MINISTRY OF HEALTH
GHANA

THE HEALTH SECTOR

MEDIUM-TERM DEVELOPMENT PLAN

2014 -2017

HEALTH SECTOR MEDIUM TERM DEVELOPMENT PLAN 2014 -2017

FOREWORD

The Health Sector Medium Term Development Plan (2014-2017) provides a framework for planning by Agencies and Stakeholders in the health sector. It is based on the National Medium Term Development Policy Framework (NMTDPF), which defines the medium term vision and development of the country.

The NMTDPF identifies seven priority areas in the medium to long term, these are: ensuring and sustaining Macro Economic Stability, enhancing competitiveness of Ghana's Private Sector, accelerating agricultural modernization and sustainable natural resources management, oil and gas development, infrastructure and human settlement, human development, productivity and employment and transparent and accountable governance. The Health Sector Medium Term Development Plan (HSMTDP), 2014–2017, outlines the sector's contribution to government's development priorities and projections in the area of human development, productivity and employment.

The HSMTDP covers a period of 4 years and within this period it attempts to build on the ongoing efforts towards the attainment of universal health coverage for all people living in Ghana. In this respect the plan outlines a post MDG agenda that highlights on the need to improve access to quality, efficient and seamless health services and to improve the sectors responsiveness to the needs of the people in all parts of the country. These include the expansion of coverage of the CHPS programme and the attainment of equity targets in the distribution of human resources for health. The plan also highlights on the need to build on the progress being made in the reduction in mortality due to malaria and to ensure a sustained and accelerated move towards the reduction in institutional maternal and neonatal deaths.

Adequate provision has been made to allow agencies to address global initiatives such as health response to climate and to intensify the control of non-communicable diseases. The control of endemic neglected diseases is also given prominence while effort at obtaining certification for the eradication of guinea worm is intensified.

Over the period of the plan, the sector will work towards improving the performance of the supply chain and other support services to ensure that health services are provided with minimal challenges. Resource mobilization will also be structured through the adoption of improved health financing mechanisms.

I wish to congratulate the team for a useful and action oriented framework that will guide the sector planning activities for the medium term. I also wish to request all stakeholders to ensure that their annual plans are kept within the scope of the HSMTDP, 2014–2017

HON. DR. KWAKU AGYEMANG-MENSAH
MINISTER OF HEALTH

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List of Acronyms

AFP	Acute Flaccid Paralysis
AIDS	Acquired Immune deficiency
ART	Anti –Retroviral Therapy
BMC	Budget Management Centre
CARMMA	Campaign for Accelerated Reduction of Maternal Mortality in Africa
CFR	Case Fatality Rate
CHPS	Community Health Planning Services
CMA	Common Management Arrangements
CSOs	Civil Society Organisations
DHA	District Health Administrations
DHIMS	District Health Management Information System
DHRC	Dodowa Health Research Centre
DPs	Development Partners
DPs	Partners support
EMD	Epidemic Meningococcal Disease
EmONC	Emergency Obstetric Neonatal Care
EMT	Emergency Technician
ENBC	Essential Newborn Care
EPI	Expanded Program on Immunization
FCTC	Frame work Convention on Tobacco Control
GDHS	Ghana Demographic Health Survey
GFATM	Global Fund for AIDS, TB and Malaria
GHAG	Christian Health Association
GHS	Ghana Health Service
GoG	Government of Ghana
GSGDA	Ghana Shared Growth and Development Agenda
GSGDA	Ghana Shared Growth and Development Agenda
GSS	Ghana Statistical Service
GWEP	Guinea Worm Eradication Program
HIV	Human Immunodeficiency Virus
HSMTDP	Health Sector Medium Term Development Plan
ICT	Information and Communication Technology
IDRS	Integrated Disease Surveillance and Response
IGF	Internally Generated Fund
IHR	International Health Regulations
ITNs	Insecticides Treated Nets
KHRC	Kintampo Health Research Centre
LIs	Legislative Instruments
M&E	Monitoring and Evaluation
MAF	Millennium Acceleration Framework
MDAs	Ministries Department and Agencies
MDGs	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MMDA	Metropolitans Municipals and District Assemblies
MOFEP	Ministry of Finance and Economic Planning
MoH	Ministry of Health
MoU	Memorandum of Understanding
MTEF	Medium Term Expenditure framework
NACP	National Aids Control program
NAS	National Ambulance Service
NCD	Non-Communicable Diseases
NDPC	National Development Planning Commission
NGOs	Non Governmental Organisations

NHA	National Health Accounts
NHIA	National Health Insurance Authority
NHIF	National Health Insurance Fund
NHRC	Navrongo Health Research Centre
NMCP	National Malaria Control Program
NMR	Neonatal mortality rate
NTDs	Neglected Tropical Diseases
OPD	Out Patient Department
PHC	Primary Health Care
PHE	Public Health Expenditure
RCC	Regional Coordinating Council
RDD	Research and Development Division
RHNP	Regenerative Health and Nutrition Programme
SBS	Sector Budget Support
SSSPP	Single Spine Salary Pay Policy
TB	Tuberculosis
THE	Total Health Expenditure
TPHE	Total Public Health Expenditure
UNFPA	United Nation Population Fund
UNICEF	United Nations Children's Fund
WB	World Bank
WHO	World Health Organisation

Contents

CHAPTER 1: THE HEALTH SECTOR IN GHANA (SITUATION ANALYSIS)

1.0 Introduction

The Health Sector Medium Term Development Plan (HSMTDP), 2014–2017, is the health sector's response to the National Medium Term Development Policy Framework (2014-2017). It also provides the basis for planning within the health sector in Ghana and defines the sector's contribution to the achievement of national medium term development goals and objectives. The HSMTDP builds on the general principles of providing quality primary health care to all people living in Ghana and it is underpinned by the desire to attain Universal Health Coverage in Ghana. It also aims to improve the health status of Ghanaians in line with the country's Lower Middle Income Status. In this regard, the plan provides a framework for cost-effective general health systems development, bridging current equity gaps in access to health care services and a reinforcement of the principle of continuum of care. It builds on lessons and experiences of the Ghana Shared Growth and Development Agenda (GSGDA), which has a focus on human development, productivity and employment and aims at accelerating the achievements of the goals of the better Ghana Agenda.

The plan reflects the government's development priorities and projections in the area of human development, productivity and employment. Specifically the plan focuses on controlling endemic diseases, improving health infrastructure and emergency response systems and creating an enabling environment for efficient health care delivery in Ghana. It also reflects the need for strengthening the human resource required for effective service delivery. The plan also emphasizes on equity and improvements in the regulation and management of services to address issues of efficiency and quality of care at all levels.

The plan was based on broad guidelines provided by the National Development Planning Commission (NDPC). It was developed through an elaborate consultative process involving key stakeholders - agencies, development partners, non-government actors in health and the health industry in Ghana.

Purpose of document

The purpose of this document is to provide strategic directions for the coordination of policies and programmes (short to medium term) in the health sector. It also provides a framework for priority programme implementation by public and private sector providers. It does not however offer operational details, which have to be developed at the operational level in the form of annual programmes of work by the various agencies.

Structure of document

The document is divided into seven chapters. Chapter one describes the profile of the health sector and provides an overview of the performance of the sector within the last four years. It describes the health status of the nation based on available statistics and provides a brief analysis of the overall performance in the implementation of key policies and programmes. Key challenges, which have contributed to the level of performance achieved over the period are discussed and major performance gaps are identified. Chapter two presents sector priorities based on the identified issues and challenges while Chapter three outlines the health sector objectives and strategies for the medium term, within the context of the National Development Goals and Projections. Chapter four outlines the health sector development programmes and provides details of priority action required. It also gives an indicative budget for the rollout of the identified programmes.

Chapter five segments the programme into annual plans of action to guide agencies in developing annual programmes and to help them focus on prioritised actions for each year. Chapter six summarises the implementation arrangements and describes the framework for monitoring and evaluation while Chapter seven details the communication strategy for improving awareness and stakeholder buy-in for the plan.

1.1 The Profile of the Health Sector

The Vision

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

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.

Goal

The goal of the health sector is to have a healthy and productive population that reproduces itself safely.

The Ministry of Health has twenty two (22) Agencies through which the above vision and goal will be realized in conjunction with key sector partners like MDAs, MMDAs, DPs and the private sector. The Agencies perform service delivery, regulatory, financing, research and training functions and are responsible for implementing policies of the Ministry.

The Ministry of Health (MoH) formulates, coordinates and monitors the implementation of policies, programmes and processes for evaluation of the programme of work. This involves ensuring that strategic policy frameworks exist and are combined with effective oversight, coalition building, regulation, attention to system design and accountability.

Regulatory activities in the health sector focus mainly on consumer or client protection by ensuring that the requisite and appropriate human resource for service delivery are available at service delivery points. It also ensures the availability of appropriate products for service delivery and that service delivery outlets meet minimum prescribed standards. The regulatory agencies are the Food and Drugs Board which controls the manufacturing, importation, exportation, distribution, use and advertisement of all food, drugs, cosmetics, medical devices and household chemical substances in the country, the Pharmacy Council which is charged with the primary responsibility of ensuring the highest standards in the practice of pharmacy, the Nurses and Midwives Council which focuses on the training and regulation of nursing and midwifery personnel and the Medical and Dental Council which is responsible for ensuring the highest level of training of Medical and Dental Practitioners and prescribes and enforces standards of professional conduct. Others are the Health Institutions and Facilities Regulatory Agency, which handles issues of registration, and monitors service delivery facilities in both the public and private sector. The Traditional Medicine Practice Council is charged with promoting activities that will strengthen the regulation and control of the marketing and utilization of traditional medicinal products in Ghana. The Centre for Research into Plant Medicine, which is a WHO Collaborating Centre for Research and Development of Traditional Medicine, is responsible for conducting and promoting scientific research into herbal medicine and provides quality control and technical support to institutions and individual herbalists.

Health service delivery is carried out by both government and non-governmental health facilities. The responsibility of the Ghana Health Service, the Christian Health Association and the four Teaching Hospitals (Korle Bu, Komfo Anokye, Tamale and the Cape Coast). Private health institutions also provide significant health services. The Ghana Health Service provides public health and clinical services at primary and secondary levels. As part of the effort to improve access to health services, the Community-Based Health Planning and Service (CHPS) initiative has also been designated as another level of health care delivery that combines public health and basic clinical care activities. The Ghana Health Service also provides oversight responsibility for the operations of the mission and private facilities through the District Health Administrations and thus collates information from these facilities as part of the district structure. The Christian Health Association facilities follow the same service delivery path as the Ghana Health Service. All CHAG facilities are based in a district and they provide primary health care. The Teaching Hospitals provide tertiary and specialist services and act as the main referral centers in the country.

The National Ambulance Service provides 24-hour service nationwide and collaborates with other service providers and hospital-based ambulances. The service also provides pre-hospital care in accidents, emergencies and disasters. As part of its mandate, the Ghana Ambulance Service promotes first aid training to the public and collaborates with other emergency services in national disaster planning.

The National Blood Service focuses on providing safe blood and its product for therapeutic purposes.

The National Health Insurance Authority regulates and supervises Health Insurance Schemes, accredits and monitors healthcare providers and manages the National Health Insurance Fund (NHIF). As part of its mandate the Authority secures access to free healthcare to exempt groups under the National Health Insurance Act and provides re-insurance to District Mutual Health Insurance Schemes.

The Ministry has one hundred and eighteen (118) health training institutions offering 30 health related programmes. These training institutions are spread across the country and are managed by institutional boards and management committees. Together they generate a significant amount of internally generated funds. There is an increasing need to firm up the coordination of these institutions. To this effect, a proposal for the setting up of a Health Training Institutions Agency has been put forward for approval.

The Medical and Dental council regulates the practices of Doctors, Dentists and Physician Assistants, Nursing and Midwifery Council regulates the practice of Nurses and Midwives while Pharmacy Council regulates Pharmacists. Allied Health Council regulate all Allied health practitioners in the country, both government and private.

The three colleges, namely College of Physicians and Surgeons, College of Nurses and Midwives and college of Pharmacists give post graduate training to Physicians and Surgeons, Nurses and Midwives and Pharmacist respectively.

1.2 Health Sector Performance

During the period 2010-2013, the health sector planned to attain universal coverage of basic health care through improvements in access to healthcare services. Governance and financing structures were to be strengthened to ensure efficient service delivery particularly access to maternal, neonatal, child and adolescent health services and also reduce overall disease burden. Key priorities for the sector included among others, improvement of coverage of Primary Health Care (PHC) services with CHPS being the main strategy.

Overall performance for the period was mixed. Significant achievements were in the areas of increasing access to services including maternal, family planning, and child health, HIV/AIDS, TB and malaria while the least achievements were in the areas of non-communicable diseases including mental health. The following paragraphs present details of the performance of the sector.

1.3 General Health status

The health situation in Ghana has been characterized by significant inequalities over the years. Although, the health status of the general population may be improving, the health of the less endowed is improving more slowly than the rest of the country. Financial and geographical access to health services remains a challenge in these areas making equity issues important. However, approaches in addressing them have not achieved the desired results. Attempts to address these problems are hampered by several cross cutting issues, which include:

- Limited geographical and financial access to health services.
- Poor quality of the services provided both from technical and client perspectives.
- Significant wastage and inefficient use of resources.
- Poor collaboration with other (critical) partners
- Inadequate funding and inequitable allocation of resources
- Sub-optimal staff-mix coupled with inequitable distribution of existing staff.

Morbidity and mortality in Ghana result from poor environmental sanitation and are largely preventable. Communicable diseases still constitute the major causes of morbidity with malaria being the most prominent. Non-communicable diseases also increasingly contribute significantly to the overall mortality in Ghana.

Available data shows that morbidity patterns or prevalence of diseases have remained fairly constant over the years.

The top causes of mortality in health institutions have also changed slightly with non-communicable diseases making a significant part of the picture.

Top Ten Causes of Outpatient Attendance

- Malaria OPD cases - clinical and confirmed
- Upper Respiratory Tract Infections
- Diarrhoea Diseases
- Skin Diseases
- Rheumatism and Other Joint Pains
- Anaemia

- Hypertension
- Intestinal Worms
- Acute Eye Infection
- Acute Urinary Tract Infection

SOURCE: Ghana Health Service, 2013

1.4 Service Delivery

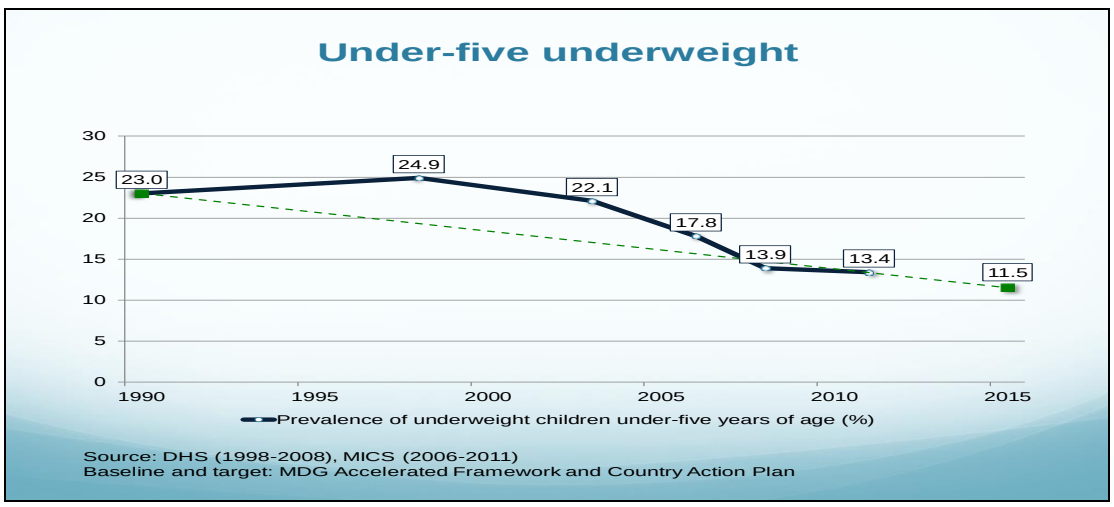
Progress towards health related MDG's

The Health related MDGs cover Nutrition, maternal and child mortality and communicable diseases. Though most MDG targets may not be met, the trend shows considerable progress over the years as reflected in the following:

