some instances, the broader operational programmes of agencies and departments that contribute directly or indirectly to health system strengthening and the achievement of Universal Health Coverage (UHC). These include cross-cutting initiatives in health infrastructure development, human resource management, health financing, supply chain systems, digital health, and intersectoral collaborations with the private sector and other ministries, departments, and agencies.

By providing this level of integration, the Action Plan ensures coherence between the core health development programmes and the operational mandates of implementing entities, thereby enhancing accountability, resource optimization, and performance monitoring. The plan also serves as a practical reference for annual work planning, budgeting, and performance assessment within the health sector and across its partner institutions.

2026 ANNUAL ACTION PLAN

Objective 1: Universal Access to Quality and Efficiently Managed Healthcare Services

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Develop and implement innovation in healthcare delivery models to enhance efficiency and effectiveness.	Nationwide	X	X	X	X	4,100,000		-		X	X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, Private Health Sector, Mental Health Authority, AMHSG, National Blood Service, Ambulance Service	Leadership and Governance
Conduct Community Health Screenings and Awareness Campaigns	Nationwide	X	X	X	X	3,150,000		-			X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, Private Health Sector, Mental Health Authority, AMHSG, National Blood Service, National Ambulance Service, Private	Service Delivery
Engage communities in the planning and implementation of primary healthcare programmes.	Nationwide	X	X	X	X	42,000		-			X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority	Service Delivery
Implement patient-centred care models and improve the quality of healthcare services.	Nationwide	X	X	X	X	52,850		-			X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority, National Blood Service, National Ambulance Service, all other service delivery agencies	Service Delivery
Increase the availability of essential health services across the continuum of care	Nationwide	X	X	X	X	52,150		-			X	Ghana Health Service (GHS)	MOH, CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority, National Blood Service, National Ambulance Service, all other service delivery agencies	Medical Products and Technologies

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Increase the early detection, prevention and management of NCDs	Nationwide	X	X	X	X	49,525		-			X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority, National Blood Service, Development Partners, Ghana Medical Trust Fund Secretariat, National Ambulance Service, all other service delivery agencies	Service Delivery
Promote and expand locally manufactured vaccines and health commodities	Nationwide	X	X	X	X	30,000		-			X	Food and Drugs Authority (FDA)	GHS, NVI, CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority, National Blood Service, Ambulance Service, all other services	Vaccines and Technologies
Promote health education and awareness campaigns to encourage healthy behaviors.	Nationwide	X	X	X	X	35,000		-			X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority, National Blood Service, Ambulance Service, all other services	Service Delivery
Provide comprehensive specialized care and treatment for NCD-related diseases (Ghana Medical Trust Fund)	Nationwide	X	X	X	X	784,000,000		-			X	Teaching Hospitals	GHS, CHAG, Mental Health Authority, AMHSG, Private Health Sector, Ghana Medical Trust Fund Secretariat, NHIA, Development Partners, National Blood Service, Ambulance Service, all other services	Service Delivery
Strengthen data analytics and use for decision-making	Nationwide	X	X	X	X	250,000		-			X	MoH HQ	CHAG, Teaching Hospitals, Private Health Sector, Mental Health Authority, AMHSG, National Blood Service, Ambulance Service, all other services	Health Information Systems

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Strengthen community engagement and risk communication for health promotion	Nationwide	X	X	X	X	40,000		-			X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority	Community Participation and Ownership
Strengthen regulatory oversight of health facilities	Nationwide	X	X	X	X	300,000		-			X	Regulatory Agencies	GHS, CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority, National Blood Service, National Ambulance Service, all other services	Leadership and Governance
Strengthen regulatory oversight of health professionals	Nationwide	X	X	X	X	225,000		-			X	Regulatory Agencies	GHS, CHAG, AMHSG, Teaching Hospitals, Private Health Sector, Mental Health Authority, National Blood Service, National Ambulance Service, all other services	Leadership and Governance
Strengthen regulatory oversight of products and medical devices	Nationwide	X	X	X	X	238,500		-			X	Regulatory Agencies	GHS, CHAG, AMHSG, Teaching Hospitals, Private Health Sector, Mental Health Authority, National Blood Service, National Ambulance Service, all other services	Leadership and Governance
Advocate for provision and expansion of Quality Mental health services at all levels of care (Including developing quality mental healthcare standards).	Nationwide	X	X	X	X	24,000		-			X	Mental Health Authority	GHS, CHAG, AMHSG, Private Health Sector, Teaching Hospitals, Psychiatry Hospitals	Leadership and Governance
Provide integrated and composite MH services	Nationwide	X	X	X	X	9,975,000		-			X	Mental Health Authority	GHS, CHAG, Teaching Hospitals, Private Health Sector, Psychiatry Hospitals	Service Delivery

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Conduct outreach services at all levels of care	Nationwide	X	X	X	X	150,000,000		-			X	Ghana Health Service (GHS)	Teaching Hospitals, CHAG, Private Health Sector, Mental Health Authority, National Blood Service, Ambulance Service, all other services	Service Delivery
Expand specialist and sub-specialist service lines (modified services eg. Palliative services, Breast clinic)	Nationwide	X	X	X	X	1,500,000		-			X	Teaching Hospitals	GHS, CHAG, Teaching Hospitals, Private Health Sector, Psychaitry hospitals	Service Delivery
Expand rehabilitative service at all levels of care	Nationwide	X	X	X	X	60,000		-			X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, Private Health Sector, Mental Health Authority, National Blood Service, Ambulance Service, all other services	Service Delivery
Improve Quality of care and patient safety	Nationwide	X	X	X	X	100,000		-			X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, Private Health Sector, Mental Health Authority, National Blood Service, Ambulance Service, all other services	Service Delivery
Strengthen Gender-related healthcare services at all levels of care (including disability and men's health)	Nationwide	X	X	X	X	-		-			X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, Private Health Sector, Mental Health Authority, National Blood Service, Ambulance Service, all other services	Service Delivery
Integrate the use of artificial intelligence (AI) in the provision of health services	Nationwide	X	X	X	X	875,000		-			X	Teaching Hospitals	GHS, CHAG, AMHSG, Private Health Sector, Psychiatric Hospitals	Research & Innovation
Strengthen alternative medicine practice including	Nationwide	X	X	X	X	875,000		-			X	Centre for Plant Medicin	GHS, CHAG, AMHSG, Private Health Sector, Teaching Hospitals	Service Delivery

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
traditional medicine at all levels												Research (CPMR)		
Build hospitals to be climate-smart and energy efficient	Nationwide	X	X	X	X	1,252,500		-			X	MoH HQ	GHS, Teaching Hospitals, CHAG, MOF, HEFRA, AMSG, development partners	Health Infrastructure
Engage other sectors, such as education, agriculture, local government, communication and transport to address social determinants of health.	Nationwide	X	X	X	X	110,000		-			X	MoH HQ	MOE, MOFA, LGCRA, MOC, MOT, development partners	Partnership and Multisectoral Collaboration
Develop and implement national health policies that prioritize universal healthcare access.	Nationwide	X	X	X	X	175,000		-			X	MoH HQ	All Agencies	Leadership and Governance
Develop green supply chain models for the procurement of medicines, equipment and consumables	Nationwide	X	X	X	X	1,000,000		-		X	FALSE	MoH HQ	GHS	Medical Products and Technologies
Integrate health information systems to manage patient data efficiently.	Nationwide	X	X	X	X	210,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, Private Sector	Health Information Systems
Provide essential medical products and technologies in all healthcare facilities.	Nationwide	X	X	X	X	2,354,990,000		626,010,000			X	MoH HQ	GHS, CHAG, Teaching Hospitals, FDA	Medical Products and Technologies
Finalize and implement Comprehensive Geriatric policy	Nationwide	X	X	X	X	175,000		-			X	MoH HQ	GHS, Teaching Hospital	Leadership and Governance
Implement continuous professional	Nationwide	X	X	X	X	2,000,000		-			X	MoH HQ	GCNM, GCPS, GCPharm	Health Workforce

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
development programmes														
Implement health insurance schemes to cover all citizens	Nationwide	X	X	X	X	625,000		-			X	NHIA	MOH HQ, GHS, Teaching Hospitals	Health Financing
Increase the number of healthcare professionals through training programs and incentives.	Nationwide				X	2,000,000		-			X	MoH HQ	HTIs, GCNM, GCPS, GCPharm	Health Workforce
Promote and expand locally manufactured vaccines and health commodities	Nationwide	X	X	X	X	52,500		-			X	NVI	MOH, GHS, Teaching hospitals, FDA	Vaccines and Technologies
Expand the use of telemedicine and other digital health technologies to reach remote areas.	Nationwide	X	X	X	X	750,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals	Research & Innovation
Promotion and expansion of medical tourism	Greater Accra, Ashanti, Northern, Volta	X	X	X	X	63,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, HEFRA, CPMR	Service Delivery
Provide funding for comprehensive specialized care and treatment for NCD-related diseases	Nationwide	X	X	X	X	700,000		-		X		MoH HQ	NHIA, Ghana Medical Trust Fund Secretariat, development partners	Health Financing
Implement the Ghana Medical Trust Fund initiative	Nationwide	X	X	X	X	980,000,000		-		X				Service Delivery
Implement the Free Primary Healthcare policy		X	X	X	X	3,500,000		-		X		GHS, NHIA	GHS, CHAG AMSG	Service Delivery
Strengthen data analytics and use for decision-making	Nationwide	X	X	X	X	3,052,500		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals	Health Information Systems
Strengthen public financial management	Nationwide	X	X	X	X	1,705,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals	Health Financing

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
systems across all agencies														
Strengthen supply chain systems at all levels	Nationwide	X	X	X	X	2,552,500		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals	Medical Products and Technologies
Strengthen the health workforce export programme	Nationwide	X	X	X	X	52,500		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals	Health Workforce
Strengthen the provider payment mechanism to address free PHC and NCD treatment	Nationwide	X	X	X	X	2,100,000		-			X	NHIA	GHS, CHAG, Teaching Hospitals	Health Financing
Develop Oral health strategic document	Nationwide	X	X	X	X	200,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Review and implement National Cancer strategy document	Nationwide	X	X	X	X	1,182,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Develop and implement national policy and strategy on palliative and rehabilitation	Nationwide	X	X	X	X	3,500,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Service Delivery
Establish and operationalise national cancer registry	Nationwide	X	X	X	X	5,250,000		-		X		MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Health Information Systems
Generate financial data to support evidence-based decision	Nationwide	X	X	X	X	5,000,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Health Information Systems
Implement non-financial incentive package	Nationwide	X	X	X	X	625,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Engage stakeholders in the design and building of health infrastructure project	Nationwide	X	X	X	X	50,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Health Infrastructure

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Implement the Health Infrastructure Strategy Plan	Nationwide	X	X	X	X	433,681,348		314,045,114			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Health Infrastructure
Implement Medical device policy	Nationwide	X	X	X	X	2,500,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Monitor and supervise health infrastructure projects	Nationwide	X	X	X	X	1,500,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Health Infrastructure
Undertake feasibility studies for capital projects	Nationwide	X	X	X	X	500,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Health Infrastructure
Develop Health Sector Annual Programme of Work	Nationwide	X	X	X	X	1,000,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Develop National Health Account	Nationwide	X	X	X	X	2,500,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Develop annual Programme Based Budget	Nationwide	X	X	X	X	1,000,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Organise quarterly Budget Committee meetings	Nationwide	X	X	X	X	200,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Develop Annual Budget Performance report	Nationwide	X	X	X	X	500,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Develop and implement human tissue and organ transplant policy	Nationwide	X	X	X	X	707,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Service Delivery
Develop and implement Geriatric Strategy	Nationwide	X	X	X	X	525,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Service Delivery
Develop and implement Assistive Technology Policy	Nationwide	X	X	X	X	448,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Medical Products and Technologies
Develop and implement disability policy	Nationwide	X	X	X	X	315,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Undertake health sector holistics assessment	Nationwide	X	X	X	X	2,500,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
conduct joint monitoring evaluation	Nationwide	X	X	X	X	1,500,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
develop M&E systems to track sector performance (financial & non-financial)	Nationwide	X	X	X	X	175,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Health Information Systems
Constitute and inaugurate governing boards/councils	Nationwide	X	X	X	X	100,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Conduct health sector oversight meetings	Nationwide	X	X	X	X	90,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Develop Legislative instrument	Nationwide	X	X	X	X	1,000,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Procure moveable and immoveable equipment	Nationwide	X	X	X	X	385,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Health Infrastructure
Develop administrative policies (welfare and transport)	Nationwide	X	X	X	X	920,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Undertake planned preventive maintenance of buildings, equipment and plants	Nationwide	X	X	X	X	1,500,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Health Infrastructure
Conduct capacity building and training programs at all levels	Nationwide	X	X	X	X	2,000,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Develop national medical equipment database	Nationwide	X	X	X		3,500,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Health Infrastructure
Implement nursing & midwifery framework	Nationwide	X	X	X	X	500,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Implement health gender policy and action plan	Nationwide	X	X	X	X	375,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Implement the Infection Prevention Control (IPC) strategy	Nationwide	X	X	X	X	350,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Service Delivery
Implement the National Quality Strategy	Nationwide	X	X	X	X	375,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Service Delivery
Develop health sector medium term plan	Nationwide	X	X	X	X	143,200		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Review and implement the Ghana Health Financing Strategy	Nationwide	X	X	X	X	150,000		-			X	MoH HQ	MOF, GHS, CHAG, Teaching Hospitals, development partners	Health Financing
Advocate for earmarking of health tax revenue	Nationwide	X	X	X	X	289,350		-			X	MoH HQ	MOF, GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Develop Core Competency Framework for Nursing and Midwifery	Nationwide	X	X	X		250,000		-		X		MoH HQ		Health Workforce
Develop Midwifery Education Practice and Centres of Excellent Program	Nationwide	X	X	X		1,000,000		-		X		MoH HQ		Health Workforce
Develop Nursing and Midwifery Research Agenda	Nationwide	X	X	X		504,250		-		X		MoH HQ		Health Workforce
Finalise Ghana National Health Laboratory Policy	Nationwide	X	X			-		-		X		MoH HQ		Leadership and Governance
Develop National Medicine Policy (4th Edition)	Nationwide	X	X	X		-		-		X		MoH HQ		Leadership and Governance
Generate reliable evidence using Health Technology Assessment to support decision making	Nationwide	X	X	X	X	500,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, Regulatory Agencies	Leadership and Governance

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Review the Standard Treatment Guideline and Essential Medicines List	Nationwide	X	X	X		100,000		-			X	MoH HQ		Leadership and Governance
Facilitate staff welfare activities	Nationwide	X	X	X	X	52,500		-			X	MoH HQ		Health Workforce
Implement client service chatter	Nationwide	X	X	X	X	2,500,000		-			X	MoH HQ		Leadership and Governance
Implement Health Payroll Budget	Nationwide	X	X	X	X	21,790,565,812		264,662,743			X	MOH HQ	GHS,CHAG	Health Workforce
Provide clinical services	Nationwide	X	X	X	X	1,971,060,000		23,940,000			X	GHS	CHAG, THs, MOH HQ	Service Delivery
Implement administrative functions	Nationwide	X	X	X	X	42,000,000		-			X	MOH HQ	GHS, CHAG, THs, Regulatory Agencies	Leadership and Governance
Implement NTD programmes.	Nationwide	X	X	X	X	945,000,000		-			X	GHS	MOH HQ	Service Delivery
Objective 2: Reduce Avoidable Maternal, Adolescent, and Child Deaths and Disabilities														
Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Deploy skilled birth attendants in all healthcare facilities.	Nationwide	X	X	X	X	180,000		-			X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority	Health Workforce
Review and implement strategies focused on maternal, adolescent, and child health.	Nationwide	X	X	X	X	630,000		-			X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority	Service Delivery
Engage communities on RNMCAH&N programmes.	Nationwide	X	X	X	X	77,000		-			X	Ghana Health Service (GHS)	Development Partners, CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority	Service Delivery

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Implement integrated care models to address the health needs of children.	Nationwide	X	X	X	X	46,200		-			X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, Mental Health Authority, AMHSG, Private Health Sector, National Blood Service, National Ambulance Service, all other services	Service Delivery
Implement integrated care models to address the health needs of mothers and neonates.	Nationwide	X	X	X	X	49,350		-			X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority, National Blood Service, National Ambulance Service, all other services	Service Delivery
Invest in research to identify effective interventions for reducing maternal and child mortality.	Nationwide	X	X	X	X	525,000		-			X	MoH HQ	GHS, Specialised Colleges, CHAG, AMHSG, Private Health Sector, Teaching Hospitals, Mental Health Authority, National Blood Service, Ambulance Service, all other services	Health Financing
Provide essential medicines and vaccines for mothers and children.	Nationwide	X	X	X	X	495,000,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, FDA, NVI	Vaccines and Technologies
Develop and implement assisted reproductive technology policy (ART)	Nationwide	X	X	X	X	350,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Medical Products and Technologies
Implement Sickle Cell Disease Strategy	Nationwide	X	X	X	X	375,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Service Delivery
Develop National Policy Guidelines on Domiciliary Midwifery and Home Nursing Care	Nationwide	X	X	X	X	200,000		-		X		MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Develop Homecare Nursing and	Nationwide	X	X	X		250,000		-		X		MoH HQ	GHS, CHAG	Health Workforce

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Domiciliary Midwifery Policy														
Implement RNMCAH&N programmes.	Nationwide	X	X	X	X	1,000,000,000		-		X		GHS	MOH HQ, CHAG, DPs	Service Delivery
Objective 3: Increase Access to Responsive Clinical and Public Health Emergency Services														
Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Review and implement national emergency preparedness and response plans.	Nationwide	X	X	X	X	455,000		-			X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, Mental Health Authority, AMHSG, Private Health Sector, National Blood Service, National Ambulance Service, all other services	Emergency Preparedness & Resilience
Engage communities in emergency preparedness and response planning.	Nationwide	X	X	X	X	70,000		-			X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, Mental Health Authority, AMHSG, Private Health Sector, National Blood Service, National Ambulance Service, all other services	Community Participation and Ownership
Build capacity of the rapid response teams deployed to areas affected by emergencies.	Nationwide	X	X	X	X	62,500		-			X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, Mental Health Authority, AMHSG, Private Health Sector, National Blood Service, National Ambulance Service, all other services	Emergency Preparedness & Resilience
Enforce regulatory frameworks to ensure quality and accountability in emergency services.	Nationwide	X	X	X	X	315,750		-			X	Regulatory Agencies	GHS, CHAG, Teaching Hospitals, Mental Health Authority, AMHSG, Private Health Sector, National Blood Service, National Ambulance Service, all other services	Leadership and Governance

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Invest in research to identify effective interventions for emergency response.	Nationwide	X	X	X	X	500,000		-			X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority, National Blood Service, Ambulance Service, all other services	Health Financing
Promote health education and awareness campaigns to encourage community involvement in emergency response.	Nationwide	X	X	X	X	63,000		-			X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, Private Health Sector, Mental Health Authority, AMHSG, National Blood Service, Ambulance Service, all other services	Service Delivery
Strengthen surveillance systems to prevent, detect and respond to diseases of public health concern	Nationwide	X	X	X	X	52,500		-			X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, Private Health Sector, Mental Health Authority, AMHSG, National Blood Service, Ambulance Service, all other services	Health Information Systems
Strengthen surveillance systems by establishing processes and infrastructure to actively monitor, prevent, detect, and respond to the circulation and use of sub-standard medicines and falsified health technologies	Nationwide	X	X	X	X	42,525		-			X	Food and Drugs Authority (FDA)	GHS, CHAG, Private Health Sector, Teaching Hospitals, Mental Health Authority, AMHSG, National Blood Service, National Ambulance Service, all other services	Health Information Systems
Strengthen vector control and environmental health programmes	Nationwide	X	X	X	X	39,200		-			X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, Private Health Sector, Mental Health Authority, AMHSG, National Blood Service, National Ambulance Service, all other services	Service Delivery

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Train Health Workforce in Climate Change and Health and environment related risk	Nationwide	X	X	X	X	501,000		-			X	Ghana Health Service (GHS)	CHAG, AMHSG, Private Health Sector	Health Workforce
Organise educational talks on voluntary blood donation	Nationwide	X	X	X	X	140,000		-			X	National Blood Service (NBS)	MOH, GHS, CHAG, Private Health Sector, Teaching Hospitals	Service Delivery
Strengthen safe blood for quality health services	Nationwide	X	X	X	X	70,000		-			X	National Blood Service (NBS)	MOH, GHS, CHAG, AMHSG, Private Health Sector, Teaching Hospitals, National Ambulance	Service Delivery
Strengthen anti-microbial resistance (AMR) interventions at all levels of care	Nationwide	X	X	X	X	160,000		-			X	Ghana Health Service (GHS)	CHAG, AMHSG, Private Health Sector, Teaching Hospitals	Service Delivery
Engage environment and disaster management agencies on WASH	Nationwide	X	X	X	X	52,500		-			X	MoH HQ	NADMO, MEST, LGCRA, MWHWR, development partners	Leadership and Governance
Develop and implement national emergency preparedness and response plans.	Nationwide	X	X	X	X	3,500,000		-			X	MoH HQ	GHS, NAS, NBS, SJAB, Teaching Hospitals, CHAG, NCCRM, NADMO, MOI, MOD	Emergency Preparedness & Resilience
Develop emergency health information systems to manage data during crises.	Nationwide	X	X	X	X	1,100,000		-			X	MoH HQ		Health Information Systems
Develop an integrated (metrological, environmental and health data) for national climate and health surveillance systems	Nationwide	X	X	X	X	800,000		-			X	MoH HQ	Gmet, GHS, MEST	Leadership and Governance