- **Nutritional Status (MDG 1)**

Ghana has made significant progress towards the eradication of extreme poverty and hunger. The prevalence of underweight children under five years which is a proxy indicator for measuring the nutrition status of children is on track to reach the MDG target as shown in Fig 1 below

Figure 2 Trend in under-five underweight



As shown in Fig 3below there has also been some reduction in percentage stunting and wasting

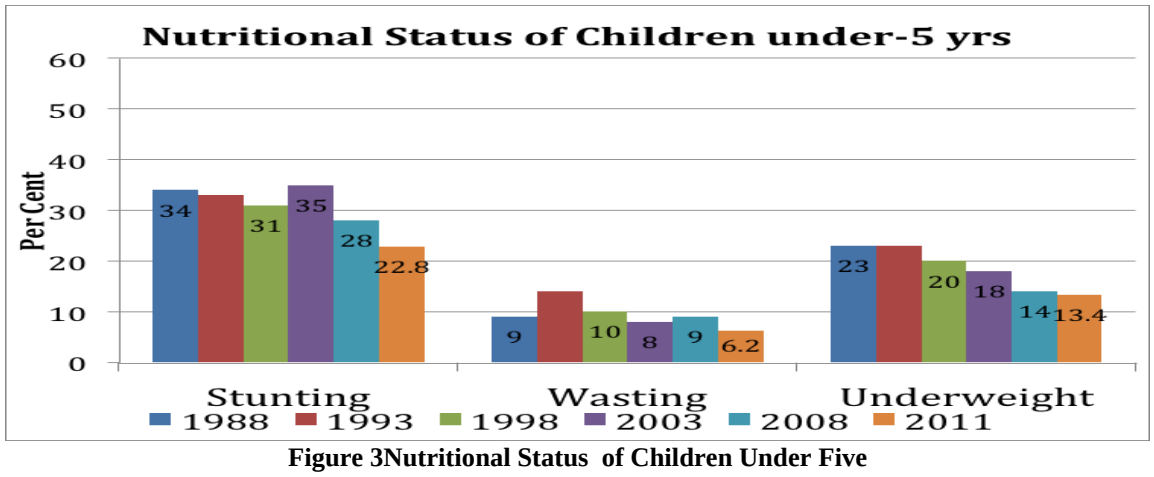


Figure 3Nutritional Status of Children Under Five

- **Maternal and Child Health (MDG 4 And 5)**

Most indicators on child health have improved appreciably though child mortality has not improved as expected. The focus for the period was on the implementation of the Child Health Policy and Strategy. The priority activities included the scale up of EPI services, including the introduction of new childhood vaccines; training of relevant Community Health Workers on integrated Community Case Management of Diarrhoea/Pneumonia/Malaria and the scale up of School Health Programmes. The past years have seen a considerable reduction in incidence of vaccine preventable diseases and the associated disability and death. This is mainly due to improved acceptability of childhood immunisation across the country thus improving the health status of children and mothers. The Expanded Programme on Immunization (EPI) has made a considerable contribution towards the effort to attain MDG 4 and 5.

The achievement during the period included:

- Sustenance of the gains made in EPI coverage
- The successful introduction of the new childhood vaccines (pneumococcal and rotavirus) concurrently in 2012.
- No documented death from measles since 2003 and
- No reported case of wild polio virus since November 2008
- Coverage of measles immunizations peaked at almost 90%, see fig 3.below:

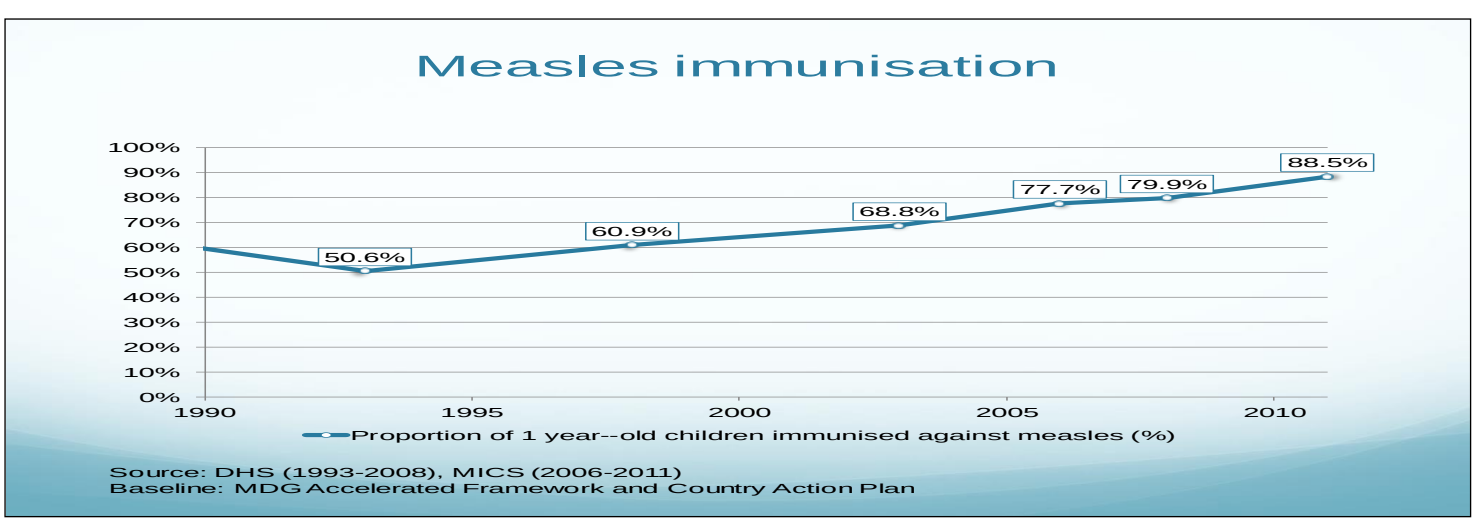


Figure 4: Measles Immunization Coverage 1990 to 2010

From 1990 to 2011 Under 5 mortality has declined by 32% against the MDGs 4 target 66% by 2015. This shows that Ghana is unlikely to meet the MDG 4 target of 40/1000 under-five mortality rate. Currently the greatest challenged in achieving the MDG4 target is the high neonatal mortality, which accounts for 40% of deaths in children under 5 years of age in Ghana. Neonatal mortality rate (NMR) has not improved over the past 10 years. (See trend in fig 4) The major gap in improving NMR is the low coverage of essential newborn care (ENBC services).

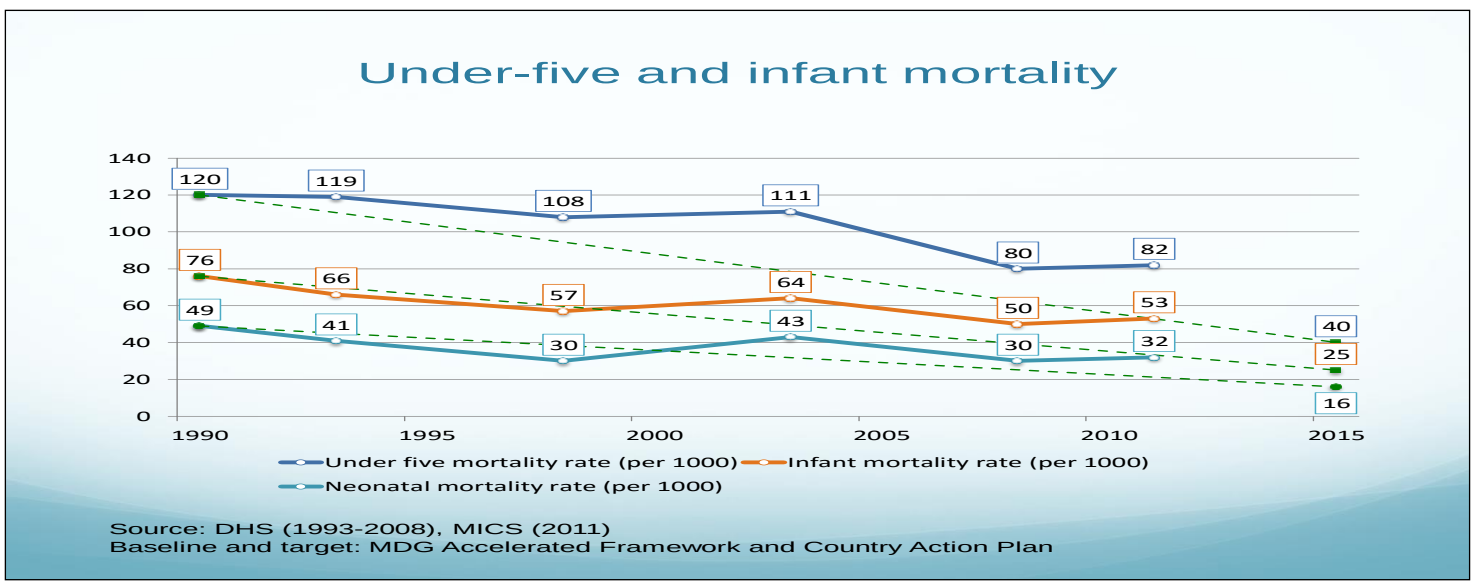
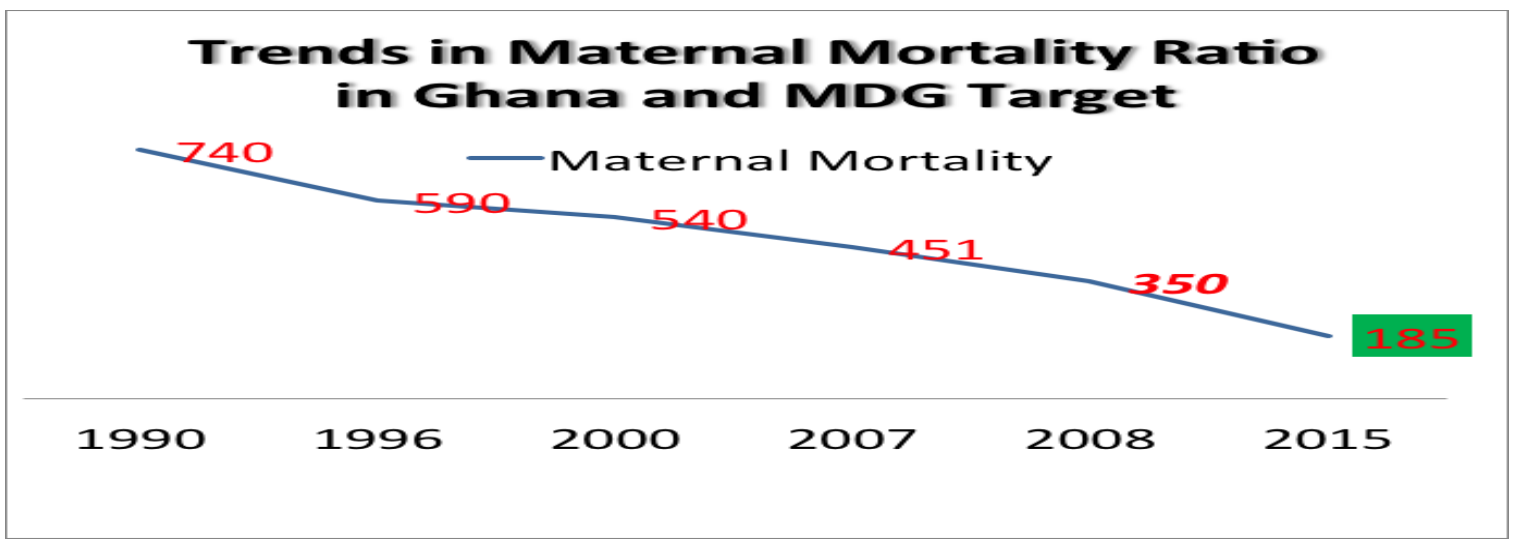


Figure 5 Under five and Infant Mortality

The priority actions for the period were based on the MDG Acceleration Framework Country Action Plan for improved maternal and newborn care. This plan included increased access to family planning services and coverage of skilled delivery, strengthening implementation of Life Saving Skills at district and sub-district level and building regional resource teams, improving access to safe blood for expectant mothers and increasing numbers of trained midwives and expanding training in midwifery to CHOs. It has become increasingly obvious that the coordination of efforts aimed at reducing maternal mortality are complex that require multi-sectoral actions to address them. Ghana is making progress towards meeting the MDG 5 with MMR of 350/100,000LB as at 2008. This is a reduction of 40% between 1990 and 2008(WHO, 2008). Other achievements are as follows:

- Contraceptive prevalence rate has increased from 17% in 2008 to 23.4% in 2011
- Unmet need for Family Planning has decreased from 35% in 2008 to 26% in 2011
- Percentage of pregnant women making at least 4 visits has increased from 78.2% in 2008 to 84.7% in 2011
- Supervised deliveries has increased from 59% in 2008 to 68.4% in 2011
  Source: (GDHS, 2008 and MICS, 2011).

Figure 6 below shows the performance trend in reducing maternal mortality.



Source: Trends in Maternal mortality: 1990-2008. WHO, UNICEF, UNFPA and WB
Ghana Maternal Mortality Study:2007

HIV/AIDS, Malaria And Tuberculosis (MDG 6)

MDG 6 aims at reversing trends in the spread of HIV/AIDS, Malaria Incidence including death due to malaria and the halting of the spread of other communicable diseases. Key indicators for measuring progress in achieving targets set for HIV/AIDS include, HIV prevalence among population aged 15-24 years, condom use at last high risk sex, comprehensive knowledge of HIV/AIDS, and access to antiretroviral drugs. The National Prevalence as at the end of 2010 is 1.5%. The table below shows the trend based on sentinel surveys;

Table 1 HIV Prevalence Rate Among Pregnant Women Aged 15-24 Years

Year	2007	2008	2009	2010	2011	2012
HIV prevalence	2.6%	1.9%	2.1%	2.7%	1.7%	1.3%

Source: NACP, 2013

Access to ARV has increased from 15% in 2006 to 66% in 2010 as shown in Fig,5 . In 2012, 76, 274 patients received ARV treatment. Between the period 2003 to 2012, there has been progressive decline of New infections and decrease in HIV deaths.