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Provide essential medical supplies and equipment for emergencies.	Nationwide	X	X	X	X	700,052,500		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, FDA	Medical Products and Technologies
Establish emergency healthcare facilities and mobile clinics.	Nationwide	X	X	X	X	62,500		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals	Health Infrastructure
Implement financial mechanisms to ensure rapid mobilization of resources during emergencies.	Nationwide	X	X	X	X	625,000		-			X	MoH HQ	GHS, Teaching hospitals	Health Financing
Develop and implement a national climate and health policy and health national adaptation plan (the H-NAP) to build climate resilience in the health sector	Nationwide	X	X	X	X	3,500,000		-		X		MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Train Health Workforce in Climate Change and Health and environment related risk	Nationwide	X	X	X	X	300,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Health Workforce
Procure advanced health security diagnostic equipment	Nationwide	X	X	X	X	140,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Medical Products and Technologies
Implement Communicable Disease programmes programmes.	Nationwide	X	X	X	X	900,000,000		-			X	GHS	MOH HQ, CHAG	Service Delivery
Implement Emergency Preparedness Plan	Nationwide	X	X	X	X	600,000,000		-			X	MOH HQ	ALL AGENCIES, DPs	Emergency Preparedness & Resilience

2027 Annual Action Plan

Objective 1: Universal Access to Quality and Efficiently Managed Healthcare Services

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Develop and implement innovation in healthcare delivery models to enhance efficiency and effectiveness.	Nationwide	X	X	X	X	5,800,000		-		X	X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, Private Health Sector, Mental Health Authority, AMHSG, National Blood Service, Ambulance Service	Leadership and Governance
Conduct Community Health Screenings and Awareness Campaigns	Nationwide	X	X	X	X	4,200,000		-			X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, Private Health Sector, Mental Health Authority, AMHSG, National Blood Service, National Ambulance Service, Private	Service Delivery
Engage communities in the planning and implementation of primary healthcare programmes.	Nationwide	X	X	X	X	87,500		-			X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority	Service Delivery
Implement patient-centred care models and improve the quality of healthcare services.	Nationwide	X	X	X	X	87,500		-			X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority, National Blood Service, National Ambulance Service, all other service delivery agencies	Service Delivery
Increase the availability of essential health services across the continuum of care	Nationwide	X	X	X	X	86,800		-			X	Ghana Health Service (GHS)	MOH, CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority, National Blood Service, National Ambulance Service, all	Medical Products and Technologies

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
													other service delivery agencies	
Increase the early detection, prevention and management of NCDs	Nationwide	X	X	X	X	85,855		-			X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority, National Blood Service, Development Partners, Ghana Medical Trust Fund Secretariat, National Ambulance Service, all other service delivery agencies	Service Delivery
Promote and expand locally manufactured vaccines and health commodities	Nationwide	X	X	X	X	30,000		-			X	Food and Drugs Authority (FDA)	GHS, NVI, CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority, National Blood Service, Ambulance Service, all other services	Vaccines and Technologies
Promote health education and awareness campaigns to encourage healthy behaviors.	Nationwide	X	X	X	X	70,000		-			X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority, National Blood Service, Ambulance Service, all other services	Service Delivery
Provide comprehensive specialized care and treatment for NCD-related diseases	Nationwide	X	X	X	X	1,176,000,000		-			X	Teaching Hospitals	GHS, CHAG, Mental Health Authority, AMHSG, Private Health Sector, Ghana Medical Trust Fund Secretariate, NHIA, Development	Service Delivery

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
(Ghana Medical Trust Fund)													Partners, National Blood Service, Ambulance Service, all other services	
Strengthen data analytics and use for decision-making	Nationwide	X	X	X	X	750,000			-		X	MoH HQ	CHAG, Teaching Hospitals, Private Health Sector, Mental Health Authority, AMHSG, National Blood Service, Ambulance Service, all other services	Health Information Systems
Strengthen community engagement and risk communication for health promotion	Nationwide	X	X	X	X	40,000			-		X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority	Community Participation and Ownership
Strengthen regulatory oversight of health facilities	Nationwide	X	X	X	X	450,000			-		X	Regulatory Agencies	GHS, CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority, National Blood Service, National Ambulance Service, all other services	Leadership and Governance
Strengthen regulatory oversight of health professionals	Nationwide	X	X	X	X	375,000			-		X	Regulatory Agencies	GHS, CHAG, AMHSG, Teaching Hospitals, Private Health Sector, Mental Health Authority, National Blood Service, National Ambulance Service, all other services	Leadership and Governance
Strengthen regulatory oversight of products and medical devices	Nationwide	X	X	X	X	372,000			-		X	Regulatory Agencies	GHS, CHAG, AMHSG, Teaching Hospitals, Private Health Sector, Mental Health Authority, National	Leadership and Governance

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
													Blood Service, National Ambulance Service, all other services	
Advocate for provision and expansion of Quality Mental health services at all levels of care (Including developing quality mental healthcare standards).	Nationwide	X	X	X	X	24,000		-			X	Mental Health Authority	GHS, CHAG, AMHSG, Private Health Sector, Teaching Hospitals, Psychiatry Hospitals	Leadership and Governance
Provide integrated and composite MH services	Nationwide	X	X	X	X	15,960,000		-			X	Mental Health Authority	GHS, CHAG, Teaching Hospitals, Private Health Sector, Psychiatry Hospitals	Service Delivery
Conduct outreach services at all levels of care	Nationwide	X	X	X	X	250,000,000		-			X	Ghana Health Service (GHS)	Teaching Hospitals, CHAG, Private Health Sector, Mental Health Authority, National Blood Service, Ambulance Service, all other services	Service Delivery
Expand specialist and sub-specialist service lines (modified services eg. Palliative services, Breast clinic)	Nationwide	X	X	X	X	2,500,000		-			X	Teaching Hospitals	GHS, CHAG, Teaching Hospitals, Private Health Sector, Psychiatry hospitals	Service Delivery
Expand rehabilitative service at all levels of care	Nationwide	X	X	X	X	112,000		-			X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, Private Health Sector, Mental Health Authority, National Blood Service, Ambulance Service, all other services	Service Delivery

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Improve Quality of care and patient safety	Nationwide	X	X	X	X	134,000		-			X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, Private Health Sector, Mental Health Authority, National Blood Service, Ambulance Service, all other services	Service Delivery
Strengthen Gender-related healthcare services at all levels of care (including disability and men's health)	Nationwide	X	X	X	X	-		-			X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, Private Health Sector, Mental Health Authority, National Blood Service, Ambulance Service, all other services	Service Delivery
Integrate the use of artificial intelligence (AI) in the provision of health services	Nationwide	X	X	X	X	875,000		-			X	Teaching Hospitals	GHS, CHAG, AMHSG, Private Health Sector, Psychiatric Hospitals	Research & Innovation
Strengthen alternative medicine practice including traditional medicine at all levels	Nationwide	X	X	X	X	875,000		-			X	Centre for Plant Medicin Research (CPMR)	GHS, CHAG, AMHSG, Private Health Sector, Teaching Hospitals	Service Delivery
Build hospitals to be climate-smart and energy efficient	Nationwide	X	X	X	X	1,407,500		-			X	MoH HQ	GHS, Teaching Hospitals, CHAG, MOF, HEFRA, AMSG, development partners	Health Infrastructure
Engage other sectors, such as education, agriculture, local government, communication and transport to address social determinants of health.	Nationwide	X	X	X	X	130,000		-			X	MoH HQ	MOE, MOFA, LGCRA, MOC, MOT, development partners	Partnership and Multisectoral Collaboration
Develop and implement national health policies that	Nationwide	X	X	X	X	280,000		-			X	MoH HQ	All Agencies	Leadership and Governance

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
prioritize universal healthcare access.														
Develop green supply chain models for the procurement of medicines, equipment and consumables	Nationwide	X	X	X	X	1,210,000		-			X	MoH HQ	GHS	Medical Products and Technologies
Integrate health information systems to manage patient data efficiently.	Nationwide	X	X	X	X	280,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, Private Sector	Health Information Systems
Provide essential medical products and technologies in all healthcare facilities.	Nationwide	X	X	X	X	2,413,864,750		641,660,250			X	MoH HQ	GHS, CHAG, Teaching Hospitals, FDA	Medical Products and Technologies
Finalize and implement Comprehensive Geriatric policy	Nationwide	X	X	X	X	875,000		-			X	MoH HQ	GHS, Teaching Hospital	Leadership and Governance
Implement continuous professional development programmes	Nationwide	X	X	X	X	2,200,000		-			X	MoH HQ	GCNM, GCPS, GCPharm	Health Workforce
Implement health insurance schemes to cover all citizens	Nationwide	X	X	X	X	625,000		-			X	NHIA	MOH HQ, GHS, Teaching Hospitals	Health Financing
Increase the number of healthcare professionals through training programs and incentives.	Nationwide				X	2,300,000		-			X	MoH HQ	HTIs, GCNM, GCPS, GCPharm	Health Workforce

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Promote and expand locally manufactured vaccines and health commodities	Nationwide	X	X	X	X	87,500		-			X	NVI	MOH, GHS, Teaching hospitals, FDA	Vaccines and Technologies
Expand the use of telemedicine and other digital health technologies to reach remote areas.	Nationwide	X	X	X	X	1,250,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals	Research & Innovation
Promotion and expansion of medical tourism	Greater Accra, Ashanti, Northern, Volta	X	X	X	X	77,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, HEFRA, CPMR	Service Delivery
Provide funding for comprehensive specialized care and treatment for NCD-related diseases	Nationwide	X	X	X	X	1,200,000		-			X	MoH HQ	NHIA, Ghana Medical Trust Fund Secretariat, development partners	Health Financing
Implement the Ghana Medical Trust Fund initiative	Nationwide	X	X	X	X	1,176,000,000		-			X			Service Delivery
Implement the Free Primary Healthcare policy		X	X	X	X	3,500,000		-			X	GHS, NHIA	GHS, CHAG AMSG	Service Delivery
Strengthen data analytics and use for decision-making	Nationwide	X	X	X	X	5,087,500		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals	Health Information Systems
Strengthen public financial management systems across all agencies	Nationwide	X	X	X	X	2,110,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals	Health Financing
Strengthen supply chain systems at all levels	Nationwide	X	X	X	X	2,587,500		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals	Medical Products and Technologies
Strengthen the health workforce export programme	Nationwide	X	X	X	X	87,500		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals	Health Workforce

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Strengthen the provider payment mechanism to address free PHC and NCD treatment	Nationwide	X	X	X	X	1,575,000		-			X	NHIA	GHS, CHAG, Teaching Hospitals	Health Financing
Develop Oral health strategic document	Nationwide	X	X	X	X	265,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Review and implement National Cancer strategy document	Nationwide	X	X	X	X	1,345,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Develop and implement national policy and strategy on palliative and rehabilitation	Nationwide	X	X	X	X	3,500,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Service Delivery
Establish and operationalise national cancer registry	Nationwide	X	X	X	X	399,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Health Information Systems
Generate financial data to support evidence-based decision	Nationwide	X	X	X	X	5,000,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Health Information Systems
Implement non-financial incentive package	Nationwide	X	X	X	X	1,250,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Engage stakeholders in the design and building of health infrastructure project	Nationwide	X	X	X	X	60,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Health Infrastructure
Implement the Health Infrastructure Strategy Plan	Nationwide	X	X	X	X	433,681,348		314,045,114			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Health Infrastructure
Implement Medical device policy	Nationwide	X	X	X	X	2,500,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Monitor and supervise health infrastructure projects	Nationwide	X	X	X	X	1,650,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Health Infrastructure
Undertake feasibility studies for capital projects	Nationwide	X	X	X	X	1,000,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Health Infrastructure
Develop Health Sector Annual Programme of Work	Nationwide	X	X	X	X	1,000,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Develop National Health Account	Nationwide	X	X	X	X	2,500,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Develop annual Programme Based Budget	Nationwide	X	X	X	X	1,000,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Organise quarterly Budget Committee meetings	Nationwide	X	X	X	X	200,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Develop Annual Budget Performance report	Nationwide	X	X	X	X	500,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Develop and implement human tissue and organ transplant policy	Nationwide	X	X	X	X	805,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Service Delivery
Develop and implement Geriatric Strategy	Nationwide	X	X	X	X	525,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Service Delivery
Develop and implement Assistive Technology Policy	Nationwide	X	X	X	X	787,500		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Medical Products and Technologies
Develop and implement disability policy	Nationwide	X	X	X	X	630,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Undertake health sector holistics assessment	Nationwide	X	X	X	X	5,000,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
conduct joint monitoring evaluation	Nationwide	X	X	X	X	1,500,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
develop M&E systems to track sector performance (financial & non-financial)	Nationwide	X	X	X	X	875,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Health Information Systems
Constitute and inaugurate governing boards/councils	Nationwide	X	X	X	X	104,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Conduct health sector oversight meetings	Nationwide	X	X	X	X	50,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Develop Legislative instrument	Nationwide	X	X	X	X	1,000,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Procure moveable and immoveable equipment	Nationwide	X	X	X	X	150,455,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Health Infrastructure
Develop administrative policies (welfare and transport)	Nationwide	X	X	X	X	1,210,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Undertake planned preventive maintenance of buildings, equipment and plants	Nationwide	X	X	X	X	1,500,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Health Infrastructure
Conduct capacity building and training programs at all levels	Nationwide	X	X	X	X	2,000,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Develop national medical equipment database	Nationwide	X	X	X	X	3,500,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Health Infrastructure
Implement nursing & midwifery framework	Nationwide	X	X	X	X	500,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Implement health gender policy and action plan	Nationwide	X	X	X	X	500,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Implement the Infection Prevention Control (IPC) strategy	Nationwide	X	X	X	X	450,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Service Delivery
Implement the National Quality Strategy	Nationwide	X	X	X	X	500,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Service Delivery
Develop health sector medium term plan	Nationwide	X	X	X	X	234,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Review and implement the Ghana Health Financing Strategy	Nationwide	X	X	X	X	300,000		-			X	MoH HQ	MOF, GHS, CHAG, Teaching Hospitals, development partners	Health Financing
Advocate for earmarking of health tax revenue	Nationwide	X	X			93,550		-			X	MoH HQ	MOF, GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Develop Core Competency Framework for Nursing and Midwifery	Nationwide	X	X	X	X	308,000		-			X	MoH HQ		Health Workforce
Develop Midwifery Education Practice and Centres of Excellent Program	Nationwide	X	X	X	X	550,000		-			X	MoH HQ		Health Workforce
Develop Nursing and Midwifery Research Agenda	Nationwide	X	X	X		207,750		-		X		MOH HQ		Health Workforce
Finalise Ghana National Health Laboratory Policy	Nationwide	X	X	X		400,000		-		X		MOH HQ		Leadership and Governance
Develop National Medicine Policy (4th Edition)	Nationwide	X	X	X		250,000		-		X		MOH HQ		Leadership and Governance
Generate reliable evidence using Health Technology Assessment to support decision making	Nationwide	X	X	X	X	750,000		-		X		MOH HQ		Leadership and Governance

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Facilitate staff welfare activities	Nationwide	X	X	X	X	87,500		-		#####	X	MOH HQ		Health Workforce
Implement client service chatter	Nationwide	X	X	X	X	2,500,000		-			X	MOH HQ		Leadership and Governance
Implement Health Payroll Budget	Nationwide	X	X	X	X	23,751,716,735		288,482,389			X	MOH HQ		Health Workforce
Provide clinical services	Nationwide	X	X	X	X	2,956,590,000		35,910,000			X	GHS	MOH HQ, CHAG, THs,	Service Delivery
Implement administrative functions	Nationwide	X	X	X	X	48,300,000		-			X	MOH HQ	CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority	Leadership and Governance
Implement NTD programmes programmes.	Nationwide	X	X	X	X	1,115,200,000		-			X	GHS	CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority	Service Delivery
Objective 2: Reduce Avoidable Maternal, Adolescent, and Child Deaths and Disabilities														
Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Deploy skilled birth attendants in all healthcare facilities.	Nationwide	X	X	X	X	220,000		-			X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority	Health Workforce
Review and implement strategies focused on maternal, adolescent, and child health.	Nationwide	X	X	X	X	913,500		-			X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority	Service Delivery
Engage communities on RNMCAH&N programmes.	Nationwide	X	X	X	X	87,500		-			X	Ghana Health Service (GHS)	Development Partners, CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority	Service Delivery

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Implement integrated care models to address the health needs of children.	Nationwide	X	X	X	X	89,250		-			X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, Mental Health Authority, AMHSG, Private Health Sector, National Blood Service, National Ambulance Service, all other services	Service Delivery
Implement integrated care models to address the health needs of mothers and neonates.	Nationwide	X	X	X	X	71,750		-			X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority, National Blood Service, National Ambulance Service, all other services	Service Delivery
Invest in research to identify effective interventions for reducing maternal and child mortality.	Nationwide	X	X	X	X	1,550,000		-			X	MoH HQ	GHS, Specialised Colleges, CHAG, AMHSG, Private Health Sector, Teaching Hospitals, Mental Health Authority, National Blood Service, Ambulance Service, all other services	Health Financing
Provide essential medicines and vaccines for mothers and children.	Nationwide	X	X	X	X	569,250,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, FDA, NVI	Vaccines and Technologies
Develop and implement assisted reproductive technology policy (ART)	Nationwide	X	X	X	X	700,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Medical Products and Technologies
Implement Sickle Cell Disease Strategy	Nationwide	X	X	X	X	500,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Service Delivery
Develop National Policy Guidelines on Domiciliary	Nationwide	X	X	X	X	200,000		-		X		MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Midwifery and Home Nursing Care														
Develop Homecare Nursing and Domiciliary Midwifery Policy	Nationwide	X	X	X	X	350,000			-		X	MoH HQ	GHS, CHAG, Teaching Hospitals, Regulatory Agencies	Health Workforce
Implement RNMAH&N programmes.	Nationwide	X	X	X	X	1,100,000,000			-		X	GHS	CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority	Service Delivery
Objective 3: Increase Access to Responsive Clinical and Public Health Emergency Services														
Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Review and implement national emergency preparedness and response plans.	Nationwide	X	X	X	X	1,120,000			-		X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, Mental Health Authority, AMHSG, Private Health Sector, National Blood Service, National Ambulance Service, all other services	Emergency Preparedness & Resilience
Engage communities in emergency preparedness and response planning.	Nationwide	X	X	X	X	105,000			-		X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, Mental Health Authority, AMHSG, Private Health Sector, National Blood Service, National Ambulance Service, all other services	Community Participation and Ownership
Build capacity of the rapid response teams and deployed to areas affected by emergencies.	Nationwide	X	X	X	X	626,000			-		X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, Mental Health Authority, AMHSG, Private Health Sector, National Blood Service, National Ambulance Service, all other services	Emergency Preparedness & Resilience

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Enforce regulatory frameworks to ensure quality and accountability in emergency services.	Nationwide	X	X	X	X	375,000		-			X	Regulatory Agencies	GHS, CHAG, Teaching Hospitals, Mental Health Authority, AMHSG, Private Health Sector, National Blood Service, National Ambulance Service, all other services	Leadership and Governance
Invest in research to identify effective interventions for emergency response.	Nationwide	X	X	X	X	2,000,000		-			X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority, National Blood Service, Ambulance Service, all other services	Health Financing
Promote health education and awareness campaigns to encourage community involvement in emergency response.	Nationwide	X	X	X	X	82,250		-			X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, Private Health Sector, Mental Health Authority, AMHSG, National Blood Service, Ambulance Service, all other services	Service Delivery
Strengthen surveillance systems to prevent, detect and respond to diseases of public health concern	Nationwide	X	X	X	X	87,500		-			X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, Private Health Sector, Mental Health Authority, AMHSG, National Blood Service, Ambulance Service, all other services	Health Information Systems
Strengthen surveillance systems by establishing processes and infrastructure to actively monitor, prevent, detect, and respond to the	Nationwide	X	X	X	X	74,375		-			X	Food and Drugs Authority (FDA)	GHS, CHAG, Private Health Sector, Teaching Hospitals, Mental Health Authority, AMHSG, National Blood Service, National Ambulance Service, all other services	Health Information Systems