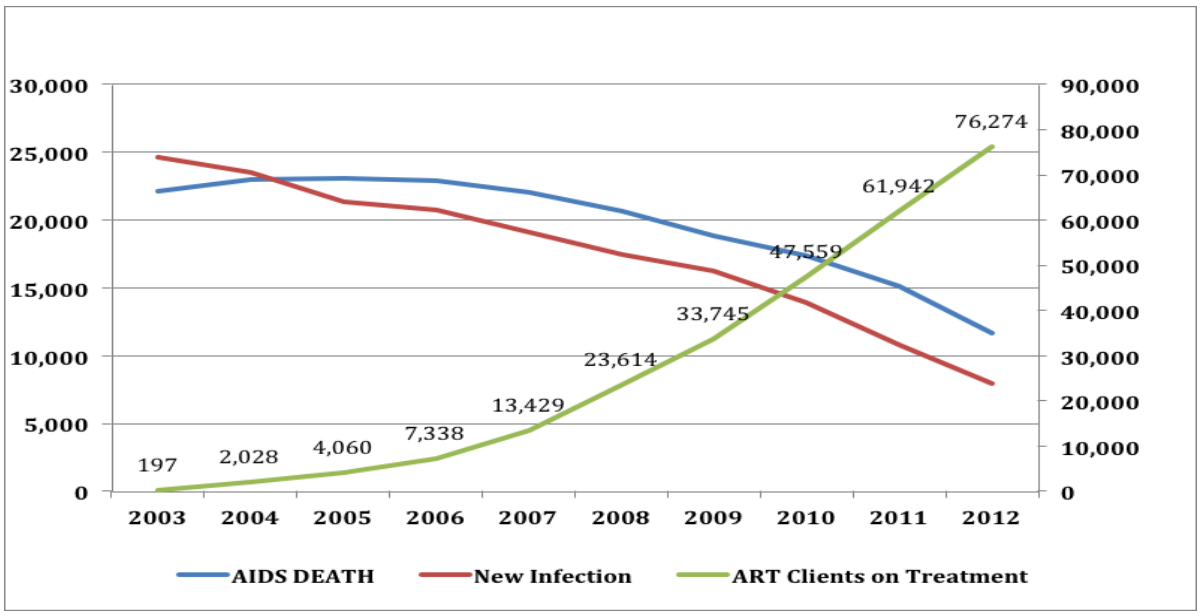


Figure 7 Trends in Access to ART New Infections and HIV Deaths Source: NACP, 2014

Communicable Diseases

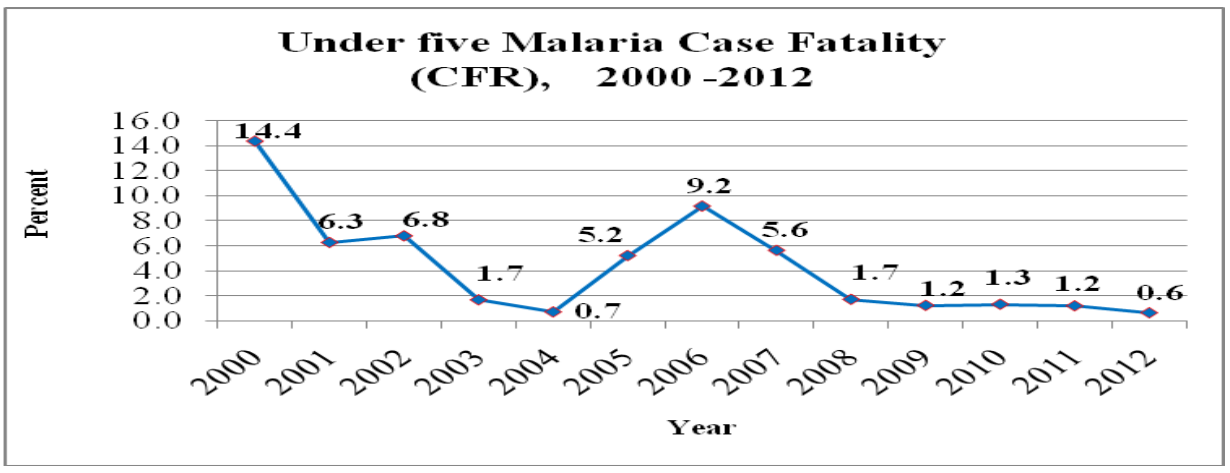
Communicable diseases remain a major concern in Ghana with considerable amount of resources allocated for their control, elimination and or eradication. In Ghana, malaria accounts for 38% of OPD attendance, 35% of total hospital admissions and 19% of all causes of deaths recorded. Key strategies implemented that aimed at reducing transmission and deaths due to malaria include:

- Increased household ownership of ITNs
- Provision of Malaria prophylaxis to pregnant women
- Improved management of malaria cases to reduce malaria-attributable deaths
- Reduce malaria case fatality rate in under-five year olds
- Availability of affordable medicines for treatment of malaria
- Indoor residual spraying of houses in highly endemic regions

The proportion of children under 5 years of age who slept under insecticide treated bed nets increased from 28.2% 2008 to 39% in 2011 (GDHS 2008 and MICS, 2011). After a nationwide Hang-up campaign in 2012, the coverage increased to 69% (NMCP, 2012).

There is a consistent reduction in institutional deaths due to malaria, with Case Fatality Rate (CFR) decreasing from 14.4% in 2000 to 0.6% in 2012(Fig 6). In contrast deaths due to non-malaria did not reduce (Fig 6). This is a reflection of an improvement in the case management of malaria as well as the impact of all the malaria control interventions that have been on-going in the country.

Figure 8: Under-Five Malaria Case Fatality (2000-2012)



Source: HMIS

Tuberculosis

The Tuberculosis Control programme has made major progress and is reflected in the achievements of the programme. Tuberculosis case notification rate in 2008 was 63/100,000 and has dropped to 59/100,000 .The programme has achieved a Treatment Success Rate of above 85% since 2008. There has been little progress in reducing Tuberculosis Case fatality rate which has remained around 7.5% since 2008. Defaulter rate has reduced from 15.8% in 2001 to 2.5% in 2012(GHS Annual Report, 2012).

Disease surveillance

Disease surveillance activities aim at strengthening epidemiological surveillance for early detection, effective containment and control of common, emerging and re-emerging epidemic prone diseases. Disease surveillance places special emphasis on prompt reporting and action at the district and sub-district levels.

In addition to surveillance of traditional communicable diseases, the Ministry of Health is establishing systems for monitoring non-communicable diseases and has strengthened disease surveillance in order to obtain certification for diseases earmarked for eradication.

Epidemic prone diseases

There were outbreaks of cholera in 2010 and in 2012. Protracted outbreaks were reported in 9 regions affecting 51 districts. A total of 9,542 cases with 100 deaths were reported. Sporadic focal outbreaks of measles also occurred in some districts with 1,610 suspected cases. Out of these, 20.4% were positive for Measles IgM. No deaths from measles were recorded in 2012.

Epidemic meningococcal disease (EMD) or meningococcal meningitis remains a major public health challenge requiring an alert disease surveillance system. In 2012, there were focal Yellow fever outbreaks in a number of districts. A cumulative total of 275 suspected cases were reported. Out these, 4 cases were confirmed.

- **Diseases earmarked for eradication**

Poliomyelitis is targeted for eradication in Ghana. In 2013, a total of 332 Acute Flaccid Paralysis (AFP) cases were detected from all 10 regions but none was confirmed as a polio case.

Since June 2010, there has been no reported case of Guinea Worm in the country. The GWEP has to satisfy requirements for certification by providing evidence that there is no transmission of the disease in the country and provide evidence that the country's surveillance is sensitive enough to detect imported cases of Guinea Worm. The Programme has therefore intensified activities to satisfy these requirements.

Leprosy is targeted for elimination and the WHO target for elimination is for less than 1/10,000 cases. The number of registered cases as at close of 2012 were 469; giving an overall national prevalence rate of 0.12/10,000. All regions achieved the elimination target of ≤1/10,000 population. Upper West, which lagged behind in 2011, did extremely well by reducing the prevalence rate from 1.6 to 0.18; this is a reduction of 88.8%. Greater Accra and Northern regions had marginal increases in prevalence rates even though these rates were still within the elimination target.

The yaws elimination programme aims for elimination of the disease by December 2016 from Ghana. Strategies to achieve this include active case and contact search and treatment, surveillance and response; advocacy for water supply to endemic areas; and health education and promotion of personal hygiene.

Buruli ulcer continues to pose serious challenges to public health particularly in the remote rural areas of Ghana. The objective of the national buruli ulcer control programme is to reduce morbidity and disability associated with the disease. The main strategies are early case detection, effective management of cases, capacity development, preventing disability, advocacy and, monitoring and evaluation. A collaborative clinical trial research involving Ghana and Benin on Buruli Ulcer is being carried out.

- **Non Communicable Diseases**

Non-communicable diseases such as cardiovascular disorders, neoplasms and diabetes are emerging threats, whilst trauma and other injuries are the fifth most common outpatient condition. The fast rising incidence of chronic non-communicable diseases is creating a new mix of health care challenges for the country. One of the big challenges is the lack of adequate information on the size of the burden of non-communicable diseases and the associated morbidity and mortality. A large percentage of diabetes

cases for instance go undiagnosed with many premature deaths. An NCD Strategic Plan has been developed to address these emerging issues.

- **Clinical services**

Access

There has been an increase in utilization of OPD services in all the regions. This is attributed to improved access due to the NHIS. The number of outpatients per capita reached 1.17 in 2012, more than doubling the 2006 figure (MOH, 2012). In 2012, 34% of the population was active NHIS Card holders and about 80% of total outpatients were insured.

Although the increased number of health facilities has improved access to health services in general, access remains poor in parts of the country especially in rural areas and in the northern sector. The Community-Based Health Planning and Services (CHPS) is the strategy to improve access to basic health services. Though the content of the policy has varied over the years, its coverage has continuously increased. In support of the policy, an ever-increasing number of Community health officers (CHOs) are being trained and deployed to CHPS zones, now reaching almost 10,000 CHOs. The total number of functional CHPS zones at the end of 2012 was 2,226. The estimated population covered by CHPS increased from 16.4% in 2009 to 21.4% in 2012. Specialist services also received a boost with 10 specialist mobile vans now functional and providing specialist services to the deprived areas.

1.5 Mental Health Services

Mental health care in the country is currently provided by the three specialized psychiatric hospitals (all located in the southern sector of the country), five Regional hospitals and some district hospitals. There are also community psychiatric units providing community-based care. There is some collaboration between orthodox mental health practice and traditional and faith based healers but this tends to be informal and largely not documented. Involvement of the private sector is limited to a few private psychiatrists and non-governmental organizations providing clinical and community services respectively.

Majority of mental health care is provided through specialized psychiatric hospitals. Mental health services provided include promotion/prevention, case management and rehabilitation. With an increase in life expectancy it is expected that psychiatric related diseases will increase and therefore attempts should be made to address the challenges in the delivery of mental health services in Ghana. Over the last four years the Mental Health Bill has been passed to support mental health delivery in the country. The Mental Health Board has been established and a strategic plan has been developed.

The major challenges facing Mental health delivery in Ghana include:

- Limited resources (financial, human, logistics, medicines etc.) allocation has negatively affected mental health service delivery.
- Inequitable distribution of mental health services; all the three psychiatry hospitals are situated in the southern part of Ghana leaving the northern part underserved.
- Lack of awareness of mental illness- many people attribute mental illness to supernatural factors and hence may not take appropriate steps for remedies.

1.6 National Ambulance Services

The National Ambulance Service as an Agency was set up in 2004 with the aim of helping to manage victims of accidents, disasters and other medical emergencies, thereby reducing casualty rates that may occur in any part of the country after such events. During the last four years the significant achievements include the training of 450 EMTs and the procurement of 161 ambulances. During the period of 2010-2013, 97 more stations were created across the district capitals of Ghana. As at 2013 all 10 Regions of Ghana now have at least 5 Ambulance Stations each.

The challenges facing the NAS are limited budgetary allocation to carry out its mandate effectively e.g. running and maintenance of the ambulances. The table below shows the performance of the service over the years by call location.

Table 2 Yearly Comparison of Cases by Call Location

YEAR	HEALTH FACILITY	RESIDENCE	ROADSIDE	RECREATIONAL	INDUSTRIAL	TOTAL
2006	3,343	370	459	270	-	4,442
2007	5,986	838	789	543	-	8,156
2008	5,317	1,353	1,444	136	-	8,250
2009	4,994	904	1057	934	-	7,889
2010	3,113	109	109	66	**543**	3,397
2012	**5942**	**776**	**907**	**68**	**117**	**7,810**
TOTAL	**28,695**	**4,350**	**4,765**	**2,017**	**660**	**39,944**

1.7 Traditional Medicine

It is estimated that over 70% of rural and urban poor rely on traditional medicine for both primary care and some specialized care such as bone-setting. In spite of this fact traditional medicine practitioners are usually left out in our planning for service delivery at national and community levels. The Ministry in collaboration with Kwame Nkrumah University of Science and Technology has been training Herbal Medical Practitioners. Efforts are underway by the Ministry to integrate traditional medicine practice into the main service delivery systems. In 2010, 18 health facilities began piloting integration of traditional medicine into the orthodox system. Among the major challenges are uncontrolled advertisements and use of unapproved products and services, diverse practices and difficulty in coordination of the large number of practitioners, and use of orthodox medicines in herbal products.

1.8 Leadership, Governance and Regulation

To understand and address problems related to leadership and governance, the Ministry of Health (MOH) conducted an analysis of the organisational and institutional framework of the sector. The objectives of the analysis were to identify and describe structural barriers both within the MOH and between the MOH and its agencies. The analysis concluded that legal, administrative and organisational deficiencies must be tackled within the context of a well functioning inter-agency forum to optimise the functioning of the sector in the long term. Also some agencies have deviated from initially agreed core functions, while others have expanded their functions.

In response to the above-mentioned challenges, the Ministry has reviewed the legislation for the establishment of some agencies to clarify the roles and responsibilities within the sector. In addition new Acts have been passed for the establishment of new agencies in order to strengthen regulation. The Ministry of Health is developing Legislative Instruments for these acts.

The Interagency Leadership Committee is expected to constitute a platform for peer review among agencies of the Ministry. Its role in the coordination and alignment of plans within the sector is yet to be fully defined. To improve performance management in the sector, the concept of performance contracts is being introduced and a first wave of contracts has been signed with agency heads to improve coordination and accountability.

Regulation in the health sector is aimed at protecting the population by ensuring that competent health care providers practice within agreed standards. Regulation covers health facilities, health professionals, health products including pharmaceuticals and medical products, and food and non-medicinal products. The Agencies involved in regulation are Health Facilities

Regulatory Authority, Pharmacy Council, Medical & Dental Council, Nursing and Midwifery Council, Food and Drugs Authority, Allied Health Professional Council, Traditional Medicine Practice Council and Centre for Scientific Research into Plant Medicine. The major challenges facing the governance and regulation within the sector include

- Lack of standards in certain areas of service delivery eg record keeping and reporting
- Weak standards especially in the area of Allied Health Services
- Increasing spate of non-adherence to agreed standards
- Weak enforcements of standards

1.9 Human Resource for Health

The health sector continued to implement various interventions in furtherance of human resources capacity development. The interventions are aimed at increasing production and retention of trained professionals and equitable distribution of the health workforce. The national policy on human resource for health was reviewed to respond to the current HR challenges. The goal for the new policy is to develop and maintain adequate health workforce within the framework of the agreed staffing norms and to address the existing inequities in the distribution of the available human resource.

Currently Ghana has 0.10 physicians per 1,000 population compared to the WHO standard of 0.20 physicians per 1,000 population. The nurse population is 1.14 nurses per 1,000 population compared to the WHO standard of 2.20 per 1,000 population. The distribution of staff is skewed towards the urban areas. Approximately 50% of the health workforce is located at the district level, while 16% is located at the sub district level. The regional hospitals take up 9% of the workforce and a further 12% is located within the teaching hospitals. In 2012, the poorest staffed region with respect nurses was the Northern Region with one nurse to 1,601 population compared to the national average of one nurse to 1,251 population. Equity with regards to nurses has however improved significantly with an equity index of 1:2.26 in 2007 and an index of 1:1.75 as at 2012 (ratio of best staffed over worst staffed region). The improvement over the years has been due to the establishment of new nursing training schools in all the regions.

	AR	WR	NR	BAR	CR	VR	UER	UWR	ER	GAR	Ghana
Total no. of midwifes 2009	606	276	279	341	291	381	197	153	478	792	3,794
Total no. of midwifes 2010	630	277	299	356	284	353	190	145	462	784	3,780
Total no. of midwifes 2011	754	279	298	370	308	358	198	147	489	833	4,034
Total no. of midwifes 2012	779	277	274	352	294	303	190	131	451	812	3,863
Midwifes 2012 / 1,000 WIFA	0.64	0.47	0.43	0.61	0.52	0.57	0.74	0.75	0.68	0.79	0.62

Table 3: Number of midwives by region 2009-2012. Source: Holistic Assessment of 2012.

From 2011 to 2012, the numbers of midwives reduced across all the regions with the exception of Ashanti Region. Although there have been increased intake into midwifery training institutions, the sector is yet to benefit from the increased production.

Equitable distribution of doctors remains a major challenge to the health sector. The Upper West Region has 11 times less doctor per population compared to Greater Accra. The Greater Accra Region continues to be the region with the highest number of doctors per capita with one doctor per 3,540 inhabitants. Fifty percent of all Ghana's doctors are in the Greater Accra Region and another twenty percent are in the Ashanti Region. Training of the majority of doctors in Greater Accra and Ashanti Region might account for these high numbers. As at year ending 2012, twenty-five government hospitals in Ghana were without doctors. Eight of them were in the Northern Region.

	AR	WR	NR	BAR	CR	VR	UER	UWR	ER	GAR	Ghana
No. of docs. 2009	600	80	50	140	87	78	34	17	157	839	2,082
No. of docs. 2010	562	91	72	141	88	80	29	14	155	876	2,108
No. of docs. 2011	630	91	117	145	106	91	27	18	165	1,085	2,475
No. of docs. 2012	519	89	137	154	104	90	27	18	139	1,204	2,481
docs. 2012 / 1,000 pop.	0.10	0.04	0.05	0.06	0.04	0.04	0.03	0.02	0.05	0.28	0.10

Table 4: Number of doctors by region 2009-2012. Source: Holistic Assessment of 2012.