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
circulation and use of sub-standard medicines and falsified health technologies														
Strengthen vector control and environmental health programmes	Nationwide	X	X	X	X	84,350		-			X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, Private Health Sector, Mental Health Authority, AMHSG, National Blood Service, National Ambulance Service, all other services	Service Delivery
Train Health Workforce in Climate Change and Health and environment related risk	Nationwide	X	X	X	X	501,600		-			X	Ghana Health Service (GHS)	CHAG, AMHSG, Private Health Sector	Health Workforce
Organise educational talks on voluntary blood donation	Nationwide	X	X	X	X	210,000		-			X	National Blood Service (NBS)	MOH, GHS, CHAG, Private Health Sector, Teaching Hospitals	Service Delivery
Strengthen safe blood for quality health services	Nationwide	X	X	X	X	140,000		-			X	National Blood Service (NBS)	MOH, GHS, CHAG, AMHSG, Private Health Sector, Teaching Hospitals, National Ambulance	Service Delivery
Strengthen anti microbial resistance (AMR) interventions at all levels of care	Nationwide	X	X	X	X	240,000		-			X	Ghana Health Service (GHS)	CHAG, AMHSG, Private Health Sector, Teaching Hospitals	Service Delivery
Engage environment and disaster management agencies on WASH	Nationwide	X	X	X	X	87,500		-			X	MoH HQ	NADMO, MEST, LGCRA, MWHWR, development partners	Leadership and Governance
Develop and implement national emergency	Nationwide	X	X	X	X	3,500,000		-			X	MoH HQ	GHS, NAS, NBS, SJAB, Teaching Hospitals,	Emergency Preparedness & Resilience

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
preparedness and response plans.													CHAG, NCCRM, NADMO, MOI, MOD	
Develop emergency health information systems to manage data during crises.	Nationwide	X	X	X	X	1,150,000		-			X	MoH HQ		Health Information Systems
Develop an integrated (metrological, environmental and health data) for national climate and health surveillance systems	Nationwide	X	X	X	X	1,200,000		-			X	MoH HQ	Gmet, GHS, MEST	Leadership and Governance
Provide essential medical supplies and equipment for emergencies.	Nationwide	X	X	X	X	703,587,500		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, FDA	Medical Products and Technologies
Establish emergency healthcare facilities and mobile clinics.	Nationwide	X	X	X		167,500		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals	Health Infrastructure
Implement financial mechanisms to ensure rapid mobilization of resources during emergencies.	Nationwide	X	X	X	X	625,000		-			X	MoH HQ	GHS, Teaching hospitals	Health Financing
Develop and implement a national climate and health policy and health national adaptation plan (the H-NAP) to build climate resilience in the health sector	Nationwide	X	X	X		3,500,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Train Health Workforce in Climate Change and	Nationwide	X	X	X	X	500,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Health Workforce

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Health and environment related risk														
Procure advanced health security diagnostic equipment	Nationwide	X	X	X	X	275,140,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Medical Products and Technologies
Implement Communicable Disease programmes	Nationwide	X	X	X	X	1,020,000,000		-			X	GHS	CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority	Service Delivery
Implement Emergency Preparedness Plan	Nationwide	X	X	X	X	690,000,000		-			X			Emergency Preparedness & Resilience

2028 ANNUAL ACTION PLAN

Objective 1: Universal Access to Quality and Efficiently Managed Healthcare Services

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Develop and implement innovation in healthcare delivery models to enhance	Nationwide	X	X	X	X	6,300,000		-		X	X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, Private Health Sector, Mental Health Authority, AMHSG, National Blood	Leadership and Governance

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
efficiency and effectiveness.													Service, Ambulance Service	
Conduct Community Health Screenings and Awareness Campaigns	Nationwide	X	X	X	X	4,550,000		-			X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, Private Health Sector, Mental Health Authority, AMHSG, National Blood Service, National Ambulance Service, Private	Service Delivery
Engage communities in the planning and implementation of primary healthcare programmes.	Nationwide	X	X	X	X	87,500		-			X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority	Service Delivery
Implement patient-centred care models and improve the quality of healthcare services.	Nationwide	X	X	X	X	87,500		-			X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority, National Blood Service, National Ambulance Service, all other service delivery agencies	Service Delivery
Increase the availability of essential health services across the continuum of care	Nationwide	X	X	X	X	88,095		-			X	Ghana Health Service (GHS)	MOH, CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority, National Blood Service, National Ambulance Service, all other service delivery agencies	Medical Products and Technologies

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Increase the early detection, prevention and management of NCDs	Nationwide	X	X	X	X	87,920		-			X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority, National Blood Service, Development Partners, Ghana Medical Trust Fund Secretariat, National Ambulance Service, all other service delivery agencies	Service Delivery
Promote and expand locally manufactured vaccines and health commodities	Nationwide	X	X	X	X	30,000		-			X	Food and Drugs Authority (FDA)	GHS, NVI, CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority, National Blood Service, Ambulance Service, all other services	Vaccines and Technologies
Promote health education and awareness campaigns to encourage healthy behaviors.	Nationwide	X	X	X	X	87,500		-			X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority, National Blood Service, Ambulance Service, all other services	Service Delivery
Provide comprehensive specialized care and treatment for NCD-related diseases (Ghana Medical Trust Fund)	Nationwide	X	X	X	X	1,372,000,000		-			X	Teaching Hospitals	GHS, CHAG, Mental Health Authority, AMHSG, Private Health Sector, Ghana Medical Trust Fund Secretariate, NHIA, Development Partners, National Blood Service, Ambulance Service, all other services	Service Delivery
Strengthen data analytics and use for decision-making	Nationwide	X	X	X	X	750,000		-			X	MoH HQ	CHAG, Teaching Hospitals, Private Health Sector, Mental Health Authority,	Health Information Systems

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
													AMHSG, National Blood Service, Ambulance Service, all other services	
Strengthen community engagement and risk communication for health promotion	Nationwide	X	X	X	X	40,000		-			X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority	Community Participation and Ownership
Strengthen regulatory oversight of health facilities	Nationwide	X	X	X	X	525,000		-			X	Regulatory Agencies	GHS, CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority, National Blood Service, National Ambulance Service, all other services	Leadership and Governance
Strengthen regulatory oversight of health professionals	Nationwide	X	X	X	X	450,000		-			X	Regulatory Agencies	GHS, CHAG, AMHSG, Teaching Hospitals, Private Health Sector, Mental Health Authority, National Blood Service, National Ambulance Service, all other services	Leadership and Governance
Strengthen regulatory oversight of products and medical devices	Nationwide	X	X	X	X	480,000		-			X	Regulatory Agencies	GHS, CHAG, AMHSG, Teaching Hospitals, Private Health Sector, Mental Health Authority, National Blood Service, National Ambulance Service, all other services	Leadership and Governance
Advocate for provision and expansion of Quality Mental health services at all levels of care (Including developing quality	Nationwide	X	X	X	X	24,000		-			X	Mental Health Authority	GHS, CHAG, AMHSG, Private Health Sector, Teaching Hospitals, Psychiatry Hospitals	Leadership and Governance

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
mental healthcare standards).														
Provide integrated and composite MH services	Nationwide	X	X	X	X	19,950,000		-			X	Mental Health Authority	GHS, CHAG, Teaching Hospitals, Private Health Sector, Psychiatry Hospitals	Service Delivery
Conduct outreach services at all levels of care	Nationwide	X	X	X	X	250,000,000		-			X	Ghana Health Service (GHS)	Teaching Hospitals, CHAG, Private Health Sector, Mental Health Authority, National Blood Service, Ambulance Service, all other services	Service Delivery
Expand specialist and sub-specialist service lines (modified services eg. Palliative services, Breast clinic)	Nationwide	X	X	X	X	3,500,000		-			X	Teaching Hospitals	GHS, CHAG, Teaching Hospitals, Private Health Sector, Psychiatry hospitals	Service Delivery
Expand rehabilitative service at all levels of care	Nationwide	X	X	X	X	130,000		-			X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, Private Health Sector, Mental Health Authority, National Blood Service, Ambulance Service, all other services	Service Delivery
Improve Quality of care and patient safety	Nationwide	X	X	X	X	172,000		-			X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, Private Health Sector, Mental Health Authority, National Blood Service, Ambulance Service, all other services	Service Delivery
Strengthen Gender-related healthcare services at all levels of care (including	Nationwide	X	X	X	X	-		-			X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, Private Health Sector, Mental Health Authority, National Blood Service,	Service Delivery

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
disability and men's health)													Ambulance Service, all other services	
Integrate the use of artificial intelligence (AI) in the provision of health services	Nationwide	X	X	X	X	875,000		-			X	Teaching Hospitals	GHS, CHAG, AMHSG, Private Health Sector, Psychiatric Hospitals	Research & Innovation
Strengthen alternative medicine practice including traditional medicine at all levels	Nationwide	X	X	X	X	875,000		-			X	Centre for Plant Medicin Research (CPMR)	GHS, CHAG, AMHSG, Private Health Sector, Teaching Hospitals	Service Delivery
Build hospitals to be climate-smart and energy efficient	Nationwide	X	X	X	X	1,467,500		-			X	MoH HQ	GHS, Teaching Hospitals, CHAG, MOF, HEFRA, AMSG, development partners	Health Infrastructure
Engage other sectors, such as education, agriculture, local government, communication and transport to address social determinants of health.	Nationwide	X	X	X	X	150,000		-			X	MoH HQ	MOE, MOFA, LGCRA, MOC, MOT, development partners	Partnership and Multisectoral Collaboration
Develop and implement national health policies that prioritize universal healthcare access.	Nationwide	X	X	X	X	315,000		-			X	MoH HQ	All Agencies	Leadership and Governance
Develop green supply chain models for the procurement of medicines, equipment and consumables	Nationwide	X	X	X	X	1,230,000		-		X	X	MoH HQ	GHS	Medical Products and Technologies

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Integrate health information systems to manage patient data efficiently.	Nationwide	X	X	X	X	420,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, Private Sector	Health Information Systems
Provide essential medical products and technologies in all healthcare facilities.	Nationwide	X	X	X	X	2,437,414,650		647,920,350			X	MoH HQ	GHS, CHAG, Teaching Hospitals, FDA	Medical Products and Technologies
Finalize and implement Comprehensive Geriatric policy	Nationwide	X	X	X	X	875,000		-			X	MoH HQ	GHS, Teaching Hospital	Leadership and Governance
Implement continuous professional development programmes	Nationwide	X	X	X	X	2,260,000		-			X	MoH HQ	GCNM, GCPS, GCPharm	Health Workforce
Implement health insurance schemes to cover all citizens	Nationwide	X	X	X	X	625,000		-			X	NHIA	MOH HQ, GHS, Teaching Hospitals	Health Financing
Increase the number of healthcare professionals through training programs and incentives.	Nationwide	X	X	X	X	2,340,000		-			X	MoH HQ	HTIs, GCNM, GCPS, GCPharm	Health Workforce
Promote and expand locally manufactured vaccines and health commodities	Nationwide	X	X	X	X	87,500		-			X	NVI	MOH, GHS, Teaching hospitals, FDA	Vaccines and Technologies
Expand the use of telemedicine and other digital health technologies to reach remote areas.	Nationwide	X	X	X	X	1,250,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals	Research & Innovation

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Promotion and expansion of medical tourism	Greater Accra, Ashanti, Northern, Volta	X	X	X	X	101,500		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, HEFRA, CPMR	Service Delivery
Provide funding for comprehensive specialized care and treatment for NCD-related diseases	Nationwide	X	X	X	X	1,300,000		-		X		MoH HQ	NHIA, Ghana Medical Trust Fund Secretariat, development partners	Health Financing
Implement the Ghana Medical Trust Fund initiative	Nationwide	X	X	X	X	1,323,000,000		-			X			Service Delivery
Implement the Free Primary Healthcare policy		X	X	X	X	3,500,000		-			X	GHS, NHIA	GHS, CHAG AMSG	Service Delivery
Strengthen data analytics and use for decision-making	Nationwide	X	X	X	X	3,087,500		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals	Health Information Systems
Strengthen public financial management systems across all agencies	Nationwide	X	X	X	X	2,580,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals	Health Financing
Strengthen supply chain systems at all levels	Nationwide	X	X	X	X	2,587,500		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals	Medical Products and Technologies
Strengthen the health workforce export programme	Nationwide	X	X	X	X	87,500		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals	Health Workforce
Strengthen the provider payment mechanism to address free PHC and NCD treatment	Nationwide	X	X	X	X	875,000		-			X	NHIA	GHS, CHAG, Teaching Hospitals	Health Financing
Develop Oral health strategic document	Nationwide	X	X	X	X	-		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Review and implement National	Nationwide	X	X	X	X	-		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Cancer strategy document														
Develop and implement national policy and strategy on palliative and rehabilitation	Nationwide	X	X	X	X	3,500,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Service Delivery
Establish and operationalise national cancer registry	Nationwide	X	X	X	X	4,025,000		-		X		MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Health Information Systems
Generate financial data to support evidence-based decision	Nationwide	X	X	X	X	5,000,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Health Information Systems
Implement non-financial incentive package	Nationwide	X	X	X	X	1,250,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Engage stakeholders in the design and building of health infrastructure project	Nationwide	X	X	X	X	70,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Health Infrastructure
Implement the Health Infrastructure Strategy Plan	Nationwide	X	X	X	X	433,681,348		314,045,114			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Health Infrastructure
Implement Medical device policy	Nationwide	X	X	X	X	2,500,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Monitor and supervise health infrastructure projects	Nationwide	X	X	X	X	1,800,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Health Infrastructure
Undertake feasibility studies for capital projects	Nationwide	X	X	X	X	1,500,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Health Infrastructure
Develop Health Sector Annual	Nationwide	X	X	X	X	1,000,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Programme of Work														
Develop National Health Account	Nationwide	X	X	X	X	2,500,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Develop annual Programme Based Budget	Nationwide	X	X	X	X	1,000,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Organise quarterly Budget Committee meetings	Nationwide	X	X	X	X	200,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Develop Annual Budget Performance report	Nationwide	X	X	X	X	500,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Develop and implement human tissue and organ transplant policy	Nationwide	X	X	X	X	840,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Service Delivery
Develop and implement Geriatric Strategy	Nationwide	X	X	X	X	525,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Service Delivery
Develop and implement Assistive Technology Policy	Nationwide	X	X	X	X	889,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Medical Products and Technologies
Develop and implement disability policy	Nationwide	X	X	X	X	840,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Undertaking health sector holistic assessment	Nationwide	X	X	X	X	5,000,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
conduct joint monitoring evaluation	Nationwide	X	X	X	X	1,500,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
develop M&E systems to track sector performance (financial & non-financial)	Nationwide	X	X	X	X	875,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Health Information Systems
Constitute and inaugurate	Nationwide	X	X	X	X	150,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
governing boards/councils														
Conduct health sector oversight meetings	Nationwide	X	X	X	X	50,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Develop Legislative instrument	Nationwide	X	X	X	X	1,000,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Procure moveable and immoveable equipment	Nationwide	X	X	X	X	525,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Health Infrastructure
Develop administrative policies (welfare and transport)	Nationwide	X	X	X		1,340,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Undertake planned preventive maintenance of buildings, equipment and plants	Nationwide	X	X	X	X	1,500,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Health Infrastructure
Conduct capacity building and training programs at all levels	Nationwide	X	X	X	X	2,000,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Develop national medical equipment database	Nationwide	X	X	X	X	3,500,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Health Infrastructure
Implement nursing & midwifery framework	Nationwide	X	X	X	X	500,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Implement health gender policy and action plan	Nationwide	X	X	X	X	625,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Implement the Infection Prevention Control (IPC) strategy	Nationwide	X	X	X	X	602,500		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Service Delivery
Implement the National Quality Strategy	Nationwide	X	X	X	X	625,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Service Delivery

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Develop health sector medium term plan	Nationwide	X	X	X	X	253,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Review and implement the Ghana Health Financing Strategy	Nationwide	X	X	X	X	250,000		-			X	MoH HQ	MOF, GHS, CHAG, Teaching Hospitals, development partners	Health Financing
Advocate for earmarking of health tax revenue	Nationwide	X	X	X	X	254,550		-			X	MoH HQ	MOF, GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Develop Core Competency Framework for Nursing and Midwifery	Nationwide	X	X	X	X	1,600,000		-			X	MoH HQ		Health Workforce
Develop Midwifery Education Practice and Centres of Excellent Program	Nationwide	X	X	X	X	350,000		-			X	MoH HQ		Health Workforce
Develop Nursing and Midwifery Research Agenda	Nationwide	X	X	X		61,250		-			X	MoH HQ		Health Workforce
Finalise Ghana National Health Laboratory Policy (2026 Q1-Q2)	Nationwide	X	X			200,000		-			X	MoH HQ		Leadership and Governance
Develop National Medicine Policy (4th Edition) (2026)	Nationwide	X	X			100,000		-		X		MoH HQ		Leadership and Governance
Generate reliable evidence using Health Technology Assessment to support decision making	Nationwide	X	X	X	X	750,000		-			X	MoH HQ		Leadership and Governance
Review the Standard Treatment Guideline and Essential Medicines List (reviewed every two years)	Nationwide					-		-			X	MoH HQ		Leadership and Governance

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Facilitate staff welfare activities	Nationwide	X	X	X	X	87,500		-			X	MoH HQ		Health Workforce
Implement client service chatter	Nationwide	X	X	X	X	2,500,000		-			X	MoH HQ		Leadership and Governance
Implement Health Payroll Budget	Nationwide	X	X	X	X	25,712,867,659		312,302,036			X	MoH HQ		Health Workforce
Provide clinical services	Nationwide	X	X	X	X	3,547,908,000		43,092,000			X	MoH HQ		Service Delivery
Implement administrative functions	Nationwide	X	X	X	X	49,560,000		-			X	MoH HQ		Leadership and Governance
Implement NTD programmes.	Nationwide	X	X	X	X	1,280,000,000		-			X	MoH HQ		Service Delivery
Objective 2: Reduce Avoidable Maternal, Adolescent, and Child Deaths and Disabilities														
Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Deploy skilled birth attendants in all healthcare facilities.	Nationwide	X	X	X	X	240,000		-			X	Ghana Health Service (GHS)	CHAG, THs, AMHSG, Private Health Sector, MHA	Health Workforce
Review and implement strategies focused on maternal, adolescent, and child health.	Nationwide	X	X	X	X	752,850		-			X	Ghana Health Service (GHS)	CHAG, THs, AMHSG, Private Health Sector, Mental Health Authority	Service Delivery
Engage communities on RNMCAN&N programmes.	Nationwide	X	X	X	X	87,500		-			X	Ghana Health Service (GHS)	Development Partners, CHAG, THs, AMHSG, Private Health Sector, MHA	Service Delivery
Implement integrated care models to address the health needs of children.	Nationwide	X	X	X	X	85,750		-			X	Ghana Health Service (GHS)	CHAG, THs, MHA, AMHSG, Private Health Sector, NBS, NAS, all other services	Service Delivery
Implement integrated care models to address	Nationwide	X	X	X	X	86,100		-			X	Ghana Health	CHAG, THs, AMHSG, Private Health Sector,	Service Delivery

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
the health needs of mothers and neonates.												Service (GHS)	MHA, NBS, NAS, all other services	
Invest in research to identify effective interventions for reducing maternal and child mortality.	Nationwide	X	X	X	X	2,600,000		-			X	MoH HQ	GHS, Specialised Colleges, CHAG, AMHSG, Private Health Sector, Teaching Hospitals, Mental Health Authority, National Blood Service, Ambulance Service, all other services	Health Financing
Provide essential medicines and vaccines for mothers and children.	Nationwide	X	X	X	X	618,750,000		-			X	MoH HQ	GHS, CHAG, THs, FDA, NVI	Vaccines and Technologies
Develop and implement assisted reproductive technology policy (ART)	Nationwide	X	X	X	X	700,000		-			X	MoH HQ	GHS, CHAG, THs, development partners	Medical Products and Technologies
Implement Sickle Cell Disease Strategy	Nationwide	X	X	X	X	625,000		-			X	MoH HQ	GHS, CHAG, THs, development partners	Service Delivery
Develop National Policy Guidelines on Domiciliary Midwifery and Home Nursing Care	Nationwide	X	X	X	X	250,000		-		X		MoH HQ	GHS, CHAG, THs, development partners	Leadership and Governance
Develop Homecare Nursing and Domiciliary Midwifery Policy	Nationwide	X	X	X	X	350,000		-			X	MoH HQ	GHS, CHAG, THs, Regulatory Agencies	Health Workforce
Implement RNMCAN&N programmes.	Nationwide	X	X	X	X	1,150,000,000		-			X			Service Delivery
Objective 3: Increase Access to Responsive Clinical and Public Health Emergency Services														
Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Review and implement national emergency preparedness and response plans.	Nationwide	X	X	X	X	1,190,000		-			X	Ghana Health Service (GHS)	CHAG, THs, MHA, AMHSG, Private Health Sector, National Blood Service, National Ambulance Service, all other services	Emergency Preparedness & Resilience
Engage communities in emergency preparedness and response planning.	Nationwide	X	X	X	X	87,500		-			X	Ghana Health Service (GHS)	CHAG, THs, MHA, AMHSG, Private Health Sector, National Blood Service, National Ambulance Service, all other services	Community Participation and Ownership
Build capacity of the rapid response teams and deployed to areas affected by emergencies.	Nationwide	X	X	X	X	889,000		-			X	Ghana Health Service (GHS)	CHAG, THs, MHA, AMHSG, Private Health Sector, NBS, NAS, all other services	Emergency Preparedness & Resilience
Enforce regulatory frameworks to ensure quality and accountability in emergency services.	Nationwide	X	X	X	X	331,500		-			X	Regulatory Agencies	GHS, CHAG, THs, MHA, AMHSG, Private Health Sector, National Blood Service, National Ambulance Service, all other services	Leadership and Governance
Invest in research to identify effective interventions for emergency response.	Nationwide	X	X	X	X	2,500,000		-			X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority, National Blood Service, Ambulance Service, all other services	Health Financing
Promote health education and awareness campaigns to encourage community involvement in emergency response.	Nationwide	X	X	X	X	85,750		-			X	Ghana Health Service (GHS)	CHAG, THs, Private Health Sector, MHA, AMHSG, NBS, NAS, all other services	Service Delivery