1.10 Health Information and research

Three major activities contribute to defining the overall shape of the sector information system:

1. The Annual Review Process which is held annually through a series of performance hearings at which management units at all levels of the health system present and discuss their performance

2. The conduct of surveys like the Demographic and Health Surveys (DHS) and the Multiple Indicator Cluster surveys (MICS) in collaboration with the Ghana Statistical Service and other partners

3. The Holistic Assessment Methodology, which has been applied in the sector assessment process leading to the determination of performance levels and ranking of regions.

The District Health Management Information System (DHIMS II) collects routine health information from all public healthcare providers in the country and is increasingly expanding to cover private providers as well.

The Ministry of Health acknowledges its key role of coordination and strengthening evidence-based policymaking. As an initial step, the Ministry of Health has established a budget line for research in accordance with the Abuja declaration and the Bamako Accord, however allocations made under this budget line has fallen below the agreed 2% of the total health budget.

Research in the health sector is mainly conducted through the Health Research Centres. These are the Navrongo Health Research Centre (NHRC) in the northern savanna belt, Kintampo Health Research Centre (KHRC) in the middle forest belt and the Dodowa Health Research Centre (DHRC) in the southern coastal and savannah belt. The Ministry is developing a research agenda to guide research in the sector.

1.11 Partnerships for Health

Partnership in the health sector is with the government, non-government sector and development partners. The private sector presents opportunities to improve access and increase coverage of services to meet national and international goals. The Sector Working Group is the forum for effective engagement with all key sector partners. The Ministry of Health has created a private sector unit and developed a private sector policy to deepen the engagement with the private sector.

A Common Management Arrangements (CMA), which sets out arrangements for effective collaboration and coordination within the health sector, has also been reviewed and finalized. The CMA describes interrelationships within the health sector and is aimed at ensuring effective harmonization of management systems in the implementation of the Health Sector Medium Term Development Plan. Under the guidance of the CMA, key sector partners supporting the sector are responsible for ensuring harmonization and alignment of all their activities toward government led policy and strategic recommendations.

1.12 Financing Health Services (Funding and Budget performance)

The traditional sources of finance for the health sector remained the same during the period:

- Government of Ghana budgetary funding, which flows through the annual routine budgetary allocations to the sector and Funds accruing to or allocated to the National Health Insurance Fund (NHIF);
- Development Partners support (DPs) that comes in the form Sector Budget Support (SBS), which is grant funding channeled through the Ministry of Finance and Economic Planning (MOFEP) and programmed as part of the annual budget process. DPs support also come in the form of Earmarked funds, for specific projects or programs, from a variety of bilateral and multilateral partners, including global health initiatives such as the Global Fund for AIDS, TB and Malaria (GFATM), Global Alliance for Vaccines Initiative (GAVI) and concessionary private financing arrangements.
- Private financing, which includes household out of pocket payments, constitute a significant component of Internally Generated Funds. With the advent of NHIS, this component is gradually dwindling.

Funding trends

The Table below depicts proportional share of the various sources of funds from 2010-2012.

	2012		**2011**		**2010**	
Source of Fund	**Amount (GHC Mn)**	**%**	**Amount (GHC Mn)**	**%**	**Amount (GHC Mn)**	%
GoG	1,750.48	60.17	771	53.5	474	42.6
IGF/NHI Claims	427.04	14.68	367	25.5	286	25.7
NHIF	434.6	14.94	23	1.6	28	2.5
Program – Donor	181.6	6.24	139	9.6	190	17.1
Sector Budget Support	109.25	3.76	105	7.3	60	5.4
Financial Credits	6.36	0.22	36	2.5	72	6.5
HIPC/Fund					4	0.4

TOTAL	**2,909.33**	**100**	**1,441**	**100**	**1,113**	**100**

Table 5: Trends of budget allocation to the health sector: Source MoF MTEF

The contribution from partners through the Sector Budget Support (SBS) arrangement increased in absolute terms from the 2010 level of GHc60 million to a 2012 level of GHC 109.25 million. Support for Earmarked Programmes funding fell from GHC 190 million in 2010 to GHC 181.6 million in 2012, a reflection of the reduced contribution from Global Fund and the challenge to reflect the total earmarked funding in the budget.

Internally Generated Fund (IGF) including claims on the NHIF remains the second most important source of revenue after GOG. It increased by 49.3% from GHC 286 million in 2010 to GHC 427 million in 2012.

In respect of Government of Ghana funding, overall contribution went up by 269% from GH¢474 million in 2010 to GH¢1,750.48 million in 2012. The bulk of the increase was as a result of the implementation of the Single Spine Salary Pay Policy (SSSPP) for the Health Sector accounting for over 54% of expenditure. Expenditure for 2012 amounted to Ghc3, 109.48, composed of 54.83% on Employee Compensation; 30.49% on Goods and Services, 1.84% on Assets and 12.84% on claims on the National Health Insurance Fund.

1.13 Budget Performance

According to the 2005 and 2010 National Health Accounts, total health expenditure (THE) broken down by financing source indicate that international funds fell significantly from US$360.48 million (GH¢329.15 million) in 2005 to US$178.93 million (GH¢263.71 million) in 2010. Private funds were relatively constant between the two years, rising slightly from US$118.66 million (GH¢108.35 million) in 2005 to US$122.83 million (GH¢181.03 million) in 2010. While private funds from companies increased from US$4.97 million (GH¢4.54 million) in 2005 to US$10.19 million (GH¢15.02 million) in 2010, private funds from households barely changed, decreasing from US$113.68 million (GH¢103.80 million) in 2005 to US$112.64 million (GH¢166.01 million) in 2010. This accounted for private funds being relatively constant between 2005 and 2010. Public funds increased sharply from US$201.41 million (GH¢183.91 million) in 2005 to US$662.92 million (GH¢977.01 million) in 2010. In 2005, public funds from the Government of Ghana amounted to US$180.66 million (GH¢164.96 million). These funds more than doubled in 2010, amounting to US$384.98 million (GH¢567.38 million). Public funds from the NHIF also increased significantly from US$20.75 million (GH¢18.95 million) in 2005 to US$277.94 million (GH¢409.63 million) in 2010.

Table 6 : Budget Performance 2009- 2001

Budget Performance to 2009 - 2011				
		2009	**2010**	**2011**
1	% Total MTEF Allocation on Health.	14.60%	15.10%	15.80%
2	% Non-Wage GOG Recurrent Budget Allocated to District Level & Below.	62.00%	46.80%	55.30%
3	Per Capital Expenditure on Health	25.6	28.6	35
4	Budget Execution Rate (Goods & Service as Proxy)	80.40%	94.00%	82.10%
5	% of Annual Budget Allocations Disbursed to BMC by End of Year.	39.00%	31.00%	89.80%
6	% of Population With Valid NHIS Membership Card.	-	33.70%	33.40%
7	% of IGF from NHIS	83.50%	79.40%	85.00%

Source : PPME MoH

1.14 Health Sector Development Challenges and Issues

The health sector in Ghana has demonstrated significant progress during the period under review. Although the achievements fell short of the drastic strides needed for the attainment of the health MDGs and other targets set by the sector, there were clear indications that almost all key development indicators showed some progress. The key issues and challenges identified can be summarized under the following:

- Continuing inequities in access to essential health services, especially in deprived areas due to limited attention to human resource and infrastructure management.
- Slow progress in dealing with issues of nutrition and the high levels of maternal and child mortality.

- Weak linkages between the health sector and broader development processes (public sector reform, decentralization, infrastructure development and water and sanitation).
- Weak integrated research, information and monitoring systems to support evidence based decision making and to track performance in priority areas.
- Weak leadership capacity within the health sector to coordinate and promote effective participation of civil society organizations and the private sector in health.
- Weak coordination of regulatory functions within the health sector leading to continuing influx of substandard goods and services.
- Absence of strategic policies and programmes to guide sector response to effects of climate change on health.
- Persistent challenges in the efficient and effective use of existing financial resources and weak capacity to mobilize extra resources in support of the goal of universal health coverage.

CHAPTER 2: PRIORITIZATION OF HEALTH SECTOR DEVELOPMENT ISSUES

2.0 Introduction

Performance of the health sector over the last four years shows clear areas of concern that help to define the priorities for the medium term. To start with, the review noted the inadequate leadership capacity, governance and management structures at all levels of the health sector. This has led to marked deficiencies in the provision of overall policy and programme direction and accountability to performance at all levels. With the drive to implement the Local Government Service policy, this weakness will lead to more fragmentation and programme misalignment if not adequately addresses.

Decision making in the health sector is also an issue of prime concern. Many decisions are taken without adequate supporting information. Indeed the capacity to use health information for decisions making at all levels remains inadequate despite significant improvements in information management especially at the district level. Performance monitoring is still not linked to resource allocation and distribution and concepts of benchmarking are not strategically applied. These challenges manifest in the weaknesses related to the implementation of key sector policies and programmes. One such area is the continuing inadequate and inequitable distribution of health manpower due to the non-implementation of the health sector incentives policy.

Inadequate financing of the health sector, coupled with the ever increasing cost of healthcare delivery has led to inadequate financial protection for the poor. Although the NHIS is increasingly establishing itself as the major financing source for the sector the trend over that last four years shows increasing burden on government budgetary allocation with clear signs of decreasing external funding. Concerns have also been raised on the sustainability of the NHIS in its current form. The need for a long term strategy for financing health services has received attention and steps have been taken to determine a new financing strategy to back the implementation of the new HSMTDP.

In the light of these constraints, health services continue to pose mixed performance over the last four years. There are huge gaps in geographical access to quality health care. This is manifest in the significant disparity with regards to access to basic health care between regions, between districts and between rural and urban locations. A new phenomenon is the growing peri-urban slum settlements which are inadequately planned and resourced and which are fast becoming areas with huge potentials for reducing public health gains made over the years. As a result of these challenges, the health sector continues to experience persistent high neonatal, infant and maternal mortality, high morbidity and mortality from malaria, persistence of HIV and TB and increasing morbidity, mortality and disability due to non-communicable diseases. The prevalence of other communicable diseases including epidemic prone diseases and climate related diseases are high and morbidity and disability form Neglected Tropical Diseases (NTDs) continue to be high. There are also concerns with quality of care as perceived by the general public and huge unmet need for mental health services. The following outlines the priority issues identified for the medium term.

2.1 Prioritization of Health Sector Development Priority

- **Leadership, Governance and Management**

The importance of good leadership, governance and appropriate management structures in the health sector is in recognition of the underlying need for efficiency and effectiveness in the use of limited sector resources. The issue of accountability and the need to address governance issues from a broader systems perspective across all levels of the health system has become increasingly urgent.
Based on the above analysis, the priority issue under leadership and governance is:

- Non adherence to existing structural arrangements and at all levels

- **Policy Planning Monitoring and Evaluation**

Policy Planning Monitoring and Evaluation is central to the Ministry of Health. Coordination of policies mostly has challenges because of duplications of functions by agencies and MOH directorates. Lack of the needed resources is also a major challenge in carrying out proper coordination of policies as well as monitoring and evaluation. Lack of a data system at the MOH makes it difficult to promptly report on progress of work. Non alignment of resource allocation with health sector priority areas has been identified as a major barrier to achieving set targets in the sector.

Based on the above analysis, the priority issue under Policy Planning Monitoring and Evaluation are:

- alignment of resource allocation with health sector priority areas
- set up Monitoring and Evaluation support system at MOH
- agencies and MOH directorates to concentrate on their core mandates and avoid duplication of functions

- **Health Research and Information Management**

The shift towards evidence-based decision-making has made information management and research in the health sector a central feature in health planning, service design and the implementation of interventions. As funding for the health sector continues to evolve, the need for more accurate and reliable reporting on performance will be required. It is also important to seek innovative ways of aligning health services to health care needs of the population, within the constraints of limited resources. The challenge to overcome in the medium term is the weak information system available for policy decisions making. There is also the need to tackle the weak capacity to conduct operational research.

Priority area to address:

- Inadequate health information for decisions making

- **Human resource development**

The major challenge in human resource development and management has been the inequitable distribution of the available health manpower. The difficulty in attracting and retaining human resources for health in locations where their services are needed remains a problem for the health sector. This challenge has been attributed to the weak human resources management information system and lack of commitment to the implementation of the health sector human resource incentive scheme. In the area of training there has been a significant improvement in the establishment of training institutions however the problem of inadequate tutors is yet to be overcome.

Priority area to address:

- Inadequate and inequitable distribution of critical staff mix

- **Regulation**

The health industry in Ghana is growing however this growth is associated with influx of substandard and fake products. The manufacturing sector for medicinal products, medical devices, cosmetics, herbal products and household chemicals are also currently struggling to meet minimum standards. No pharmaceutical manufacturer in Ghana, for instance is WHO certified. Many health facilities, even including government facilities do not meet minimum operating standards. Regulation of various professional groups still needs to be strengthened.

Priority area to address:

- Strengthen regulation of various professional groups including medicinal products, medical devices, cosmetics, herbal products and household chemicals

- **Financing**

Health sector financing is currently fraught with uncertainties. Firstly government budgetary allocation still lags behind the agreed Abuja target of 15% of national spending on health. The NHIS, which has assumed a central role in sector financing, is having to deal with questions of sustainability coupled with growing demand for expansion of coverage. Donor funding is also currently dwindling partly as a result of global economic constraints and partly due to the recognition of Ghana as a lower middle-income country. The challenge is that financial protection for the poor is still weak while funding to the sector continues to be inadequate. Another challenge is untimely release of funds and late payment of claims by NHIS. The following are the priority issues for the medium term.

- Inadequate financing of the health sector, and ever increasing cost of healthcare delivery
- Inadequate financial protection for the poor

- **Health Service Delivery**

Although there have been significant improvements in the uptake of health services as a result of the introduction of the NHIS, the effect on the morbidity and mortality patterns is yet to be felt. Access is still a challenge, especially in deprived areas while rapidly growing peri-urban settlements continue to present new challenges for the health sector. Ghana is currently experiencing a double burden of diseases due to the upsurge of non-communicable diseases and the continuing high prevalence of communicable diseases. In addition to these challenges, the expansion and improvement of the health infrastructure continue to lag behind real need. This may be due to the absence of Integrated Infrastructure Policy that would provide clear direction for

managing health sector assets (buildings, transport, and equipment), the challenge in funding and the rising cost of maintenance of the existing health infrastructure.

The following represent the priority issues for the medium term.

- **Meeting the MDGs**
- Persistent high neonatal, infant and maternal mortality High morbidity and mortality from malaria
- Persistence of HIV and TB

Disease prevention and control

- Increasing morbidity, and mortality disability due to non-communicable diseases
- High prevalence of communicable diseases including epidemic prone diseases and climate related diseases
- High morbidity and disability form Neglected Tropical Diseases (NTDs) and

Access to health services

- Huge gaps in geographical access to quality health care (e.g. urban and rural)

Quality of Care and Mental Health Services

- Public and users' concerns about the quality of healthcare
- Huge unmet need for mental health services

CHAPTER 3 : DEVELOPMENT GOALS, OBJECTIVES AND STRATEGIES

3.0 Introduction

The health sector strategies are based on Government's long-term vision as captured in the Ghana Shared Growth and Development Agenda (GSGDA). They are based on the GSGDA's thematic pillar of Human development, employment and productivity. The strategies are directed towards addressing persistent policy-related challenges as well as ensuring the health sector contribution to the availability of the requisite human resource to support the nation's long-term vision. In this regard, the health sector adopts the following thematic goal:

"To improve access to quality, efficient and seamless health services that is gender and youth friendly and responsive to the needs of people of all ages in all parts of the country".

3.1 National Development Goals

To meet the above stated goal, the health sector will work within the following National Development Goals:

- Rehabilitating and expanding infrastructural facilities.
- Expanding access to potable water and sanitation, health, housing and education;
- Reducing geographical disparities in the distribution of national resources.
- Ensuring environmental sustainability in the use of natural resources through science, technology and innovation.
- Creating a new social order of social justice and equity, premised on the inclusion of all hitherto excluded and marginalized people, particularly the poor, the underprivileged and persons with disabilities.
- Maximizing transparency and accountability in the use of public funds and other national resources.