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Strengthen surveillance systems to prevent, detect and respond to diseases of public health concern	Nationwide	X	X	X	X	87,500		-			X	Ghana Health Service (GHS)	CHAG, THs, Private Health Sector, MHA, AMHSG, NBS, NAS, all other services	Health Information Systems
Strengthen surveillance systems by establishing processes and infrastructure to actively monitor, prevent, detect, and respond to the circulation and use of sub-standard medicines and falsified health technologies	Nationwide	X	X	X	X	84,875		-			X	Food and Drugs Authority (FDA)	GHS, CHAG, Private Health Sector, Teaching Hospitals, Mental Health Authority, AMHSG, National Blood Service, National Ambulance Service, all other services	Health Information Systems
Strengthen vector control and environmental health programmes	Nationwide	X	X	X	X	88,200		-			X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, Private Health Sector, Mental Health Authority, AMHSG, National Blood Service, National Ambulance Service, all other services	Service Delivery
Train Health Workforce in Climate Change and Health and environment related risk	Nationwide	X	X	X	X	520,000		-			X	Ghana Health Service (GHS)	CHAG, AMHSG, Private Health Sector	Health Workforce
Organise educational talks on voluntary blood donation	Nationwide	X	X	X	X	280,000		-			X	National Blood Service (NBS)	MOH, GHS, CHAG, Private Health Sector, Teaching Hospitals	Service Delivery
Strengthen safe blood for quality health services	Nationwide	X	X	X	X	227,500		-			X	National Blood Service (NBS)	MOH, GHS, CHAG, AMHSG, Private Health Sector, Teaching	Service Delivery

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
													Hospitals, National Ambulance	
Strengthen anti microbial resistance (AMR) interventions at all levels care	Nationwide	X	X	X	X	300,000		-			X	Ghana Health Service (GHS)	CHAG, AMHSG, Private Health Sector, Teaching Hospitals	Service Delivery
Engage environment and disaster management agencies on WASH	Nationwide	X	X	X	X	87,500		-			X	MoH HQ	NADMO, MEST, LGCR, MWHWR, development partners	Leadership and Governance
Develop and implement national emergency preparedness and response plans.	Nationwide	X	X	X	X	3,500,000		-			X	MoH HQ	GHS, NAS, NBS, SJAB, Teaching Hospitals, CHAG, NCCRM, NADMO, MOI, MOD	Emergency Preparedness & Resilience
Develop emergency health information systems to manage data during crises.	Nationwide	X	X	X	X	1,200,000		-			X	MoH HQ	CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority	Health Information Systems
Develop an integrated (metrological, environmental and health data) for national climate and health surveillance systems	Nationwide	X	X	X	X	1,320,000		-			X	MoH HQ	Gmet, GHS, MEST	Leadership and Governance
Provide essential medical supplies and equipment for emergencies.	Nationwide	X	X	X	X	710,587,500		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, FDA	Medical Products and Technologies
Establish emergency healthcare facilities and mobile clinics.	Nationwide	X	X	X	X	127,500		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals	Health Infrastructure

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Implement financial mechanisms to ensure rapid mobilization of resources during emergencies.	Nationwide	X	X	X	X	625,000		-			X	MoH HQ	GHS, Teaching hospitals	Health Financing
Develop and implement a national climate and health policy and health national adaptation plan (the H-NAP) to build climate resilience in the health sector	Nationwide	X	X	X		3,500,000		-		X		MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Leadership and Governance
Train Health Workforce in Climate Change and Health and environment related risk	Nationwide	X	X	X	X	500,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Health Workforce
Procure advanced health security diagnostic equipment	Nationwide	X	X	X	X	225,000,000		-			X	MoH HQ	GHS, CHAG, Teaching Hospitals, development partners	Medical Products and Technologies
Implement Communicable Disease programmes programmes.	Nationwide	X	X	X	X	1,210,000,000		-			X	GHANA Health service (GHS)	CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority	Service Delivery
Implement Emergency Preparedness Plan	Nationwide	X	X	X	X	711,000,000		-			X			Emergency Preparedness & Resilience

2029 ANNUAL ACTION PLAN

Objective 1: Universal Access to Quality and Efficiently Managed Healthcare Services

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Develop and implement innovation in healthcare delivery models to enhance efficiency and effectiveness.	Nationwide	X	X	X	X	5,400,000		-		X	X	Ghana Health Service (GHS)	CHAG, THs, Private Health Sector, MHA, AMHSG, NBS, NAS	Leadership and Governance
Conduct Community Health Screenings and Awareness Campaigns	Nationwide	X	X	X	X	5,250,000		-			X	Ghana Health Service (GHS)	CHAG, THs, Private Health Sector, MHA, AMHSG, NBS, NAS	Service Delivery
Engage communities in the planning and implementation of primary healthcare programmes.	Nationwide	X	X	X	X	122,500		-			X	Ghana Health Service (GHS)	CHAG, THs, AMHSG, Private Health Sector, MHA	Service Delivery
Implement patient-centred care models and improve the quality of healthcare services.	Nationwide	X	X	X	X	122,500		-			X	Ghana Health Service (GHS)	CHAG, THs, AMHSG, Private Health Sector, MHA, NBS, NAS, all other service delivery agencies	Service Delivery
Increase the availability of essential health services across the continuum of care	Nationwide	X	X	X	X	114,520		-			X	Ghana Health Service (GHS)	MOH, CHAG, THs, AMHSG, Private Health Sector, MHA, NBS, NAS, all other service delivery agencies	Medical Products and Technologies

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Increase the early detection, prevention and management of NCDs	Nationwide	X	X	X	X	117,075		-			X	Ghana Health Service (GHS)	CHAG, THs, AMHSG, Private Health Sector, MHA, NBS, DPs, Ghana Medical Trust Fund Secretariat, NSA, all other service delivery agencies	Service Delivery
Promote and expand locally manufactured vaccines and health commodities	Nationwide	X	X	X	X	30,000		-			X	Food and Drugs Authority (FDA)	GHS, NVI, CHAG, THs, AMHSG, Private Health Sector, MHA, NBS, NAS, all other services	Vaccines and Technologies
Promote health education and awareness campaigns to encourage healthy behaviors.	Nationwide	X	X	X	X	87,500		-			X	Ghana Health Service (GHS)	CHAG, THs, AMHSG, Private Health Sector, MHA, NBS, NAS, all other services	Service Delivery
Provide comprehensive specialized care and treatment for NCD-related diseases (Ghana Medical Trust Fund)	Nationwide	X	X	X	X	1,568,000,000		-			X	Teaching Hospitals	GHS, CHAG, MHA, AMHSG, Private Health Sector, Ghana Medical Trust Fund Secretariate, NHIA, DPs, NBS, NAS, all other services	Service Delivery
Strengthen data analytics and use for decision-making	Nationwide	X	X	X	X	750,000		-			X	MoH HQ	CHAG, THs, Private Health Sector, MHA, AMHSG, NBS, NAS, all other services	Health Information Systems
Strengthen community engagement and risk communication for health promotion	Nationwide	X	X	X	X	40,000		-			X	Ghana Health Service (GHS)	CHAG, THs, AMHSG, Private Health Sector, MHA	Community Participation and Ownership

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Strengthen regulatory oversight of health facilities	Nationwide	X	X	X	X	525,000		-			X	Regulatory Agencies	GHS, CHAG, THs, AMHSG, Private Health Sector, MHA, NBS, NAS, all other services	Leadership and Governance
Strengthen regulatory oversight of health professionals	Nationwide	X	X	X	X	450,000		-			X	Regulatory Agencies	GHS, CHAG, AMHSG, THs, Private Health Sector, MHA, NBS, NAS, all other services	Leadership and Governance
Strengthen regulatory oversight of products and medical devices	Nationwide	X	X	X	X	525,000		-			X	Regulatory Agencies	GHS, CHAG, AMHSG, THs, Private Health Sector, MHA, NBS, NAS, all other services	Leadership and Governance
Advocate for provision and expansion of Quality Mental health services at all levels of care (Including developing quality mental healthcare standards).	Nationwide	X	X	X	X	24,000		-			X	Mental Health Authority	GHS, CHAG, AMHSG, Private Health Sector, THs, Psychiatry Hospitals	Leadership and Governance
Provide integrated and composite MH services	Nationwide	X	X	X	X	23,940,000		-			X	Mental Health Authority	GHS, CHAG, THs, Private Health Sector, Psychiatry Hospitals	Service Delivery
Conduct outreach services at all levels of care	Nationwide	X	X	X	X	350,000,000		-			X	Ghana Health Service (GHS)	THs, CHAG, Private Health Sector, MHA, NBS, NAS, all other services	Service Delivery
Expand specialist and sub-specialist service lines (modified services eg. Palliative services, Breast clinic)	Nationwide	X	X	X	X	5,000,000		-			X	Teaching Hospitals	GHS, CHAG, THs, Private Health Sector, Psychaitry hospitals	Service Delivery

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Expand rehabilitative service at all levels of care	Nationwide	X	X	X	X	150,000		-			X	Ghana Health Service (GHS)	CHAG, THs, Private Health Sector, MHA, NBS, NAS, all other services	Service Delivery
Improve Quality of care and patient safety	Nationwide	X	X	X	X	190,000		-			X	Ghana Health Service (GHS)	CHAG, THs, Private Health Sector, MHA, NBS, NAS, all other services	Service Delivery
Strengthen Gender-related healthcare services at all levels of care (including disability and men's health)	Nationwide	X	X	X	X	-		-			X	Ghana Health Service (GHS)	CHAG, THs, Private Health Sector, MHA, NBS, NAS, all other services	Service Delivery
Integrate the use of artificial intelligence (AI) in the provision of health services	Nationwide	X	X	X	X	875,000		-			X	Teaching Hospitals	GHS, CHAG, AMHSG, Private Health Sector, Psychiatric Hospitals	Research & Innovation
Strengthen alternative medicine practice including traditional medicine at all levels	Nationwide	X	X	X	X	875,000		-			X	Centre for Plant Medicin Research (CPMR)	GHS, CHAG, AMHSG, Private Health Sector, THs	Service Delivery
Build hospitals to be climate-smart and energy efficient	Nationwide	X	X	X	X	1,484,500		-			X	MoH HQ	GHS, THs, CHAG, MOF, HEFRA, AMSG, DPs	Health Infrastructure
Engage other sectors, such as education, agriculture, local government, communication and transport to address social	Nationwide	X	X	X	X	170,000		-			X	MoH HQ	MOE, MOMOC, MOTRA, MOC, MOT, DPs	Partnership and Multisectoral Collaboration

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
determinants of health.														
Develop and implement national health policies that prioritize universal healthcare access.	Nationwide	X	X	X	X	350,000		-			X	MoH HQ	All Agencies	Leadership and Governance
Develop green supply chain models for the procurement of medicines, equipment and consumables	Nationwide	X	X	X	X	1,250,000		-		X		MoH HQ	GHS	Medical Products and Technologies
Integrate health information systems to manage patient data efficiently.	Nationwide	X	X	X	X	525,000		-			X	MoH HQ	GHS, CHAG, THs, Private Sector	Health Information Systems
Provide essential medical products and technologies in all healthcare facilities.	Nationwide	X	X	X	X	3,296,986,000		#####			X	MoH HQ	GHS, CHAG, THs, FDA	Medical Products and Technologies
Finalize and implement Comprehensive Geriatric policy	Nationwide	X	X	X	X	875,000		-			X	MoH HQ	GHS, Teaching Hospital	Leadership and Governance
Implement continuous professional development programmes	Nationwide	X	X	X	X	2,280,000		-			X	MoH HQ	GCNM, GCPS, GCPharm	Health Workforce
Implement health insurance schemes to	Nationwide	X	X	X	X	625,000		-			X	NHIA	MOH HQ, GHS, THs	Health Financing

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
cover all citizens														
Increase the number of healthcare professionals through training programs and incentives.	Nationwide				X	2,360,000		-			X	MoH HQ	HTIs, GCNM, GCPS, GCPharm	Health Workforce
Promote and expand locally manufactured vaccines and health commodities	Nationwide	X	X	X	X	122,500		-			X	NVI	MOH, GHS, THs, FDA	Vaccines and Technologies
Expand the use of telemedicine and other digital health technologies to reach remote areas.	Nationwide	X	X	X	X	1,750,000		-			X	MoH HQ	GHS, CHAG, THs	Research & Innovation
Promotion and expansion of medical tourism	Greater Accra, Ashanti, Northern, Volta	X	X	X	X	119,350		-			X	MoH HQ	GHS, CHAG, THs, HEFRA, CPMR	Service Delivery
Provide funding for comprehensive specialized care and treatment for NCD-related diseases	Nationwide	X	X	X	X	1,600,000		-		X		MoH HQ	NHIA, Ghana Medical Trust Fund Secretariat, DPs	Health Financing
Implement the Ghana Medical Trust Fund initiative	Nationwide	X	X	X	X	1,470,000,000		-		X		GMTF SECRETARIATE	MOH HQ, CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority	Service Delivery
Implement the Free Primary		X	X	X	X	3,500,000		-		X		GHS, NHIA	GHS, CHAG AMSG	Service Delivery

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Healthcare policy														
Strengthen data analytics and use for decision-making	Nationwide	X	X	X	X	3,122,500		-			X	MoH HQ	GHS, CHAG, THs	Health Information Systems
Strengthening public financial management systems across all agencies	Nationwide	X	X	X	X	2,022,500		-			X	MoH HQ	GHS, CHAG, THs	Health Financing
Strengthen supply chain systems at all levels	Nationwide	X	X	X	X	2,622,500		-			X	MoH HQ	GHS, CHAG, THs	Medical Products and Technologies
Strengthen the health workforce export programme	Nationwide	X	X	X	X	122,500		-			X	MoH HQ	GHS, CHAG, THs	Health Workforce
Strengthen the provider payment mechanism to address free PHC and NCD treatment	Nationwide	X	X	X	X	910,000		-			X	NHIA	GHS, CHAG, THs	Health Financing
Develop Oral health strategic document	Nationwide	X	X	X	X	-		-			X	MoH HQ	GHS, CHAG, THs, DPs	Leadership and Governance
Review and implement National Cancer strategy document	Nationwide	X	X	X	X	-		-			X	MoH HQ	GHS, CHAG, THs, DPs	Leadership and Governance
Develop and implement national policy and strategy on palliative and rehabilitation	Nationwide	X	X	X	X	3,500,000		-			X	MoH HQ	GHS, CHAG, THs, DPs	Service Delivery
Establish and operationalise	Nationwide	X	X	X	X	4,060,000		-			X	MoH HQ	GHS, CHAG, THs, DPs	Health Information Systems

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
national cancer registry														
Generate financial data to support evidence-based decision	Nationwide	X	X	X	X	5,000,000		-			X	MoH HQ	GHS, CHAG, THs, DPs	Health Information Systems
Implement non-financial incentive package	Nationwide	X	X	X	X	600,000		-			X	MoH HQ	GHS, CHAG, THs, DPs	Leadership and Governance
Engage stakeholders in the design and building of health infrastructure project	Nationwide	X	X	X	X	80,000		-			X	MoH HQ	GHS, CHAG, THs, DPs	Health Infrastructure
Implement the Health Infrastructure Strategy Plan	Nationwide	X	X	X	X	433,681,348		#####			X	MoH HQ	GHS, CHAG, THs, DPs	Health Infrastructure
Implement Medical device policy	Nationwide	X	X	X	X	2,500,000		-			X	MoH HQ	GHS, CHAG, THs, DPs	Leadership and Governance
Monitor and supervise health infrastructure projects	Nationwide	X	X	X	X	2,100,000		-			X	MoH HQ	GHS, CHAG, THs, DPs	Health Infrastructure
Undertake feasibility studies for capital projects	Nationwide	X	X	X	X	1,250,000		-			X	MoH HQ	GHS, CHAG, THs, DPs	Health Infrastructure
Develop Health Sector Annual Programme of Work	Nationwide	X	X	X	X	1,000,000		-			X	MoH HQ	GHS, CHAG, THs, DPs	Leadership and Governance
Develop National Health Account	Nationwide	X	X	X	X	2,500,000		-			X	MoH HQ	GHS, CHAG, THs, DPs	Leadership and Governance
Develop annual Programme Based Budget	Nationwide	X	X	X	X	1,000,000		-			X	MoH HQ	GHS, CHAG, THs, DPs	Leadership and Governance

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Organise quarterly Budget Committee meetings	Nationwide	X	X	X	X	200,000		-			X	MoH HQ	GHS, CHAG, THs, DPs	Leadership and Governance
Develop Annual Budget Performance report	Nationwide	X	X	X	X	500,000		-			X	MoH HQ	GHS, CHAG, THs, DPs	Leadership and Governance
Develop and implement human tissue and organ transplant policy	Nationwide	X	X	X	X	1,050,000		-			X	MoH HQ	GHS, CHAG, THs, DPs	Service Delivery
Develop and implement Geriatric Strategy	Nationwide	X	X	X	X	525,000		-			X	MoH HQ	GHS, CHAG, THs, DPs	Service Delivery
Develop and implement Assistive Technology Policy	Nationwide	X	X	X	X	910,000		-			X	MoH HQ	GHS, CHAG, THs, DPs	Medical Products and Technologies
Develop and implement disability policy	Nationwide	X	X	X	X	875,000		-			X	MoH HQ	GHS, CHAG, THs, DPs	Leadership and Governance
Undertake health sector holistics assessment	Nationwide	X	X	X	X	5,000,000		-			X	MoH HQ	GHS, CHAG, THs, DPs	Leadership and Governance
conduct joint monitoring evaluation	Nationwide	X	X	X	X	1,500,000		-			X	MoH HQ	GHS, CHAG, THs, DPs	Leadership and Governance
develop M&E systems to track sector performance (financial & non-financial)	Nationwide	X	X	X	X	875,000		-			X	MoH HQ	GHS, CHAG, THs, DPs	Health Information Systems
Constitute and inaugurate governing boards/councils	Nationwide	X	X	X	X	180,000		-			X	MoH HQ	GHS, CHAG, THs, DPs	Leadership and Governance

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Conduct health sector oversight meetings	Nationwide	X	X	X	X	50,000		-			X	MoH HQ	GHS, CHAG, THs, DPs	Leadership and Governance
Develop Legislative instrument	Nationwide	X	X	X	X	1,000,000		-			X	MoH HQ	GHS, CHAG, THs, DPs	Leadership and Governance
Procure moveable and immoveable equipment	Nationwide	X				595,000		-			X	MoH HQ	GHS, CHAG, THs, DPs	Health Infrastructure
Develop administrative policies (welfare and transport)	Nationwide	X	X			1,450,000		-			X	MoH HQ	GHS, CHAG, THs, DPs	Leadership and Governance
Undertake planned preventive maintenance of buildings, equipment and plants	Nationwide	X	X	X	X	1,500,000		-			X	MoH HQ	GHS, CHAG, THs, DPs	Health Infrastructure
Conduct capacity building and training programs at all levels	Nationwide	X	X	X	X	2,000,000		-			X	MoH HQ	GHS, CHAG, THs, DPs	Leadership and Governance
Develop national medical equipment database	Nationwide	X	X	X	X	3,500,000		-			X	MoH HQ	GHS, CHAG, THs, DPs	Health Infrastructure
Implement nursing & midwifery framework	Nationwide	X	X	X	X	500,000		-			X	MoH HQ	GHS, CHAG, THs, DPs	Leadership and Governance
Implement health gender policy and action plan	Nationwide	X	X	X	X	750,000		-			X	MoH HQ	GHS, CHAG, THs, DPs	Leadership and Governance
Implement the Infection Prevention Control (IPC) strategy	Nationwide	X	X	X	X	737,500		-			X	MoH HQ	GHS, CHAG, THs, DPs	Service Delivery

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Implement the National Quality Strategy	Nationwide	X	X	X	X	750,000		-			X	MoH HQ	GHS, CHAG, THs, DPs	Service Delivery
Develop health sector medium term plan	Nationwide	X	X	X	X	312,000		-			X	MoH HQ	GHS, CHAG, THs, DPs	Leadership and Governance
Review and implement the Ghana Health Financing Strategy	Nationwide	X	X	X	X	150,000		-			X	MoH HQ	MOF, GHS, CHAG, THs, DPs	Health Financing
Advocate for earmarking of health tax revenue	Nationwide		X	X		320,000		-			X	MoH HQ	MOF, GHS, CHAG, THs, DPs	Leadership and Governance
Develop Core Competency Framework for Nursing and Midwifery	Nationwide	X	X	X	X	400,000		-			X	MoH HQ	CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority	Health Workforce
Develop Midwifery Education Practice and Centres of Excellent Program	Nationwide	X	X	X	X	350,000		-			X	MoH HQ	CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority	Health Workforce
Develop Nursing and Midwifery Research Agenda	Nationwide	X	X	X		64,750		-		X		MoH HQ	CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority	Health Workforce
Finalise Ghana National Health Laboratory Policy	Nationwide	X	X	X		-		-			X	MoH HQ	CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority	Leadership and Governance
Develop National Medicine Policy (4th Edition)	Nationwide	X	X	X		-		-		X		MoH HQ	CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority	Leadership and Governance

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Generate reliable evidence using Health Technology Assessment to support decision making	Nationwide	X	X	X	X	500,000		-			X	MoH HQ	CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority	Leadership and Governance
Review the Standard Treatment Guideline and Essential Medicines List	Nationwide	X	X			-		-			X	MoH HQ	CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority	Leadership and Governance
Facilitate staff welfare activities	Nationwide	X	X	X	X	122,500		-			X	MoH HQ	CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority	Health Workforce
Implement client service chatter	Nationwide	X	X	X	X	2,500,000		-			X	MoH HQ	CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority	Leadership and Governance
Implement Health Payroll Budget	Nationwide	X	X	X	X	#####		#####			X	MoH HQ	CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority	Health Workforce
Provide clinical services	Nationwide	X	X	X	X	4,139,226,000		50,274,000			X	MoH HQ	CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority	Service Delivery
Implement administrative functions	Nationwide	X	X	X	X	50,190,000		-			X	MoH HQ	CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority	Leadership and Governance
Implement NTD programmes.	Nationwide	X	X	X	X	2,120,000,000		-			X	GHS	MOH HQ, CHAG, Teaching Hospitals, AMHSG, Private	Service Delivery

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
													Health Sector, Mental Health Authority	
Objective 2: Reduce Avoidable Maternal, Adolescent, and Child Deaths and Disabilities														
Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Deploy skilled birth attendants in all healthcare facilities.	Nationwide	X	X	X	X	270,000		-			X	Ghana Health Service (GHS)	CHAG, THs, AMHSG, Private Health Sector, MHA	Health Workforce
Review and implement strategies focused on maternal, adolescent, and child health.	Nationwide	X	X	X	X	913,500		-			X	Ghana Health Service (GHS)	CHAG, THs, AMHSG, Private Health Sector, MHA	Service Delivery
Engage communities on RNMCAH&N programmes.	Nationwide	X	X	X	X	87,500		-			X	Ghana Health Service (GHS)	DPs, CHAG, THs, AMHSG, Private Health Sector, MHA	Service Delivery
Implement integrated care models to address the health needs of children.	Nationwide	X	X	X	X	113,575		-			X	Ghana Health Service (GHS)	CHAG, THs, MHA, AMHSG, Private Health Sector, NBS, NAS, all other services	Service Delivery
Implement integrated care models to address the health needs of mothers and neonates.	Nationwide	X	X	X	X	122,955		-			X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority, National Blood Service, National Ambulance Service, all other services	Service Delivery
Invest in research to identify effective interventions for	Nationwide	X	X	X	X	-		-			X	MoH HQ	GHS, Specialised Colleges, CHAG, AMHSG, Private Health Sector, THs,	Health Financing

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
reducing maternal and child mortality.													MHA, NBS, NAS, all other services	
Provide essential medicines and vaccines for mothers and children.	Nationwide	X	X	X	X	693,000,000		-			X	MoH HQ	GHS, CHAG, THs, FDA, NVI	Vaccines and Technologies
Develop and implement assisted reproductive technology policy (ART)	Nationwide	X	X	X	X	700,000		-			X	MoH HQ	GHS, CHAG, THs, DPs	Medical Products and Technologies
Implement Sickle Cell Disease Strategy	Nationwide	X	X	X	X	750,000		-			X	MoH HQ	GHS, CHAG, THs, DPs	Service Delivery
Develop National Policy Guidelines on Domiciliary Midwifery and Home Nursing Care	Nationwide	X	X	X	X	300,000		-		X		MoH HQ	GHS, CHAG, THs, DPs	Leadership and Governance
Develop Homecare Nursing and Domiciliary Midwifery Policy	Nationwide	X	X	X	X	1,000,000		-			X	MoH HQ	GHS, CHAG, THs, Regulatory Agencies	Health Workforce
Implement RNMCAH&N programmes.	Nationwide	X	X	X	X	1,180,000,000		-			X	GHS	GHS, CHAG, THs, DPs	Service Delivery
Objective 3: Increase Access to Responsive Clinical and Public Health Emergency Services														
Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Review and implement national emergency preparedness and response plans.	Nationwide	X	X	X	X	840,000		-			X	Ghana Health Service (GHS)	CHAG, THs, MHA, AMHSG, Private Health Sector, NBS, NAS, all other services	Emergency Preparedness & Resilience
Engage communities in emergency preparedness and response planning.	Nationwide	X	X	X	X	87,500		-			X	Ghana Health Service (GHS)	CHAG, THs, MHA, AMHSG, Private Health Sector, NBS, NAS, all other services	Community Participation and Ownership
Build capacity of the rapid response teams and deployed to areas affected by emergencies.	Nationwide	X	X	X	X	599,000		-			X	Ghana Health Service (GHS)	CHAG, THs, MHA, AMHSG, Private Health Sector, NBS, NAS, all other services	Emergency Preparedness & Resilience
Enforce regulatory frameworks to ensure quality and accountability in emergency services.	Nationwide	X	X	X	X	378,450		-			X	Regulatory Agencies	GHS, CHAG, THs, MHA, AMHSG, Private Health Sector, NBS, NAS, all other services	Leadership and Governance
Invest in research to identify effective interventions for emergency response.	Nationwide	X	X	X	X	-		-			X	Ghana Health Service (GHS)	CHAG, Teaching Hospitals, AMHSG, Private Health Sector, Mental Health Authority, National Blood Service, Ambulance Service, all other services	Health Financing
Promote health education and awareness campaigns to encourage community involvement in emergency response.	Nationwide	X	X	X	X	88,200		-			X	Ghana Health Service (GHS)	CHAG, THs, Private Health Sector, MHA, AMHSG, NBS, NAS, all other services	Service Delivery

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Strengthen surveillance systems to prevent, detect and respond to diseases of public health concern	Nationwide	X	X	X	X	122,500		-			X	Ghana Health Service (GHS)	CHAG, THs, Private Health Sector, MHA, AMHSG, NBS, NAS, all other services	Health Information Systems
Strengthen surveillance systems by establishing processes and infrastructure to actively monitor, prevent, detect, and respond to the circulation and use of sub-standard medicines and falsified health technologies	Nationwide	X	X	X	X	119,525		-			X	Food and Drugs Authority (FDA)	GHS, CHAG, Private Health Sector, Teaching Hospitals, Mental Health Authority, AMHSG, National Blood Service, National Ambulance Service, all other services	Health Information Systems
Strengthen vector control and environmental health programmes	Nationwide	X	X	X	X	124,600		-			X	Ghana Health Service (GHS)	CHAG, THs, Private Health Sector, MHA, AMHSG, NBS, NAS, all other services	Service Delivery
Train Health Workforce in Climate Change and Health and environment related risk	Nationwide	X	X	X	X	540,000		-			X	Ghana Health Service (GHS)	CHAG, AMHSG, Private Health Sector	Health Workforce
Organise educational talks on voluntary blood donation	Nationwide	X	X	X	X	350,000		-			X	National Blood Service (NBS)	MOH, GHS, CHAG, Private Health Sector, Teaching Hospitals	Service Delivery
Strengthen safe blood for	Nationwide	X	X	X	X	280,000		-			X	National Blood Service (NBS)	MOH, GHS, CHAG, AMHSG, Private	Service Delivery

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
quality health services													Health Sector, THs, NAS	
Strengthen anti microbial resistance (AMR) interventions at all levels of care	Nationwide	X	X	X	X	300,000		-			X	Ghana Health Service (GHS)	CHAG, AMHSG, Private Health Sector, Teaching Hospitals	Service Delivery
Engage environment and disaster management agencies on WASH	Nationwide	X	X	X	X	122,500		-			X	MoH HQ	NADMO, MEST, LGCRA, MWHWR, development partners	Leadership and Governance
Develop and implement national emergency preparedness and response plans.	Nationwide	X	X	X	X	3,500,000		-			X	MoH HQ	GHS, NAS, NBS, SJAB, Teaching Hospitals, CHAG, NCCRM, NADMO, MOI, MOD	Emergency Preparedness & Resilience
Develop emergency health information systems to manage data during crises.	Nationwide	X	X	X	X	1,250,000		-			X	MoH HQ	All Agencies, DPs	Health Information Systems
Develop an integrated (metrological, environmental and health data) for national climate and health surveillance systems	Nationwide	X	X	X	X	1,400,000		-			X	MoH HQ	Gmet, GHS, MEST	Leadership and Governance
Provide essential medical supplies and equipment for emergencies.	Nationwide	X	X	X	X	717,622,500		-			X	MoH HQ	GHS, CHAG, THs, FDA	Medical Products and Technologies

Project/ Key Activities	Location	Time frame				Cost				Project Status		Implementing institution/Department		Development Programme
		Q1	Q2	Q3	Q4	GOG	DAFC	IGF	Others	New	Ongoing	Lead	Collaborating	
Establish emergency healthcare facilities and mobile clinics.	Nationwide	X	X	X	X	182,500		-			X	MoH HQ	GHS, CHAG, THs	Health Infrastructure
Implement financial mechanisms to ensure rapid mobilization of resources during emergencies.	Nationwide	X	X	X	X	625,000		-			X	MoH HQ	GHS, THs	Health Financing
Develop and implement a national climate and health policy and health national adaptation plan (the H-NAP) to build climate resilience in the health sector	Nationwide	X	X	X	X	3,500,000		-			X	MoH HQ	GHS, CHAG, THs, DPs	Leadership and Governance
Train Health Workforce in Climate Change and Health and environment related risk	Nationwide	X	X	X	X	700,000		-			X	MoH HQ	GHS, CHAG, THs, DPs	Health Workforce
Procure advanced health security diagnostic equipment	Nationwide	X	X	X	X	-		-			X	MoH HQ	GHS, CHAG, THs, DPs	Medical Products and Technologies
Implement Communicable Disease programmes programmes.	Nationwide	X	X	X	X	2,020,000,000		-			X	GHS	CHAG, THs, Private Health Sector, MHA, AMHSG, NBS, NAS, all other services	Service Delivery
Implement Emergency Preparedness Plan	Nationwide	X	X	X	X	1,212,000,000		-			X	MOH HQ	CHAG, THs, Private Health Sector, MHA, AMHSG, NBS, NAS, all other services	Emergency Preparedness & Resilience

CHAPTER SEVEN

MONITORING AND EVALUATION ARRANGEMENT

7.0. Introduction

The Government of Ghana is committed to promoting responsible governance and accountability in the public sector, with the goal of delivering high-quality and efficient services to all citizens. Furthermore, the Government continues to prioritize the alignment of development resources with national goals, policy directions, and desired outcomes to ensure optimal use of public funds and value for money.

To uphold this commitment, the Ministry of Health will actively track the progress of the Sector Medium-Term Development Plan (SMTDP) and perform routine evaluations of sector performance. These reviews will facilitate evidence-based policymaking and adjustments, promoting continuous enhancement and alignment with national development priorities.

7.1. Stakeholder Analysis

The Ministry of Health acknowledges that engaging stakeholders is essential for the effective implementation of sector policies, programmes, and the Sector Medium-Term Development Plan (SMTDP). The success of the SMTDP relies heavily on the active involvement of MDAs, MMDAs, Private Partners, Development Partners, Academia, Civil Society Organisations and Non-Governmental Organisation in its implementation, monitoring, and evaluation.

The Table below presents their areas of interest and suggested roles in the SMTDP's monitoring and evaluation process.

Table: Stakeholder Analysis

S/N	Stakeholders	Classification	Interests & Responsibilities	Involvement in M&E Activities
1.	Ministry of Health (MoH)	Primary	Policy direction, guidelines, decision making, advisory services, adoption of plan, M&E initiator, and results user	M&E plan preparation, M&E seminars/workshops/meetings, project supervision/inspection and evaluation, M&E results reporting and dissemination

S/N	Stakeholders	Classification	Interests & Responsibilities	Involvement in M&E Activities
Service Delivery				
2.	Ghana Health Service (GHS)	Primary	Decision making, adoption of projects for implementation, M&E implementor and results user	M&E plan preparation, project supervision, monitoring and evaluation, and reporting
3.	Christian Health Association Ghana (CHAG)	Primary	Decision making, adoption of projects for implementation, M&E implementor and results user	M&E plan preparation, project supervision, monitoring and evaluation, and reporting
4.	National Vaccine Institute (NVI)	Primary	Decision making, adoption of projects for implementation, M&E implementor and results user	M&E plan preparation, project supervision, monitoring and evaluation, and reporting
5.	National Blood Service (NBS)	Primary	Decision making, adoption of projects for implementation, M&E implementor and results user	M&E plan preparation, project supervision, monitoring and evaluation, and reporting
6.	Ahmadiyya Muslim Mission Health Service Ghana (AMHSG)	Primary	Decision making, adoption of projects for implementation, M&E implementor and results user	M&E plan preparation, project supervision, monitoring and evaluation, and reporting
7.	National Ambulance Service (NAS)	Primary	Decision making, adoption of projects for implementation, M&E implementor and results user	M&E plan preparation, project supervision, monitoring and evaluation, and reporting
8.	Teaching Hospitals	Primary	Decision making, adoption of projects for implementation, M&E implementor and results user	M&E plan preparation, project supervision, monitoring and evaluation, and reporting

S/N	Stakeholders	Classification	Interests & Responsibilities	Involvement in M&E Activities
9.	Mental Health Authority	Primary	Decision making, adoption of projects for implementation, M&E implementor and results user	M&E plan preparation, project supervision, monitoring and evaluation, and reporting
10.	National Health Insurance	Primary	Decision making, adoption of projects for implementation, M&E implementor and results user	M&E plan preparation, project supervision, monitoring and evaluation, and reporting
11.	Centre for Plant and Medicinal Research (CPMR)	Primary	Decision making, adoption of projects for implementation, M&E implementor and results user	M&E plan preparation, project supervision, monitoring and evaluation, and reporting
Health Regulation				
12.	Health Facility Regulation Authority (HeFRA)	Primary	Decision making, adoption of projects for implementation, M&E implementor and results user	M&E plan preparation, project supervision, monitoring and evaluation, and reporting
13.	Food and Drugs Authority (FDA)	Primary	Decision making, adoption of projects for implementation, M&E implementor and results user	M&E plan preparation, project supervision, monitoring and evaluation, and reporting
14.	Mortuary Facility Regulatory Authority (MoFA)	Primary	Decision making, adoption of projects for implementation, M&E implementor and results user	M&E plan preparation, project supervision, monitoring and evaluation, and reporting
15.	Medical and Dental Council (MDC)	Primary	Decision making, adoption of projects for implementation, M&E implementor and results user	M&E plan preparation, project supervision, monitoring and evaluation, and reporting

S/N	Stakeholders	Classification	Interests & Responsibilities	Involvement in M&E Activities
16.	Nursing and Midwifery Council (NMC)	Primary	Decision making, adoption of projects for implementation, M&E implementor and results user	M&E plan preparation, project supervision, monitoring and evaluation, and reporting
17.	Pharmacy Council (PC)	Primary	Decision making, adoption of projects for implementation, M&E implementor and results user	M&E plan preparation, project supervision, monitoring and evaluation, and reporting
18.	Ghana Psychology Council	Primary	Decision making, adoption of projects for implementation, M&E implementor and results user	M&E plan preparation, project supervision, monitoring and evaluation, and reporting
19.	Allied Health Professions Council	Primary	Decision making, adoption of projects for implementation, M&E implementor and results user	M&E plan preparation, project supervision, monitoring and evaluation, and reporting
20.	Traditional Medicine Practice Council (TMPC)	Primary	Decision making, adoption of projects for implementation, M&E implementor and results user	M&E plan preparation, project supervision, monitoring and evaluation, and reporting
Human Resource Development				
21.	Health Training Institutions (HTI)	Primary	Decision making, adoption of projects for implementation, M&E implementor and results user	M&E plan preparation, project supervision, monitoring and evaluation, and reporting
22.	Ghana Collage of Nurses and Midwives	Primary	Decision making, adoption of projects for implementation, M&E implementor and results user	M&E plan preparation, project supervision, monitoring and evaluation, and reporting

S/N	Stakeholders	Classification	Interests & Responsibilities	Involvement in M&E Activities
23.	Ghana College of Physicians and Surgeons (GCPS)	Primary	Decision making, adoption of projects for implementation, M&E implementor and results user	M&E plan preparation, project supervision, monitoring and evaluation, and reporting
24.	Ghana Collage of Pharmacists	Primary	Decision making, adoption of projects for implementation, M&E implementor and results user	M&E plan preparation, project supervision, monitoring and evaluation, and reporting
25.	MoF	Primary	Financial resources, advisory services, M&E results user, and collaborator	M&E seminars/workshops/meetings, project inspection & evaluation, M&E results reporting and dissemination
26.	MMDAs	Secondary	By-law formulation, deliberation, adoption of projects, community mobilisation, dispute resolution, producer of M&E data, M&E results user, and collaborator	M&E seminars/workshops/meetings, project supervision/inspection & evaluation, M&E results reporting and dissemination
27.	RCC	Secondary	Advocacy, monitoring and coordination of local development, M&E results user, and collaborator	M&E seminars/workshops/meetings, project monitoring & evaluation, M&E results reporting and dissemination
28.	NDPC	Secondary	Policy direction, guidelines, technical support, capacity building, M&E results user, and collaborator	M&E seminars/workshops/meetings, monitoring & evaluation, and reporting
29.	MLGDRD	Secondary	Orderly development of human settlement and accelerated socio-economic development, inclusive participation, M&E results user, and collaborator	M&E seminars/workshops/meetings, monitoring & evaluation, M&E results reporting and dissemination

S/N	Stakeholders	Classification	Interests & Responsibilities	Involvement in M&E Activities
30.	DPs	Primary	Financial and material resources, technical assistance, advisory services, transparency and accountability, M&E results user, and collaborator	M&E seminars/workshops/meetings, monitoring & evaluation, M&E results reporting and dissemination
31.	Ghana Statistical Service	Secondary	Producer of statistical and M&E data, M&E results user, and collaborator	M&E seminars/workshops/meetings, monitoring & evaluation, and M&E results dissemination
32.	Ghana Standards Authority	Secondary	Quality compliance monitoring, producer of M&E data, M&E results user, and collaborator	M&E seminars/workshops/meetings, water quality monitoring and results dissemination
33.	Other MDAs	Primary/ Secondary	Advisory services, advocacy, M&E results user, and collaborator	M&E seminars/workshops/meetings, data collection, M&E results reporting and dissemination
34.	CSOs	Primary	Advocacy, transparency and accountability, M&E results user, and collaborator	M&E seminars/workshops/meetings, data collection, M&E results reporting and dissemination
35.	Private Hospitals	Primary	Decision making, adoption of projects for implementation, M&E implementor and results user	M&E plan preparation, project supervision, monitoring and evaluation, and reporting
36.	Media	Primary	Transparency and accountability	Project inspection, M&E results dissemination, and communication
37.	Parliament of Ghana	Primary	Law and decision making, budget approval, transparency and accountability, M&E results user, and collaborator	M&E seminars/workshops/meetings, project supervision/inspection & evaluation, M&E results reporting and dissemination

S/N	Stakeholders	Classification	Interests & Responsibilities	Involvement in M&E Activities
38.	NADMO	Secondary	Decision making, adoption of projects for implementation, M&E implementor and results user	M&E plan preparation, project supervision, monitoring and evaluation, and reporting

7.2. Monitoring arrangements

The Sector M&E Plan functions as an important instrument for the Ministry, its Agencies and all sector stakeholders to evaluate progress in carrying out the 2026–2029 Plan. To accurately track performance throughout this period, a set of defined indicators have been developed to aid the process.