National Development Projections

National level projections for the medium term will be based on progress made in the area of nutrition and health service delivery, including medical emergencies, improvements in access to quality Maternal and Child Health services and the intensification of prevention and control of non-communicable and communicable diseases and work towards elimination of polio, guinea worm, yaws and leprosy. Progress in the promotion and adoption of healthy lifestyle and the expansion of mental health services will be monitored.
During the period of the HSMTDP (2014-2017), it is expected that the health sector will work with other stakeholders to reduce inequities in health status across and within regions. This will be measured by how regions and districts perform in reducing the wide disparities in:

- Life expectancy at birth
- Total fertility rate
- Neonatal, Infant and under 5 mortality
- Maternal mortality
- HIV prevalence and
- Child malnutrition

3.2 Health Sector Medium Term Goals

Within the context of the National Development goals, the Health Sector in Ghana seeks to improve the overall health status of Ghanaians by reducing the risk of ill health and preventable death thereby contributing to the nation's wealth. The health sector aims to achieve this through an efficient health system, which can deliver an internationally acceptable standard of health services. This will be done through improved infrastructure, ensuring equity in the distribution of health resources and the strengthening of health systems and services at all levels.

3.3 Health Sector Medium Term Policy Framework

The policy framework for the medium term is guided by the need for the sector to respond to several global, sub regional and national initiatives. Firstly there is the pressing need to account for performance within the context of the MDGs and to show clear orientation towards a post-2015 agenda. Consequently the health sector will need to examine the real gains made so far and work towards ensuring that these are consolidated and form the basis for future development. The goal of achieving Universal Health Coverage in the post-2015 agenda provides the framework for policy development while at the same time responding to global health demands. In this context there will be the urgent need to improve coverage of health services (curative, prevention, promotion and rehabilitation) and to effectively promote financial risk protection especially for the poor.

Universal Health Coverage also requires a robust economy, a strong and efficient health system that can deliver quality services on the priorities identified by ensuring good governance and improved use of health information, improved health financing in order to raise sufficient funds for health, improved access to essential services including access to medicines, and creating a well motivated health workforce to provide people-centered services.

The Ouagadougou Declaration on Primary Health Care and Health Systems in Africa, the Addis Ababa Declaration on Community Health, the World Health Report of 2008 on Primary Health Care and other related documents also provide a context for planning in the medium term.

The Health Sector Medium Term Development Plan (HSMTDP 2014-2017) is intended to create a link between National Development Goal and National Health Policy's broad ambition of improving health for all citizenry. The HSMTDP places health at the center of national development agenda by outlining clearly the role of health sector in human development and the broader socioeconomic development of the country. It emphasizes the need for improved leadership and accountability, increased access to the poor and bridging inequities in distribution of health services.

3.4 Health Sector Development Projections (2014-2017)

The projections for the medium term are dependent on several factors. Key among these factors are peaceful and stable socio-economic environment, the availability of resources for the implementation of activities outlined, full implementation of policies underpinning the objectives and strategies, significant buy in by other sectors of government, NGOs and CSOs, total commitment of the private sector to the medium term goals and objectives and a dedicated health workforce committed to the targets set for the period.

The sector specific development projections for the period will be focused on addressing key challenges of access, coordination and capacity building to respond to climate change. Specifically the health sector will, through public private partnership, expand community based health services as a strategy for achieving universal access to basic health care. Leadership capacity to improve coordination of service and regulatory functions will be enhanced while district health systems will be primed to respond to the effects of climate change. The overall response to these initiatives will be measured by:

- Expansion of coverage of the CHPS programme
- Attainment of equity targets in the distribution of human resources for health
- Reduction in mortality due to malaria
- Reduction in institutional maternal and neonatal deaths
- Improved performance of the supply chain
- Adoption of improved health financing mechanisms

3.5 Health Sector Policy Objectives and Strategies

- **Policy Objectives**

The health sector recognizes its role of increasing access to health services, better health care and greater equity for the poor and the vulnerable through partnerships. Various strategies and programs for this medium term plan would be anchored on the policy objectives to exert leverage between the national thematic goal and the health sector goal. In achieving it's role of improving the health of the people, the following policy objectives will be pursued.

1. Bridge the equity gaps in geographical access to health services
2. Ensure sustainable financing for health care delivery and financial protection for the poor
3. Improve efficiency in governance and management of the health system
4. Improve quality of health services delivery including mental health services

5. Enhance national capacity for the attainment of the health related MDGs and sustain the gains
6. Intensify prevention and control of non-communicable and other communicable diseases

Objective 1: Bridge the equity gaps in geographical access to health services

Tackling the challenge of access would require as increase in coverage of health infrastructure across the country with the aim of reducing rural-urban, urban peri-urban and north and south disparities. Is will also require the acceleration of the implementation of the close-to-client policy and the strengthening of the concept of primary health care at the district level. The strategies for meeting this objective are as follows:

Issues	**Strategies**
Huge gaps in geographical access to quality health care (e.g. urban and rural)	Strengthen the district and sub-district health systems as the bed-rock of the national primary health care strategy
	Accelerate the implementation of the revised CHPS strategy especially in under-served areas
	Formulate and implement health sector capital investment policy and plan
	Implement the health sector ICT policy and E-health strategy focusing on underserved areas

Objective 2: Ensure sustainable financing for health care delivery and financial protection for the poor

Increasing health expenditure remains a challenge to the health sector. Similarly, the sector is confronted with ensuring that the poor and the vulnerable are also able to afford quality health services without falling through the cracks. This policy objective will emphasis on strategies and programs that will ensure efficiency in health expenditure, innovative ways of mobilizing more resource, better targeting of the poor as well as pooling. The strategies are as follows:

Issues	**Strategies**
Inadequate financing of the health sector, and ever increasing cost of healthcare delivery Inadequate financial protection for the poor	Finalize and implement a comprehensive health financing strategy
	Improve efficiency and effectiveness of health service delivery including the NHIS
	Strengthen public financial management and accountability systems in the health sector
	Increase coverage of NHIS especially for the poor

Objectives 3: Improve efficiency in governance and management of the health system

Managing the sector to achieve the desired results is the concern of this objective. It addresses the issues of governance, partnership, effectiveness and efficiency of the sector. Improvement will focus on organizational arrangement for managing the health sector efficiently, performance contracting, production, distribution and retention of human resources for health, policy formulation, priority setting, monitoring and evaluation and the use of information for policy development. Partnership and coordination including private sector participation will also be tackled. The strategies are as follows:

ISSUES	**STRATEGIES**
Inadequate leadership capacity, governance and management structures at all levels of the health sector	Review and restructure the health sector leadership development and management programs
	Develop and implement health sector response to the national decentralization program
	Deepen stakeholder engagement and partnership (public, private and community) for health care delivery
	Strengthen regulation in the health sector and facilitate the passage of health legislations
Inadequate and inequitable distribution of critical staff mix	Implement the human resource development strategy to improve production, distribution retention of critical staff and performance management

Inadequate capacity to use health information for decisions making at all levels	Improve health information management systems including research in the health sector
	Strengthen capacity for Monitoring and Evaluation in the health sector

Objectives 4: Improve quality of health services delivery including mental health services

Providing quality of health services to the population remains a primary concern to the health sector. This requires that bringing health care closer to the population go beyond the primary health care. Both traditional and allopathic would be integrated and strengthen. Improvement would be made in patient safety, expansion of specialist services and specialist outreach services in deprived areas. Supply of health commodity would be strengthened as well as metal health. The strategies are as follows:

ISSUE	STRATEGIES
Public and users' concerns about the quality of healthcare	Develop and implement a comprehensive national strategy for quality health and patient safety
	Improve response and management of medical emergencies including road traffic accidents and strengthen the referral system
	Expand specialist and allied health services (eg diagnostics, ENT, Eye, physiotherapy etc
	Improve supply chain, ensure commodity security and availability and affordability of quality medicines
	Scale up the integration of traditional medicine into existing health service delivery system
Huge unmet need for mental health services	Implement the Mental Health Act, finalise and implement the mental health strategy

Objective 5: Enhance national capacity for the attainment of the health related MDGs and sustain the gains

Attaining the health MDGs has been the preoccupation of the sector towards national agenda though a challenge to the sector. Within the planning period focus be on implementing proven interventions in the areas of maternal, adolescent and child health. Gains would be sustained in malaria, TB and HIV/AIDS control. The strategies are as follows:

ISSUES	STRATEGIES
Persistent high neonatal, infant and maternal mortality High morbidity and mortality from malaria	Accelerate the implementation of the Millennium Acceleration Framework (MAF)
	Scale up community and facility based interventions for the management of childhood and neonatal illnesses
	Intensify and sustain Expanded Programme on Immunization (EPI)
	Scale up quality adolescent sexual and reproductive health services
Persistence of HIV and TB	Scale up the implementation of national malaria, TB, HIV/AIDs control strategic plans

Objectives 6: Intensify prevention and control of non-communicable and other communicable diseases

The objective concerns with addressing risk factors associating with ill health it will target diseases earmarked for eradication, behavioral changes. International treaties will be supported and implement to back national policies on both communicable and non-communicable diseases. The strategies are as follows:

ISSUES	STRATEGIES
Increasing morbidity, and mortality disability due to non communicable diseases	Implement the Non-Communicable Diseases (NCDs) control strategy
	Review and Scale up Regenerative Health and Nutrition Programme (RHNP)
	Implement international conventions and treaties including Frame work Convention on Tobacco Control (FCTC)

	Develop and implement the national health policy for the Aged
	Strengthen rehabilitation services
High morbidity and disability form Neglected Tropical Diseases (NTDs)	Intensify efforts for the certification of eradication of guinea worm and polio
	Accelerate implementation of the national strategy for elimination of yaws, leprosy, buruli ulcer, filiariases and other NTDs
High prevalence of communicable diseases including epidemic prone diseases and climate related diseases	Strengthen Integrated Disease Surveillance and Response (IDRS) at all levels and implement fully the International Health Regulations (IHR)
	Formulate national strategy to mitigate the effect of climate change on climate related diseases

CHAPTER 4: HEALTH SECTOR DEVELOPMENT PROGRAMMES

4.0 Introduction

As part of government efforts to link planning to budget the Ministry of Finance and Economic Planning and NDPC are working together with MDAs to ensure that all MDAs move from activity based to program based budgeting. The essence is to shift from budgeting by department (activity based) to budgeting by function of government, thus enabling a more strategic focus on a smaller number of key outcomes. The Ministry has therefore developed five programs based on the following functions:

- Provision of leadership and Governance
- Policy formulation, development and coordination
- Provision of Health Care Services
- Regulation of the Health facilities and professions
- Development of human resource for the Health sector
- Undertake research and development

The four programs are:

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

Management and Administration programme which aims at providing an efficient and effective governance and leadership in the management of the health sector, formulate and update policies supervise, monitor and evaluate the delivery of health services. In achieving this program a number of sub programs have been formulated based on the functions of the departments which fall under this program. The sub programs include:

i. General Management
ii. Health Research, Statistics and Information Management
iii. Health Policy formulation, planning, budgeting monitoring and evaluation
iv. Finance and Audit
v. Procurement, Supply and Logistics

Health Service Delivery programme aims at delivering cost effective, efficient and affordable quality health services at the primary, secondary and tertiary levels of care. At the primary and secondary levels focus mainly on curative, preventive, promotive, and rehabilitative care, Whereas, tertiary level concentrates on specialist services, referral, emergency response, medical training, health research and education. The programme also covers research and pre-hospital services. There are four sub-programs under this programme are:

i. Primary and secondary health services
ii. Tertiary health services
iii. Research
iv. Pre-hospital services

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

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

i. Pre-service Training
ii. Post- Basic Training
iii. Specialized Training

Health Sector Regulation programme aims at ensuring that standard are maintained and adhered to in the sector. In achieving this sub programs have been developed under this program to regulate all the areas. These are:

i. Regulation of Health Facilities
ii. Regulation of Health professionals
iii. Regulation of Pharmaceutical and Medical Health Products

This chapter presents a framework that links the sectors strategies to the sector programs, sub programs and broad activities that are planed for the period of 2014-2017. The sector will develop action plans to be executed from the broad activities that that will help us achieved the stated outputs for the various programs and sub programs.

4.1 Broad Activities (2014-2017)

Objective 1: Bridge the equity gaps in geographical access to health services

Strategy 1: Strengthen the district and sub-district health systems as the bedrock of the national primary health care strategy

Program	Sub program	Broad Activities
Health service delivery	Primary and secondary services	Improve mechanisms for engaging the private sector providers.
		Sustain and expand outreach services including specialists outreach services
		Strengthen planning, budgeting and Public financial management and reporting
		Improve quality of logistics, human and administrative support services
		Improve disease prevention and control

Strategy 2: Accelerate the implementation of the revised CHPS strategy especially in under-served areas

Program	Sub program	Broad Activities
Health service delivery	Primary and secondary services	Increase access to primary health services by focusing on underserved areas
		Strengthen Community based interventions eg: Use of volunteers

Strategy 3: Formulate and implement health sector capital investment policy and plan

Program	Sub program	Broad Activities
Management and Administration	Health policy formulation planning budgeting monitoring and evaluation	Review and implement capital investment policy and plan

Strategy 4: Implement the health sector ICT policy and E-health strategy focusing on under served areas

Program	Sub program	Broad Activities
Management and Administration	Health research, statistics and information management	Review, finalize and adopt health sector ICT policy including legal framework for health data handling
		Scale up mobile health initiatives and tele-consultation programme
		Implement modular hospital systems automation in a phased manner
		Establish one flagship telemedicine project based in one teaching hospital

		Upgrade data management capacity of the staff of RSIM

Objective 2: Ensure sustainable financing for health care delivery and financial protection for the poor

Strategy 1: Finalize and implement a comprehensive health financing strategy

Program	**Sub program**	**Broad Activities**
Management and Administration	Health financing, policy formulation, planning , budgeting, monitoring and evaluation	Finalize the health financing strategy
		Disseminate and implement the health financing strategy
		Provide guidance to enable some government agencies to become self financed

Strategy 2: Improve efficiency and effectiveness of health service delivery including the NHIS

Program	**Sub program**	**Broad Activities**
Management and Administration	Health financing policy formulation, planning, budgeting, monitoring and evaluation	Scale up cost containment measures
		Implement the appropriate mix of provider payment mechanisms eg. Capitation
		Carry out a study to determine areas of inefficiencies in the health sector and implement the recommendations.

Strategy 3: Strengthen public financial management and accountability systems in the health sector

Program	**Sub program**	**Broad Activities**
Management and Administration	Health financing, policy formulation, planning, budgeting, monitoring and	Institutionalize Health Accounts
		Disseminate, Implement and evaluate the sector PFM plan. Does the implementation of the PFM plan include the improvement of the PFM capacity in the sector?
		Review and implement framework of resource allocation for the sector

Strategy 4: Increase coverage of NHIS especially for the poor

Program	**Sub pro gram**	**Broad activity**
Strategic National Health Program	Health financing, policy formulation, planning, budgeting, monitoring and evaluation	Scale up coverage to the poor in collaboration with Ministry of Gender Children and Social Protection and other MDAs.
		Intensify efforts to improve coverage of children under five

Objective 3: Improve efficiency in governance and management of the health system

Strategy: 1 Review and restructure the health sector leadership development and management programs

Program	**Sub program**	**Broad activities**
Management and Administration	General Management	Review and develop a comprehensive leadership and management development program in the sector
		Review and strengthen an effective inter agency leadership and coordination

		mechanisms within the health sector
		Review the sector gender policy and develop implementation plan
		Review, enforce (?)and scale up the implementation of performance contract across the sector and at all levels

Strategy 2: Develop and implement health sector response to the national decentralization program

Program	**Sub program**	**Broad activities**
Management and Administration	Health policy formulation planning, budgeting monitoring and evaluation	Review and implement the National Health Policy
		Develop and implement health sector response to national decentralization
		Orient and develop capacity of health workers, managers and other stakeholders to operate within the new decentralization program

Strategy 3: Deepen stakeholder engagement and partnership (public, private and community) for health care delivery

Program	**Sub program**	**Broad Activities**
Management and Administration	Health policy formulation planning, budgeting monitoring and evaluation	Strengthen mechanisms for improving collaboration between MOH and • MDAs, MMDAs, Private sector • Parliament in the development of policies, implementation and monitoring of programs
		Disseminate and implement the Private Sector Policy
		Review and monitor the implementation of MoUs with CHAG and expand to cover other provider groups including Private Sector and CSOs

Strategy 4: Strengthen regulation in the health sector and facilitate the passage of health legislations

Program	**Sub program**	**Broad Activities**
Health sector regulation	Regulation of health facilities	Facilitate the completion and passage of remaining proposed health bills
		Develop LIs for all newly passed Health Acts
		Strengthen regulatory Authorities (especially new Authorities and Councils) to enforce compliance and maintenance of agreed standards of facilities and premises in both public and private sectors
	Regulation of health professional	Strengthen regulatory authorities to enforce compliance and maintenance of agreed standards of health professionals
	Regulation of pharmaceuticals and medical products	Strengthen regulatory authorities to ensure enforcement and improve surveillance and quality control of, pharmaceuticals and medical products
	Regulation of foods and non-medicinal products	Strengthen regulatory authorities to ensure enforcement and improve surveillance and quality control of food and non-medicinal products

Strategy5: Implement the human resource development strategy to improve production, distribution retention of critical staff and performance management

Program	Sub program	Broad Activities
Human resource	Human resources management and development	Disseminate and implement the HRH policies and strategies on production of quality health professional with focus on neglected disciplines. Redistribution of existing staff and the enforcement of performance management.
		Review, disseminate and implement staffing norm for the sector
		Implement global code of practice on the international recruitment of health personnel

Strategy 6: Improve health information management systems including research in the health sector

Program	Sub Program	Broad Activities
Management and Administration	Health research, statistics and information management	Work with other national agencies and relevant stakeholders to produce relevant health statistics and analytical reports e.g. DHS, MICS etc.
		Review and roll out the sector research agenda

Strategy 7: Strengthen capacity for Monitoring and Evaluation in the health sector

Program	Sub program	Broad activities
Management and Administration	Health financing, policy formulation, planning, budgeting, monitoring and evaluation	Set up M&E support system
		Implementing the M&E framework

Objective 4: Improve quality of health services delivery including mental health services

Strategy 1: Develop and implement a comprehensive national strategy for quality health and patient safety

Program	Sub program	Broad Activities
Management and Administration	Health financing, policy formulation, planning, budgeting, monitoring and evaluation	Develop and implement nation quality and patient safety strategy.