The component of the 2026–2029 M&E Framework of the Ministry of Health includes the following:

- Indicator
- Indicator Definition
- Baseline data
- Target values
- Data disaggregation
- Monitoring frequency
- Responsibilities

Table: Monitoring and Evaluation Framework

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 1 - Universal access to better and efficiently managed quality healthcare services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
Proportion of facilities adopting models	Percentage of health facilities that have implemented new delivery models.	Outcome	-	10%	20%	30%	40%	Region, level of care, ownership, model type	Semi-annual	Service Delivery	GHS– Policy Planning, Monitoring & Evaluation Division (PPMED)
Patient attendance at these clinics	Number of patients who visit specialist clinics for care.	Outcome	-	24,000	30,000	36,000	42,000	Region, facility, specialty type, sex, age group	Monthly	Service Delivery	GHS– HIU / Clinical Care Directorate
Coverage of rehabilitative services	Proportion of target population that receives rehabilitation for functional	Outcome	-	5%	10%	15%	20%	Region, district, level of care, type of rehabilitation service	Annual	Service Delivery	GHS– Allied Health Division

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 1 - Universal access to better and efficiently managed quality healthcare services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
	improvement.										
Facility achieving accreditation (SafeCare, ISO, JCI)	Health facilities formally assessed and certified against quality standards.	Outcome	-	5%	15%	25%	35%	Region, facility level, ownership, accreditation type, accreditation status	Annual	Leadership and Governance	HeFRA
Infection rates	Incidence of healthcare-associated infections within facilities.	Outcome	-	5%	10%	15%	20%	Region, facility type, ward/unit, infection type	Monthly	Service Delivery	GHS–Quality Assurance & IPC Unit
Accreditation rates	Percentage of facilities meeting accreditation standards.	Outcome	-	10%	20%	30%	40%	Region, level of care, ownership, type of accreditation	Annual	Leadership and Governance	HeFRA
Rate of adverse events	Frequency of adverse healthcare events per	Outcome	-	5%	10%	15%	20%	Region, event type, severity, facility type	Quarterly	Service Delivery	GHS–Quality Assurance &

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 1 - Universal access to better and efficiently managed quality healthcare services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
	set population or cases.										Clinical Care Directorate
Service availability index (WHO)	Composite index measuring facility infrastructure, workforce, medicines, and readiness.	Outcome	69	73	77	82	87	Region, district, level of care, service domain (infrastructure, workforce, commodities, services)	Annual	Infrastructure	GHS–HIU / PPMED
Patient satisfaction indices	Measures of patient experience and satisfaction with care received.	Outcome	-	55	65	75	85	Region, facility, sex, age group, service area	Semi-annual	Service Delivery	GHS–Quality Assurance / PPMED
Community score card	Tool capturing community feedback on	Outcome	-	15	30	45	60	Region, district, community, service area	Semi-annual	Community Participation and	GHS–Health Promotion

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 1 - Universal access to better and efficiently managed quality healthcare services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
	health services quality and responsiveness.									Ownership	n Division
Coverage of integrated care programs	Extent of coordinated health services across conditions and levels of care.	Outcome	-	10%	20%	30%	40%	Region, service type, facility level	Annual	Service Delivery	GHS– Clinical Care / Family Health Division
Maternal/child health service uptake	Proportion of mothers and children accessing specified services.	Outcome	74%	77%	80%	83%	86%	Region, district, age group, service type (ANC, PNC, FP, EPI), facility type	Monthly	Service Delivery	GHS– Family Health Division
NCD case management coverage rate	Percentage of diagnosed NCD patients under	Outcome	42%	47%	52%	57%	62%	Region, district, facility level, disease type	Quarterly	Service Delivery	GHS– NCD Programme

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 1 - Universal access to better and efficiently managed quality healthcare services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
	management per guidelines.										
Number linked to care	Screen-positive individuals successfully referred and enrolled in care.	Outcome	-	9,000	11,500	14,000	16,500	Region, disease type, sex, age group	Quarterly	Service Delivery	GHS–NCD Programme
Geographical /facility coverage	Geographic and facility reach of health services/tools.	Outcome	-	45%	52%	58%	65%	Region, district, facility level, type of intervention	Annual	Infrastructure	GHS–Infrastructure Directorate
Access to essential surgery within 2hrs travel	% population within 2 hours of facilities offering essential surgery.	Outcome	37%	40%	44%	48%	52%	Region, district, population coverage, facility level	Annual	Service Delivery	GHS–Clinical Care / Infrastructure Directorate

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 1 - Universal access to better and efficiently managed quality healthcare services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
Peri-operative mortality rate	Surgical deaths per 1,000/10,000 cases.	Outcome	10 per 1,000	9	8	7	6	Region, surgery type (elective/emergency), facility level	Quarterly	Service Delivery	GHS–Clinical Care Directorate
Workforce density for SOTA physicians	Surgeons, anesthesiologists, and obstetricians per population.	Outcome	1.2	1.4	1.6	1.8	2	Region, cadre (surgeon, anesthetist, obstetrician), population coverage	Annual	Health Workforce	GHS–HRDD
Percentage of health facilities offering mental health services	Share of facilities with any mental health service.	Outcome	7%	9%	12%	15%	18%	Region, level of care, ownership	Annual	Service Delivery	Mental Health Authority (MHA)
Workforce density for mental health professionals per population.	Mental health professionals per population.	Outcome	0.12	0.15	0.18	0.21	0.24	Region, cadre (psychiatrist, psychologist, nurse), population coverage	Annual	Health Workforce	MHA / GHS–HRDD
Percentage of primary care	Share of primary care	Outcome	3%	5%	7%	10%	12%	Region, district,	Annual	Service Delivery	MHA / GHS–

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 1 - Universal access to better and efficiently managed quality healthcare services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
facilities integrating mental health services	integrating mental health.							facility ownership			Mental Health Programme
Resistant isolate numbers and proportions	Detected resistant pathogen cases/proportion.	Outcome	-	5%	7%	9%	12%	Region, pathogen type, specimen type, facility	Quarterly	Medical Products, Vaccines, and Technologies	GHS–Public Health Reference Lab / FDA
Proportion of population with active NHIS membership	% of population with valid NHIS membership.	Outcome	54%	58%	62%	66%	70%	Region, district, sex, age group	Quarterly	Health Financing	NHIA
Bed occupancy rate	Proportion of beds occupied.	Outcome	66%	65%	64%	63%	62%	Region, facility type, ward/unit	Monthly	Infrastructure	GHS–Infrastructure Directorate
Trend in patient encounters	Proportion of patient visits where antibiotics	Outcome	-	5%	10%	15%	20%	Region, age group, sex, facility level, service area	Quarterly	Medical Products, Vaccine	GHS–Disease Surveillance

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Objective: 1 - Universal access to better and efficiently managed quality healthcare services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
with antibiotics	are prescribed, over time.									s, and Technologies	Dept. / FDA
Quality pass rate for food and medical products	% of tested products passing regulatory standards.	Outcome	-	88%	90%	92%	95%	Product type, origin (domestic/imported), testing agency	Quarterly	Medical Products, Vaccines, and Technologies	FDA
Mental health service access rates (psychiatric OPD or composite)	Proportion attending psychiatric or composite mental health clinics.	Outcome	7%	8%	10%	12%	15%	Region, sex, age group, diagnosis type, facility level	Quarterly	Service Delivery	MHA / GHS–Mental Health Programme
Ministerial Advisory Board established with meetings held	High-level decision-making body for the health sector established	outcome	N/A	1	4	4	4	National	Quarterly	Leadership and Governance	MOH Hq

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 1 - Universal access to better and efficiently managed quality healthcare services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
No. of Board/council resolution and decisions made	Governance, Leadership, Coordination and accountability of the health sector	outcome	4	4	4	4	4	National	Quarterly	Leadership and Governance	MOH Hq
International conference attended and resolutions implemented	Captures the level of international representation and policy influence by the MoH.	outcome	3	3	3	3	3	National	Annual	Leadership and Governance	MOH Hq
No. of health bills and LIs developed	Tracks legislative and regulatory framework development to strengthen sector governance.	outcome	3	4	6	8	10	National	Annually	Medical Products, Vaccines, and Technologies	MOH Hq

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 1 - Universal access to better and efficiently managed quality healthcare services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
Number of Traditional Medical officers registered and licensed to practice	Number of tradition medical officers fully registered/licensed	outcome	N/A	5 registered	15 cumulative	25 cumulative	Annual renewals and supervision in place	Pharmacy Council, MoH HR registry	Registrar, Pharmacy Council; HR Director, MoH	Health Workforce	
% of herbal units in government hospitals monitored annually	Proportion of herbal units monitored annually across the country	outcome	N/A	25% monitored	50% monitored	75% monitored	100% monitored with annual report	MoH/FDA supervisory checklists, hospital reports	Annually	Leadership and Governance	MOH Hq
No. of facilities accredited to provide medical tourism services	measure the quality and scope of services rendered at the designated facility	outcome	N/A	5	10	15	20	National	Annually	Leadership and Governance	MOH Hq

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 1 - Universal access to better and efficiently managed quality healthcare services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
National health infrastructure information management system developed	Have a web-based information management system developed for the management and tracking of health infrastructure	outcome	0	0	1			National	Annually	Leadership and Governance	MOH Hq
National Medical devices database developed and operationalised	A medical device database developed to host records of medical devices	outcome	N/A	1				National	Quarterly	Leadership and Governance	MOH Hq
Health Infrastructure Policy framework developed	To have a policy document directing Health	outcome	0	draft	1			National	Annually		MOH Hq

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 1 - Universal access to better and efficiently managed quality healthcare services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
	infrastructure planning and development										
No. of Certificates acquired for MOH lands	acquire land title certificate for MOH lands	outcome	0	1	1	1	1	National	Annually	Leadership and Governance	MOH Hq
Implement Health Sector Infrastructure Strategy	Assesses strategic planning for health infrastructure development and investment.	outcome	1	1	1	1	1	National	Annually	Leadership and Governance	MOH Hq
Medical device policy develop and operational	Medical device policy developed and operational	outcome	draft	1	1	1	1	National	Annually	Leadership and Governance	MOH Hq

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 1 - Universal access to better and efficiently managed quality healthcare services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
Develop & implement National Policy on Suicide	Measures efforts to establish legal and programmatic frameworks for mental health and suicide prevention.	outcome	1	1	1	1	1	National	Annually	Leadership and Governance	MOH Hq
Medical Oxygen Policy and strategy implemented	Tracks policy progress for ensuring medical oxygen availability and distribution.	outcome	1	1	1	1	1	National	Annually	Leadership and Governance	MOH Hq
Standard operating procedures for oxygen	% of facilities with technical	outcome	N/A	draft	1			National	Annually	Leadership and Governance	MOH Hq

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 1 - Universal access to better and efficiently managed quality healthcare services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
system use and maintenance established	guidelines and SOP										
	No. of facilities using technical guidelines and SOP	outcome	N/A	draft	16	22	261	National	Annually	Leadership and Governance	MOH Hq
Regulatory framework for biomedical engineering practice developed	Legal instrument developed for the regulation of the practice of biomedical engineering	outcome	N/A	1				National	Annually	Leadership and Governance	MOH Hq
Resource mobilisation strategy for UHC developed	This indicator measures the existence of a formally developed and approved	outcome	N/A	1	1			National	Annually	Leadership and Governance	MOH Hq

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 1 - Universal access to better and efficiently managed quality healthcare services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
	strategy that outlines mechanisms, partnerships, and financing approaches to mobilize and sustain resources for achieving Universal Health Coverage in Ghana										
implementation rate of Annual Programme of Work	Indicates the completion of the sector's operational plan guiding annual implementation.	outcome	100%	100%	100%	100%	100%	National	Annually	Leadership and Governance	MOH Hq

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 1 - Universal access to better and efficiently managed quality healthcare services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
implementation rate of Health Sector Medium Term Plan	develop the HSMTDP	outcome	2022 - 2025				1	National	Annually	Leadership and Governance	MOH Hq
No. of climate change & health strategies developed	This indicator measures the total number strategic documents to address the linkages between climate change and health (Health National Adaptation Plan, health Nationally Determined Contribution, Climate	outcome	2	1	1	1	1	National	Annually	Leadership and Governance	MOH Hq

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 1 - Universal access to better and efficiently managed quality healthcare services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
	Change and Health Policy) developed										
No. of health workforce trained on climate risk	This indicator measures the number of health workers in Ghana who have received formal training, through Ministry of Health or WHO-supported programmes, on managing health risks associated	outcome	20	50	100	150	200	National	Annually	Leadership and Governance	MOH Hq

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 1 - Universal access to better and efficiently managed quality healthcare services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
	with climate change.										
No. of climate resilient health infrastructure	This indicator measures the number of health facilities in Ghana that have been designed, upgraded, or certified to meet climate-resilient standards	outcome	7,294	7,300	7,306	7,312	7,318	National	Annually	Leadership and Governance	MOH Hq
Revised Referral Policy completed	Measures progress in updating national referral guidelines to improve	outcome	draft					National	Annually	Leadership and Governance	MOH Hq

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 1 - Universal access to better and efficiently managed quality healthcare services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
	patient care pathways.										
% of revised Referral Policy implemented	Measures progress in implementing national referral guidelines to improve patient care pathways.	outcome	10	20	40	60	80	National	Annually	Leadership and Governance	MOH Hq
Public Investment Plan Updated	Public Investment Plan for the health sector updated annually	outcome	1	1	1	1	1	National	Annually	Leadership and Governance	MOH Hq
IGF Guidelines developed	Measures efforts to improve internally generated fund (IGF) governance and	outcome	0	1				National	Annually	Leadership and Governance	MOH Hq

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 1 - Universal access to better and efficiently managed quality healthcare services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
	management .										
Annual National Health Account document developed	Indicates progress in evidence generation on health financing flows and expenditure.	outcome	1	1	1	1	1	National	Annually	Leadership and Governance	MOH Hq
Annual Resource Mapping & Expenditure tracking document developed	Indicators project the resource envelop for the sector	outcome	1	1	1	1	1	National	Annually	Leadership and Governance	MOH Hq
% of Annual Health Financing Plan implemented	Tracks operationalization of financing strategies to support UHC and	outcome	1	1	1	1	1	National	Annually	Leadership and Governance	MOH Hq

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 1 - Universal access to better and efficiently managed quality healthcare services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
	sector priorities.										
Ghana Center for Health Security established	A center established to oversee emergency preparedness, resource mobilization and research	outcome	N/A	1	1			National	Annually	Leadership and Governance	MOH Hq
Proportion of national health budget allocated to mental health	share of the total health budget allocated specifically to mental health program and services	outcome						National	Annually	Leadership and Governance	MOH Hq
Research Policy developed	Measures progress in creating a framework to guide health	outcome	N/A	draft	1			National	Annually	Leadership and Governance	MOH Hq

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 1 - Universal access to better and efficiently managed quality healthcare services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
	research priorities and standards.										
E-health Policy revised	Tracks progress in developing policy guidance for digital health implementation.	outcome	1	1				National	Annually	Leadership and Governance	MOH Hq
Percentage of health facilities with functional Electronic Medical Record (EMR) systems	Number of health facilities (public, private, and faith-based) with functional EMR systems in use for patient records and	outcome	15%	25%	40	55	70	National	Annually	Leadership and Governance	MOH Hq

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 1 - Universal access to better and efficiently managed quality healthcare services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
	service management .										
Holistic Assessment reports developed	Tracks production of sector-wide performance assessments to guide planning.	outcome	1	1	1	1	1	National	Annually	Leadership and Governance	MOH Hq
Joint Monitoring reports developed	Measures collaborative performance reviews and programme progress tracking.	outcome	1	1	1	1	1	National	Annually	Leadership and Governance	MOH Hq
Annual Sector budget developed	Tracks annual budgeting processes and financial planning outputs.	outcome	1	1	1	1	1	National	Annually	Leadership and Governance	MOH Hq

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 1 - Universal access to better and efficiently managed quality healthcare services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
Quarterly Budget Performance Reports	Measures regular financial performance monitoring and reporting.	outcome	4	4	4	4	4	National	Annually	Leadership and Governance	MOH Hq
Quarterly Budget Committee meetings held	Tracks governance oversight on budget execution and fiscal decision-making.	outcome	4	4	4	4	4	National	Annually	Leadership and Governance	MOH Hq
Quarterly Parliamentary Select Committee Meetings held	Tracks accountability to legislative bodies on sector performance and financing.	outcome	4	4	4	4	4	National	Annually	Leadership and Governance	MOH Hq

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 1 - Universal access to better and efficiently managed quality healthcare services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
Quarterly financial statements	Measures timeliness and accuracy of financial reporting.	outcome	4	4	4	4	4	National	Annually	Leadership and Governance	MOH Hq
Annual financial statement	Assesses overall fiscal performance and expenditure trends.	outcome	1	1	1	1	1	National	Annually	Leadership and Governance	MOH Hq
Quarterly Audit reports	Measures regular audit activity for accountability and transparency.	outcome	4	4	4	4	4	National	Annually	Leadership and Governance	MOH Hq
Annual Audit report	Assesses comprehensive annual financial audit results.	outcome	1	1	1	1	1	National	Annually	Leadership and Governance	MOH Hq
Quarterly Audit	Measures regular audit	outcome	4	4	4	4	4	National	Annually	Leadership and	MOH Hq

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 1 - Universal access to better and efficiently managed quality healthcare services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
Committee meeting report developed	activity for accountability and transparency .									Governance	
Annual Financial Clearance obtained	Measures timely clearance and approval for expenditure and recruitment.	outcome	1	1	1	1	1	National	Annually	Leadership and Governance	MOH Hq
Annual health sector procurement plan developed	Measures annual procurement planning and prioritization .	outcome	1	1	1	1	1	National	Annually	Leadership and Governance	MOH Hq
No. of procurement, contracts approved by entity tender committee	Tracks the number of meetings, contracts etc approved by the entity	outcome	4	4	4	4	4	National	Annually	Leadership and Governance	MOH Hq

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 1 - Universal access to better and efficiently managed quality healthcare services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
	tender committee of various Agencies and the Ministry										
National Oral health strategy developed and implemented	National oral health strategy developed	outcome	N/A	1				National	Annually	Leadership and Governance	MOH Hq
	Track the number of facilities providing Oral Health services	outcome	N/A	20%	40%	60%	80%	National	Annually	Leadership and Governance	MOH Hq
National Cancer Strategy reviewed	Measure the percentage of activities implemented in the revised national cancer strategy	outcome	N/A	20%	40%	60%	80%	National	Annually	Leadership and Governance	MOH Hq

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 1 - Universal access to better and efficiently managed quality healthcare services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
National Policy and Strategy on Palliative and rehabilitation developed	National Policy and Strategy on Palliative and rehabilitation developed	outcome	1					National	Annually	Leadership and Governance	MOH Hq
	% of facility implementing the National Policy and Strategy on Palliative and rehabilitation	outcome	N/A	20%	40%	60%	80%	National	Annually	Leadership and Governance	MOH Hq
Cancer registry established	Measure the number of facilities reporting complete annual data to the	outcome	N/A	20%	40%	60%	80%	National	Annually	Leadership and Governance	MOH Hq

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 1 - Universal access to better and efficiently managed quality healthcare services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
	national database										
Percentage of Health Facilities Meeting Disability Accessibility Standards	The proportion of health facilities that comply with nationally or internationally recognized standards for disability access including physical infrastructure (e.g., ramps, accessible washrooms), communication aids (e.g., sign language	outcome	30%	50%	100%	100%	100%	National	Anually	Leadership and Governance	MOH Hq

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 1 - Universal access to better and efficiently managed quality healthcare services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
	support, braille signage), and service delivery adaptations that ensure equitable access for persons with disabilities.										
Percentage of providers trained on respectful and friendly care to women and adolescent girls	The proportion of health care providers who have received formal training in delivering respectful, non-discriminatory, and	outcome	40%	60%	80%	100%	100%	National	Annually	Leadership and Governance	MOH Hq

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 1 - Universal access to better and efficiently managed quality healthcare services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
	gender-sensitive care tailored to the needs of women and adolescent girls (including training on communication, consent, privacy, dignity, and responsiveness to gender-based vulnerabilities).										
Percentage of providers with training on male sexual health	The proportion of health care providers who have	outcome	40%				75%	National	Annually	Leadership and Governance	MOH Hq

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 1 - Universal access to better and efficiently managed quality healthcare services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
and hypertension	received targeted training on male sexual health and hypertension, including clinical knowledge, counseling skills, and gender-sensitive approaches to diagnosing, managing, and educating male clients on sexual health concerns and cardiovascular risks.										