Strategy 2: Improve response and management of medical emergencies including road traffic accidents and strengthen the referral system

Program	Sub program	Broad Activities
Health Service delivery	Primary and secondary health services	Disseminate and implement hospital emergency and referrals, protocols and guidelines
		Strengthen capacity of accident and emergency department of health facilities
		Promote local initiatives to further expand emergency transport for pregnant women, children, etc
		Develop, disseminate and implement national strategies and guidelines for response to accident and medical emergencies
		Train emergency medical teams for districts, regional and tertiary hospitals

	Pre-hospital services	Expand the coverage of the National Ambulance Service Strengthen community pre-hospital emergency care programs

Strategy 3: Expand specialist and allied health services (e.g. diagnostics, ENT, Eye, physiotherapy etc.)

Program	**Sub program**	**Broad Activities**
Health Service delivery	Tertiary and specialized health services	Strengthen specialist outreach and mobile outreach services e.g. ENT, Eye and dental etc
		Introduce mentorship program for specialist / Consultants to support lower levels

Strategy 4: Improve supply chain, ensure commodity security and availability of quality medicines

Program	**Sub program**	**Broad Activities**
Management and Administration	Procurement supplies and logistics	Improve the supply chain management in the sector

Strategy 5: Implement the Mental Health Act, finalize and implement the mental health strategy

Program	**Sub program**	**Broad Activities**
Service delivery	Tertiary and specialized health services	
		Implement the Mental Health strategy

Strategy 6: Scale up the integration of traditional medicine into existing health service delivery system

Program	**Sub program**	**Broad Activities**
Health Service delivery	Primary and secondary health services	Expand the integration of traditional medicines into the exiting health service delivery

Objective 5: Enhance national capacity for the attainment of the health related MDGs and sustain the gains

Strategy 1: Accelerate the implementation of the Millennium Development Goals Acceleration Framework (MAF)

Program	**Sub program**	**Broad Activity**
Health Service delivery	Primary and secondary health services	Improve and expand the implementation of maternal neonatal, child health and nutrition services with special emphasis on MAF
		Improve skill delivery in underserved areas and low performing facilities
		Improve the coverage of EmONC services
		Increase availability and improve safety of blood and blood products
		Follow up on action plans and commitments from RCC and MMDAs on the Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA)

Strategy 2: Scale up community and facility based interventions for the management of childhood and neonatal illnesses

Program	**Sub program**	**Broad Activities**
Health service delivery	Primary and secondary health services	Improve quality of care and management of new born and childhood illness in health facilities and community levels

***Strategy 3: Intensify and sustain Expanded Programme on Immunization (EPI*)**

Program	Sub program	Broad Activities
Health service delivery	Primary and secondary health service delivery	Strengthen coordination of new vaccine introduction
		Eliminate vaccine preventable diseases eg. Maternal and neonatal tetanus and measles

Strategy 4: Scale up quality adolescent sexual and reproductive health services

Program	Sub program	Broad Activities
Health service delivery	Primary and secondary health service	Disseminate and implement the revised adolescent sexual and reproductive health policy.

Strategy 5: Scale up the implementation of national malaria, TB, HIV/AIDs control strategic plans

Program	Sub program	Broad program
Health service delivery	Primary and secondary health services	Implement Revised Strategic Plan for Malaria Control in Ghana (2014-2018)
		Implement the National TB control Strategy
		Implement National Strategic Plan for HIV/AIDS Control

Objective 6: Intensify prevention and control of non-communicable and other communicable diseases
Strategy1: Review and Scale up Regenerative Health and Nutrition Programme (RHNP)

Program	Sub program	Broad activities
Health services delivery	Primary and secondary health service	Finalize, disseminate and implement national nutrition policy
		Intensify health promotion and education activities to strengthen behavioural change

Strategy 2: Implement international conventions and treaties including framework convention on tobacco control (FCTC)

Program	Sub program	Broad program
Health service delivery	Primary and secondary health services	Disseminate and implement international conventions and treaties including framework convention on tobacco control (FCTC)

Strategy 3: Develop and implement the national health policy for the Aged

Program	Sub program	Broad program
Management and Administration	Health policy formulation	Finalize, disseminate and implement the health sector Policy on the Aged

Strategy 4: Strengthen rehabilitation services

Program	Sub program	Broad program
Health Service delivery	Primary and secondary health service	Revitalize and expand orthotics and prosthetic services and other services for persons with disabilities

	Tertiary health services	Develop a strategic plan for under provided specialist services eg dermatology, physiotherapy

Strategy 5: Intensify efforts for the certification of eradication of guinea worm and polio

Program	Sub program	Broad program
Health services delivery	Primary and secondary health services	Intensify efforts towards achieving WHO certification

Strategy 6 : Accelerate implementation of the national strategy for elimination of yaws, leprosy, buruli ulcer, filiariases and other NTDs

Program	Sub program	Broad program
Health service delivery	Primary and secondary health services	Strengthen facility and community based interventions for the elimination of NTDs

Strategy 7: Strengthen Integrated Disease Surveillance and Response (IDRS) at all levels and implement fully the International Health Regulations (IHR)

Program	Sub program	Broad program
Health services delivery	Primary and secondary health services	Improve surveillance at all levels
		Strengthen implementation of International Health Regulation

CHAPTER FIVE: SECTOR ACTION PLAN (2014 – 2017)

PROGRAMME	SUB PROGRAMME	BROAD ACTIVITES	2014	2015	2016	2017
OBJECTIVE 1. Bridge the equity gaps in geographical access to health services						
Strategy: Strengthen the district and sub-district health systems as the bed-rock of the national primary health care strategy						
Health service delivery	Primary and secondary health services	Improve quality of logistics, financial, human and administrative support services				
		Implement health financing policies and support planning and budget	X			
		Improve mechanisms for engaging specialist to expand access to specialist care				
		Improve disease prevention and control				
Strategy: Accelerate the implementation of the revised CHPS strategy especially in under-served areas						
Health Service Delivery	Primary and secondary health services	Increase access to primary health services	x	x	X	X
		Increase access to quality home care and outreach services	x	x	X	x
		Improve quality of logistics, financial, human and administrative support services	x	x	X	X
STRATEGY: Formulate and implement health sector capital investment policy and plan						
Management and Administration	Health financing policy formulation planning budgeting monitoring and evaluation	Develop capital investment policy and plan	X		X	X
		Implement capital investment policy and plan	X		X	X
		Evaluate the capital investment plan				X
STRATEGY : Implement the health sector ICT policy and E-health strategy focusing on underserved areas						
Management and Administration	Health research, statistics, and information management	Review, finalize and adopt health sector ICT policy including legal framework for health data handling	x	x	X	X
		Scale up mobile health initiatives and tele-consultation programme based on lessons from pilot sites	X	x	X	X
		Implement modular hospital systems automation in a phased manner		X	x	x
		Establish one flagship telemedicine project based in one teaching hospital		x	X	X
		Upgrade data management capacity of staff of RSIM	X	X		
OBJECTIVE 2: Ensure sustainable financing for health care delivery and financial protection for the poor						
STRATEGY: Finalise and implement a comprehensive health financing strategy						
Management and Administration	Health financing , policy formulation, planning , budgeting , monitoring and evaluation	Finalise the health financing strategy	X			
		Disseminate and implement the health financing policy	X	x	X	X
		Pursue strategies to make some government agencies self financing		X	X	X
STRATEGY: Improve efficiency and effectiveness of health service delivery including the NHIS						
Management and	Health financing , policy	Scale up cost containment measures		x	X	X

PROGRAMME	SUB PROGRAMME	BROAD ACTIVITES	2014	2015	2016	2017
Administration	formulation, planning , budgeting , monitoring and evaluation					
		Implement the appropriate mix of provider payment mechanisms eg. Scale up capitation	x	x		
		Carry out a study to determine the type and level of wastage in the system		X		
STRATEGY : Strengthen public financial management and accountability systems in the health sector						
Management and Administration	Health financing , policy formulation, planning , budgeting , monitoring and evaluation	Institutionalize Health Accounts	x	x	X	X
		Disseminate, Implement and evaluate the sector PFM plan	x	x	X	X
		Review and implement framework of resource allocation for the sector	X			
STRATEGY: Increase coverage of NHIS especially for the poor						
Administration and management	Health financing , policy formulation, planning , budgeting , monitoring and evaluation	Scale up coverage to the poor in collaboration with Ministry of Gender Children and Social Protection	X			
		Scale up coverage of children under five	X			
OBJECTIVE : Improve efficiency in governance and management of the health system						
STRATEGY 3: Review and restructure the health sector leadership development and management programs						
Management and Administration	Health financing ,policy formulation, planning , budgeting , monitoring and evaluation	Develop and implement a comprehensive leadership and management program	x	x		
		Review and strengthen an effective inter agencies communication mechanisms within the health sector	x	x		
		Review the sector gender policy and develop implementation plan	x	x	x	x
		Scale up the implementation of performance contract across the sector and at all levels	x		x	X
STRATEGY: Develop and implement health sector response to the national decentralization program						
Management and Administration	Health policy formulation planning, budgeting monitoring and evaluation	Review the National Health Policy plan	x			
		Orient and develop capacity of health workers, managers and other stakeholders to operate within the new decentralization program	x	x	x	x
		Develop health sector response to decentralisation	x			
STRATEGY: Deepen stakeholder engagement and partnership (public, private and community) for health care delivery						
Management and Administration	Health policy formulation planning, budgeting monitoring and evaluation	Improve collaboration with MDAs MMDAs, CSOs, Private Health providers and Parliament in the development of policies, implementation and monitoring of health programs	x	x	x	X
		Disseminate and implement the Private Sector Policy	x	x	x	x
		Review MoUs with CHAG and expand to	x			

PROGRAMME	SUB PROGRAMME	BROAD ACTIVITES	2014	2015	2016	2017
		cover other provider groups including Private Sector and CSOs				
STRATEGY: Implement the human resource development strategy to improve production, distribution retention of critical staff and performance management						
Human resource development	Human resources management and development	Disseminate and implement the HRH policies and strategies on production of quality health professional with focus on neglected disciplines	x	x	x	X
		Review, disseminate and implement staffing norm for the sector	x	x	x	X
		Disseminate and implement the sector HRH policies and strategies on equity distribution and retention of personnel				
		Implement global code of practice on the international recruitment of health personnel		x	x	x
STRATEGY: Improve health information management systems including research in the health sector						
Management and Administration	Health research , statistics and information management	Work with other national agencies and relevant stakeholders to produce relevant health documents eg DHS, MICS etc	x	x	X	X
		Review and roll out the sector research agenda	x	x	x	x
		Expansion of the health information system to include the private sector	x	x	x	x
STRATEGY: Strengthen capacity for Monitoring and Evaluation in the health sector						
Management and Administration	Health financing Policy formulation, planning, budgeting, monitoring and evaluation	Implement integrated M&E frame work	x	x	x	X
		Establish functional M&E units in all agencies	x	x	x	x
STRATEGY: Strengthen regulation in the health sector and facilitate the passage of health legislations						
Health sector regulation	Regulation of health facilities Regulation of health professionals Regulation of pharmaceuticals and medical products	Facilitate the complete and passage of remaining proposed health bills through Parliament	x	x	x	x
		Develop LI for all Health sector legislations	X	x	x	
		Enforce compliance and maintenance of agreed standards of facilities and premises in both public and private sectors	x	x	x	X
		Work with regulatory agencies to enforce compliance and maintenance of agreed standards of health professionals	x	x	x	X
		Improve surveillance and quality control of food, pharmaceutical and medical products	x	x	x	X
OBJECTIVE 4: Improve quality of health services delivery including mental health services						
STRATEGY: Develop and implement a comprehensive national strategy for quality health and patient safety						

PROGRAMME	SUB PROGRAMME	BROAD ACTIVITES	2014	2015	2016	2017
Management and Administration	Health finance policy formulation, planning , budgeting ,monitoring and evaluation	Review, disseminate and enforce quality of care standards and patient safety strategy		x	x	X
		Scale up and enforce infection prevention and control standards and practices in all health facilities		x	x	x
		Enhance availability and use of clinical care standards, protocols and guidelines		x	x	x
STRATEGY Improve response and management of medical emergencies including road traffic accidents and strengthen the referral system						
Health Service delivery	Primary and secondary health service	Disseminate and implement hospital emergency and referrals, protocols and guidelines		x	x	X
		Strengthen capacity of accident and emergency department of health facilities			x	X
	Pre-hospital services	Expand the coverage of the National Ambulance Service	x	x	x	X
	Pre –hospital services	Develop, disseminate and implement national strategies and guidelines for response to accident and medical emergencies		x	x	X
	Pre –hospital services	Train emergency medical teams for districts, regional and tertiary hospitals	x	x	x	X
	Primary and secondary health services	Promote local initiatives to further expand emergency transport for pregnant women, children, etc		x	x	X
	Tertiary and specialized hospital services	Strengthen specialist outreach and mobile services eg ENT, Eye and dental etc		x	x	X
		Introduce mentorship program for specialist / Consultants to support lower levels		x	x	X
STRATEGY: Improve supply chain, ensure commodity security and availability of quality medicines						
Management and Administration	Procurement supplies and logistics	Improve the supply chain management in the sector	x	x	x	X
STRATEGY: Implement the Mental Health Act, finalise and implement the mental health strategy						
Health Service delivery	Tertiary and specialized hospital services	Develop LI for Mental Health Bill	x	x		
		Implement the Mental Health strategy	x	x	x	x
STRATEGY: Scale up the integration of traditional medicine into existing health service delivery system						
Service delivery	Primary and secondary health service	Expand the integration of traditional medicines into the exiting health service delivery	x	x	x	X
OBJECIVE 5 :Enhance national capacity for the attainment of the health related MDGs and sustain the gains						
STRATEGY: Accelerate the implementation of the Millennium Acceleration Framework (MAF)						
Health Service delivery	Primary and secondary health services	Coordinate the implementation of maternal neonatal, child health and nutrition services with special emphasis on MAF	x	x	x	X
		Improve skill delivery in underserved areas and low performance facilities	X	x	x	X
		Improve the coverage of EmONC services	X	x	x	X

PROGRAMME	SUB PROGRAMME	BROAD ACTIVITES	2014	2015	2016	2017
		Increase availability and improve safety of blood and blood products	x	x	x	X
		Follow up on action plans and commitments from RCC and MMDAs on the Campaign for Accelerated Reduction of Maternal Mortality in Africa (CARMMA)		x	x	X
STRATEGY: Scale up community and facility based interventions for the management of childhood and neonatal illnesses						
Health services delivery	Maternal neonatal and child health and nutrition Primary and secondary health services	Increase access to quality home care and outreach services Improve quality of care and management of new born and childhood illness in health facilities and community levels	x	x	x	X
STRATEGY :Intensify and sustain Expanded Programme on Immunisation (EPI)						
Health services delivery	Primary and secondary health services	Strengthen coordination of new vaccine introduction	x	x	x	X
Health services delivery	Primary and secondary health services	Eliminate vaccine preventable diseases eg. Maternal and neonatal tetanus and measles	x	x	x	X
STRATEGY :Scale up quality adolescent sexual and reproductive health services						
Health service delivery	primary and secondary health services	Disseminate and implement the adolescent sexual and reproductive health policy.	X	x	x	X
STRATEGY :Scale up the implementation of national malaria, TB, HIV/AIDs control strategic plans						
Health service delivery	Primary and secondary health services	Strengthen preventive activities and scale up effective diagnosis, treatment and rehabilitation of malaria, TB and HIV/AIDS	x	x	x	X
OBJECTIVE 6 :Intensify prevention and control of non communicable and other communicable diseases						
Implement the Non-Communicable Diseases (NCDs) control strategy						
		Disseminate and implement the non communicable disease policy and strategy	x	x	x	X
		Strengthen surveillance of non communicable risk factors	x	x	x	X
STRATEGY Review and Scale up Regenerative Health and Nutrition Programme (RHNP)						
Health service delivery	Primary and secondary health services	Finalize, disseminate and implement national nutrition policy	x	x	x	X
		Intensify health promotion and education activities to strengthen behavioural change	x	x	x	X
STRATEGY: Implement international conventions and treaties including frame work convention on tobacco control (FCTC)						
Health service delivery	Non Communicable disease	Disseminate implement international conventions and treaties including frame work convention on tobacco control (FCTC) Strategic national health programs	x	x	x	X
STRATEGY: Develop and implement the national health policy for the Aged						
Management and Administration	Health policy formulation	Finalise, disseminate and implement the health sector Aging Policy	x	x	x	X
STRATEGY: Strengthen rehabilitation services						
Service delivery	Tertiary and specialized	Institutionalize and improve orthotics and		x	x	X

PROGRAMME	SUB PROGRAMME	BROAD ACTIVITES	2014	2015	2016	2017
	hospital services	prosthetic services				
		Develop a strategic plan for under provided specialist services eg dermatology, physiotherapy		X		
	Specialised services					
STRATEGY : Intensify efforts for the certification of eradication of guinea worm and polio						
Strategic health program	Communicable diseases	Intensify efforts towards achieving WHO certification for guinea worm & polio	x	x	x	X
STRATEGY :Formulate national strategy to mitigate the effect of climate change related diseases						
Management and Administration	Health policy formulation, planning budgeting monitoring and evaluation	Develop policies and guidelines to guide planning on climate change in health	x	X		
		Scale up the lessons learnt from the pilot sites into implementable activities at the regional and district levels		x	x	X
		Build district level capacity in advocacy on climate change on health	X	x	x	X

CHAPTER 5: MONITORING AND EVALUATION PLAN

5.0 Introduction

The Ministry of Health has a primary responsibility to ensure prudent management and accountability within the health sector through its monitoring and evaluation functions. Over the years, a system for monitoring and evaluation has evolved and been institutionalized to track performance, and effects of health policies and strategies. The M&E Framework is based on the premise that agencies of the MOH have M&E systems in place and that all Agencies and relevant stakeholders report periodically on the services provided within the framework of agreed indicators and formats.

5.1 Routine monitoring

The M&E framework prescribes agreed reporting formats for monthly, quarterly and half-yearly reporting by Agencies to MOH. There is also a list of agreed set of sector-wide indicators for the HSMTDP. The sector-wide indicators include primary outcome and impact indicators that measure the sector performance at a glance.

Progress in achieving the objectives of the HSMTDP will be assessed against the extent to which key results are being achieved. The core set of sector-wide indicators and targets will be used to monitor the performance of the health sector. This is included as Annex 1. The indicators are structured around the objectives of the strategic framework.

Progress made in achieving specific targets will form the basis for refining the annual programmes and investments identified in the programme of work. Monitoring of strategic plan implementation will be done on a continual basis, and will involve a systematic process of collecting, analyzing and disseminating data to show improvements in programme management and to guide resource allocation.

The monitoring and evaluation exercise will be integral part of the management process of the health sector and will support learning and decision -making. Such monitoring will be closely linked to the implementation of the annual programme of work. It will involve quarterly collection and assessment of the performance of the different components of the programme of work. Specifically it will aim at determining whether activities are being implemented as planned, milestones are being achieved and outputs are being delivered. Monitoring will also involve tracking progress towards goals and objectives.

The indicators have been selected to reflect the existing data collection mechanisms within the health sector. In this regard, the Demographic and Health Survey (DHS), Multiple Indicator Cluster Survey (MICS), and the routine reporting system of the health sector will be a key means of tracking these projections. The projections are also based on analysis of past performances of the health sector, the expected inflow of resources and opportunities for change within the health sector. They also represent the need to attain both global and domestic targets for health development. The governing Councils and Boards of the various Agencies will be primarily responsible for monitoring the performance of the various agencies and accounting for the use of resources and achieving the stated performance.

In addition to fulfilling its obligation as required by the head of civil of service, the MOH will collate the collation, analysis and dissemination of the sector wide performance as defined in the strategic plan. In addition to the quarterly monitoring and reporting system, the Ministry, DPs and Agencies joint monitoring visits to provide technical support to Agencies and BMCs will continue.

5.2 Annual reviews

The annual review of the programme of work will continue to take place at all levels of the health sector. Independent Annual reviews and evaluations will continue to be an integral part of the M&E systems. In depth reviews of key areas will be conducted on a selective basis as part of the annual review process. The in-depth reviews will respond to individual terms of reference related to specific issues, concerns and themes related to one or more component of the programme of work. The reviews will

involve in-depth analysis of the context and variables affecting performance. It will aim at assisting the sector to make judgment on the relevance, efficiency, effectiveness, adequacy, sustainability and impact of components of the (or the whole) programme of work.

As part of the annual review, a Holistic Assessment will be undertaken of the sector. This is an attempt to condense sector performance into a single indicator, and is one of the targets used in the annual Performance Assessment Framework for Multi-Donor Budget Support. Using a traffic light approach, the Holistic Assessment records whether progress against the Sector-Wide Indicators and Milestones (see below) has been positive, stagnant or negative. Due to the multiplicity of factors which might affect such performance, the overall result is subject to agreement as part of the sector dialogue.

5.3 Milestones

In addition to the sector-wide indicators, a number of milestones have been agreed as a means of monitoring sector progress in key areas. These are also considered in the annual Holistic Assessment exercise, and are presented in focused on responding to the salient issues related to health development.

Objective	2014	2015	2016	2017
HO1: Bridge the equity gaps in geographical access to health services	Capital investment plan developed	Revised CHPS strategy implemented	Coverage of specialized services at lower level expanded	One flagship telemedicine project based in one teaching hospital established
HO2: Ensure sustainable financing for health care delivery and financial protection for the poor	Develop implementation plan for Health Financing Strategy	Resource allocation criteria developed	Implement the Health Financing strategy	Appropriate mix of provider payment mechanisms established
HO 3: Improve efficiency in governance and management of the health system	• Comprehensive leadership programs developed for the health sector • Finalise the sector staffing norms	• Health sector response to decentralization developed • Staffing norms implemented • Research agenda developed	LIs for passed health legislation developed	Private sector data fully integrated into the public system

Ho4; Improve quality of health services delivery including mental health services s	Hospital strategy developed	LI for Mental Health Bill develop Mental health strategy implemented	Hospital emergency and referrals, protocols and guidelines implemented Quality of care standards and patient safety strategy fully implemented	mentorship program for specialist / Consultants to support lower levels introduce
Ho5: Enhance national capacity for the attainment of the health related MDGs and sustain the gains	MAF implementation improved	Neonatal policy developed	Evaluation of new vaccines done	Maternal mortality survey carried out
HO6: Intensify prevention and control of non communicable and other communicable diseases	Policy on climate change developed Non communicable disease policy and strategy finalized National nutrition policy finalized	International conventions and treaties including frame work convention on tobacco control (FCTC implemented	Strategic plan for under provided specialist services eg dermatology, physiotherapy developed	Improve orthotics and prosthetic services institutionalize

	2014	**2015**	**2016**	**2017**
HO1: Bridge the equity gaps in geographical access to health services	Roadmap for implementation of a common targeting approach for improved identification of the poor developed with MOH support	Revised staffing norms and deployment plan developed and implementation begun	Review of CHPS strategy undertaken with stakeholders, and re-zoning of CHPS completed	Financing strategy developed for the sector to ensure effective resource mobilization
HO2: Ensure sustainable financing for health care delivery and financial protection for the poor	Revised Health Bills submitted to Finalising the Parliament	Leadership and management in-service training initiated	System for performance contracting introduced	Composite planning undertaken in 50% of districts 2 questions included in DHS on client satisfaction and knowledge of patient charter
HO 3: Improve efficiency in governance and management of the	Signed performance contact with Agency head	Expand performance contract to include all senior staff	Performance contract at all levels	Institutionalize performance contract

	2014	2015	2016	2017
health system				
HO4: Improve quality of health services delivery including mental health services s	Midwifery certificate course for CHNs reactivated	50% of district hospitals equipped with Comprehensive EmOC equipment	Pneumococcal and rotavirus vaccines successfully introduced	90% of district hospitals and 70% of health centres equipped with C/BEmOC equipment respectively
				Adolescent health corners established in 30 hospitals
HO5: Enhance national capacity for the attainment of the health related MDGs and sustain the gains	National cancer plan developed	Universal coverage of ITN/Ms achieved	Healthy lifestyles integrated into basic school and teacher training college curricula	Emergency response strategy for diseases of epidemic potential reviewed
		Elimination status of Guinea Worm and polio maintained	50% reduction in Yaws prevalence achieved	Elimination status of guinea worm and polio maintained
HO6: Intensify prevention and control of non communicable and other communicable diseases	Referral policy and guidelines developed	Community mental health strategy developed (and in place?)	Functional ambulance stations in 60% of district capitals	2 additional half-way homes established for re-integration of former psychiatric patients

CHAPTER 6 : COMMUNICATION STRATEGY

6.1 Focus of the communication plan

The efficient delivery of the HSMTDP requires a clear understanding on the part of all staff of the organization, the sector collaborators and partners and all stakeholders including the beneficiaries of the programmes. The objective of this communication plan is "to disseminate and create awareness on the HSMTDP among key stakeholders and generate feedback to promote ownership and attainment of the goals, objectives and targets of the strategy". In communicating the Health Sector Medium Term Development Plan, this communication strategy attempts to put together a coherent plan of action. The strategy will take three factors into account simultaneously:

1. Clear articulation of the goals, objectives and targets to be achieved by the various constituencies and partners;

2. Promoting understanding of the possible operational constraints and imperatives and what is required to innovatively address or mitigate any adverse effects

3. Establishing pertinent conditions in the environment that exist about the health sector and shaping the perceptions in favour of the sector

The information and feedback generated from the communication activities should bring the perspectives of the stakeholders into the annual planning and decision-making. This will enable programmes implemented to be appropriately delivered in a structured way that fits the target audience needs.

6.2 Audiences

The main audience to be targeted for this activity will include all the management and staff of the Ministry of Health and its agencies; health development partners, service providers in the private, non-government, civil society and other sectors including organized labour unions, community leaders, and other ministries, departments and agencies whose activities directly contribute to the attainment of the sector goals and objectives. Through an interactive dialogue, the various roles and responsibilities will be articulated and agreed. Cross cutting themes, areas of collaboration and joint action will be identified. The communication process will also be used to refine join monitoring and evaluation processes.

6.3 Channels and tools of communication

Different channels of communication will be employed. These will include seminars, workshops, durbars, media engagement and broadcast activities. The HSMTDP will be translated into two page briefs and simple flyers to support the communication process. Frequent press releases and press pull-outs will also be used to inform the public on progress being made on specific areas of greatest impact. The HSMTDP, its review and progress reports will also be published on the internet so it is easily accessible to both the national and international community.

Table below maps the various stakeholders planned activities

Stakeholders	**Content**	**Channel**	**2014**	**2015**	**2016**	**2017**	**Lead Agency/ Person**
Health sector senior management at all levels	The health sector goals and objectives and their role as stewards for implementation	Seminar at the national, regional and district level					Chief Director, MoH

Stakeholders	**Content**	**Channel**	**2014**	**2015**	**2016**	**2017**	**Lead Agency/ Person**
	and attainment of the priority activities and targets						
Media	Key priorities and the expected output of the health sector	•Press conference •Press release •Feature articles •Pull-out centre spread •Website of MoH and its agencies	January	January		January	Public Relations Unit of the MoH
Health Partners	Goals, objectives, targets and progress in implementation	•Partners meeting	Jan, April, Nov	April, Nov		April, Nov	PPME Division, MoH
NGOs and private sector including service providers, pharmaceutical and chemical product sellers, spa, health and wellness shops	Goals, objectives, priorities, targets and progress in implementation and their responsibilities for achieving them	Seminar at the national, regional and district level ; Brochures	Jan, April, Nov	Jan, April, Nov		Jan, April, Nov	PPME Division 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;	Goals, objectives, priorities, targets and progress in implementation and their responsibilities for achieving them	Seminars; Policy brief; brochures	May	May		May	PPME Division and PR Unit MoH with support agencies

Stakeholders	**Content**	**Channel**	**2014**	**2015**	**2016**	**2017**	**Lead Agency/ Person**
Civil society and community members	Goals, objectives, priorities, targets and progress in implementation and their responsibilities for supporting implementation and monitoring impact at the community level	Durbars and Community center meetings; flyers and briefs	Sept	Sept		Sept	PPME Division and PR Unit MoH with support agencies
General public	Goals, objectives, priorities, targets and progress in implementation and their responsibilities for supporting implementation and monitoring impact at the community level	Footage and media scroll bars; web-site of MoH and its agencies; Public announcements including use of information vans; flyers	Jan-Dec	Jan-Dec		Jan-Dec	PPME Division and PR Unit MoH with support agencies

CHAPTER 7: BUDGET AND COSTING

7.0 Approach

The main tools used in the costing of the HSMTDP were: the Marginal Budgeting for Bottlenecks (MBB) tool for MDG-related services and health systems strengthening, and an activity-based costing for additional services not captured by the MBB such as mental health, pandemic preparedness and tertiary services among others are the main methods used to cost the 2014-2017 HSMTDP. Data inputs and intermediate results were validated with MOH and GHS stakeholders through two validation workshops particularly with Program Managers and presentations to all stakeholders at Health Sector Working meetings and at the beginning and end of the exercise.

Three cost scenarios were prepared. The "low" scenario reflected the status quo, assuming implementation of existing strategies at the current pace of progress, with few strategic shifts or adjustments made to the health system. Under this scenario, few of the HSMTDP targets would be met. The "mid" scenario, assumed a moderate incremental increase in the availability of resources to fund priority health services, such that 65% of the HSMTDP"s stated 2017 targets might be achieved. The "high" scenario, assumed the availability of a more generous funding package sufficient to implement the entire plan and achieve 90% of the targets.

The High case scenario was selected as the preferred option for the period under planning. It was selected based on its greater realism, feasibility, and its expected impact particularly on the health-related MDGs and beyond. This is supported by the summary of the projected fiscal space analysis as shown in table 1…

Results

The results of the cost estimates cost estimates considered only funded capital investment projects. From the cost exercise the total resources required for the implementation of the HSMTDP for the next four years will be 8,627,.29 to 14,242.58 Gh¢. This is distributed according to the budget classification nomenclature as shown in table 1

Table 7: Projected cost of HSMTDP by year and Item, Gh¢ m

Item	2014	2015	2016	2017	Total
Compensation	4,675.99	5,638.34	6,861.60	7,719.48	24,895.41
Goods and service	3,330.13	4,015.50	4,886.67	5,497.64	17,729.94
Assets	621.16	749.00	911.50	1,025.47	3,307.14
TPE in Gh¢	8,627.29	10,402.84	12,659.78	14,242.58	45,932.49

Table 8: An average exchange rate of US$ 1 to Gh¢1

2014	2015	2016	2017
2.64	2.97	3.33	3.52

Taking cognizance of the new budget reforms efforts were made to reflect the costing on the health programs and objectives. Doing this had its own challenges in some instances due to the overlapping nature of the programs and objectives and implementation practices. Expert opinion and assumptions were used to address these weaknesses. The summary break downs are shown in table 9, 10,and 11 respectively.