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 1 - Universal access to better and efficiently managed quality healthcare services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
Percentage of community health workers promoted to higher level jobs	The proportion of community health workers who have advanced to higher-level positions within the health system, including formal promotions to supervisory, technical, or administrative roles, reflecting career progression, recognition,	outcome	7	7	7	7	7	National	Anually	Leadership and Governance	MOH Hq

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 1 - Universal access to better and efficiently managed quality healthcare services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
	and investment in frontline workforce development.										
Percentage of health care facilities that have women friendly infrastructure	The proportion of facilities that meet all five essential criteria for supporting women's health needs (Clean, functional female washrooms, Labour room privacy, Presence of female provider, No stock-out of	outcome	N/A			50%	75%	National	Annually	Leadership and Governance	MOH Hq

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 1 - Universal access to better and efficiently managed quality healthcare services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
	obstetric medicines and No stock-out of family planning methods)										
Percentage of leaders (managers, deputy directors, and directors) in the health sector who are women	The proportion of leadership positions, specifically managers, deputy directors, and directors within the health sector that are held by women, reflecting gender representation in decision-	outcome		25%			35%	National	Annually	Leadership and Governance	MOH Hq

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 1 - Universal access to better and efficiently managed quality healthcare services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
	making roles and progress toward equity in leadership.										
Percentage of government budgetary allocation to MOH used for gender mainstreaming activities	The proportion of the Ministry of Health's total government budgetary allocation that is specifically directed toward gender mainstreaming activities.	outcome	5%				7%	National	Annually	Leadership and Governance	MOH Hq
Workforce Adequacy Ratio (WAR)	Percentage of approved/required	outcome	85%	88%	92%	95%	95%	National	Annually	Health Workforce	

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 1 - Universal access to better and efficiently managed quality healthcare services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
	positions filled with qualified staff										
Health workforce density (physicians, nurses & midwives per 1000 pop)	Number of physicians, nurses and midwives per 1,000 population	outcome	2.8 per 1000	3.2 per 1000	3.6 per 1000	4.0 per 1000	4.0 per 1000	National	Annually	Health Workforce	
Workload Indicators of Staffing Need (WISN) assessment completed (%)	Proportion of targeted facilities/agencies with completed WISN staffing assessments	outcome	25%	50%	75%	100%	100%	National	Annually	Health Workforce	
% of essential health commodities with no stock-out at	Proportion of tracer essential commodities available in stock at	outcome	N/A	75%	80%	85%	90%	National	Annually	Medical Products, Vaccines, and	

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 1 - Universal access to better and efficiently managed quality healthcare services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
facility level over the last 6 months	sampled facilities for the full 6-month reporting period.		N/A							Technologies	
Average lead time (days) from order placement at central level to delivery at district stores	Mean number of days between placement of order by central procurement unit and physical receipt at district warehouse.	outcome		Reduce baseline by 10%	Reduce baseline by 20%	Reduce baseline by 30%	Reduce baseline by 40%	National	Annually	Medical Products, Vaccines, and Technologies	
% of procurement value executed under	Share of total procurement spending covered by pre-	outcome	N/A	25%	40%	55%	70%	National	Annually	Medical Products, Vaccines, and	

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 1 - Universal access to better and efficiently managed quality healthcare services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
framework contracts	negotiated framework contracts during the year.		N/A							Technologies	
% of last-mile deliveries made under documented mechanisms with proof of delivery	Proportion of last-mile consignments to health facilities that used approved distributed-products mechanisms and have POD recorded.	outcome		50%	65%	80%	95%	National	Annually	Medical Products, Vaccines, and Technologies	
% of scheduled haulage runs executed as planned	Proportion of planned haulage runs completed on the planned date and route	outcome	N/A	80%	85%	90%	95%	National	Annually	Medical Products, Vaccines, and Technologies	

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 1 - Universal access to better and efficiently managed quality healthcare services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
	during the reporting period.		N/A								
Average time (days) for customs clearance of health commodity consignments from arrival to release	Mean number of days between physical arrival at port and customs release for health commodities .	outcome		Baseline - 10%	Baseline - 20%	Baseline - 30%	Baseline - 40%	National	Annually	Medical Products , Vaccines, and Technologies	
% of procurement documents fully digitised and archived in searchable central repository	Share of procurement documents that are digitised, indexed, and stored in central repository	outcome	N/A	50%	75%	90%	100%	National	Annually	Leadership and Governance	

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 1 - Universal access to better and efficiently managed quality healthcare services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
	with search metadata.										
% of ad-hoc procurement cases resolved within mandated timeline after committee meeting	Proportion of ad-hoc procurement issues that receive committee resolution within mandated timeline (e.g., 14 days).	outcome	N/A	70%	80%	90%	95%	National	Annually	Leadership and Governance	
Current Health Expenditure (CHE) as % Gross Domestic Product (GDP)	Measures the share of total economic output (GDP) that is spent on health goods and services (i.e., CHE / GDP)	outcome	3.06	5.5	6	6.5	7	National	Annually	Health Financing	

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 1 - Universal access to better and efficiently managed quality healthcare services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
Domestic General Government Health Expenditure (GGHE-D) as % Gross Domestic Product (GDP)***	Measures health expenditures financed through domestic public revenues (taxes, social security contributions, etc.), excluding external (donor) funds (i.e., GGHE-D / GDP)	outcome	1.9	3.8	4	4.5	5.2	National	Annually	Health Financing	
General Government Health Expenditure (GGHE) as % of Current	Measures the share of health expenditures financed through domestic	outcome	64.3	93	93.5	94	94.5	National	Annually	Health Financing	

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 1 - Universal access to better and efficiently managed quality healthcare services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
Health Expenditure	public revenues (taxes, social security contributions, etc.), including on-budget external (donor) funds (i.e., GGHE / CHE)										
Domestic General Government Health Expenditure (GGHE-D) as % Current Health Expenditure (CHE)	Measures the share of health expenditures financed through domestic public revenues (taxes, social security contribution	outcome	63.2	60	62	65	67	National	Annually	Health Financing	

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 1 - Universal access to better and efficiently managed quality healthcare services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
	s, etc.), excluding external (donor) funds (i.e., GGHD / CHE)										
PHC expenditure as % of Current Health Expenditure	Measures the share of current health expenditure spent on primary health care services (i.e., PHCE / CHE)	outcome	62.4	80	80	80	80	National	Annually	Health Financing	
Out-of-pocket expenditure (% of current health expenditure)	Measures the direct payments made by households to health providers at	outcome	27	23	21	19	17	National	Annually	Health Financing	

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 1 - Universal access to better and efficiently managed quality healthcare services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
	the time-of-service use, as a share of total current health expenditure (i.e., OOP / CHE)										
Percentage of the population with active NHIS coverage	Measures the proportion of the total population that is actively enrolled and covered by the National Health Insurance Scheme (NHIS) (i.e., active membership / population)	outcome	50	62	65	70	75	National	Annually	Health Financing	

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 1 - Universal access to better and efficiently managed quality healthcare services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
% of Government budget allocated to the health sector	Measures the proportion of total government expenditure allocated to health (i.e., Health Sector Budget / Total Government Budget)	outcome	9.59	15	15	15	15	National	Annual	Health Financing	
Average time of NHIS Claims Settlements (Months)	Measures the average number of months it takes for submitted claims from healthcare providers to be processed and paid by	outcome	4	3	3	3	3	National	Annual	Health Financing	

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 1 - Universal access to better and efficiently managed quality healthcare services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
	the National Health Insurance Scheme										
% of claims payment as a share of total payment from NHIF	Measures the proportion of total disbursements made by the National Health Insurance Fund (NHIF) that went toward paying claims submitted by accredited health providers (i.e., total claims paid / total	outcome	54	70	70	70	70	National	Annual	Health Financing	

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 1 - Universal access to better and efficiently managed quality healthcare services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
	payments made from NHIF)										
% of releases to NHIF as a share of total NHIF budget	Measures the proportion of National Health Insurance Fund (NHIF) budget that was released for payment be made (i.e., total releases / total budget)	outcome	22	100	100	100	100	National	Annual	Health Financing	

Objective: 2 -Reduce avoidable maternal, adolescent and child deaths and disabilities											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
Penta 3 (pentavalent vaccine) coverage rate	% of infants with 3 doses of pentavalent vaccine.	Outcome	91.90 %	92.50 %	93.10 %	93.80 %	94.50 %	Region, district, age group, sex	Monthly	Service Delivery	GHS–EPI Unit
Measles-Rubella 2 coverage rate	% of children with 2nd measles-rubella dose.	Outcome	92.50 %	93.10 %	93.70 %	94.30 %	95.00 %	Region, district, age group, sex	Monthly	Service Delivery	GHS–EPI Unit
HIV prevalence/incidence, ART coverage	Rate of HIV infection, new cases, ART use.	Outcome	1.60 %	1.50 %	1.40 %	1.30 %	1.20 %	Region, district, age group, sex	Quarterly	Service Delivery	GHS–National AIDS/STI Control Programme (NACP)
TB case detection and treatment success rates	TB detection and cure/success rates.	Outcome	50.60 %	53.10 %	55.80 %	58.60 %	61.50 %	Region, district, facility type, sex, age group	Quarterly	Service Delivery	GHS–National TB Control Programme (NTP)
Institutional malaria under-5 case fatality rate	Under-5 malaria deaths per cases in facilities.	Outcome	0.40 %	0.38 %	0.36 %	0.34 %	0.32 %	Region, district, facility level	Quarterly	Service Delivery	GHS–National Malaria Elimination Programme (NMEP)

Objective: 2 -Reduce avoidable maternal, adolescent and child deaths and disabilities											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
Institutional delivery rate	% births in health facilities.	Outcome	68.70 %	72.10 %	75.70 %	79.50 %	83.50 %	Region, district, facility ownership, age group	Monthly	Service Delivery	GHS– Family Health Division (Safe Motherhood)
Early ANC/PNC visit rate	% women getting antenatal/postnatal care at proper intervals.	Outcome	68.7 % / 57.8 %	72.1 % / 60.7 %	75.7 % / 63.7 %	79.5 % / 66.9 %	83.5 % / 70.2 %	Region, district, facility type	Monthly	Service Delivery	GHS– Family Health Division
Neonatal mortality rate (NMR)	Deaths under 28 days per 1,000 live births.	Outcome	5.2	4.9	4.7	4.5	4.3	Region, district, facility level	Quarterly	Service Delivery	GHS– Family Health Division / CHIM
Infant mortality rate (IMR)	Deaths under 1 year per 1,000 live births.	Outcome	8.1	7.7	7.3	6.9	6.6	Region, district, facility level	Annual	Service Delivery	GHS– Family Health Division / CHIM
Under-5 mortality rate (U5MR)	Deaths under 5 per 1,000 live births.	Outcome	10.7	10.2	9.7	9.2	8.7	Region, district, facility level	Annual	Service Delivery	GHS– Family Health Division / CHIM

Objective: 2 -Reduce avoidable maternal, adolescent and child deaths and disabilities											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
Stillbirth Rate (all SB)	Fetal deaths ≥ 28 weeks/1,000 total births.	Outcome	8.9	8.5	8.1	7.7	7.3	Region, district, facility level, ownership	Quarterly	Service Delivery	GHS– Family Health Division
Fresh Stillbirth Rate	Recent-intrapartum (fresh) stillbirths per 1,000.	Outcome	4.3	4.1	3.9	3.7	3.5	Region, district, facility, ownership	Quarterly	Service Delivery	GHS– Family Health Division
Macerated Stillbirth Rate	Antepartum (macerated) stillbirths per 1,000.	Outcome	4.6	4.4	4.2	4	3.8	Region, district, facility, ownership	Quarterly	Service Delivery	GHS– Family Health Division
% of mothers practicing exclusive breastfeeding	% infants 0–6 months exclusively breastfed.	Outcome	57.80 %	60.70 %	63.70 %	66.90 %	70.20 %	Region, district, age of child, facility ownership	Annual	Service Delivery	GHS– Nutrition Department
% of mothers who initiated breastfeeding within 30 min	% newborns breastfed in first 30 min after birth.	Outcome	—	50%	55%	60%	65%	Region, district, facility level	Quarterly	Service Delivery	GHS– Nutrition Department
Contraceptive prevalence rate	% women (15–49) using contraception .	Outcome	33.50 %	35.20 %	37.00 %	38.80 %	40.70 %	Region, district, sex, method type	Quarterly	Service Delivery	GHS– Family Health Division (RH Unit)

Objective: 2 -Reduce avoidable maternal, adolescent and child deaths and disabilities											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
Teenage pregnancy rate	% of 15–19 girls who have begun childbearing.	Outcome	13.00 %	12.40 %	11.80 %	11.20 %	10.70 %	Region, district, age group (10–19 yrs), facility ownership	Quarterly	Service Delivery	GHS–Family Health Division (Adolescent Health Programme)
Adolescent RH service uptake	% adolescents using reproductive health.	Outcome	—	15%	20%	25%	30%	Region, district, sex, age group	Quarterly	Service Delivery	GHS–Family Health Division (Adolescent Health Programme)
Prevalence of anaemia among adolescents	% adolescents with anaemia.	Outcome	—	28%	26%	24%	22%	Region, district, sex, age group (10–19 yrs)	Annual	Service Delivery	GHS–Nutrition Department
Utilization rates (e.g., facility or intervention)	% target group utilizing facility or intervention.	Outcome	1.13 OPD per capita	1.18	1.24	1.3	1.36	Region, district, facility level, service area	Monthly	Service Delivery	GHS–HIU / PPMED
Screening coverage rates (e.g., by	% of relevant population	Outcome	—	40%	45%	50%	55%	Region, district, disease type,	Quarterly	Service Delivery	GHS–NCD Programme

Objective: 2 -Reduce avoidable maternal, adolescent and child deaths and disabilities											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
disease/condition)	screened for condition.							sex, age group			e / Disease Control Unit
Control rates for hypertension/diabetes	% patients with these NCDs at clinical target.	Outcome	—	30%	35%	40%	45%	Region, district, facility level, sex, age group	Quarterly	Service Delivery	GHS–NCD Programme
NCD case-specific mortality rate	Death rate for specific NCDs (e.g., cancer, diabetes).	Outcome	—	3.50 %	3.30 %	3.10 %	2.90 %	Region, district, disease type, sex, age group	Quarterly	Service Delivery	GHS–NCD Programme / CHIM

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 3 - Increase access to responsive clinical and public health emergency services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
Coverage of outreach services to marginalized/vulnerable groups	% of at-risk/vulnerable groups reached via outreach.	Outcome	42%	50 %	55 %	60 %	65 %	Region, district, population group (PWDs, rural poor,	Quarterly	Service Delivery	GHS–Health Promotion Division / Family

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 3 - Increase access to responsive clinical and public health emergency services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
								migrants), facility level			Health Division
Response time to outbreaks	Time interval from detection to response.	Outcome	48 hrs	36 hrs	30 hrs	24 hrs	18 hrs	Region, district, disease type	Quarterly	Service Delivery	GHS–Disease Surveillance Department
Proportion of emergencies compliant with national protocols	% of emergencies managed according to national SOPs.	Outcome	66%	72 %	78 %	84 %	90 %	Region, district, event type	Annual	Leadership and Governance	GHS–EPR Unit / Quality Assurance
Number/proportion of sub-standard/falsified medicines detected	Number/proportion of failed product batches.	Outcome	–	8	7	6	5	Region, product type, market segment	Quarterly	Medical Products, Vaccines, and Technologies	FDA
Proportion of detected substandard/falsified cases leading to regulatory/enforcement actions	% of poor-quality cases resulting in official action.	Outcome	–	55 %	60 %	65 %	70 %	Product type, enforcement type, region	Annual	Medical Products, Vaccines, and Technologies	FDA

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 3 - Increase access to responsive clinical and public health emergency services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
Percentage increase in KAP score post-campaign	Change in knowledge-attitudes-practices after campaigns.	Outcome	–	10 %	15 %	20 %	25 %	Region, topic, target audience	Annual	Community Participation and Ownership	GHS–Health Promotion Division
Percentage of population with knowledge on key health topics	Community knowledge on target health topics.	Outcome	–	45 %	50 %	55 %	60 %	Region, district, topic, sex, age group	Annual	Community Participation and Ownership	GHS–Health Promotion Division
% of communities reporting readiness	% community with documented preparedness plans/readiness.	Outcome	44%	48 %	52 %	56 %	60 %	Region, district, community type	Annual	Community Participation and Ownership	GHS–EPR Unit / Health Promotion Division
Participation rate	% of target audience that participated in events/services.	Outcome	–	30 %	40 %	50 %	60 %	Region, district, activity type, audience	Quarterly	Community Participation and Ownership	GHS–Health Promotion Division
Units of blood donated mobilized	Blood units collected from	Outcome	–	850	900	950	1000	Region, district, donor type	Monthly	Service Delivery	National Blood Service

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 3 - Increase access to responsive clinical and public health emergency services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
by voluntary donors	voluntary donors.										Ghana (NBSG)
Population coverage (program/campaign)	% population reached by campaign or intervention.	Outcome	38%	45%	52%	60%	68%	Region, district, target population	Quarterly	Service Delivery	GHS– Relevant Programme Unit
Percentage of demand met	% of health service- or commodity-demand fulfilled.	Outcome	—	50%	55%	60%	65%	Region, district, service type	Quarterly	Service Delivery	GHS– PPMED / Programme Divisions
Adverse transfusion events	Incidence of negative outcomes after transfusion.	Outcome	—	3	2	2	1	Region, district, facility, event type	Quarterly	Service Delivery	NBSG / GHS– Quality Assurance
Service coverage percentages for vulnerable populations	Health intervention coverage for marginalized groups.	Outcome	38%	42%	46%	50%	55%	Region, group (PWD, poor, migrant, adolescent)	Annual	Service Delivery	GHS– Health Promotion Division / Family Health Division
Increase in use of locally manufactured vaccines	% growth in locally manufactured vaccine use.	Outcome	—	5%	10%	15%	20%	Vaccine type, procurement source, year	Annual	Medical Products, Vaccines, and	MOH– Procurement Directorate / EPI

Goal: Increased access to quality essential health care and population-based services for all by 2030											
Objective: 3 - Increase access to responsive clinical and public health emergency services											
Indicators	Indicator Definition	Indicator Type	Baseline	Targets				Disaggregation	Monitoring Frequency	Development Programme	Responsibility
			2025	2026	2027	2028	2029				
										Technologies	
Outreach service coverage for marginalized/vulnerable groups	Reach of outreach interventions to target populations.	Outcome	42%	50%	55%	60%	65%	Region, population group, district, service type	Quarterly	Service Delivery	GHS–Health Promotion Division / Family Health Division

7.3. EVALUATION ARRANGEMENT

Evaluation is key in improving decision making and providing insights for effective programme and project design and implementation. In view of this, MDAs, RCCs and MMDAs are expected to plan for the evaluation of programmes and projects in their PoAs and AAPs to inform evidence-based decision-making. Ex-ante, mid-term, and terminal evaluations are therefore recommended to be conducted.

Evaluation is a critical component of the Monitoring and Evaluation (M&E) Framework of the Health Sector Medium-Term Development Plan (HSMTDP) 2026–2029. It provides evidence-based assessments of the relevance, effectiveness, efficiency, sustainability, and impact of interventions implemented across the health sector. The evaluation process enables the Ministry of Health (MoH) and its agencies to make informed decisions, strengthen accountability, and ensure continuous improvement in policy implementation and service delivery.

The HSMTDP will employ three key types of evaluations ie. annual, mid-term, and end-term, each with distinct objectives, methodologies, and utilization pathways.

1. *Annual Evaluations*

Annual evaluations will focus on assessing progress towards achieving the yearly performance targets and outputs of the HSMTDP. They will serve as operational reviews that capture short-term results, implementation bottlenecks, and emerging lessons.

Key Activities:

- Review of annual performance data and targets in line with the sector performance indicators.
- Assessment of progress made under key health programmes and projects.
- Analysis of financial performance and resource utilization.
- Identification of implementation challenges and recommendations for corrective actions.

Frequency: Conducted once a year, coinciding with the Health Sector Annual Review (HSAR) and Regional Health Sector Performance Reviews.

Use of Results:

- To inform the annual planning and budgeting process of the Ministry and its agencies.
- To identify areas requiring technical or financial support.
- To refine operational strategies and strengthen programmatic efficiency.

2. Mid-Term Evaluation (MTE)

The mid-term evaluation will provide a comprehensive assessment of the progress made towards achieving the medium-term objectives of the HSMTDP, typically at the midpoint of the plan period (i.e., end of 2027). It will evaluate the effectiveness, efficiency, and relevance of interventions, as well as the adequacy of implementation strategies and resource allocation.

Key Activities:

- In-depth analysis of the extent to which outcomes and outputs are being achieved.
- Review of assumptions, risks, and external factors influencing implementation.
- Evaluation of institutional coordination mechanisms and stakeholder engagement.
- Assessment of gender, equity, and regional distribution of health outcomes.

Frequency: Conducted once during the plan period (mid-2027).

Use of Results:

- To guide policy and strategy adjustments for the remaining years of the HSMTDP.
- To reallocate resources towards underperforming or high-impact areas.
- To inform revisions of the national health policy framework and related strategic plans.
- To provide accountability to development partners and stakeholders.

3. End-Term Evaluation (ETE)

Purpose:

The end-term evaluation will provide a summative assessment of the overall performance of the HSMTDP 2026–2029 at the conclusion of the plan period. It will measure the extent to which the strategic objectives, outcomes, and impacts have been achieved, and assess the sustainability of implemented interventions.

Key Activities:

- Comprehensive analysis of the results framework, including outcome and impact indicators.
- Comparative assessment of baseline and end-line data to measure change and impact.
- Review of sector-wide policies, programmes, and projects implemented under the plan.

- Documentation of key lessons learned and best practices for future planning cycles.

Frequency: Conducted at the end of 2029.

Use of Results:

- To inform the design and formulation of the next HSMTDP (2030–2033).
- To contribute to the National Medium-Term Development Policy Framework led by NDPC.
- To strengthen institutional learning and sector accountability mechanisms.
- To guide evidence-based policy reforms and investment decisions.