Table 9 : Estimated SMTDP cost for MTEF Budget Programs Gh¢ m

Programs	**2014**	2015	**2015**	2017	Total
Management &Administration	7,060.07	8,194.32	10,066.79	11,373.26	36,694.45
Service delivery	1,309.77	1,930.55	2,289.05	2,563.60	8,092.98
Human resources for health development & management	196.55	178.24	190.09	186.62	751.50
Health regulation	60.89	99.72	113.84	119.11	393.57
Total	8,627.29	10,402.84	12,659.78	14,242.58	45,932.49

Management and Administration constitutes 79.9 % of the total resources required for the planned period. This high percentage is as a result budget implementation practices for example concentration of capital investment activities at the Ministry levels. Is worth noting that this include MDGs investments eg. Equipment and strengthening services at the CHPS level. This is followed by service delivery, which is 17.6 %

Table 10: Estimated SMTDP cost by Objectives Gh¢ m

Objectives	2014	2015	2016	2017
Bridge the equity gaps in geographical access to health services	6,289.86	6,879.11	8,238.56	9,160.53
Ensure sustainable financing for health care delivery and financial protection for the poor	374.66	679.49	1,087.02	1,422.86
Improve efficiency in governance and management of the health system	555.43	764.02	849.54	868.08
Improve quality of health services delivery including mental health service	60.35	101.24	128.62	146.53
Enhance national capacity for the attainment of the health related MDGs and sustain the gain	1,232.52	1,815.17	2,117.73	2,347.99
Intensify prevention and control of non-communicable and other communicable diseases	114.47	163.63	238.31	296.59
Total	8,627.29	10,402.66	12,659.78	14,242.59

Objective 1 aims at ensuring geographic equity and the captures all investments from primary level (CHPS) to tertiary level and constitutes 66.6 % of the total resources required for the next four years and is followed by objective 5 which aims at the attainment and sustainability of the MDGss.

Indicative resources envelope

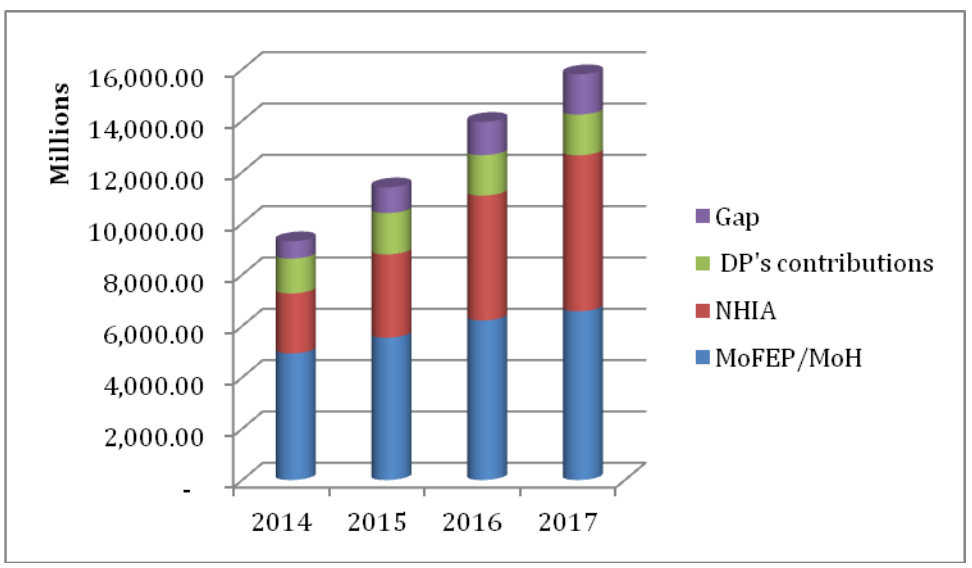
A fiscal space analysis was done to determine the financial capacity and ability of Government to finance the HSMTDP. MoF and IMF projections, projected DPs commitments and government health expenditure projections covering both discretionary funding and the statutory National Health Insurance Fund , were used to project resource flow to the sector for the period under planning. As per the projections total public health expenditure is estimated to rise from Gh¢ 8,627, 288 m to Gh¢14, 242,587 m.

Table 11: Table Fiscal Space projections Gh¢ m

Sources	2014	2015	2016	2017
MoFEP/MoH	4,932.26	5,548.80	6,221.38	6,576.35

NHIA	2,340.62	3,242.94	4,861.80	6,077.63
Projected PHE (excluding SBS)	7,272.89	8,791.74	11,083.18	12,653.98
Projected DP's contributions	1,354.40	1,611.10	1,576.60	1,588.60
Total Public Health Expenditure	8,627.29	10,402.84	12,659.78	14,242.58

Fig 9…. Projected Funding Gap Gh¢ m

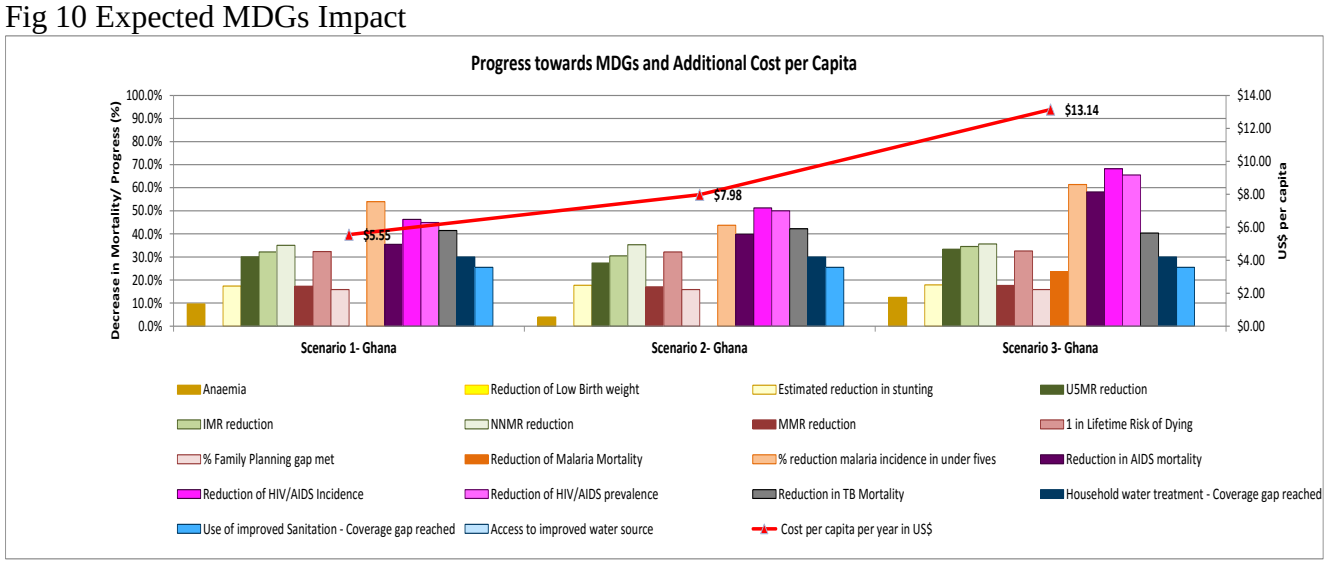


Comparison of projected funding with estimated cost shows a marginal deficit of 7.84 to 11.62 % in the first two years of the plan with funding gap rising to 5.01 in 2016 and 18.19 in 2017 respectively.

Expected Impact

Assuming that during implementation of the plan all funding gaps will be filled, the HSMTDP is expected to contribute to the reduction of 31% in under five mortality, 19 % in Maternal mortality. Reduction in TB mortality 40%, reduction in HIV/AIDS infection 685 and reduction in HIV/AIDS prevalence 65%.

Fig 10 Expected MDGs Impact



ANNEX A : SECTOR WIDE INDICATORS

No.	Indicator	Measurement	Baseline trend				Targets			
			2010	2011	2012	2013	2014	2015	2016	2017
Objective 1: Bridge the equity gaps in geographical access to health services										
1.1	Proportion of functional ambulance service centre's	No. of functional ambulance centres / total no. of expected ambulance centres		24		122				
1.2	Proportion functional CHPS zones	No. of functional CHPS zones/ total no. of demarcated CHPS zones	1,241	1,659	2,175	2,315	2,450	2,595	2,753	2,918
1.3	Per capita OPD attendance	Total OPD attendants / population	0.92	1.05	1.17	1.13	1.17	1.21	1.27	1.3
1.4	Equity poverty: U5MR	U5MR in lowest wealth quintile / U5MR in highest wealth quintile	N/A	N/A	2.04	N/A	N/A	<1.9	N/A	N/A
1.5	Equity geography: Supervised deliveries	Region with highest coverage / region with lowest coverage	1.89	1.66	1.48	1.57	<1.5	<1.4	<1.3	<1.2
1.6	Equity geography: Doctor to population	Region with highest ratio / region with lowest ratio								
1.7	Equity geography: Nurse to population	Region with highest ratio / region with lowest ratio	1.99	1.74	1.86	1.99	<1.9	<1.85	<1.8	<1.75
1.8	Equity gender: Female/ male NHIS active membership	Female active NHIS members / male active NHIS members	N/A	N/A	1.23	N/A				
Objective 2: Ensure sustainable financing for health care delivery and financial protection for the poor										
2.1	Proportion of total MTEF allocation to health	Total GOG budget incl. IGF to health / total GOG budget incl. IGF	15.1%	15.8%	15.4%	15.2%	≥15%	≥15%	≥15%	≥15%
2.2	Per capita expenditure on health (USD)	Total health expenditure / population	28.64	35	50.69	42	>44	>44	>45	>45
2.3	Budget execution rate (Goods and Service as proxy)	Total disbursement from MOFEP to MOH and agencies	94.0%	82.1%	86.8%	56.4%	>80%	>85%	>87%	>90%
2.4	Proportion of population with active NHIS membership	Number of active NHIS members / population	33.10%	33.40%	34%	36.8%	>39%	>40%	>41.5%	>43%
2.4	Equity poverty: NHIS members	NHIS active membership among female 15-49 years in lowest wealth quintile / NHIS active membership among females 15-49 years in population	N/A	N/A	0.69	N/A				
Objective 3: Improve efficiency in governance and management of the health system										
3.1	Doctor : Population ratio	Number of doctors / population	1:11,698	1:10,402	1:11,515	1:10,170	1:10,000	1:9,900	1:9,750	1:9,500
3.2	Nurse : Population ratio including CHNs	Number of nurses incl. community health nurses / population	1:1,516	1:1,599	1:1,362	1:1,084	1:1,000	1:1,000	1:1,000	1:1,000

3.3	Midwife : WIFA Population ratio	Number of midwifes / population of women in fertile age	1:1,540	1:1,467	1:1,571	1:1,487	1:1,400	1:1,350	1:1,300	1:1,250
3.5	Proportion of NHIF budget released to NHIS	NHIF releases from MOFEP to NHIS / NHIF budget				69%	>75%	>80%	>85%	>90%
3.6	Proportion of NHIS claims settled within 12 weeks	No. claims settled within 12 weeks / total no. claims settled	N/A	N/A	N/A					
3.7	Proportion of health budget (goods and services) allocated to research activities	Amount of MOH budget allocated for research / total MOH budget for goods and services					>0.8%	>1%	>1.2%	>1.5%
Objective 4: Improve quality of health services delivery including mental health services										
4.1	Institutional all cause mortality	All institutional deaths / all discharges and deaths				36.3	<35	<33	<30	<28
4.2	Proportion of regional and district public hospitals offering Traditional medicine practice	No. of regional and district public hospitals offering traditional medicine practice / total no. of regional and district public hospitals				4.8%	>5%	>8%	>10%	>13%
4.4	Institutional Malaria Under 5 Case Fatality Rate	No. of children U5 who die as a result of malaria per year / no. children admitted and diagnosed with malaria	1.2	1.3	1.2	0.6	<0.60	<0.57	<0.53	<0.50
Objective 5: Enhance national capacity for the attainment of the health related MDGs and sustain the gains										
5.1	Unmet need for contraception	No. of women aged 15-49 years who are married or in union with unmet need for family planning / no. women aged 15-49 who are married or in union	N/A	N/A	26%	N/A	N/A	<23%	N/A	N/A
5.2	Couple Year Protection (CYP), All sources incl. the private sector	The estimated protection provided by family planning services during a one-year period, based upon the volume of all contraceptives sold or distributed free of charge to clients during that period	1,4 mill	2,0 mill	2,0 mill	2,1 mill	>2.30 mill	>2.45 mill	>2.55 mill	>2.70 mill
5.3	Infant Mortality Rate	No. of deaths of infants below 1 year / 1,000 live births	N/A	N/A	53	N/A	N/A	<50	N/A	N/A
5.4	Institutional Neonatal Mortality Rate	No. of institutional deaths of neonates before the age of 28 days / institutional live births			5.5	5.9	<5.5	<5.3	<5.0	<4.5
5.5	Neonatal Mortality Rate	No. of deaths within the first 28 days of life / 1,000 live births	N/A	N/A	32	N/A	N/A	<30	N/A	N/A
5.6	Under-5 Mortality Rate	No. of deaths of children below 5 years / 1,000 live births	N/A	N/A	82	N/A	N/A	<75	N/A	N/A
5.7	Maternal Mortality Ratio	No. of maternal deaths / 100,000 live births	N/A	N/A	N/A	380	N/A	<300	N/A	N/A
5.8	Institutional Maternal Mortality Ratio	Institutional maternal deaths / institutional live births	164	174	152	155	<145	<140	<137	<135
5.9	HIV prevalence rate	Proportion of the ANC clients aged 15-24 years who are tested HIV+ at NACP sentinel sites	1.5%	1.7%	1.3%	1.2%	<1.1%	<1.0%	<0.9%	<0.8%

5.10	Proportion of infected pregnant women who received ARVs for PMTCT	Number of HIV positive pregnant women who received ARV for PMTCT/ Projected HIV positive pregnant women as per NACP sentinel survey				32.9%	>40%	>44%	>48%	>50%
5.11	Proportion of children U5 who are stunted	Total no. of children too short for their age / total no. of children	N/A	N/A	22.70%	N/A	N/A	<16%	N/A	N/A
5.12	Proportion of children fully immunized (proxy Penta 3 coverage)	Number received Penta 3 / projected population of children under 1 years	85.9%	86.5%	87.9%	86.0%	>88%	>90%	>90%	>90%
5.13	Antenatal Care Coverage 4+	No. of women undergoing ANC service by a skilled health provider at least four times during pregnancy / total number of expected pregnancies	66.6%	70.7%	72.3%	66.3%	>75%	>78%	>80%	>83%
5.14	Exclusive breast feeding for six months	No. of infants aged who are exclusively breastfed / total no. infants	N/A	N/A	45.7%	N/A	>50%	>53%	>55%	>57%
5.15	Proportion of deliveries attended by a trained health worker	No. of deliveries attended by a trained health worker / expected number of deliveries	40.8%	49.1%	55.0%	55.3%	>58%	>60%	>62%	>65%
5.16	Proportion of children under 5 years sleeping under ITN	No. of children under 5 years who slept under an ITN during the previous night / total number of children under 5 years	N/A	N/A	41.50%	N/A	N/A	>65%	N/A	N/A
5.17	TB treatment success rate	No. of patients who are proven cured using smeared microscopy at the end of treatment / total number of patients who initiated treatment	85.4%	87.0%	85.3%	86.2%	>88%	>88%	>88%	>88%
Objective 6: Intensify prevention and control of non-communicable and other communicable diseases										
6.1	Non-AFP polio rate	No. of non-polio AFP cases reported / 100,000 children 0 - 15 years	1.82	2.2	1.53	2	>2	>2	>2	>2