Integration of Evaluation Results into Decision-Making

The findings and recommendations from all evaluations (annual, mid-term, and end-term) will be systematically integrated into sector decision-making processes. The Policy, Planning, Monitoring and Evaluation Directorate (PPME) will coordinate dissemination through policy briefs, evidence summaries, and stakeholder dialogues. Key outcomes will be presented at the Health Summits, Senior Management Meetings, and Development Partner Coordination Platforms to ensure shared learning and ownership.

Moreover, the Ministry will establish a feedback and action-tracking mechanism to ensure that evaluation recommendations are implemented and monitored, thereby closing the learning loop and enhancing the impact of evaluation on policy and practice.

7.4. PARTICIPATORY MONITORING AND EVALUATION ARRANGEMENTS

Participatory Monitoring and Evaluation (PM&E) Arrangements

Participatory Monitoring and Evaluation (PM&E) is an integral component of the HSMTDP 2026–2029, aimed at enhancing accountability, transparency, ownership, and learning throughout the planning and implementation cycle. The approach is designed to ensure that monitoring and evaluation (M&E) of policies, programs, and projects is not only top-down but also inclusive of key stakeholders, particularly the intended beneficiaries of health sector interventions.

PM&E is founded on the principle that people who are affected by decisions should have a say in them. By actively involving community members, health service users, civil society actors, frontline workers, local authorities, and other non-state actors in the assessment of service delivery, the health sector can improve responsiveness, empower citizens, and foster mutual accountability between providers and users.

Objectives of PM&E in the HSMTDP

- To strengthen accountability and transparency in health sector planning and implementation;
- To promote mutual learning and knowledge exchange between implementers and beneficiaries;
- To assess the relevance, effectiveness, and equity of health interventions from the perspective of users;
- To gather feedback that informs program design, scale-up, and course correction;
- To promote inclusive governance by empowering citizens to participate in development processes.

Principles Guiding PM&E

PM&E within the HSMTDP will be guided by the following principles:

- Inclusiveness: All relevant stakeholders, especially the most vulnerable groups, are given a voice in the M&E process.
- Ownership: Local actors take the lead in data collection, analysis, and decision-making.
- Transparency: Information is shared openly with communities and other stakeholders.
- Learning: The process is structured to foster shared understanding and continuous improvement.
- Actionability: Findings from PM&E are used to influence decisions and improve service delivery.

Tools and Techniques for PM&E

To operationalize PM&E, the following tools and techniques will be employed:

Tool/Technique	Description	Application in the Health Sector
Community Scorecards (CSC)	Participatory tool for performance assessment based on citizen feedback	Used to assess client satisfaction with primary health care services
Citizen Report Cards (CRC)	Surveys that collect public feedback on service delivery performance	Applied to assess the responsiveness of NHIS, waiting times, and staff attitude
Focus Group Discussions (FGDs)	Guided group interviews with specific population groups	Used to gather qualitative data on maternal health service experiences
Public Hearings / Town Halls	Open forums where stakeholders share concerns and provide feedback	Used during mid-year and annual reviews of sector performance
Beneficiary Assessment Surveys	Structured questionnaires to capture beneficiary views on access, affordability, and quality	Implemented post-project for community-based health and nutrition programs
Participatory Rural Appraisal (PRA)	Community mapping, scoring, timelines, and ranking exercises	Used in CHPS zones to assess health priorities of local populations
Social Audits	Community-led reviews of service delivery and accountability mechanisms	Applied in collaboration with District Health Committees
Health Barometer Forums	Annual consultative platforms for health users, CSOs, and district actors	Monitors key service indicators in public health facilities

Selection of PM&E Interventions

PM&E will be applied selectively to high-impact and community-facing interventions during their lifespan or post-implementation phase. The criteria for selecting programs and projects for PM&E include:

- High public interest or service utilization (e.g., NHIS, CHPS, Malaria control, HIV-AIDS)
- Significant investment or external funding (e.g., donor-supported infrastructure)
- Targeting of vulnerable populations (e.g., maternal and child health)
- Pilots or innovative interventions (e.g., telemedicine, digital health rollouts)

- Known service delivery bottlenecks or complaints

The Planning, Monitoring and Evaluation Unit (PPME) of the Ministry of Health, in collaboration with Ghana Health Service, CHAG, and other health organizations, will coordinate the identification of such interventions annually.

Roles and Responsibilities in PM&E

Stakeholder	Role in PM&E
Ministry of Health (PPME Department)	Overall coordination, technical guidance, and integration of PM&E findings into sector planning
Ghana Health Service, CHAG and Other Implementing Agencies (Teaching Hospitals and regulatory agencies)	Facilitate access to service sites, provide data, and act on PM&E feedback
Civil Society and Community-Based Organizations	Lead in community mobilization and data collection
District Assemblies / Local Government	Co-organize town halls, mobilize community actors, and provide logistical support
Development Partners	Provide technical support, funding, and capacity building for PM&E activities
Service Beneficiaries	Participate in scorecards, report cards, and community validation forums

Feedback and Utilization of PM&E Results

The PM&E process will culminate in the documentation and public dissemination of findings. Results will be used to:

- Inform the Annual Health Sector Performance Review;
- Adjust or realign resource allocations and program designs;
- Address service delivery challenges in real-time;
- Enhance transparency and build public trust.

Findings from PM&E exercises will be integrated into the Ministry of Health's knowledge management systems and presented during annual policy dialogues, joint sector reviews, and donor coordination platforms.

Capacity Building for PM&E

To ensure effective implementation, the Ministry of Health and its partners will organize:

- Training for health planners, M&E officers, health Economists, and implementers at the National, regional, and district levels;
- Capacity support to CSOs and community leaders on PM&E tools;
- Development of user-friendly PM&E toolkits and guidelines;
- Joint field missions and learning exchanges.

KNOWLEDGE MANAGEMENT AND LEARNING FRAMEWORK

This Knowledge Management Matrix provides a structured approach for addressing critical gaps in knowledge generation, dissemination, and use across the Ghanaian health sector. It ensures that all actors — from national to subnational levels — systematically contribute to and benefit from a dynamic learning ecosystem.

The matrix also aligns with the M&E Plan of the HSMTDP 2026–2029, the Ghana Digital Health Strategy, and the National Health Research Agenda, ensuring coherence and sustainability of knowledge-driven decision-making in health.

KM Component	Current Gaps/Challenges	Strategic Objective	Key Activities / Interventions	Lead / Supporting Institutions	Expected Output / Deliverable	Timeframe	Monitoring Indicator
Knowledge Generation & Capture	Fragmented data systems; limited research-to-policy linkages; weak documentation of program lessons	Strengthen evidence generation and systematic documentation for policy and decision-making	Strengthen research coordination; document best practices; annual thematic studies; establish research repository	MoH-PPME, RDD, GHS, Teaching Hospitals, Universities	Health Research Repository; Annual Evidence Briefs	2026–2029	# of policy briefs/research summaries produced
Knowledge Storage & Archiving	Poor data management and loss of institutional memory; limited digital repositories	Ensure systematic storage and preservation of knowledge assets	Develop digital Knowledge Hub; digitize past reports; establish document management protocols	MoH-PPME, ICT Unit, Records Division, WHO, UNICEF	Functional Digital Knowledge Hub; Archival System	2026–2028	% of agencies uploading reports to central repository
Knowledge Sharing & Dissemination	Limited cross-agency collaboration; weak feedback systems; data silos	Foster knowledge sharing and collaboration across the health sector and stakeholders	Conduct quarterly learning forums; create online knowledge platform; produce newsletters; enhance dashboards	MoH-PPME, Health Partners, NHIA, CHAG, GHS	Quarterly Knowledge Sharing Reports; Learning Platform	2026–2029	# of knowledge-sharing events held per year
Knowledge Use for Policy & Practice	Limited uptake of research and M&E findings in policy and operational decision-making	Enhance the use of knowledge in planning, budgeting, and policy processes	Institutionalize policy dialogues; integrate evaluation lessons into reviews; develop evidence briefs for decision-makers	MoH-PPME, Policy Unit, NDPC, Parliament Health Committee	Policy Briefs; Evidence-informed Decision Protocols	2026–2029	% of policies referencing sector research/M&E outputs

Capacity Building for KM	Inadequate KM competencies among staff; lack of standardized KM tools	Build capacity of sector staff to generate, manage and share knowledge effectively	Conduct KM trainings; develop KM manual and toolkit; appoint KM focal persons across agencies	MoH-PPME, HR Directorate, GHS HRD, Dev. Partners	KM Training Modules; KM Manual; Trained Focal Persons	2026–2029	# of trained KM officers; % of agencies with KM practices	
Digital Health & Data Integration	Fragmented data platforms; limited interoperability; weak data analytics capacity	Promote digital integration and data-driven decision-making	Implement digital health strategy; integrate health data systems; expand data dashboards	MoH-Digital Health Unit, NHIA, HeFRA, eHealth Partners	Integrated Health Data Architecture; Real-time Dashboards	2026–2029	% of interoperable data systems functional	
Learning & Continuous Improvement	Weak institutional learning culture; limited use of evaluation findings	Institutionalize continuous learning and adaptive management practices	Hold learning sessions post-projects; track evaluation recommendations; establish innovation fund for pilot projects	MoH-PPME, GHS, Teaching Hospitals, Dev. Partners	Annual Learning Reports; Innovation Fund Projects	2026–2029	% of evaluation recommendations implemented	

CHAPTER EIGHT

COMMUNICATION STRATEGY

8.0. Introduction

Effective communication is critical to the successful implementation of the Health Sector Medium-Term Development Plan (HSMTDP) 2026–2029). The Communication Plan provides a coordinated approach for disseminating information, promoting policy coherence, enhancing stakeholder engagement, and ensuring transparency and accountability across all levels of the health system. It seeks to strengthen collaboration among the Ministry of Health (MoH), its agencies, development partners, and the public in achieving the goals of Universal Health Coverage (UHC) and the Government’s Resetting Ghana Agenda—Creating Jobs, Ensuring Accountability, and Promoting Shared Prosperity.

8.1 Objectives of the Communication Plan

The specific objectives of the communication plan are to:

- Facilitate timely dissemination of information on health policies, programmes, and reforms.
- Improve understanding and support for sector initiatives among stakeholders and the public.
- Strengthen inter-agency coordination and feedback mechanisms across the MoH and its agencies.
- Promote behaviour change and community ownership of health interventions.
- Ensure transparency and accountability in the implementation of sector programmes.

8.2 Communication Approach and Strategy

The communication approach will be participatory, inclusive, and evidence-based, ensuring that all relevant stakeholders are informed and engaged. The strategy focuses on both internal and external communication, emphasizing feedback, collaboration, and proactive information sharing.

a. Internal Communication

This will focus on improving communication between the MoH headquarters, agencies, regional health directorates, and district-level facilities to ensure alignment of priorities and consistency

in message delivery.

Key actions include:

- Establishing regular coordination meetings and electronic communication platforms.
- Disseminating policy briefs, circulars, and operational guidelines.
- Strengthening feedback mechanisms through internal newsletters and digital dashboards.

b. External Communication

This targets the general public, development partners, civil society, and the private sector.

Key actions include:

- Organizing media briefings, public forums, and stakeholder dialogues.
- Publishing regular progress reports, policy briefs, and performance reviews.
- Using traditional and digital media to communicate public health information and behaviour change messages.
- Promoting transparency by publishing key sector indicators and reports on the MoH website

8.3 Core Messages

The communication plan will disseminate messages around the following themes:

- The HSMTDP is a national health sector blueprint for 2026–2029
- The Government's commitment to achieving Universal Health Coverage by 2030.
- The MoH's leadership role in implementing the Resetting Ghana Agenda through health system transformation
- The importance of equitable access to quality health care for all, irrespective of location or income
- The need for community participation and multi-sectoral collaboration in improving health outcomes
- Accountability, transparency, and performance monitoring as key principles of sector governance.

AUDIENCE

- Internal: MoH leadership, GHS, agencies, regional and district health directorates, health workers.
- Government & Policy: NDPC, MoF, Parliament (Health Committee, Select Committee on Finance), Cabinet.
- Partners: Development partners (UN, WHO, World Bank, bilateral donors), CSOs, NGOs, private sector.
- Communities & Citizens: Media, traditional leaders, faith-based organizations, youth, women's groups, patient associations.
- Parliamentary Select Committees on Finance and Health

8.4 Communication Channels

- Traditional Media: Press briefings, radio/TV talk shows, press releases.
- Digital Media: MoH website, social media campaigns (Twitter/X, Facebook, YouTube, TikTok for youth).
- Print: Policy briefs, infographics, HSMTDP summary booklets, fact sheets.
- Stakeholder Platforms: Annual Health Summit, Regional/District Health Reviews, sector working group
- Annual reports, newsletters, and policy briefs.

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

8.5 Overview of Planned Communication Activities

The table below 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.

Activity	Target Audience	Channel/Approach	Timeline	Lead Responsibility
Official launch of HSMTDP (press conference + media coverage)	Government, media, partners, public	National event + live broadcast	Q1 2026	MoH/CD, PPME Directorate
Stakeholder dissemination workshops (national, regional & district)	Regional & district health directorates, partners, NGOs	Workshops, policy briefs	Q1–Q2 2026	MoH/PPME, GHS
Develop and circulate simplified HSMTDP briefs (infographics, summaries)	General public, CSOs, media	Print + digital + translations	Q2 2026	MoH/Health Promotion
Quarterly sector performance updates	MoF, NDPC, Parliament, DPs	Reports, dashboards, media briefings	Quarterly (2026–2029)	MoH/Budget & Finance
Social media campaigns on key priorities (e.g., adolescent health, NCDs)	Youth, urban populations	Short videos, graphics, influencers	Bi-annual (2026–2029)	Health Promotion Unit
Community sensitization through CHPS & local radio	Rural populations, traditional leaders, and communities	Local FM, durbars, town halls	Continuous (2026–2029)	GHS, District Health
Annual Health Sector Performance Report dissemination	Policy makers, partners, civil society, media	National Health Summit + online	Annually (2026–2029)	MoH/PPME
Mid-term review of HSMTDP	NDPC, MoH, GHS, DPs	Consultations + review report	Q2 2028	MoH/PPME, NDPC
End-of-plan dissemination & lessons learned	All stakeholders	National conference + publications	Q3–Q4 2029	

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

Logical Framework Matrix for HSMTDP 2026–2029

Strategic Issue	Strategic Objective	Expected Results	Medium Term Needs	Current status	Medium Term Projection	Key Performance Indicators (KPIs)	Means of Verification	Assumptions
1. Inadequate and Unpredictable Health Financing	Improve the adequacy, predictability, and efficiency of health sector financing	Increased and timely funding for health sector priorities	1. Strengthened domestic resource mobilization (e.g., earmarked taxes, IGF reforms) 2. Expand public-private partnerships 3. Improve budget execution and financial accountability	Health expenditure as a % of GDP...4% % non-wage recurrent expenditure from domestic source 66% Domestic general government health expenditure as a percentage of GDP ...2%	5% (by 2029) 100%	1. % increase in GoG budget allocation to health 2. % of health budget disbursed on time 3. % increase in IGF mobilization 1. Number of PPPs established to support health infrastructure	2. MoH budget reports 3. IGF financial statements 4. PPP agreements	1. Macroeconomic stability is maintained. 2. political will to prioritize health financing

Strategic Issue	Strategic Objective	Expected Results	Medium Term Needs	Current status	Medium Term Projection	Key Performance Indicators (KPIs)	Means of Verification	Assumptions
2. Inequitable Access and Quality of Care	Ensure equitable access to quality health services across all regions	Improved access and quality of health care across all regions	1. Expand CHPS and primary care infrastructure 2. Deploy incentive schemes for rural health workers 3. Standardize service quality and enforce accreditation	No of functional CHPS compound regional distribution of doctors, nurses, midwives No of facilities with international accreditation		1. % of population within 5 km of a functional health facility 2. Health worker-to-population ratio (rural vs. urban) % of facilities accredited to national/international standards 4. Client satisfaction rate with public health services	1. DHIMS2 2. Facility audit reports 3. Client satisfaction surveys	1. Infrastructure projects are funded 2. HR policies support rural deployment
3. Weak Health Information and Surveillance Systems	Strengthen health information systems and public health surveillance	Timely, integrated and reliable data for decision-making	1. Establish a harmonized national health data repository 2. Build capacity for disease surveillance and emergency preparedness and response	N/A		1. % of facilities reporting timely and complete data to DHIMS2 2. Number of integrated digital platforms interoperable with DHIMS2 3. % of districts with functional public	1. DHIMS2 2. eHealth architecture reports 3. Public health surveillance reports	1. ICT infrastructure is maintained. 2. staff are trained and retained

Strategic Issue	Strategic Objective	Expected Results	Medium Term Needs	Current status	Medium Term Projection	Key Performance Indicators (KPIs)	Means of Verification	Assumptions
						health emergency response teams 1. Time to detect and respond to disease outbreaks		
4. Human Resource Gaps and Brain Drain	Expand and retain a skilled, motivated, and equitably distributed health workforce	Improved availability and retention of skilled health workers	1. Scale up training of sub-specialists and mid-level cadres 2. Implement retention strategies (e.g., housing, career progression) 3. Forge international training partnerships	1. No of cadre in sub-speciality areas (medical officers, pharmacist, allied health and nurses) 2. Proportion of health workforce trained abroad		3. Number of sub-specialists trained annually % of health workers deployed to rural/underserved areas, Health worker attrition rate 4. % of facilities with critical staff positions filled	2. HRH registry 3. Training institution reports 4. Payroll and deployment data	1. Incentive schemes are implemented 2. training institutions are resourced

Strategic Issue	Strategic Objective	Expected Results	Medium Term Needs	Current status	Medium Term Projection	Key Performance Indicators (KPIs)	Means of Verification	Assumptions
5. Low NHIS Coverage and Financial Protection	Expand NHIS coverage and improve financial protection for vulnerable populations	Increased enrollment and reduced out-of-pocket payments	1. Expand NHIS coverage through targeted subsidies 2. Review and expand benefit package 3. Improve claims processing and provider reimbursement	1. Active membership rate 2. % of health expenditure covered by NHIA 3. Claims processing time		1. NHIS active membership rate (national and poorest quintile) 2. % of health expenditure covered by NHIS 3. % of population experiencing catastrophic health spending Average NHIS claims processing time	2. NHIA reports 3. Household health expenditure surveys 4. Claims audit reports	1. NHIS reforms are implemented 2. funding is sustained
1. Underutilization of Digital Health and Innovation	Accelerate adoption of digital technologies and innovations in health service delivery	Enhanced service delivery through digital tools and AI	1. Scale up telemedicine and AI-based diagnostics 2. Invest in digital infrastructure and capacity-building 3. Promote interoperability of digital platforms	1. No of facilities 2. having telemedicine and teleconferencing facilities 3. % of facilities using electronic medical records 4. No. of telemedicine consultations		1. % of facilities using electronic medical records 2. Number of AI-enabled diagnostic tools deployed 3. Number of telemedicine consultations conducted annually	1. Digital infrastructure is scaled. 2. regulatory frameworks support innovation. 3. eHealth implementation reports 4. Facility records	

Strategic Issue	Strategic Objective	Expected Results	Medium Term Needs	Current status	Medium Term Projection	Key Performance Indicators (KPIs)	Means of Verification	Assumptions
				conducted annually 5. % of health workers trained in digital health tools		1. % of health workers trained in digital health tools 2. % of facilities with teleconferencing facilities for training of the health workforce	5. Training reports	
7. Climate Change and Health Resilience	Enhance the health sector's resilience to climate change and environmental risks	Health systems adapted to climate change and environmental threats	1. Integrate climate resilience into health infrastructure planning 2. Strengthen vector control and environmental health programs Collaborate with environmental and disaster agencies	No. of health facilities climate-proofed or retrofitted % of districts with integrated climate-health surveillance No. of climate sensitive disease outbreaks managed % of budget allocated to environmental health and vector control		1 Number of health facilities climate-proofed or retrofitted 2. % of districts with integrated climate-health surveillance 3. Number of climate-sensitive disease outbreaks managed 4. Budget allocated to environmental health and vector control		

Strategic Issue	Strategic Objective	Expected Results	Medium Term Needs	Current status	Medium Term Projection	Key Performance Indicators (KPIs)	Means of Verification	Assumptions
8. Governance, Regulation, and Policy Continuity	Strengthen governance, coordination, and regulatory frameworks for effective service delivery	Improved coordination, regulation and reform sustainability	1. Strengthen gate keeper system 2. Institutionalize health sector reforms through legislation 3. Strengthen monitoring, evaluation, and accountability systems	· Proportion of primary level conditions seen at Teaching hospitals (uncomplicated malaria) · Proportion of referral from primary and secondary to teaching hospital No of LIs to operationalize existing Acts No of facilities using GIFMIS		1. Number of overlapping mandates resolved through policy reform 2. % of health sector agencies with functional governance boards 3. % of planned reforms institutionalized through legislation 4. Frequency of joint sector performance reviews conducted	2. MoH policy reports 3. Legislative records - Sector review reports	1. Political commitment to reform 2. stakeholder alignment is maintained